

SECTION A – POLICYHOLDER DETAILS – Please print clearly and complete each section

Policy number								
Policyholder 1 name								
Date of birth	D	D	M	M	Y	Y	Y	Y
Address								
								Postcode/Zip
Telephone number (include international dialing code)								
Mobile number (include international dialing code)								
Email								

Policyholder 2 name								
Date of birth	D	D	M	M	Y	Y	Y	Y
Address								
								Postcode/Zip
Telephone number (include international dialing code)								
Mobile number (include international dialing code)								
Email								

SECTION B – DECLARATION OF TAX RESIDENCE – Please state all countries where you are tax resident

	Jurisdiction of tax residence	TIN (Tax Identification Number)
Policyholder 1		
Policyholder 2		

Important if more than two policyholders, please reprint and complete this page.

MATURITY FORM

SECTION C – TYPE OF MATURITY – please specify the maturity option required

Claim the proceeds on or after the maturity date	
Extend the policy (Only an option prior to the policy maturing)	

Please complete Section D

Please complete Section E

SECTION D – PAYMENT INSTRUCTION

Monument International will make all payments by BACS (assuming your account accepts a BACS payment). If your account does not accept BACS payments, then we shall make the payment via priority payment and any costs associated with that payment will be passed on to you. If your payment should be made via a routing bank, please include the details in a covering letter.

Please enclose a copy of the bank statement which shows the account details listed below and your address.

Monument International will only make payment to a bank account held in the name of the Policyholder.

BANK DETAILS – please provide a copy of a bank statement showing the account details

Name of bank																	
Bank address																	
Sort code									Account number								
Account name																	
SWIFT																	
IBAN																	

Important Note: If payment is made via a routing bank, please include the details in a covering letter.

MATURITY FORM

SECTION D – Please sign & date the declaration and authorisation

I/we hereby request that Monument 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 Monument 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/we hereby understand that Monument International will share information with the relevant tax authorities where legally obliged to do so.

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

I/we understand that the information that I/we supply will be held and used for the purposes of processing and administering the Policy and to prevent and detect fraud and financial crime by any of your group companies, by re-insurers, by reference agencies, by third parties who provide relevant services to you and by my relevant financial professional. To prevent and detect fraud and financial crime, my/our details may be required to be passed to other companies or public bodies including the police. I/we understand that my personal information may be passed to governmental, regulatory, or other bodies as required by law.

The information may also be used by your group companies for accounting purposes and may be transmitted by any usual means including the internet. I/we understand that you will only communicate with me/us using the contact details that I/we supply to you. Where I/we have provided more than one form of contact details, you will use the most appropriate method of communication depending on the urgency and sensitivity of the information.

I/we note that you may record or monitor our calls to offer additional security, resolve complaints and for training and quality purposes.

I/we confirm that I/we agree to my/our personal data being collected and used as set out above. I/we understand that if I/we wish to obtain further details about how the Company uses my personal data, I/we can view the Company's privacy notice on their website.

Signature(s)

Date

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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Important if more than two policyholders, please reprint and sign.

MATURITY FORM

SECTION E – EXTENDING THE POLICY

I wish to extend my policy for		years <small>(minimum extension is 2 years unless otherwise stated below)</small>
I will / will not continue 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.

Important If you have any 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)

SECTION E – Please sign & date the declaration and authorisation

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

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

I/we understand that the information that I/we supply will be held and used for the purposes of processing and administering the contract/policy and to prevent and detect fraud and financial crime by any of your group companies, by re-insurers, by reference agencies, by third parties who provide relevant services to you and by my/our relevant financial professional. To prevent and detect fraud and financial crime, my/our details may be required to be passed to other companies or public bodies including the police. I/we understand that my/our personal information may be passed to governmental, regulatory, or other bodies as required by law.

The information may also be used by your group companies for accounting purposes and may be transmitted by any usual means including the internet. I/we understand that you will only communicate with us using the contact details that I/we supply to you. Where I/we have provided more than one form of contact details, you will use the most appropriate method of communication depending on the urgency and sensitivity of the information.

I/we note that you may record or monitor our calls to offer additional security, resolve complaints and for training and quality purposes.

I/we confirm that I/we agree to my/our personal data being collected and used as set out above. I/we understand that if I/we wish to obtain further details about how the Company uses my/our personal data, I/we can view the Company's privacy notice on their website.

Signature(s)

x

x

Date

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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Important if more than two policyholders, please reprint and sign.

Monument International Life Assurance Company Limited trading as Monument International

Registered office: St George's Court, Upper Church Street, Douglas, Isle of Man IM1 1EE

Telephone: +44 (0) 1624 683 683 Fax: +44 (0) 1624 683 684 Email: ask@monument.im www.monument.im

Authorised by the Isle of Man Financial Services Authority as a life insurer to conduct Class 1, 2 and 10 business

Registered in the Isle of Man No. 027082C