



# Application for Total or Partial Surrender

**This form can be used with any life policy issued by HSBC Life (UK) Limited. In order for the policy to be encashed, please enclose the original of any documents affecting the ownership of the policy (e.g. Trust Forms, Deeds of Assignment or Deeds of Mortgage).**

The address for correspondence is: **Customer Service Centre, BX8 7HB**. Telephone **0345 745 6125**. Lines are open 08:00 to 18:00 Monday to Friday (excluding public holidays). Calls may be recorded or monitored for quality purposes. If you have a speech or hearing impairment, please visit [hsbc.co.uk/accessibility](https://www.hsbc.co.uk/accessibility) for information on how you can contact us.

## 1. Policy details

Policy number

Policyholder(s)

---

## 2. Contact details

In case we need to contact you to discuss your request please provide a contact telephone number on which you will be available between the hours of 09:00 and 17:00. If you have a preferred contact time please advise this in the space provided.

Contact name

Telephone number

Preferred contact  
time

### Important notes

#### Identification and Address Verification

Before processing this application HSBC Life (UK) Limited may need to verify your identity and address.

#### Policies held as security against outstanding borrowing

- If our records show your policy is assigned to HSBC or another organisation, authority will be required from all parties 'for whom the policy acts' as security against outstanding lending. HSBC Life (UK) Limited needs confirmation of release of interest before the surrender of your policy(ies) can be completed. Please note that the surrender of your policy(ies) may be delayed until this has been received.

#### Policies written in trust

- If the policy has been written in trust it is the responsibility of the trustees to ensure the terms of the trust are complied with. HSBC Life (UK) Limited will make payments in accordance with instructions provided by the trustees.

#### When HSBC Trust Company (UK) Limited are Co-Trustees

- The form must be completed by all trustees. We will arrange for the HSBC Trust Company's countersignature.
- Payment will be made in accordance with HSBC Trust Company (UK) Limited's instruction.

#### When HSBC Trust Company (UK) Limited are not Co-Trustees

- The form must be completed by all trustees.
- Please see the payment details section of the form for payment conditions relating to policies written under trust.

### 3. Type of Surrender (Please read each section carefully and tick the required option)

#### (a) Full Surrender

I/We hereby request to fully surrender the policy(ies) detailed in Section 1.

I/We understand that the sum received will be the cash value of the policy less any amounts due to HSBC Life (UK) Limited. The actual surrender of the policy will take place on the valuation date following receipt of all relevant documents or, if different, as defined in the policy conditions.

#### (b) Partial Surrender or Segment Withdrawal (only applicable for Investment/Distribution Bonds)

##### Important note

If your policy has been issued as a series of separate policies (known as segments) there is more than one way of withdrawing part of the value. The amount of gain subject to income tax will vary depending on the method used.

Your original investment was divided equally between the segments. You may surrender either an individual segment or number of segments or withdraw funds in equal amounts from each segment. Please note that your withdrawal may affect your tax status. If you are a higher rate tax payer, or may become so as a result of your withdrawal, we strongly recommend that you contact your adviser.

**Please complete this section if your policy has been issued as a series of segments and you wish to surrender a specific number of segments. Segments will be surrendered in numerical order starting with the highest.**

I/We wish to surrender \_\_\_\_\_ segments.

I/We wish to surrender £ \_\_\_\_\_ (minimum £50) by:

(a) surrender of equal amounts from each segment within the plan; or

(b) segment surrender.

(delete as necessary)

Payment will be provided by encashing units in proportion to the amounts invested in each fund unless otherwise directed.

I agree that HSBC Life paying me the amount requested under the above numbered policy/policies will have the effect of ending the policy/that part of the policy to which the payment relates.

#### Existing Regular Cash Payments

**If you are taking regular withdrawals from your Investment Bond you should be aware that this current surrender/withdrawal will reduce the value of your Bond. If you are in any doubt about your options, you should contact your adviser.**

## 4. Payment details

Please ensure that you have read the important notes below before completing this section.

### Important notes regarding payment details

- Should you wish for payment to be made to a non-HSBC account HSBC Life (UK) Limited will need sight of an original bank statement confirming that the account is held in the policyholders' names. (Dated within 4 months at time of receipt.) Alternatively, an online statement can be accepted if dated within the last 30 days.

### For policies written under trust

- HSBC Life (UK) Limited will need verification of identification and address for each trustee.
- Alternatively HSBC Life (UK) Limited can make payment to a firm of solicitors acting on behalf of the trustees.

Bank name

Bank address

Postcode

Sort Code

		-			-		
--	--	---	--	--	---	--	--

Account Number

--	--	--	--	--	--	--	--	--	--

Name of

Account Holder(s)

## 5. Signatures of policyholder(s)

**I/We request HSBC Life (UK) Limited to give effect to the instructions in this form.**

### Sole or first claimant/Trustee

Title

(Please tick one box)

Mr

Mrs

Miss

Ms

Dr

Other (please specify)

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Surname

First name(s)

Address

Postcode

Signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**Second claimant/Trustee**

Title (Please tick one box)      Mr      Mrs      Miss      Ms      Dr      Other (please specify)

Date of birth      

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Surname

First name(s)

Address

Postcode

Signature 

--

Date      

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**Third claimant/Trustee**

Title (Please tick one box)      Mr      Mrs      Miss      Ms      Dr      Other (please specify)

Date of birth      

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Surname

First name(s)

Address

Postcode

Signature 

--

Date      

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**Fourth claimant/Trustee**

Title  
(Please tick one box)      Mr              Mrs              Miss              Ms              Dr              Other (please specify)

Date of birth      

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Surname

First name(s)

Address

Postcode

Signature 

--

Date      

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---