



TIP Friendly Society

Return of Premium Benefit Application

This application form exists solely for members who are beneficiaries on the TIP Basic Plan and are claiming for their Return of Premium (ROP) Benefit upon maturity.

Please note that the TIP Basic Plan matures at the end of 10 years, which guarantees 100% of premiums paid to be returned to you. However, if claims were made during this period only 75% of premiums paid is guaranteed. If you cancel your TIP Basic Plan before the 10-year period has been completed, and claims were not made, then the schedule below will apply:

Return of Premium Schedule

No. of Months	35	47	59	71	83	95	107	119	120
% ROP	60	65	70	75	80	85	90	95	100

Please fill out application form completely and accurately. Write not applicable (N/A) in areas that do not apply.

MEMBER INFORMATION	
Member No:	Date:
Miss Ms. Mr. Mrs. Name:	
Date of Birth (D/M/Y):	Phone:
Current Address:	
EMPLOYMENT INFORMATION	
Place of Work:	School No.:
Work Address:	
Phone:	

1. Have you had any previous transaction with TIP? Yes No If yes, please indicate by ticking the appropriate box: Loan Withdrawal Claim

2. Have you ever made claim for sickness or accident benefits? Yes No
 If yes, please state date(s) of claim(s) _____

3. Have you ever received a loan? Yes No If yes, please complete the questions below:
 Date of last loan: _____
 Loan Balance: _____

I certify that my answers are true and complete to the best of my knowledge.

_____ Member's Signature

Summary Worksheet

Months	Premium	Total
Balance Carried Forward		

Please continue overleaf..

Months	Premium	Total
Balance Brought Forward		
Total		

Prepared by: _____ Date: _____