



REQUEST FOR FULL SURRENDER ALICO LIFE INVEST PLUS& MULTIGLOBAL INVEST

☐ BASIC POLICY

or

☐ SUPPLEMENTARY POLICY

POLICY No Agency _____	INSURED Id. Card Number _____	OWNER (If other than the insured) Id. Card Number _____
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ADDRESS – INSURED / OWNER _____	
TELEPHONE _____	MOBILE NO _____
INSURANCE ADVISOR COMMENTS: (reason for surrender) _____	

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:

1. 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.
2. 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 ASSIGNMENT _____	DATE _____
SIGNATURE OF ISURANCE ADVISOR _____	DATE _____
SIGNATURE OF AGENCY MANAGER _____	DATE _____
AGENCY MANAGERS COMMENTS : _____	

Calculated By _____

Checked By _____

Date _____

Date _____



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

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Signature of Insured

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Signature of Policyowner
(in case other than the Insured)

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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