

## Single Premium - Withdrawal Form

Please read this form carefully before completion

### Policy details

Policy number

Policyholder Name(s)

Policyholder Address

Policyholder telephone number

### Reason for withdrawal (For information on options available, please see page 3)

I require money for a specific need ☐ Investment performance ☐ My policy has matured ☐

### ID Requirements (if not previously provided)

I have enclosed the following:

☐ A copy of photo id, e.g. current passport or driving licence (see notes on page 3)

☐ A copy of a current utility bill or bank statement (dated in the last 6 months), which reflects my most recent address (see notes on page 3)

**NB:** If documentation received is not clear and legible, further copies will be required. In certain circumstances, certified copies may also be requested.

Please complete either A or B below and read the important notes set out at the end of the form.

### A - Partial withdrawal

☐ Please withdraw the following amount from my policy €  OR

☐ Please re-invest €  from my policy into existing policy/new proposal

If you hold more than one fund, please specify the cash surrender amount or percentage from the named funds. If this is not specified a proportionate withdrawal across the holdings within the policy will be made

Fund Name	% or value (€) of withdrawal
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### B - Full withdrawal

☐ Please fully encash my policy. OR

☐ Please re-invest the full proceeds from my policy into existing policy/new proposal

## Policy schedule

Please enclose the original policy schedule where a full encashment is being requested.

If the original policy schedule is not enclosed as it is unavailable / lost, please tick this box.

☐

## Bank details

For the quickest and safest way to receive your payment, please insert your bank details here:

Swift BIC:  (your bank will be able to confirm these details if necessary)

Account Number (IBAN):

Account Name:

Bank Name & Address:

**Note:** Payments cannot be made to third party bank accounts and a current account number must be provided.

**Note:** For payments to be made outside of the Republic of Ireland, please see points below for additional information required.

## Is this policy currently assigned (securing a loan)?

☐ No - The policyholder(s), and any trustee(s) where relevant, should complete this form.

☐ Yes - This form should be completed, stamped by the assignee (lender) and returned. If a full encashment is required, the deed of assignment and the original policy schedule should also be included.

If this policy has been re-assigned to the policyholder(s), the policyholder(s) should complete and return this form, along with a letter of no further interest from the assignee (lender).

## Are you resident or ordinarily resident in the Republic of Ireland?

☐ Yes - If **Yes**, no further documentation is required.

☐ No - If **No**, and the policy has a commencement date after 1.1.2001, we will require a completed Declaration of Residency Outside Ireland form before any payment is made as you may qualify for exit tax exemption. To request a declaration form please contact our Customer Service Team on **1850 200 318**. If no declaration is completed immediately before the (partial) withdrawal, then exit tax will be deducted, where applicable, in accordance with your policy conditions.

## Policyholder declaration

Other than where the policy is held in trust, I/we declare that I am/we are the legal owner(s) of the policy. I/we direct New Ireland Assurance to pay the withdrawal proceeds to the bank account details set out, or, if no bank account details provided, by cheque to my/our order. Where I/we have indicated the original policy schedule is unavailable/lost, I/we agree to indemnify and hold harmless New Ireland Assurance from and against all claims, costs, charges and expenses which may occur by reason thereof and I/we will deliver the policy schedule to New Ireland Assurance should it hereafter come into my/our possession.

Signature of first policyholder

Signature of second policyholder (if applicable)

Date

D	D	M	M	Y	Y	Y	Y

Date of birth

D	D	M	M	Y	Y	Y	Y

Date

D	D	M	M	Y	Y	Y	Y

Date of birth

D	D	M	M	Y	Y	Y	Y

## Trustee declaration (where policy is held in trust)

I/we, the trustee(s), declare that I/we are the legal owner(s) of the policy. I/we direct New Ireland Assurance to pay the withdrawal proceeds to the bank account details set out or, if none, by cheque to the order of the named policyholder(s) unless otherwise instructed.

Signature of first trustee

Signature of second trustee (if applicable)

Date

D	D	M	M	Y	Y	Y	Y

Date

D	D	M	M	Y	Y	Y	Y

## Assignee declaration (where policy is assigned)

I/we, the trustee(s), declare that I/we are the legal owner(s) of the policy. I/we direct New Ireland Assurance to pay the withdrawal proceeds to the bank account details set out or, if none, by cheque to the order of the named policyholder(s) unless otherwise instructed.

Assignee signature:

Assignee stamp (required for assigned policies):

Assignee staff signatory number (where applicable):

## Have you considered:

Reason for withdrawal	Options available	What you need to do
I require money for a specific need	Depending on your plan, you may be able to withdraw what you need and continue making regular payments where applicable	Complete section: A. Partial withdrawal
Investment performance	Depending on your plan, we have a range of funds which you may be able to switch to – including low risk funds	Contact your financial advisor or call our Customer Support Team on 1850 200 318 for information
My policy has matured	We have a range of options for you to consider at this time. This is an ideal opportunity to get advice.	Contact your financial advisor or call our Customer Support Team on 1850 200 318 for information

## Important points to note

- 1) If you have not provided proof of identity in the past, we will require a certified copy of photo id (e.g. valid passport or driving licence) and a recent utility bill or bank statement to process your request.
- 2) If your address has changed from that previously notified, we will require evidence of your most recent address, or if your surname has changed as a result of marriage, we will require a certified copy of your marriage certificate.
- 3) A charge of **€25.00** currently applies for all partial withdrawals. This charge is subject to change.
- 4) The minimum withdrawal amount is **€1,000.00** and the minimum value required to keep your policy in force is **€3,500.00**.
- 5) For direct credit transfers outside of the Republic of Ireland, please note that currency and additional bank charges may apply and transmission times may be longer. Transfers to certain countries may also be prohibited.
- 6) For policies with a commencement date on or after **01.01.2001**, additional units will be encashed from your policy to cover life assurance tax (currently 41%). Life assurance tax only applies to any gains made on the policy.

**Please return this form to: New Ireland Assurance Company plc, 11-12 Dawson Street, Dublin 2.**

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T: (01) 617 2000 F: (01) 617 2075 E: [info@newireland.ie](mailto:info@newireland.ie)

New Ireland Assurance Company plc is regulated by the Central Bank of Ireland.  
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