



WITHDRAWAL/SURRENDER FORM
For Global Savings/Investment Plans

Policy No.

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Important Notes :

- 1) You are to disclose in this application form fully and faithfully, all the facts which you know or ought to know, otherwise, nothing may be payable under the Policy.
- 2) The withdrawal/surrender value of the units will depend on the Bid price of the respective fund(s) on the next appropriate Fund Valuation Date following receipt of this request (Original Copy). Please note that the fund valuation date may vary with different fund houses.
- 3) Please sign according to the signature on the Application Form.
- 4) Signature of the Trustee(s) will be required if Policy is written under Section 73 of the Conveyancing and Law of Property Act (CLPA), or under Trust.
- 5) The cheque will be made payable to the Assured or the Trustees (if Policy is written under a Trust e.g. Section 73 of the CLPA) or the Assignee (if policy is assigned).
- 6) Please note that any proceeds made to Trustees are for the benefits of the beneficiaries.
- 7) All payments payable to you will be made in the contract currency.
- 8) Withdrawal payments will only be made when this completed original form and the original Policy (where applicable) is/ are received and verified by National General Insurance Co. (PSC)

* Partial Withdrawal

Funds Name	Units	or	Amount
1. _____	_____		_____
2. _____	_____		_____
3. _____	_____		_____
4. _____	_____		_____
5. _____	_____		_____
6. _____	_____		_____
7. _____	_____		_____
8. _____	_____		_____

Withdrawal amount should be written in contract currency.

Please refer to the policy contract provision for the minimum amount of each Partial Withdrawal and the Minimum Account Value after Partial Withdrawal is made.

* Full Surrender of the Policy
(Please return the Original Policy for cancellation)

* Please note that an Exit Fee will be deducted upon partial withdrawal of the Initial Account or full surrender of the Policy.



Payment Settlement (Please tick appropriate box)

Please make payment to me/us by

<input type="checkbox"/>	Bank Draft	_____ (IBAN #)
<input type="checkbox"/>	Direct Credit to my/our bank :	_____ (Name of Bank)
		_____ (Bank Branch)
		_____ (Bank Address)
		_____ (Swift Code)
		_____ (Account No.)
		_____ (Bank Account Name)

Declaration

I was advised by an Advisor in withdrawing (fully or partially) this policy. Yes No
(Please tick the appropriate box)

I hereby agree that receipt by me of the surrender proceeds less any amount(s) owing to National General Insurance Co. (PSC), shall be a full and final discharge of the liability of National General Insurance Co. (PSC) under the Policy.

I am aware that should I wish to buy similar policy in future I may incur additional charges and I may not be able to secure similar terms and conditions.

Signature of Assured / Assignee

Name: _____

Passport / Identity No.: _____

Date: _____

Signature of Joint Assured / Trustee

Name: _____

Passport / Identity No.: _____

Date: _____

Signature of Trustee

Name: _____

Passport / Identity No.: _____

Date: _____

Signature of Trustee

Name: _____

Passport / Identity No.: _____

Date: _____