

APPLICATION FOR THE PARTIAL SURRENDER

ALICO LIFE INVEST PLUS , MULTIGLOBAL INVEST, ACCELERATOR PLUS&CAPITAL INVEST

☐ **BASIC POLICY**

or

☐ **SUPPLEMENTARY POLICY**

POLICY NUMBER	INSURED	POLICY OWNER
Branch Code _____	I.D. Number _____	I.D. Number _____

ADDRESS OF INSURED PERSON / POLICY OWNER _____
 HOME / WORK TELEPHONE NUMBERS _____
 INSURANCE ADVISOR 'S COMMENTS (reason for partial surrender) _____

With this application I request to be paid for PARTIAL SURRENDER according to the Terms of the above Insurance Policy, from the value shown in the account of the program: **ALICO LIFE INVEST PLUS, MULTIGLOBAL INVEST, ACCELERATOR PLUS & CAPITAL INVEST**

Deposit the amount €: _____ in writing _____

Note:

- I. The minimum limit of the Value of the Account for exercising the right regarding **ALICO LIFE INVEST PLUS** is the amount of **€ 2,562** and for the others **INVEST PROGRAMS** it is the amount of **€1,200**.
- II. The maximum partial surrender amount is 50% of the Account Value.
- III. The Life Insurance Fund will be reduced by the amount of the partial SURRENDER.
- IV. The amount of the partial surrender is calculated based on the surrender price of the units and will be completed no later than the second working day following the date of receipt of this application at the Head Offices in Nicosia.
- V. Up to 4 partial surrenders are permitted per year. The first partial surrender that will take place within the year is free of charge. The rest are charged with €17 each and this cost is deducted from the Account Value.
- VI. For **ALICO LIFE INVEST PLUS** the percentage of the partial surrender is applied to the first €3,415 of the Account Value to be redeemed. For the others **INVEST PROGRAMS** the surrender value **will be calculated in the manner set out in the policy table under Special Condition 12 - Total surrender of Insurance Policy**.
- VII. Attach an IBAN certificate.**
- VIII. Attach a copy of the ID of the Insured Person and of the Policy Owner (if other than the insured person).

SIGNATURE OF THE INSURED PERSON _____ DATE _____

SIGNATURE OF THE POLICY OWNER _____ DATE _____

SIGNATURE OF THE ASSIGNEE _____ DATE _____

SIGNATURE OF THE INSURANCE ADVISOR _____ DATE _____

SIGNATURE OF THE AGENCY MANAGER _____ DATE _____

COMMENTS OF THE AGENCY MANAGER _____

Calculated/Reviewed By _____

Approved by _____

Date _____

Date _____



SPECIAL REQUESTS AND INSTRUCTIONS

The below request should be completed for tax purposes.

Pursuant to Directive 2014/107/EU on Automatic Exchange of Accounts, the Common Reporting Standards (CRS), as incorporated in Cyprus by Decree 161/2016 dated 20.05.2016, as well as by the published act of the United States of America the Foreign Account Tax Compliance Act (FATCA), MetLife Europe d.a.c is required to examine whether the Proposed Insured, the Policyowner/ Applicant and any Beneficiary is a United States of America Citizen and or United States of America Tax Resident or any other country.

If necessary, Metlife Europe d.a.c is required to disclose the information it collects to the relevant tax authorities. Metlife Europe d.a.c is not authorized to provide tax advice and is not responsible for inaccurate or incomplete information. If you have any questions about completing the following Statement, please consult your tax advisor.:

I hereby declare that:

INSURED	<input type="checkbox"/>	<input type="checkbox"/>	I am tax resident of Cyprus ONLY
	<input type="checkbox"/>	<input type="checkbox"/>	I am a citizen of the United States of America
	<input type="checkbox"/>	<input type="checkbox"/>	I am subject to US Federal Income Tax Authorities
	<input type="checkbox"/>	<input type="checkbox"/>	I am a holder of passport issued in the U.S.A
	<input type="checkbox"/>	<input type="checkbox"/>	I am a holder of green card of residence in the U.S.A
	<input type="checkbox"/>	<input type="checkbox"/>	I was born in the U.S.A
	<input type="checkbox"/>	<input type="checkbox"/>	I have postal address / home address in the U.S.A
	<input type="checkbox"/>	<input type="checkbox"/>	I have a U.S.A telephone number
	<input type="checkbox"/>	<input type="checkbox"/>	I have a bank account held in the U.S.A
	<input type="checkbox"/>	<input type="checkbox"/>	I have appointed as a proxy person for my affairs in the U.S.A
POLICY OWNER/APPLICANT	<input type="checkbox"/>	<input type="checkbox"/>	I am a tax resident of ANY other country EXCEPT the U.S.A and Cyprus

In case that you have answered in any of the above statements except the first one, please indicate below your T.I.N. (Tax Identification Number) in the United States of America or in any other Country in which you are Tax Resident (except Cyprus).

Proposed Insured:

A.Country:..... TIN:..... B.Country:..... TIN:.....

C.Country:..... TIN:.....

Policyowner/Applicant:

A.Country:..... TIN:..... B.Country:..... TIN:.....

C.Country:..... TIN:.....



SPECIAL REQUESTS AND INSTRUCTIONS

The Insured and/or the Policyowner / Applicant accepts and agrees to inform MetLife Europe d.a.c within thirty (30) days if there is any change which he/she or any of the beneficiaries becomes a U.S.A citizen, and/or subject to Federal Income Tax Authorities of the United States of America or transfers the ownership of the Policy to a U.S.A citizen or becomes a tax resident of a country other than Cyprus. It is also known that non declaration or falsification of tax information by a U.S.A citizen or tax resident of a country other than Cyprus could result in sanctions in accordance with the U.S.A law (FATCA) or the laws of the other country.

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Place & Date

.....
Signature of Insured

.....
Signature of Policyowner
(in case other than the Insured)

.....
Signature of Applicant
(in case the insured is under 18)

.....
Signature of Parent/Guardian
I agree with the issuance of Policy based on this Application

Signature of Insurance Advisor..... Registration No. Code