

ENDOWMENT VALUATION FORM

PRINT AND FAX THIS FORM COMPLETED TO: 01244 318142

Or post to us at: Surrenda-link, 8-11 Grosvenor Court, Foregate Street, Chester, CH1 1HG

E-mail: adviser@surrendalink.co.uk Telephone: **0800 032 5494**

1 Introducer Details

Title/Name:	<input type="text"/>	Company:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
Contact Phone Number:	<input type="text"/>	E-mail:	<input type="text"/>
Are you a (✓):	Financial Adviser: <input type="checkbox"/>	Accountant: <input type="checkbox"/>	Solicitor: <input type="checkbox"/> Other, Please Specify: <input type="text"/>

2 Policy Owner(s) Details

Title/Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Title/Name*:	<input type="text"/>	Date of Birth*:	<input type="text"/>	Sex*: Male <input type="checkbox"/>	Female <input type="checkbox"/>

*Complete only if applicable due to joint policy

3 Policy Information

Original Issuing Life Insurance Company:	<input type="text"/>	Minimum Death Benefit:	£ <input type="text"/>
Policy Type:	<input type="text"/>	Gross Premium Payable:	£ <input type="text"/>
Policy Number:	<input type="text"/>	Date Customer Paid Last Premium:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Commencement Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Maturity Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Basic Sum Assured:	£ <input type="text"/>	Age Admitted: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Total Bonuses Declared:	£ <input type="text"/>	Has the policy ever been assigned as security?:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bonus Declaration Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Is the policy currently assigned as security?:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gross Surrender Value:	£ <input type="text"/>	Date Of Surrender Quotation:	<input type="text"/> / <input type="text"/> / <input type="text"/>

If their policy has ever been altered in any way, please tick here and give full details including date of alteration below:

4 Client Authorisation (Policy owner(s) to sign)

To (Original Issuing Life Insurance Company):	<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"/>	
Date / /		Date / /	

We would like to keep you informed of products or services that we consider might be of interest to you, from ourselves or our partner organisations. Please tick this box if you **DO NOT** wish to receive such information