LONDON & COLONIAL

International Bond Surrender/Withdrawal Request Form

Section 1 (a). Invidual Policyholder's Details

Policy Number:

Please enter the details of the first policyholder below, as shown on the International Bond Policy Schedule.

Policyholder

Title:

First Name(s):

Surname:

Date of Birth: Day Month Year

Section 1 (b). Trustee Policyholder's Details

Trust Name:

Incorporation Date:

Trustee 1 Name:

Trustee 1 Address:

Trustee 1 Passport Number: Expiry Date: Day Month Year

Trustee 1 Contact Telephone Number:

Trustee 1 Email Address:

Trustee 2 Name:

Trustee 2 Address:

Trustee 2 Passport Number: Expiry Date: Day Month Year

Trustee 2 Contact Telephone Number:

Trustee 2 Email Address:

Trustee 3 Name:

Trustee 3 Address:

Trustee 3 Passport Number: Expiry Date: Day Month Year

Trustee 3 Contact Telephone Number:

Trustee 3 Email Address:

Section 1 (b). Trustee Policyholder's Details (Continued)

Trustee 4 Name:

Trustee 4 Address:

Trustee 4 Passport Number: Expiry Date: Day Month Year

Trustee 4 Contact Telephone Number:

Trustee 4 Email Address:

Please only complete Sections 2, 3 & 4 where applicable to your request.

Section 2. Total Surrender

This section is to be completed only if you wish to make a Full Surrender of your whole Policy.

Please confirm if you wish to make a Full Surrender of your Policy by ticking the option below:

☐ I/we wish to make a Full Surrender of the whole Policy

If you wish to transfer out any of your investments in-specie, please complete the table below:

ISIN or SEDOL	Name of Asset	Number of units to be transferred in-specie	Asset Currency

Receiving Scheme/Transferee details:

Receiving Scheme Company:

Account Name: Account reference/ Policy number:

Contact name:

Contact telephone number: Contact email address:

Reason for Policy surrender:

There may be tax consequences associated with your Full Surrender. Please consult with your Financial Adviser.

Section 3. Policy Withdrawal

This section is to be completed only if you wish to make a withdrawal from your Policy.

Please confirm if you wish to make a withdrawal from your Policy by completing the appropriate option below:

☐ I/we wish to make a withdrawal from my/our Policy **Please read the below information and then complete Option 1, 2 or 3**

Your Policy is made up of a number of individual segments. There are different tax consequences depending on how you make withdrawals from your Policy. For example, for individuals, the withdrawal can be made by surrendering a number of full segments or by taking an equal amount from across all segments, which uses HMRC's 5% Tax-Deferred Allowance. Tax rules can change, the impact of taxation (and any tax relief) depends on your personal circumstances. **If you are not sure how your withdrawal will be taxed please speak to your Financial Adviser BEFORE submitting this form**.

Please confirm how you wish to make the withdrawal from your Policy by completing the appropriate option below:

☐ **Option 1** – I/we wish to surrender a specified number of segments (Please note that you will first need to obtain a current Policy valuation).

Number of segments: Estimated Amount: Currency:

(value of segment is subject to change)

☐ **Option 2** – I/we wish to withdraw equally across all the segments in my/our Policy

Amount: Currency:

☐ **Option 3** – I/we wish to withdraw an amount by a combination of fully cashing a specified amount of segments with the balance being taken across all the remaining segments.

Estimated TOTAL:

If you have requested Option 1 or Option 3 above, please note that your 5% Tax-Deferred Allowance will reduce proportionately, and this would affect any regular withdrawals you may be taking. Therefore, you may wish to consider amending the value of your regular withdrawals as this amendment will not be processed automatically.

Reason for Policy Withdrawals:

Section 4. Regular Withdrawals

This section is to be completed only if you wish to make regular withdrawals from your Policy.

Please confirm if you wish to make regular withdrawals from your Policy by completing the details below:

☐ I/we wish to make regular withdrawals from my/our Policy

Frequency: ◯ Monthly ◯ Quarterly (every 3 months) ◯ Half-Yearly (every six months) ◯ Yearly

Amount: _____ Currency: _____

Start date of withdrawal Immediately: ☐ Or: Date: Day ____ Month ____ Year ____

There may be tax consequences associated with your withdrawal. Please consult with your Financial Adviser.

Reason for regular Policy withdrawals:

Section 5. Bank account details for payment

The payment will be made by bank transfer to a bank account in the name of the Policyholder(s) only.

