



## Guaranteed Bond Maturity Form

Please ensure that you complete all sections on this Maturity Form and sign and return it along with your Policy Schedule in the envelope provided. Once signed, please return the forms immediately as there is no obligation at this stage.

### SECTION A Policyholders' Details

First Policyholder		Second Policyholder			
Surname	<input type="text"/>	Mr/Mrs/Miss/Ms	Surname	<input type="text"/>	Mr/Mrs/Miss/Ms
Forenames	<input type="text"/>		Forenames	<input type="text"/>	
Address	<input type="text"/> <input type="text"/> <input type="text"/>		Address	<input type="text"/> <input type="text"/> <input type="text"/>	
Postcode	<input type="text"/>		Postcode	<input type="text"/>	
Existing Bond Number	<input type="text"/>				

### SECTION B Re-investment Service

1. Are you considering re-investing into a Countrywide Assured Guaranteed Bond? (Please tick one box)

YES

NO

If No, move to Section C  
If Yes, continue

2. Have you received any advice from a Financial Adviser regarding this re-investment? (Please tick one box)

YES

NO

3. Would you like a **no obligation** telephone call on the 5th working day before maturity from Countrywide Assured to inform you of the re-investment rate? (Please tick one box)

YES

NO

If No, please go to number 6  
If Yes, continue

4. Please supply the telephone number you would like to be contacted on and remember to include the full area dialling code.

5. Please indicate the time of day you would prefer to be telephoned. (Please tick one box)

9.00 am - 1.00 pm

1.00 pm - 5.00 pm

Countrywide Assured will endeavour to telephone you at this time to accept your instructions. If these times are not convenient, or you are not available on the 5th working day before maturity, please contact the Investment Services Helpline **free** on **0800 838020**

6. If you do not want us to telephone you, but you want to re-invest into a Countrywide Assured Guaranteed Bond, please telephone our Investment Services Helpline number **free** on **0800 838020** on the 5th working day before maturity to obtain the re-investment rate and make arrangements for your proceeds.

Continued Overleaf

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### SECTION C Bank Account Details

Please provide details of where Countrywide Assured is to pay your maturity proceeds:

Bank	<input type="text"/>	Sort Code	<input type="text"/>
Address	<input type="text"/>	Account Number	<input type="text"/>
	<input type="text"/>	Account Name	<input type="text"/>
Postcode	<input type="text"/>		

### SECTION D TO BE SIGNED FOR ALL MATURING GUARANTEED BONDS

**IMPORTANT NOTE:** This form, together with your telephone instruction should you choose to take advantage of the reinvestment service, is the basis of contract between you and Countrywide Assured. Please ensure all questions are answered correctly before making your final instruction.

**Declaration:** I/We declare that to the best of my/our knowledge and belief the statements in this form are true and complete

**Further Declaration and Authorisation (applying to the reinvestment service only):**

I/We further declare that if I/We choose to reinvest then I/We have read the description of the Guaranteed Bond and understand the nature and effect of the contract for which any reinvestment proposal is made. I/We authorise Countrywide Assured to accept my/our verbal instruction for the application of the maturity proceeds. Where there is more than one Policyholder, we agree that the verbal instruction of one of us shall be binding on all Policyholders.

**Signature of first Policyholder**

Date

**Signature of second Policyholder**

Date

### FOR OFFICE USE ONLY To be completed during the Re-investment Service telephone call

Amount	<input type="text"/>	Term	<input type="text"/>
Bond Type	<input type="text"/>	Rate	<input type="text"/>
Confirmed by telephone	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Telephone calls may be recorded to enable us to improve our services