

## Surrender request form

This form is only to be used for Irish Bonds and Irish Regular Savings Plans.

Please complete this form using **BLOCK CAPITALS**.

Policy number: \_\_\_\_\_

The completion and return of all sections of this form along with the required documentation is needed to enable the full surrender of the policy.

### 1) Documentation required

- The original Policy Schedule
- The original Trust Declaration and any subsequent deeds (if the policy is under trust)
- The deeds and documents relating to any change of ownership of the policy, e.g. power of attorney, deed of permanent assignment (if any)
- Evidence of identity, if applicable (please refer to section 6), for the policyholder(s) and (where the policy is under trust) each trustee

### 2) Financial adjustment

(only applicable where the policy is invested in the with-profits fund)

A financial adjustment may reduce the value of the policy except where the surrender takes place on a date when guaranteed terms apply under the policy. Please refer to your policy booklet to check when guaranteed terms do apply.

**In order for guaranteed terms to apply we must have received your surrender instruction by the contractual date and any further documentation (including this form) by the contractual date or within 14 days of the date of this letter (if later).**

### Please indicate how you wish to proceed

- Pay the surrender immediately - any with-profits benefits will be reduced by any applicable financial adjustment.
- Pay the surrender at the next date (as specified in the policy documentation) when no financial adjustment will be applied to with-profits benefits.

### 3) Payment instructions

In order to proceed with the payment of the surrender proceeds, please complete either 3(i) or 3(ii) depending on your preferred payment method. Then sign, date and return the form to:

The Equitable Life Assurance Society  
International Client Servicing  
Walton Street  
Aylesbury  
Bucks  
HP21 7QW  
United Kingdom

Telephone: +44 1296 386242

Facsimile: +44 1296 386243

#### (i) Payment by telegraphic transfer

If you wish to receive payment by telegraphic transfer, you will incur a fee of €38.

Account name: \_\_\_\_\_

Branch sort code:

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Account number:

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Building Society roll number: \_\_\_\_\_

Bank/Building Society name: \_\_\_\_\_

Address and postcode: \_\_\_\_\_

If payment is to be made to a non-UK bank account, please complete:

IBAN number: \_\_\_\_\_

BIC code: \_\_\_\_\_

## (ii) Payment by cheque

Tick if you wish to receive payment by cheque to your home address

Alternatively the cheque can be sent direct to your bank. Please provide bank details below.

Cheque made payable to: \_\_\_\_\_

Cheque sent to: \_\_\_\_\_

Address and postcode: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Branch sort code:

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Account number:

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## 4) Claimant Details

Please print full names of all legal owners of the policy, i.e. executors of the estate, the surviving grantee(s) named in the policy, the trustees (if under trust) or assignees (if the policy has been assigned). Please note that all claimants are required to sign the declarations in section 5 of this form.

Name of first claimant: \_\_\_\_\_

Name of second claimant: \_\_\_\_\_

Name of third claimant: \_\_\_\_\_

Name of fourth claimant: \_\_\_\_\_

## 5) Declaration to be signed by the claimant(s)

1. To the best of my/our knowledge and belief all the statements made herein are true and complete.
2. I/We elect for the full payment of the surrender value available under the Plan specified at the beginning of this form (the "Policy") in accordance with the following statements.
3. The instruction in this form is irrevocable.
4. I/We agree that full payment of the surrender value available under the Policy in accordance with its terms by you shall constitute a discharge of your obligation to make payments under the Policy.
5. I/We agree to indemnify Equitable Life against all demands, losses, liabilities, damages, costs and expenses (including legal fees) which may arise from the Society acting on my/our instructions, including any claim from a third party in relation to the payment.
6. For the avoidance of doubt, this release shall not act so as to prohibit us from bringing any claim for any act or omission by you.

|                 | Signature | Date        |
|-----------------|-----------|-------------|
| First claimant  | _____     | ___/___/___ |
| Second claimant | _____     | ___/___/___ |
| Third claimant  | _____     | ___/___/___ |
| Fourth claimant | _____     | ___/___/___ |

## 6) Evidence of identity

### Background

Money Laundering Regulations require financial services firms to have procedures in place to prevent financial crime. The requirements apply equally to new customers and those customers who may have invested with a financial services firm for many years.

### Requirements

We need to get enough information to establish that you are who you say you are and that you live where you say you live. This will help us to ensure that nobody but you is using your identity to make payments into or withdraw monies from your products with us.

Although clients may find Money Laundering Regulations inconvenient, it is worth noting that the regulations are aimed at consumer protection, and the maximum penalties for firms or individuals who fail to apply them are severe.

### Next steps

If we require you to provide us with evidence of identity before we make payment, we will contact you under separate cover.