

INTRODUCTION

This form should be used for surrender payments, partial surrender payments or lump sum payments at retirement.

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.

Please write clearly and in English using block capitals.

GUIDELINES FOR COMPLETION OF THIS DOCUMENT

Where the payment is to be made to the Life Assured and the Grantee's approval is not required then all sections should be completed with the exception of section B, which can be left blank.

In all other circumstances every section should be completed.

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 E 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

Policy /member number: _____	Plan number: _____
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B. GRANTEE

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

C. LIFE ASSURED

Name: _____	
Address: _____	
_____	Telephone no: _____
_____	Facsimile no: _____
_____	E-mail: _____
Please ensure that you supply your e-mail address, as confirmation of this transaction will be sent by e-mail.	
Post code: _____	You may view your updated statement on-line upon completion.

D. INSTRUCTION

The Grantee and/or Life Assured/Member, where appropriate, hereby apply to Nordben Life and Pension Insurance Co. Limited for the following payment to take place on the dealing day following receipt by the Company of this request. The Grantee and Life Assured, where appropriate, confirm that the plan/account has not been assigned or transferred to a third party.

Please state the amount that you wish to be paid from the plan/account by completing the table. If the plan/account is to be paid out in full, please print 'ALL' in 'Amount of Units' and 'ALL' in 'From Fund(s)'.

CASH TO BE RAISED	(OR) AMOUNT OF UNITS	FROM FUND(S)

Please specify which currency the payment is to be made in: (Please tick currency box below)

United States Dollar Euro Swedish Krona Norwegian Krone Danish Krone Sterling Swiss Franc

Please note the following:

- Partial payments are not usually permitted from group schemes.
- Partial payments are subject to a minimum of £5,000 or currency equivalent.
- Nordben reserves the right to decline applications that if processed will result in the remaining plan/account value being less than £20,000 or currency equivalent.
- The Company may vary the minimum partial payment and the remaining plan/account value from time to time.

E. BANK DETAILS

Part 1 (This section must be completed for all payments)

Bank name: _____	Contact person at bank: _____
Bank address: _____	Bank telephone no: _____
_____	Bank facsimile no: _____
_____	Currency of account: _____
Post code: _____	

G. RETURN OF POLICY DOCUMENT (If you have applied for the policy to be paid out in full please mark/tick as appropriate)

I/We attach the original Policy Document	<input type="checkbox"/>
I/We have lost the original Policy Document	<input type="checkbox"/>
Please also attach the following documents for verification purposes (please note (1) and (2) are not required if the payment is being made to the Grantee)	
1. A certified copy of the Life Assured's passport or national identity card.	<input type="checkbox"/>
2. An original utility bill or bank statement confirming the Life Assured's residential address. (The document should be the latest available, but not more than 12 months old. An original must be supplied. It will be returned once it has been processed)	<input type="checkbox"/>
3. A certified copy of Grantee's passport or national identity card, if the Grantee is a private individual.	<input type="checkbox"/>
4. An original utility bill or bank statement confirming the Grantee's residential address, if the Grantee is a private individual. (The document should be the latest available, but not more than 12 months old. An original must be supplied. It will be returned to you once it has been processed)	<input type="checkbox"/>
Who can act as a suitable certifier?	
<ul style="list-style-type: none">• The Grantee (where the Grantee is the Life Assured's employer)• An embassy, consulate or high commission of the country of issue of the documentary evidence of identity.• A lawyer or notary public.• A member of the judiciary or senior civil servant.• A serving police or customs officer.• A bank manager or officer (of the bank mentioned above)	

H. NORDBEN USE ONLY

Signature: _____	Date: (dd/mm/yyyy)	_____
Signature: _____	Date: (dd/mm/yyyy)	_____

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