

UNIT LINKED ENCASHMENT FORM

Section A & D - Must be completed by all applicants

| SECTION A – APPLICANT DETAILS | | |
|--|--|---|
| Details of applicant(s) | 1 st applicant | 2 nd applicant |
| Title (Please tick) | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other (in full) | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other (in full) |
| 1. Full name | <input type="text"/> | <input type="text"/> |
| Present address (if different from that on the original application) | <input type="text"/> | <input type="text"/> |
| Date of application or Existing policy number | <input type="text"/> | |
| SECTION B – ENCASHMENT DETAILS | | |
| 1. Amount to be encashed | € <input type="text"/> | Or full encashment <input type="checkbox"/> tick box |
| 2. Encashment type | Once off <input type="checkbox"/> Regular automatic* <input type="checkbox"/> (please complete 3 below) | |
| * 3. Frequency if "regular automatic" | Yearly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> commencing on <input type="text"/> | |
| (insert day / month / year) | | |
| SECTION C – PAYEE DETAILS | | |
| Payee name(s) | <input type="text"/> | |
| Payee address (if payment is to be made by cheque to payee) or Bank / Building Society accounts details (if payment is to be made directly to a bank / building society account) | <input type="text"/> | |
| Name of bank / building society | Sorting code | <input type="text"/> |
| Address | <input type="text"/> | |
| Name of account | Account number | <input type="text"/> |
| SECTION D. Must be completed by all applicants | | |
| I hereby request that the above action be affected in connection with my policy | | |
| Signature of the 1 st applicant (or titleholder if different-see note below) | <input type="text"/> | Date <input type="text"/> |
| Signature of the 2 nd applicant (or titleholder if different-see note below) | <input type="text"/> | Date <input type="text"/> |
| Note: If the policy is assigned or written in trust any assignee or additional trustee must also sign this form. | | |