

Please use this form to request a partial surrender of an ULIP plans with a surrender value. Please complete this form fully to avoid processing delays.

1. Policy and Investment Details																			
A.	Policy Number																		
B.	Plan Name								Plan No										
2. Proposer / Life Assured Details																			
A.	Full Name (P/LA)	First name	Last name					Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>						
B.	Full Name (P)	First name	Last name					Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>						
C.	Nationality						Do you hold nationality in another country?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
D.	If yes, please confirm	If US Citizen / Tax payer fill FATCA form, for other countries fill CRS form																	
E.	Email Address																		
F.	Address	Building:																	
		Street:																	
		PO Box:	City:				Country:												
	Mobile							Telephone											
3. Bank Account Details																			
A.	Name of Bank																		
	Bank Code (If applicable)																		
	Bank Branch & Address																		
	Swift Code						Account Currency	<input type="checkbox"/>	USD	<input type="checkbox"/>	AED	<input type="checkbox"/>	BD						
B.	Account Name																		
	Account Number																		
C.	IBAN Number (23 Digits)																		
<b>Notes:</b> Bank charges might be applicable for Bank Transfer. If the bank account holder is not the same as the policy owner or if owner's bank account details are incomplete, or incorrect the wire transfer request will be rejected.																			
4. Surrender Details																			
<input type="checkbox"/>	Partial Surrender from all funds	Amount	\$		In words:														
<input type="checkbox"/>	Maximum Partial Surrender from all funds																		
<input type="checkbox"/>	Partial Surrender from Specific funds**	Amount	\$		In words:														
<input type="checkbox"/>	Maximum Partial Surrender from Specific funds**																		
5. Fund Details																			
** If you choose to have your partial surrender to be from specific funds, Please complete the fund details below																			
S.No.	ISIN	Fund Name						Percentage or Amount of withdrawal from each fund											
1.																			
2.																			
3.																			
4.																			
5.																			
6.																			
7.																			

## 6. Full Surrender

Charges on full surrender may apply. Before executing a full surrender or withdrawal, we recommend you to carefully read the policy terms and conditions and consult with your financial advisor.

I confirm that I am willing to fully surrender my policy and that the policy will be discontinued.

Please provide the reason for making a full or partial surrender:

## 7. Certified Proof of Identity and Proof of Residential Address.

A.	CPR / Emirates ID (Photocopy both sides)	Proposer <input type="checkbox"/>	Life to be Assured <input type="checkbox"/>
B.	Passport (photocopy with address page)	Proposer <input type="checkbox"/>	Life to be Assured <input type="checkbox"/>
C.	Latest Utilities Bill / Telephone Bill	Proposer <input type="checkbox"/>	Life to be Assured <input type="checkbox"/>
D.	Others Specify:	Proposer <input type="checkbox"/>	Life to be Assured <input type="checkbox"/>

## 8. Declaration and Authorization

I/We declare that the answers given to all questions in the form are true and complete in every.

I/We understand that any charges due to the partial / full surrender and the transfer of money will be at the expenses of me/us.

I/We hereby authorize Life Insurance Corporation (International) B.S.C.(c) to contact me for obtaining more information about this form.

I/we understand that the company shall not be liable to me/us for any loss or damage where the company exercises its right to disclose or withhold information pursuant to a lawful order or otherwise in accordance with the applicable regulations.

Date

Place

Signature

Proposer / Policy owner

Life to be Assured