Bank Name:		Account Name:	
Bank Address:		Account Number:	
		Sort Code:	
Country:		IBAN:	
Postcode:		SWIFT/BIC:	

If the bank details provided above are different to the account details we hold on record, we will require a certified bank statement, dated within 3 months, before any withdrawal can be processed.

Section 6. Authorisation and Declaration

By signing this document all Policyholders hereby request that London & Colonial Assurance PCC Plc ("LCA") processes a full surrender or a withdrawal of the above numbered Policy and transfers the assets identified in the request to the bank details set out in Section 5.

LCA may rely upon any decision, consent and/or instruction of the Policyholders received by LCA under and/or in connection with a surrender or withdrawal made under this request and is released from any liability to any person for any acts performed in accordance with any such decision, consent and/or instruction. LCA may rely, without enquiry, upon any such written notice from a Policyholder.

Nothing contained in this form constitutes (or should be construed as) legal and/or tax advice.

We strongly recommend that Policyholder(s) seek their own legal and/or tax advice in connection with any request made within this form. LCA cannot accept responsibility that the request is suitable for your individual requirements.

We therefore recommend that you seek advice from an accountant and/or lawyer in connection with the legal consequences and possible tax reporting and payment obligations related to your individual situation before making a change to your Policy.

If there are two or more Policyholders, LCA will release, surrender or withdraw the assets relating to a request (or such part thereof) if it has received a signed instruction from all such persons comprising the Policyholders ("a Joint Instruction"). Where there are two or more Policyholders, please photocopy this form and complete the relevant information for the additional Policyholders. LCA shall have no obligation to comply or process a request in respect of a Policy unless and until LCA is satisfied, in its sole discretion, that all Policyholders have signed the Joint Instruction.

Please note: Your request may require investments to be sold or transferred and therefore please allow 28 days for processing. In exceptional circumstances some investments can take longer to liquidate.

Section 7. Limitation of liability

Except in cases of bad faith, wilful misconduct or gross negligence, LCA shall be fully protected and shall have no liability (i) in acting in reliance upon any certificate, statement, request, notice, advice, instruction, direction, other agreement or instrument or signature reasonably and in good faith believed by LCA to be genuine, (ii) in assuming that any person purporting to LCA any of the foregoing, in connection with either a Policy and/or LCA's duties, has been and remains at all relevant times duly authorised to do so. LCA shall not be liable for any mistake of fact or law or any error of judgment, or for any act or omission under and/or in connection with a surrender or withdrawal made pursuant to a request under this form, except as a result of its bad faith, wilful misconduct or gross negligence. LCA shall not be responsible for any loss incurred upon any action taken under circumstances not constituting bad faith, wilful misconduct or gross negligence.

Without limiting the generality of the foregoing, it is agreed that, in no event, will LCA be liable for any lost profits or other indirect, special, incidental or consequential damages which the Policyholders (or any one or more of the Policyholders) or any other person whatsoever may incur or experience by reason of having entered into or relied on a request made pursuant to this form or arising under, out of and/or in connection with LCA's services, even if LCA was advised or otherwise made aware of the possibility of such damages; nor shall LCA be liable for acts of God, acts of war, breakdowns, errors or malfunctions of machines or computers, interruptions or malfunctions of communications, banking or financial systems and/or power supplies, labour difficulties, actions of public authorities, or any other similar cause, matter, event circumstance and/or catastrophe beyond LCA's reasonable control.

Section 7. Limitation of liability (continued)

In the event that LCA shall be uncertain as to its duties and/or rights under a Policy, or shall receive any certificate, statement, request, notice, advice, instruction, direction or other agreement or instrument from any other person(s) with respect to the release of assets to a Policyholder which, in LCA's reasonable and good faith opinion, is in conflict with any of the provisions of the Policy, or shall be advised that a dispute has arisen with respect to the assets held under the Policy or any part thereof, LCA shall be entitled, without liability to any person, to refrain from taking any action other than to continue to hold such assets until LCA shall be expressly directed to do otherwise by Joint Instructions or by an order of a court with jurisdiction over LCA.

☐ Please tick to confirm you have read the statement

First Individual/Trustee

Name: (Block Capitals)

Signature:

Date: Day Month Year

Second Individual/Trustee

Name: (Block Capitals)

Signature:

Date: Day Month Year

Third Individual/Trustee

Name: (Block Capitals)

Signature:

Date: Day Month Year

Fourth Individual/Trustee

Name: (Block Capitals)

Signature:

Date: Day Month Year

All named Policyholders must sign this form for the withdrawal instruction to be processed.

If the Policy is held in trust, all trustees must sign the withdrawal form unless the Trust Deed states otherwise.

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Gibraltar Company Registration Number: 80650
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