

## Request for automatic surrender

<b>For policy no.</b>		
	1 <sup>st</sup> Policyholder	<input type="checkbox"/> legal entity
Name/First name/Company		
Address/ZIP code/Country		
Date of birth/Incorporation date		
Telephone number		
E-mail <input type="checkbox"/> none		
Legal representative		
	2 <sup>nd</sup> Policyholder	<input type="checkbox"/> legal entity
Name/First name/Company		
Address/ZIP code/Country		
Date of birth/Incorporation date		
Telephone number		
E-mail <input type="checkbox"/> none		
Legal representative		

The policyholder wishes to request payment from the insurance policy as follows:

Automatic surrender \_\_\_\_\_, - (amount)

Frequency:     Quarterly                       Semi-Annual                       Annual

Automatic surrender start date: \_\_\_\_\_

Automatic Surrender end date: \_\_\_\_\_

Currency:     EUR     CHF     USD     GBP     SEK     NOK     policy currency

**Recipient account details for the transfer**

Account holder	
Bank	
Intermediary Bank (if needed)	
IBAN	
Cash account no.	
Asset account no.	
BIC (BLZ)/SWIFT	

**Signature of the policyholder (handwritten signature required)**

Place, Date

1<sup>st</sup> and 2<sup>nd</sup> Policyholder/Legal  
representative\*

**Signature of pledgee (if existent), (handwritten signature required)**

Please note that if the insurance policy is pledged as collateral, the additional consent of the pledgee to the surrender is required.

Place, Date

Pledgee

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**Compulsory enclosures - Youplus reserves the right to request any additional document if needed:**

- If the policyholder is a natural person, **Utility Bill** as proof of residence, not older than 12 months (or 6 months for Irish policies) (e.g. gas, electricity or water bill, TV licence et. al.) or proof of registration
- Identification documents** for each policyholder/beneficial owner/account holder (if different):
  - Natural person:** certified copy of the valid passport or identity card (if not already submitted)
  - Company/Legal entity:** trade register (not older than 12 months), statutes (or equivalent document), authorized signatory list, certified copy of the valid passport or identity card for each person authorized to sign and corresponding W-8 or W-9 form
- Form **“Self certification regarding tax status”** for each policyholder and account holder (if different). If necessary, the form will be requested for the beneficial owner as well.
- In case of an Irish policy:
  - Form **“Self declaration of non-Irish residence”**
  - Utility Bill** of the beneficial owner, not older than 6 months (e.g. gas, electricity or water bill, TV licence et. al.) or proof of registration
- For natural person or legal entity with **US Status:**
  - W-9 form
  - FinCEN Report 114 (FBAR for the most recent tax year concerning the Policy) **and**
  - Form 8938 (for the most recent tax year concerning the Policy)
  - or** CPA-letter (confirmation for the most recent tax year concerning the Policy)

\*The same documents and information requested for the account holder is needed for the legal representative. Please complete page 1 accordingly.

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