

Vera Financial dac  
Beaux Lane  
House, Mercer  
Street Lower  
Dublin D02 DH60  
IRELAND

### SURRENDER REQUEST

Policy No. : \_\_\_\_\_

Policyholder: \_\_\_\_\_

**PARTIAL SURRENDER**

The undersigned Policyholder requests the partial surrender of the above mentioned policy of the amount of \_\_\_\_\_ Euro.

**TOTAL SURRENDER**

The undersigned Policyholder requests the Total surrender of the above mentioned policy.

Please credit the amount onto:

IBAN: \_\_\_\_\_

SWITCH: \_\_\_\_\_

Account holder name: \_\_\_\_\_

(The account has to be in the name of the policy holder)

Bank name & address

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Place and date

(1) Signature of the policy holder

(2) Signature of the policy hold

(Two signatures are required if there are two policy holders/joint life)

I hereby enclose:

- Declaration of been alive If the insured is different from the policy holder
- ID document (for both policy holders were applicable)
- A Proof of address
- FATCA/CRS AUTOCERTIFICATION
- CUSTOMER DUE DILIGENT FORM
- A proof that the bank details mentioned above are under the name of the policy holder  
(Copy of a bank statement or letter from the bank)