



Full/partial surrender Request form

Where we refer to Countrywide Assured plc ("Countrywide Assured") in this document, this includes CASFS Ltd ("CASFS") where appropriate.

Section 1. Policy details (to be completed in all cases)

Policy number(s)

Policyholder

Person Insured
(if different to policyholder)

Telephone

Email

Section 2. Options (please complete one of the following options)

Option A: Full surrender

If you wish to surrender the Policy(ies) numbered above completely, please tick this box

Option B: Segment surrender (withdraw by fully cashing in segmented policies)

(i) Amount to be surrendered

£

or

(ii) Number of individual policies to be surrendered

Notes

- This option is only available for segmented policies. Where you have specified an amount above, we will surrender the appropriate number of policies up to this amount with the balance taken as a partial surrender equally across the remaining policies.
- Individual contracts will be surrendered in reverse number order i.e. highest number first.

Option C: Partial Surrender (withdraw a specified amount across all policies)

Amount to be surrendered

£

Tax warnings

- There may be different tax implications depending on whether you take specified amounts as a segment surrender or a partial surrender.
- Please note that within any single policy year, any partial surrenders and regular withdrawals which combined exceed your cumulative 5% tax deferred allowance, will give rise to a gain which may result in an income tax liability.
- A segment surrender may be a more tax efficient way of taking monies from your bond. Where surrendering individual policy segments creates a gain this may result in an income tax liability depending on your tax position.

If you are in any doubt as to how your surrender will be taxed you should contact your Financial Adviser before submitting your request.

You must complete and sign this form or we will be unable to process your request.

Important: Please enclose your policy schedule(s) and all deeds of title when you return this form.

Countrywide Assured reserves the right to require sight of such other documents or evidence of title to the Policy and/or in order to verify your identity and address as it decides before accepting this surrender request.

Data privacy

Countrywide Assured and CASFS are each data controllers in their own right in respect of the personal data which you provide which means we are responsible for deciding how we hold and use your personal data.

We take the security of your personal data very seriously and as data controllers we will only use your personal data in accordance with applicable data protection laws. Our Privacy Statement explains how we use your personal data and can be obtained via our website at: www.countrywideassured.co.uk, or by email at: clientservices@countrywide-assured.co.uk or by telephone on 03330 155 600, Monday to Friday between 9am and 5pm (excluding bank holidays).

By completing and submitting this form you acknowledge you have received and read the Countrywide Assured Privacy Statement.

The surrender value of your policy will be calculated using the selling price(s) effective the next working day following receipt of all our requirements.

Section 3. Payment instructions

I request that Countrywide Assured arrange the surrender of the whole or a part of this Policy as detailed above and to pay the appropriate surrender value by:

Direct credit

Name of bank/building society	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	Postcode <input type="text"/>
Name of account holder	<input type="text"/>	
Account number	<input type="text"/>	Sort code <input type="text"/>
Roll Number (if applicable)	<input type="text"/>	

Crossed cheque

Cheque to be made payable to:	<input type="text"/>	
	* Where the Policy is written in trust, the cheque will be made payable to all Trustees	
To be sent by ordinary post to	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	Postcode <input type="text"/>

Section 4. request and declaration (to be completed in all cases)

I/We are entitled to the proceeds of the above numbered policy(ies) and wish payments to be made as specified above.

I/We agree that compliance with this request shall release Countrywide Assured. from all its liabilities under the above numbered Policy(ies) to the extent of that part of the Policy(ies) surrendered. I understand that this will not prevent me from bringing a claim against Countrywide Assured, in the event that any negligent act or omission by them is established.

I/We understand that where appropriate, the surrender value payable will reflect any relevant surrender charge.

Signed	<input type="text"/>	Date <input type="text"/>
Signed	<input type="text"/>	Date <input type="text"/>
Signed	<input type="text"/>	Date <input type="text"/>
Signed	<input type="text"/>	Date <input type="text"/>

N.B. All policyholders, trustees and assignees must authorise this request.

All policyholders must sign this form in order for the surrender amount to be paid. Payment may be delayed if all the policyholders do not sign. If the policy is in trust, then all trustees must sign above. If the policy is assigned then the assignees must sign above.

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