

CLIENT INSTRUCTION TO PROVIDER TO SURRENDER A LIFE ASSURANCE POLICY & /OR INVESTMENT CONTRACT

Date.....

From (Client Name/s):.....

Client Address:.....

.....Postcode:.....

To (Name of Provider):

Provider Address:.....

.....Postcode:.....

Telephone No:.....Fax:..... Email:.....

Dear Sirs

Reference: Policy/Contract No/s:.....

Please be advised that I / We wish to surrender the above life policy / policies / investment contract/s with immediate effect. Upon encashment please forward your cheque made payable to:as soon as possible to our address as detailed above. However, if possible please make payment direct into my/our bank account the details of which are as follows:

Account Name:.....

Bank Name & Address:.....

Sort Code:.....

Account Number:

Yours faithfully

Signature:.....Print Name.....

Signature:.....Print Name.....