



SURRENDER FORM

SECTION A - POLICYHOLDER DETAILS – PLEASE PRINT CLEARLY AND COMPLETE EACH SECTION

1. POLICY NUMBER:	<input type="text"/>	
2. POLICYHOLDER NAME 1:	<input type="text"/>	DOB <input type="text"/>
POLICYHOLDER NAME 2:	<input type="text"/>	DOB <input type="text"/>
POLICYHOLDER NAME 3:	<input type="text"/>	DOB <input type="text"/>
POLICYHOLDER NAME 4:	<input type="text"/>	DOB <input type="text"/>
3. ADDRESS	<input type="text"/>	
please provide full details	<input type="text"/>	
	<input type="text"/>	
Contact telephone number:	<input type="text"/>	Email address: <input type="text"/>

SECTION B - TYPE OF SURRENDER

4. PLEASE SPECIFY TYPE OF SURRENDER REQUIRED – Payments will be made in the Policy currency.

FULL SURRENDER

PART SURRENDER

(specify currency and amount of money)

SEGMENTATION SURRENDER

(specify number of segments to be surrendered)

Number of segments:

SECTION C - PAYMENT INSTRUCTION - LCLI will make all payments by BACS (assuming your account accepts a BACS payment). If your account does not accept BACS payments then we shall make the payment via priority payment and any costs associated with that payment will be passed on to you. If your payment should be made via a routing bank, please include the details in a covering letter.

Please enclose a copy of the bank statement which shows the account details listed below and your address.

Bank Name	<input type="text"/>
Bank Address	<input type="text"/>
IBAN No. (International Bank A/c No.)	<input type="text"/>
BIC No. (Bank Identifier Code)	<input type="text"/>
Bank Sort Code / ABA No.	<input type="text"/>
Account Number	<input type="text"/>
Account Holder Name	<input type="text"/>



SECTION D – Please sign & date the declaration and authorisation

I hereby request that the instruction above is actioned in accordance with the policy terms and conditions and the requested payment is made to the bank account noted above. I confirm I have read and understood the policy terms and conditions and all guidance notes.

I hereby certify that I am entitled to the proceeds of the policy and that no receiving order has been made against me and that I am not an undischarged bankrupt and that the policy has not been assigned or transferred nor has any person any rights to the policy thereof other than me.

I hereby understand that LCL International will share information with the relevant tax authorities where legally obliged to do so.

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.

I understand that the information that I supply will be held and used for the purposes of processing and administering the contract/policy and to prevent and detect fraud and financial crime by any of your group companies, by re-insurers, by reference agencies, by third parties who provide relevant services to you and by my relevant financial professional. To prevent and detect fraud and financial crime, my details may be required to be passed to other companies or public bodies including the police. I understand that my personal information may be passed to governmental, regulatory or other bodies as required by law.

The information may also be used by your group companies for accounting purposes and may be transmitted by any usual means including the internet. I understand that you will only communicate with us using the contact details that we supply to you. Where we have provided more than one form of contact details, you will use the most appropriate method of communication depending on the urgency and sensitivity of the information.

I note that you may record or monitor our calls in order to offer additional security, resolve complaints and for training and quality purposes.

I confirm that I agree to my personal data being collected and used as set out above. I understand that if I wish to obtain further details about how the Company uses my personal data, I can view the Company’s privacy notice on their website.

Policyholder 1:		Date:	
Policyholder 2: (if applicable)		Date:	
Policyholder 3: (if applicable)		Date:	
Policyholder 4: (if applicable)		Date:	