



ENDOWMENT POLICY DETAILS FORM

Please print and complete this form, then drop it in the post to us at the following address:

Surrenda-link, One City Place, Queens Road, Chester, CH1 3BQ

Alternatively you can submit this information via **E-mail to: enquiry@surrendalink.co.uk**

Facsimile Number: 01244 318142 Telephone: 0800 919 021 Website: www.surrendalink.co.uk

By contacting Surrenda-link you have already made the first, no obligation, step towards selling your endowment. The rest is easy:

1. Get an up-to-date surrender value from your Life Insurance Company (Life Office).
2. We will value your policy within a few working days and contact you with a decision.
3. If your happy with our offer, we will send you relevant documents to sign and return, along with your original policy.

We will do the rest. Your money will be credited directly to your bank account, or you will receive a cheque.

1 Policy Owner Details

Title/Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Sex: Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Address:	<input type="text"/>						
	<input type="text"/>	Postcode:	<input type="text"/>				
Daytime Phone Number:	<input type="text"/>	Mobile Phone Number*:	<input type="text"/>				
E-mail*:	<input type="text"/>	*Optional information which is not required for valuation					

2 2nd Policy Owner Details (Complete only if applicable due to joint policy)

Title/Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Sex: Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Address:	<input type="text"/>						
	<input type="text"/>	Postcode:	<input type="text"/>				
Daytime Phone Number:	<input type="text"/>	Mobile Phone Number*:	<input type="text"/>				
E-mail*:	<input type="text"/>	*Optional information which is not required for valuation					

3 Policy Information

Original Issuing Life Office:	<input type="text"/>	Minimum Death Benefit:	<input type="text"/> £						
Policy Type:	<input type="text"/>	Premiums Payable:	<input type="text"/> £	Frequency:	<input type="text"/>				
Policy Number:	<input type="text"/>	Date Last Premium Paid:	<input type="text"/> / <input type="text"/> / <input type="text"/>	(As shown on policy schedule)					
Commencement Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Maturity Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Low Start:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Age Admitted:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Basic Sum Assured:	<input type="text"/> £		Has the policy ever been assigned as security?: Yes <input type="checkbox"/>						No <input type="checkbox"/>
Total Bonuses Declared:	<input type="text"/> £		Is the policy currently assigned as security?: Yes <input type="checkbox"/>						No <input type="checkbox"/>
Bonus Declaration Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>		Date Of Surrender Quotation:					<input type="text"/> / <input type="text"/> / <input type="text"/>	
Gross Surrender Value:	<input type="text"/> £								
If this policy has ever been altered in any way, please tick here <input type="checkbox"/> and give full details including date of alteration on the reverse									

4 Policy Owner(s) Authorisation (authorisation to get information from your Original Issuing Life Office)

To (Original Issuing Life Office):	<input type="text"/>	My/Our Policy Number:	<input type="text"/>
Please supply Surrenda-link with any information they may require regarding the above policy.			
Signature of policy owner:	Signature of 2nd policy owner (if applicable):		
<input type="text"/>	<input type="text"/>		

Internal Use: