

INTRODUCTION

This form should be used for surrender payments or partial surrender payments.

Please read each section of the form carefully and complete all relevant sections. Failure to complete all of the sections of the form or provide Nordben with the requested documentation may result in a delay in the payment being made.

Please also note that Nordben reserves the right to request further information and/or documentation prior to making payment if it deems it necessary.

This document should be stapled, together with the requested accompanying documents, and sent by post to Nordben at the address stated on the last page. Facsimile and e-mail copies cannot be accepted.

GUIDELINES FOR COMPLETION OF THIS DOCUMENT

Every section should be completed.

Please write clearly and in English using block capitals.

HOW WILL THIS DOCUMENT BE USED?

Nordben Life and Pension Insurance Co. Limited will use this document and other relevant details in order to process the payment. For these purposes this document will be disclosed to relevant Nordben staff and may be disclosed to personnel of the bank mentioned in Section D and any relevant correspondent bank. It might also be necessary to obtain additional details from persons and companies, referred to in this document, for the purpose of making the payment. By signing the 'Declaration' on page 4, you will have given consent to our disclosing appropriate details from this document to them. No sensitive data is passed on to a third party unless the correct legal procedure is followed.

This document will be held on file and will be disposed of in accordance with the terms of the contract.

Nordben Life and Pension Insurance Co. Limited takes the privacy and security of data held on its clients very seriously. We have published a guide to ensure that our clients are informed about their rights and our obligations under The Data Protection (Bailiwick of Guernsey) Law. The guide is available on our website www.nordben.com/data-protection.

A. POLICY DETAILS

Individual plan number:	Policy number(s)
_____	_____

B. GRANTEE

Name:	_____	
Address:	_____	
	Telephone no:	_____
	Facsimile no:	_____
	E-mail:	_____
Post code:	_____	

E. ACCOMPANYING DOCUMENTS

I/We attach the original Policy Document (only to be supplied if policy is being surrendered in full)	<input type="checkbox"/>
or	
I/We have lost the original Policy Document	<input type="checkbox"/>
I/We attach a copy of my/our passport for verification purposes	<input type="checkbox"/>
or	
I/We attach a copy of my/our National Identity Card for verification purposes	<input type="checkbox"/>

F. DECLARATION (In the case of joint Grantees, all Grantees must sign)

I/We understand that Nordben Life and Pension Insurance Co. Limited will use the information in the manner described on Page 1.	
Grantee's signature: _____	Date: (dd/mm/yyyy) _____
_____	Date: (dd/mm/yyyy) _____

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