

Surrender Request

PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS

Section 1 - Policyholder Details

Policy No (s) _____

1st Policyholder _____

2nd Policyholder _____

Section 2 - Surrender Details

Full Surrender

Partial Surrender, amount required across all funds: _____

Partial Surrender of Specific Investments:

Fund Name	Amount or Units

For the purpose of Market Research will you please indicate if the surrender proceeds are intended for alternative investment.

Yes No (please tick)

Section 3 - Payment Details

All payments are made by electronic transfer (all charges for electronic transfer will be accounted to the payee)

Name of Bank _____

Address of Bank _____

Account Holder Name* _____

Account Number _____

Sort Code _____ Swift Code/ BIC _____

IBAN Number _____ ABA _____

Section 4 – Authorisation

I/We understand that the sum received will be the value of the units surrendered less any amount which may be due to the Company if applicable. Where full surrender has been requested the above policy/policies will be cancelled/endorsed and all liability fully discharged in accordance with the policy conditions.

Signature of First Policyholder

Signature of Second Policyholder

Date

Date

IMPORTANT – PLEASE NOTE

- Payment will only be made to a bank account in the policyholder's name*.
- For full surrenders, please return the original policy schedule(s) and any other document affecting ownership of the policies.
- If you have lost or misplaced your policy schedule(s), a lost policy declaration must be submitted together with certified Photo ID and Utility Bill for each policyholder.
- Where payment exceeds EUR 75,000 or currency equivalent, you must enclose a Certified Copy of Photo ID and a recent Utility Bill.
- Investors should be aware that the surrender of an existing policy in favour of a new proposal to another life office will most likely incur establishment costs.

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