



Request for Full/Partial Surrender

Before completing this form please read these notes carefully. Please complete all relevant sections fully, as incomplete information may delay the processing of the claim.

Claim form – guidance notes, general points to note

Bonds written in trust

- If you decide to surrender your policy (either totally or partially) please arrange for all trustees to sign the request for surrender form.
- We will only make payments to an account held in the name of the trust or a trustee.
- It is the trustees responsibility to ensure that the proceeds of the policy are used in accordance with the terms of the trust. Some trusts specifically exclude the person who declared the trust from benefiting from the proceeds of the policy.

Conditionally assigned bonds

If your bond is assigned as security against a loan, you will need to send us the assignee's authorisation or ask them to issue us with a notice of reassignment before we process any surrender of the policy.

Surrender options

There are three ways that you can withdraw an amount from your policy using the request for surrender form. There are alternatives to surrendering your policy, and before deciding on the option you wish to take, we recommend you take advice from your relevant financial professional.

Option A – Full surrender

This involves selling all assets under your policy and deducting outstanding charges (as applicable) to obtain the final surrender value (any balances on the Portfolio Bond cash accounts will also be taken into account). Once we receive this instruction, you will not be able to reverse this instruction and this will constitute a full and final settlement of your policy with no further liability to LCL International. If requesting a full surrender please return the original policy schedules.

Option B – Partial surrender

This method is to be used if you are surrendering a specific amount of money – this will be encashed across all policy segments.

Option C – Segment surrender

This method is to be used if you are surrendering individual policy segment(s). If requesting a segment surrender please return the relevant policy schedules.

Method of payment

You may receive your claim in any freely convertible currency. Please note when taking a currency other than that in which your assets are based, current rates of exchange will be applied to obtain the requested amount.

Third party payment

For security reasons we do not allow payments to third parties, all payments should be payable to one or all of the policyholders/trustees.

Payment by BACS – Available within UK banking system only

We can arrange sterling payments by BACS. For this we will require the six-digit sort code and address of your bank, together with the appropriate account name and number. Payment will be received into the account in three to five working days from date of despatch and there is no charge for this service. Please note, sterling payments within the UK will automatically be sent by BACS.

Payment by electronic/telegraphic transfer

If payment is to be by telegraphic transfer, the account name box should be completed to show the name in which the account is held and the account number. A six-digit sort code should be specified for UK payments. If outside the UK, a SWIFT code, IBAN number and ABA/routing number (US only) should be used.

Please note that the full IBAN is required for all EUR payments.

Bank charges

Bank charges will be deducted from the surrender amount if you require payment by telegraphic transfer. For more information on bank charges please contact us.



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Other information

Non admittance of liability

The issue of this request for surrender form does not imply admittance by LCL International of any liability to pay the claim.

Policy owners' signatures

All policyholders/trustees should sign the request for surrender form. If this has not been done, we will be unable to accept the instruction and your payment may be delayed. The tax residence information must also be completed (see following note).

Country of tax residence

Please note that where the policyholder(s) is/are UK resident for tax purposes, they are required to advise HM Revenue & Customs of any chargeable gains made on their policy. In certain circumstances, LCL International will also be required to provide information to HM Revenue & Customs regarding payments and/or gains made on offshore plans by policy owners who, to the best of our knowledge, are UK resident. Please note that where the policyholder is resident in the United States, you should provide details of your US bank account. If you do not have a US bank account please contact us for further assistance.

Note

We will not be able to complete your surrender if you do not complete the form fully. If you require any assistance completing your request for surrender form, please contact your relevant financial professional. Alternatively, please contact us. LCL International reserves the right to delay processing an incomplete request.

LCL International does not accept any liability for delayed payments due to third party clearing banks etc.

Additional instructions

Please post your completed and signed form to:

**LCL International Life Assurance Company Limited
PO Box 391, St George's Court, Upper Church Street, Douglas, Isle of Man, IM99 2XW**

Please do not use correction fluid on this form as this will render the form unacceptable to LCL International.

LCL International will initiate a surrender and cancel unit holdings upon receipt of a signed copy of the request received by fax (+44 1624 683684) or a signed copy attached to an email sent to front.office@lcl.co.im. A surrender request received after our internal cut-off time will normally be processed as if received the following working day. The original signed instruction will be required in order to release the surrender proceeds.

Anti-money laundering (AML)

Please note that we will be unable to release the proceeds until all AML requirements have been met. Please contact the Customer Service team on +44 (0)1624 683683 for details on our AML requirements.



