



## Surrender Request Form

### IMPORTANT INFORMATION

Please make sure to fill in all relevant parts of this form and return it with the documents requested.

Irish Life will not be able to process your request if all or part of the form is not fully completed, or if we do not receive all of the documents requested.

Please note that you will need to ask a witness to sign this form. Your witness may be any person over the age of 18 other than your spouse.

### Section A Your policy details

Irish Life policy no:

Name of 1<sup>st</sup> Policy Owner:

Name of 2<sup>nd</sup> Policy Owner:

Address

Address

**IMPORTANT:** If your surname has changed since your policy started, you will need to send us an original or a certified copy of your State Marriage Certificate.

### Section B Surrender instruction

Please tick the appropriate box below to confirm which option you would like to choose.

- ☐ 1. I/We are instructing Irish Life to encash an amount in the sum of  (specify amount) from my/our policy
- ☐ 2. I/We are instructing Irish Life to encash the full value of my/our policy and to cancel my/our policy
- ☐ 3. I/We are instructing Irish Life to encash an amount in the sum of  (specify amount) from my/our policy and to reinvest into my/our new policy number

**IMPORTANT:** If you choose option 2 you will need to return your Original Policy Document. If your Original Policy Document has been lost or destroyed please complete Section C below.

If you are enclosing your Original Policy Document please move to Section D.

### Section C To be completed if your Original Policy Document has been lost or destroyed

1. Has your Original Policy Document been:
- |       |            |
|-------|------------|
| Lost? | Destroyed? |
|-------|------------|
2. Has this policy ever been assigned? (eg to a financial institution as security against a loan) If yes, please provide details below:
- 
3. Has this policy been delivered to any person for any purpose? If yes, please provide details below:
- 
4. Have you ever sold this policy or done anything to affect your rights of ownership of it?
-

## Section D Anti-Money Laundering requirements under the Criminal Justice (Money Laundering & Terrorist Financing) Act 2010

In line with anti-money laundering regulations and anti-fraud procedures Irish Life is required to request the following client identification documents in order to process your request. Please send us the documents listed below with your request:

- An original or a certified copy of the current passport or driving licence for all parties to the policy.
- An original or a certified copy of a utility bill dated within the last 6 months for all parties to the policy.

Copies of original documents may be certified by a solicitor, public notary, justice of the peace, commissioner for oaths, practising chartered or certified public accountant, embassy or consular staff, regulated financial or credit institution, medical professional, garda, broker, Irish Life tied agent, or Irish Life employee.

If you send original copies of these documents we will return these to you as soon as possible. We recommend that you send original copies by registered post.

**IMPORTANT: We cannot process your request until we have received all of these documents**

## Section E Your bank account details

(If you have selected option 3 in Section B you do not need to complete this section)

For the quickest and safest way to receive your payment, please provide your bank details below:

[illegible]

**IMPORTANT:** Please note that the bank account details provided must be your own bank account details or an account held jointly by you. We cannot pay into a third party account.

If you wish to have the funds transferred to an account with a named other person, we will also need you to send us the Anti-Money Laundering documents shown in Section D above for that person.

## Section F Indemnity & Consent

Please read the following statement and sign below to give Irish Life authorisation to surrender your policy.

You will also need to ask a witness to sign this form. Your witness may be any person over the age of 18 other than your spouse.

I/We, being the Policyholder(s) named above hereby:

