

REQUEST FOR FULL SURRENDER ALICO LIFE INVEST PLUS& MULTIGLOBAL INVEST

☐ BASIC POLIICY	or SUPPLEMENTARY POLICY						
POLICY No	INSURED	OWNER (If other than the insured)					
Agency	ld. Card Number	Id. Card Number					
ADDRESS – INSURED / OWNER MOBILE NO							
INSURANCE ADVISOR COMMENTS: (reason for surrender)							
Lhoroby request from Mattitle Foreign des							
I hereby request from MetLife Europe d.a.c							
□ Surrender value to be deposited to my bank account IBAN No Bank After deduction of any amounts due to Company. IBAN certificate must be attached							
Notes:							
 The surrender value will be calculated based on the bid price of the unit and surrender will be completed the latest on the second working day following the date of receipt of the relevant application at the Company's Headquarters in Nicosia. 							
 For ALICO LIFE INVEST PLUS the surrender charge is applied to the first €3.415 of the Account Value under surrender. 							
For MULTIGLOBAL INVEST the surrender value will be calculated as specified in the table of the policy under Special Provision 12 - Full Surrender of the Basic Policy.							
3. The policy document must be returned to the Company.							
I agree that the payment of the surrender value will constitute full and final settlement of all claims under this policy. I also confirm that I fully understand the benefits lost for my family and myself as a result of the surrender.							
SIGNATURE OF INSURED		DATE					
SIGNATURE OF POLICY OWNER		DATE					
SIGNATURE OF BENEF. UNDER ASSIGNME	ENT	DATE					
SIGNATURE OF ISURANCE ADVISOR		DATE					
SIGNATURE OF AGENCY MANAGER		DATE					
AGENCY MANAGERS COMMENTS :							
Calculated By	Checke	d 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 d	eclar	e that:		
		□≒		I am tax resident of Cyprus ONLY
	INSURED	POLICY OWNER/APPLICANT		I am a citizen of the United States of America I am subject to US Federal Income Tax Authorities I am a holder of passport issued in the U.S.A I am a holder of green card of residence in the U.S.A I was born in the U.S.A I have postal address / home address in the U.S.A I have a U.S.A telephone number I have a bank account held in the U.S.A I have appointed as a proxy person for my affairs in the U.S.A I have appointed of ANY other country EXCEPT the U.S.A and Cyprus
	,			ed in any of the above statements except the first one, please indicate below your T.I.N. (Tax United States of America or in any other Country in which you are Tax Resident (except Cyprus).
Proposed	Insur	ed:		
A.Country	:		TIN:	: B.Country: TIN:
C.Country:	:		TIN:	
Policyown	er/Ap	oplicant:		
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.

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 Applica	ation		
Signature of Insurance Advisor	Registration No	Code	