

Request for partial or full surrender

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|---|---|
| For policy no. | |
| | 1 st 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 nd 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 cancel the insurance policy as follows:

- Partial surrender _____,- (amount)
- Full surrender
-
- Money transfer Transfer of assets
- Currency: EUR CHF USD GBP SEK NOK policy currency
- Please choose only one option.**

The policyholder is aware that the sale of certain titles within the chosen investment strategy may take some time (weeks, months) and that the surrender amount cannot be paid until all titles have been sold. If the sale is not possible the portfolio will be transferred.

Reasons for the surrender

| 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

1st and 2nd Policyholder/Legal representative*

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

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

Place, Date

Pledgee

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

- Original policy (incl. any appendix) or declaration of loss in case of a full surrender
- 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 will be needed for the legal representative. Please complete page 1 accordingly.