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Enter your policy number:

Contact Name:

Contact Telephone Number:

Policyholder details

For completion by individual policy owners only

Declaration of tax status:

	Jurisdiction of tax residence	Taxpayer identification number (TIN) or national insurance number (NI) if in the UK.*	Are you a US citizen or resident for tax purposes?
Policyholder 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Policyholder 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Policyholder 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Policyholder 4	<input type="text"/>	<input type="text"/>	<input type="text"/>

*If a TIN is not available, please provide a functional equivalent (such as your social security, national insurance, citizen, personal identification or a resident registration number). If no TIN or functional equivalent is available for any of the jurisdictions listed please confirm the reason why (such as the jurisdiction does not issue such numbers) below:

Further information on the issuance rules for TINs and their format can be found on the OECDs AEOI Portal:
<https://search.oecd.org/tax/automatic-exchange/tinsandtaxresidency/taxidentificationnumberstins/>

If the policy is held within a Trust or by an entity, a separate Self-Certification Form may need to be completed. This can be requested by contacting our Front Office on +44 (0) 1624 683 683 or by emailing front.office@lcl.co.im

Policyholder Details

Family name:

Family name:

Forename(s):

Forename(s):

Please give details of any previous names or aliases used (including maiden name)

Please give details of any previous names or aliases used (including maiden name)

Place of birth (town or city):

Place of birth (town or city):

Nationality:

Nationality:

Do you hold nationality in another country?

Yes No

If 'Yes', please confirm the country: _____

Do you hold nationality in another country?

Yes No

If 'Yes', please confirm the country: _____

Current residential address:

Current residential address:



LCL International is a trading name of LCL International Life Assurance Company Limited, part of Charles Taylor plc

LCL International Life Assurance Company Limited, PO Box 391, Douglas, Isle of Man, IM99 2XW, British Isles

Phone: +44 1624 683683 - Fax: +44 1624 683684 - E-mail: front.office@lcl.co.im - Webpage: www.lcl-ila.com



Request for Full/Partial Surrender

Policyholder details (continued)

Family name:

Forename(s):

Please give details of any previous names or aliases used
(including maiden name)

Place of birth (town or city):

Nationality:

Do you hold nationality in another country?

 Yes No

If 'Yes', please confirm the country: _____

Current residential address:

Family name:

Forename(s):

Please give details of any previous names or aliases used
(including maiden name)

Place of birth (town or city):

Nationality:

Do you hold nationality in another country?

 Yes No

If 'Yes', please confirm the country: _____

Current residential address:

For completion by those acting on behalf of a company or a trust

Name of the company/trust (policyholder)
Registered company number (if applicable)
Country of incorporation (companies only)
Registered office of company
Name of trustee or company representative for correspondence

Please state all countries where the company is currently deemed to be resident for tax purposes

Country/Countries of tax residence	Tax reference number(s)

Is the company tax-exempt in the countries of tax residence listed above? (e.g. charity, government organisation)

 Yes No

If 'Yes', please provide evidence of the tax exemption status from the relevant authority.



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Surrender options

Surrender Options

Please tick one option. NB: For ex-Zurich Investment Bonds, cash will only be raised in base currency.

- A - Full surrender** – this will terminate your entire policy.
- B - Partial surrender** – (please specify currency and amount)
- C - Segment surrender** – (specify number(s) of policy segments)

Please note that the surrender of individual policy segments may be treated differently for personal tax purposes from a withdrawal of the same total across all segments within the policy. LCL International cannot provide advice on tax matters.

For a partial or segment surrender, where there is insufficient value in the cash account to meet the surrender amount, you will need to instruct which investments should be liquidated to clear any outstanding overdrawn balances and raise sufficient cash for the required payment. Please contact the Customer Service team on +44 (0)1624 683683 for details on how to arrange this. Please note that such instructions are subject to minimum trade sizes as imposed by the Company at the time of receipt of the surrender form.

For payments by BACS (GBP to UK banks)

Account holder's name:

Account number

Bank sort code (UK only)

 - -

Bank name:

Bank address:

For payments by telegraphic transfer

Account holder(s) name:

Account number

Bank name:

Bank address:



Request for Full/Partial Surrender

Declaration

Words in the singular form shall be construed to include the plural and vice versa unless the context otherwise requires.

For full surrender only

We acknowledge that once our surrender instruction is received it cannot be reversed. When full surrender value is dispatched as set out overleaf, it will be a full and final settlement and discharge of this claim under the above mentioned policy.

For full/partial surrender

We confirm that we have read and understand the notes attached to this form.

We hereby request that LCL International Life Assurance Company Limited surrender the above numbered Policy in accordance with the provisions and conditions of the Policy, and make payment as requested above. We agree that such payment shall discharge LCL International Life Assurance Company Limited from all liabilities and claims arising out of the Policy.

We hereby certify that we are entitled to the proceeds of the Policy and that no receiving order has been made against us and that we are 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 us.

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

We undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the tax declaration information contained in this form to be inaccurate or incomplete. Where legally obliged to do so, we hereby consent to the recipient sharing this information with the relevant tax information authorities.

Data protection

We understand that the information that I/we supply will be held and used for the purposes of processing and administering the contract/ policies 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/our relevant financial professional. To prevent and detect fraud and financial crime, our details may be required to be passed to other companies, public bodies including the police. We understand that our 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. We 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.

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

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

Policyholder/Trustee/Authorised Signatory 1

Signature

Date signed _____

Policyholder/Trustee/Authorised Signatory 2

Signature

Date signed _____

Policyholder/Trustee/Authorised Signatory 3

Signature

Date signed _____

Policyholder/Trustee/Authorised Signatory 4

Signature

Date signed _____



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