



## Termination of pillar 3b insurance

The policy in question will terminate on the first day of the month **following receipt of this form** or in the future on \_\_\_\_\_ (date).

### Details of the policyholder

Last name: \_\_\_\_\_ Policy number: \_\_\_\_\_  
First name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Street/no. \_\_\_\_\_ Country of birth: \_\_\_\_\_  
Postcode/town/  
country: \_\_\_\_\_ All nationalities: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Private/mobile phone no.: \_\_\_\_\_

**I am cancelling my pillar 3b policy.** Please pay me the surrender value minus any premium or loan owed. Please make the payment to the following account.

### Payment instructions

Please provide the bank details of the account to which the payment is to be made:

Account is in the name of the  
policyholder: \_\_\_\_\_

Post /  bank name: \_\_\_\_\_

Address of bank: \_\_\_\_\_

BIC/SWIFT code: \_\_\_\_\_ IBAN: \_\_\_\_\_

- I am married / separated / in a registered partnership.  
 I am single / divorced / widowed / in a dissolved partnership.

### Payment

Once we are in possession of all the necessary information/documents it will take approx. 30 days for the transfer to be made.

I confirm that the information I have given is true.

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
**Signature(s)**  
All policyholders and rightful claimants or  
their representatives

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
**Signature(s) and stamp**  
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