



FORM OF DISCHARGE ENCASHMENT OR PARTIAL ENCASHMENT

This form should be used for the following product providers:

Alpha International Life Assurance Company (Guernsey) Ltd*,
Suites 1 & 2, Block A, Hirzel Court, St Peter Port,
Guernsey, GY1 2NN, Channel Islands.
(Registered number: 2424).

* Hereafter referred to as 'the Company' for purposes of this Form of Discharge

Please complete all information in block capitals

Date:	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Policy Number:	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																		
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Policy Holder(s) name(s)	<table><tr><td colspan="5"></td><td colspan="5"></td></tr><tr><td colspan="5"></td><td colspan="5"></td></tr></table>																																												
Policy Holder 1's Residential Address:	<table><tr><td colspan="9"></td></tr><tr><td colspan="9"></td></tr><tr><td colspan="9"></td></tr><tr><td colspan="5"></td><td colspan="4">Country</td></tr></table>																																									Country			
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Telephone number	preferred contact details					Fax number				preferred contact details																																			
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I/We enclose Certified Copy(ies) of valid passport(s)/I.D.(s) of all PolicyHolders

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The person certifying the copy as a true original must be qualified to do so (Commissioner of Oaths, Justice relates to in person. The copy must also be a clear picture that shows a recognisable likeness of the individual. The clear picture must not be greater than 10 years old. Unclear/uncertified copies will result in delay in processing this form.

I/We enclose verification of all residential address(es) of all PolicyHolders

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The verification document must be either a utility bill issued by an independent authority, or other documentary proof of residence satisfactory to the Company. It must be either an original or a certified true copy. It must be less than 6 months old at the point of submission. The address must verify the residential address as completed on the form. The address must be the real address and not, for example, a P.O.Box. If these requirements are not met this will result in a delay in processing this form.



A. DISCHARGE/FULL SURRENDER:

Reason for surrender

I/We enclose the:
(tick as appropriate)

☐

Policy Document (not certified copy) OR

☐

Declaration of Loss form. If the policy document has been mislaid a Declaration of Loss should be used subject to the conditions set out on that form.

I/We acknowledge that the amount payable constitutes full and final settlement of any and all claims under all Policies under the Plan.

PLEASE NOW COMPLETE SECTIONS C AND D

B. PARTIAL SURRENDER:

Reason for partial
surrender

I/We require a partial surrender of

or I/We require a partial surrender as detailed below

I/We enclose the:
(tick as appropriate)

☐

Policy Document or certified copy by Commissioner of Oaths

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Declaration of Loss form. If the policy document has been mislaid a Declaration of Loss should be used subject to the conditions set out on that form.

Partial surrender of less than £5,000 (\$10,000/Euro10,000) may be made without providing the Policy Document or Declaration of Loss.

I/We acknowledge that the benefits secured by the Policy will be reduced when the partial surrender is effected, by the appropriate amount as calculated by the Company's actuary.

Fund name

Number of units/Amount in fund
currency/Amount in policy currency
(delete as appropriate)

A mix of amount and Unit withdrawals can not be accepted.

Please liquidate the above funds and pay proceeds to me as detailed in Section D.

Please complete sections C and D.



C. DECLARATION:

I/We instruct the Company to make payments as detailed above. I/We have read and understood the information detailed below on possible surrender terms, conditions and potential delays in payment of proceeds and Third Party payments.

Signature(s) of Owner(s)/Attorney*

This date cannot be more than three months prior to our receipt of the form.

1.	Date of signature	2.	Date of signature
Print Name Please state Ownership/Trustee, etc		Print Name Please state Ownership/Trustee, etc	
3.	Date of signature	4.	Date of signature
Print Name Please state Ownership/Trustee, etc		Print Name Please state Ownership/Trustee, etc	

*Please note that if the Policy is jointly owned, it must be signed by all owners. If the discharge form is not dated we regret that we will not be able to process the surrender.

D. PAYMENT DETAILS: Please send via electronic transfer to the following account

Payment currency		Amount (in policy currency)	
Bank name		Sort/SWIFT/ABA	
Bank address		Ref to be quoted	
		Comments	
	Postcode		
	Country		
Account holder's name		IBAN number	
Account number			
Routing details			
Correspondent bank		Sort/SWIFT/ABA	
Comments		Account number	
		IBAN number	

Proof of Banking details included? Yes ☐ The Company will accept any form of verification that provides confirmation of client names, account number, bank sort code, bank name and bank address. Either original or certified copy documentation is acceptable, but the verification must not be older than 3 months from the transaction request date.

GENERAL SURRENDER NOTES

Whilst payment can be made in any major currency, withdrawal instructions can only be accepted in policy or fund currency.

A transmission fee of £25.00 or currency equivalent will be taken for each payment, if appropriate.

Additional payment details must be signed by all policyowner(s)

- Please remember that payments will incur bank transmission charges.
- Most funds are currently priced weekly and unit transactions carried out in a forward pricing basis. For funds that are not weekly priced, proceeds can only be paid after the next available price date, which may result in delay to all or part of the payments. Details can be found in the specific fund literature.
- I am/We are familiar with the charges that may be made to this requested surrender as detailed in the General Conditions.

- I/We acknowledge that surrenders will be made in accordance with any applicable legislation.
- I/We understand that certain funds may have extended redemption periods applied from time to time. I/We further understand that this may delay any encashments, exchanges of units claims or switches out from such a fund.

The current minimum request that will be accepted is as detailed in the policy conditions or if no restriction, £300 or currency equivalent.

If the policy document is mislaid a Declaration of Loss should be used subject to the conditions set out on that form.

Failure to complete all relevant bank details may delay payment for which the Company will accept no liability.



THIRD PARTY PAYMENTS

The Company's policy is not to make Third Party payments. However, payment will be made in the following circumstances:

- Payments to a recognised Investment House clearly referenced with the name of the Alpha International Life Assurance Company (Guernsey) Ltd policyholder provided a signed copy of the new investment application is attached.
- Payment to solicitor/executor following a death claim.
- Payment to an Account in the name of a spouse provided a certified copy of the marriage certificate is attached.

All requests for payment to Third Parties other than those shown will be rejected.

Where I/we have detailed that the above payments are made to a third party as above, I/we hereby undertake to indemnify the Company from and against all claims and demands, against all losses, damages, expenses and charges which it may sustain, incur or be liable in respect of, or arising from or in connection with the making of said payment.

PLEASE NOTE: More details about how we use your information, your rights over this information and how you can exercise your rights can be found in <https://alphaintlife.com/privacy-policy.html>

Alpha International Life Assurance Company (Guernsey) Ltd, registered office: Albert House, South Esplanade, St Peter Port, Guernsey, GY1 1AW (reg. no. 2424) and is licensed to write long term insurance business under the Insurance Business (Bailiwick of Guernsey) Law 2002 by the Guernsey Financial Services Commission.



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