

The Lawrence Life Assurance Company 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:

Account n: \_\_\_\_\_

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

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

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

Swift/Bic: \_\_\_\_\_

Bank name & address

\_\_\_\_\_  
Place and date

\_\_\_\_\_  
(1) Signature of the policy holder

\_\_\_\_\_  
(2) Signature of the policy holder

(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
- 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)