



MATURITY REQUEST FORM

Instructions for completion of the Maturity Request Form

SECTION A – POLICY HOLDER DETAILS

- 1) Please insert the policy number.
- 2) Please insert the name(s) of all Policy Holder(s)/Trustee(s).
- 3) Please complete all address and contact information where applicable.
- 4) Please select your chosen option at Maturity.
- 5) Please insert all policyholder's tax details.

SECTION B – PAYMENT INSTRUCTION (Only to be completed if claiming the maturity proceeds)

Payments within the UK will automatically be sent by Direct Credit (BACS).

There are no charges for sending payments by Direct Credit (BACS) within the UK; however dependant on whether your bank is on the faster payments system transfers may take up to 3 working days to reach your account.

Payments to Banks outside the UK will be sent by Telegraphic Transfer.

Bank charges are applicable to this service and will be taken by our bank, any intermediary bank(s) and the receiving bank.

The charge currently applied by our bank is £5 however we are unable to confirm the total charge applicable for the transfer as this will be dependent on the charges of the intermediary and receiving bank at the time of transfer. Dependant on the location of the receiving bank and the number of intermediary banks involved a telegraphic transfer can take up to 7 working days to reach your account.

SECTION C – INSTRUCTIONS FOR EXTENDING THE TERM OF THE PLAN

Only to be completed if extending the term of the plan

Additional instructions

The prescribed form of request is to post your completed and signed form to:

LCL International Life Assurance Company Limited
PO Box 391, St George's Court, Upper Church Street, Douglas, Isle of Man, IM99 2XW

If you opt to claim the policy proceeds you must also return all original policy schedules.

Please do not use correction fluid on this form as this will render the form unacceptable to LCL International.

Payment will only be made to the policy holder(s), LCL International does not make payment to third parties.

LCL International reserves the right to delay processing an incomplete request.

LCL International will initiate a request to extend the plan upon receipt of a signed copy of the request received by fax (+44 1624 683684) or a signed copy attached to an email sent to front.office@lcl.co.im. The original signed instruction will be required in order to release the policy endorsement.

If the policy is held within a Trust or by an entity, a separate Self-Certification Form may need to be completed. This can be requested by contacting our Front Office on +44 (0) 1624 683 683 or by emailing front.office@lcl.co.im

SECTION A - POLICY HOLDER DETAILS – PLEASE PRINT CLEARLY AND COMPLETE EACH SECTION

1) POLICY NUMBER(S) :

2) POLICYHOLDER / TRUSTEE 1 :
 MAIDEN NAME :
 POLICYHOLDER / TRUSTEE 2 :
 MAIDEN NAME :
 POLICYHOLDER / TRUSTEE 3 :
 MAIDEN NAME :
 POLICYHOLDER / TRUSTEE 4 :
 MAIDEN NAME :

3) CURRENT RESIDENTIAL ADDRESS:

HOME TELEPHONE NO:

E-MAIL ADDRESS:

4) PLEASE SPECIFY THE MATURITY OPTION YOU REQUIRE – please tick (✓) only one box

CLAIM MATURITY PROCEEDS ON OR AFTER THE MATURITY DATE
 (please return the original policy schedules)

Please complete Section B

EXTEND THE PLAN
 (Only an option available prior to the policy maturing)

Please complete Section C

5) DECLARATION OF TAX STATUS

	Jurisdiction of Tax Residence	TIN (NI number if UK)*	Are you a US citizen or resident for tax purposes?
POLICYHOLDER 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
POLICYHOLDER 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
POLICYHOLDER 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
POLICYHOLDER 4	<input type="text"/>	<input type="text"/>	<input type="text"/>

*If a TIN is not available please provide a functional equivalent (such as your social security, national insurance, citizen, personal identification or a resident registration number). If no TIN or functional equivalent is available for any of the jurisdictions listed please advise the reason why (such as the jurisdiction does not issue such numbers) below:-

Further information on the issuance rules for TINs and their format can be found on the OECDs AEOI Portal:
<https://search.oecd.org/tax/automatic-exchange/tinsandtaxresidency/taxidentificationnumberstins/>

If the policy is held within a Trust or by an entity, a separate Self-Certification Form may need to be completed. This can be requested by contacting our Front Office on +44 (0) 1624 683 683 or by emailing front.office@lcl.co.im

SECTION B – PAYMENT INSTRUCTION – PLEASE PRINT CLEARLY

Please provide below the payment details for your bank:

Beneficiary Bank Name :	
Beneficiary Bank Address :	
Bank Sort Code, SWIFT code, BIC code or ABA code : (whichever is applicable)	
Account Number or IBAN Number :	
Name of Account Holder(s) :	

If your bank uses an Intermediary/Correspondent bank to route payments through please provide their details below:

Intermediary Bank Name :	
Intermediary Bank Address :	
Intermediary Bank SWIFT code or BIC code :	
Account number of beneficiary bank with Intermediary bank(if applicable):	

I/We hereby request that LCL International Life Assurance Company Limited mature the above numbered Policy in accordance with the provisions and conditions of the Policy, and make payment as requested above. I/We agree that such payment shall discharge LCL International Life Assurance Company Limited from all liabilities and claims arising out of the Policy.

I/We hereby certify that I/We am/are entitled to the proceeds of the Policy and that no receiving order has been made against me/us and that I/We am/are not an undischarged bankrupt and that the Policy has not been assigned or transferred nor has any person any rights to the Policy thereof other than me/us.

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.

Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities.

SIGN & DATE:

Holder/Trustee 1: _____ Date : _____

Holder/Trustee 2 : _____ Date : _____

Holder/Trustee 3 : _____ Date : _____

Holder/Trustee 4 : _____ Date : _____

SECTION C – INSTRUCTIONS IF EXTENDING THE TERM OF THE PLAN

I Wish to Extend my Plan for _____ Years (minimum term extension is 2 years)

I WILL / WILL NOT be making premium payments.

(please delete as appropriate)

If the policy currently has any life cover benefits these will be extended also unless instructed otherwise.
If the policy is paid-up and extended any UK qualifying status will be lost.

PLEASE NOTE: If you have one of the following policy types the minimum term extension is 10 years:

- Retirement Savings Plan
- Maximum Investment Plan
- Amulet With Profits Investment plan (Qualifying version)

I/We hereby certify that I/We am/are entitled to the proceeds of the Policy and that no receiving order has been made against me/us and that I/We am/are not an undischarged bankrupt and that the Policy has not been assigned or transferred nor has any person any rights to the Policy thereof other than me/us.

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.

I undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the tax declaration information contained in this form to be inaccurate or incomplete.

Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities.

SIGN & DATE:

Holder/Trustee 1: _____ Date : _____

Holder/Trustee 2 : _____ Date : _____

Holder/Trustee 3 : _____ Date : _____

Holder/Trustee 4 : _____ Date : _____