

Policy Surrender Request/Partial Surrender

Provider _____

Policy Number _____

Client Name _____

Dates Of Birth _____

Clients Address _____

To whom it may concern

- (i) Please arrange for £ _____ / _____ % to be surrendered and issued by way of a cheque payable to myself/ourselves and sent to the above address

OR

- (ii) Please arrange for the proceeds to be issued by way of a cheque payable to and sent to the following address.

Address _____

Please delete as appropriate

Signed _____ Signed _____

Dated _____ Dated _____