1. Certify that –
  - 1.1. I am/We are legally entitled to the entire proceeds of the policy;
  - 1.2. I am/We are not subject to any legal incapacity including but not limited to insolvency proceedings or mental incapacity;
  - 1.3. The policy is not assigned and has not been transferred from my/our ownership and no person (other than a beneficiary of any trust which may exist in respect of the policy) has any rights to the policy other than me/us;
2. Request the Company to pay to me/us the surrender/maturity/claim proceeds of the policy named above by electronic funds transfer into the bank account identified above, which I/we confirm is my/our account and is the correct account into which the proceeds should be paid;
3. Agree that such payment shall discharge the Company, its servants and agents from all and any liabilities and claims of whatsoever nature and howsoever arising in connection with the policy;
4. In return for the Company making payment to me/us under the policy, indemnify the Company, its servants and agents against all or any claims, losses, or expenses of whatsoever nature and howsoever arising which the Company, its servants or agents may sustain as a result of having made such a payment;
5. In the event that I/we have lost the policy document, or that the policy document has been stolen, I hereby covenant or as the case may be we hereby covenant jointly and severally to indemnify Irish Life against all proceedings, costs, claims, expenses and liabilities whatsoever arising out of any payment by the Company or, as the case may be, arising out of the issues of a copy of the policy to, or to the order of the undersigned, and undertake to deliver up the policy to Irish Life immediately should it be subsequently found.
6. I/we accept that this payment is in full and final settlement of any claim on this policy.

### A. INDIVIDUAL POLICY

**For individually owned policies please sign below:**

Signature of 1st Policy Owner: 

Date:  /  /

Name of witness: (please print)

Signature of witness: X

Date:   /   /

[illegible]

Signature of 2nd Policy Owner: 

Date:   /   /

Name of witness: (please print)

Signature of witness: X

Date:   /   /

[illegible]

Signature of Additional Trustee: 

(if applicable)

Date:   /   /

Name of witness: (please print)

Signature of witness: X

Date:   /   /

Address of witness:

## B. ASSIGNED POLICY

For assigned policies please sign below:

Authorised signature

Date:  /  /

(for and on behalf of)

Position (please state your position & title within the organisation):

Bank Stamp (please place the Bank's stamp here):

## C. COMPANY OWNED POLICY

For and on behalf of company owned policies please sign below:

Signature:

Date:  /  /

Position (please state your position and title within the organisation):

Name of witness: (please print)

Signature of witness:

Date:  /  /

Address of witness:

## D. CREDIT UNION POLICY Must be signed by an officer of the Credit Union\*

For and on behalf of Credit Union owned policies please sign below:

Signature:

Date:  /  /

Position (please state your position and title within the organisation):

Name of witness: (please print)

Signature of witness:

Date:  /  /

Address of witness:

## D. CREDIT UNION POLICY Continued

Signature:

Date:  /  /

Position (please state your position and title within the organisation):

Name of witness: (please print)

Signature of witness:

Date:  /  /

Address of witness:

**\* Officers of a Credit Union are persons such as; the Chairman and Vice-Chairman (sometimes also called the President and Vice-President); members of the Board of Directors; members of the Supervisory Committee, employees of the Credit Union and credit-control officers of the Credit Union.**

## Surrender checklist

Please read through the checklist below and tick to confirm that you have completed and noted all parts of this form.

	Section A	Section B	Section C (if applicable)	Section D	Section E
I/We have completed all sections – Sections A-E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I/We have included my/our bank account details so my payment can be paid directly to my/our bank account					<input type="radio"/>
I/We have enclosed my/our Original Policy Document (if applicable)					<input type="radio"/>
I/We have enclosed my/our utility bill dated within the last 6 months (an Original or Certified Copy)					<input type="radio"/>
I/We have enclosed my/our current Passport/Driving Licence (an original or certified copy)					<input type="radio"/>
I/We have enclosed my State Marriage Certificate if my surname has changed since the policy commenced (an original or certified copy)					<input type="radio"/>
I/We have signed the form to authorise Irish Life to make this surrender and provided the signature and contact details of a witness					<input type="radio"/>

Please return this form to:

Mail: Irish Life, Temple Road, Blackrock, Co. Dublin, Ireland

Telephone: 1850 203 203 Fax: 01 210 2020 Web: [www.irishlife.ie](http://www.irishlife.ie) Email: [customer-services@irishlife.ie](mailto:customer-services@irishlife.ie)



# Irish Life

Irish Life Assurance plc is regulated by the Central Bank of Ireland.