



POLICY NUMBER

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LIFE POLICY SURRENDER APPLICATION

SURRENDER DETAILS

FULL NAME OF LIFE ASSURED

FOR FULL SURRENDER (ATTACH POLICY DOCUMENT)

I/WE

CLOSE THE POLICY AND RELEASE FOUNDATION LIFE (NZ) LIMITED FROM ALL FUTURE LIABILITY.
I/WE UNDERSTAND THAT NO FURTHER LIFE COVER WILL BE PROVIDED UNDER THIS POLICY.

PAYMENT DETAILS (PLEASE PAY THE PROCEEDS TO MY NOMINATED ACCOUNT BELOW)

For fast convenient payment, simply fill in your bank account details and attach a deposit slip for validation of your bank account number.

ACCOUNT NAME

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BANK NO.

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BRANCH NO.

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ACCOUNT NO.

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SUFFIX

YOUR DETAILS (NOTIFICATION WILL BE SENT TO THE BELOW CONTACT DETAILS WHEN THE DIRECT CREDIT HAS BEEN MADE)

ADDRESS DETAILS

CONTACT NO.

MOBILE

FULL NAME/S OF POLICY OWNER/S

DATE OF BIRTH OF LIFE ASSURED

SIGNATURE/S

WITNESS DETAILS

FULL NAME OF WITNESS

SIGNATURE OF WITNESS

OCCUPATION OF WITNESS

ADDRESS OF WITNESS

DATE

DOCUMENTATION

PLEASE RETURN THIS COMPLETED FORM (BOTH SIDES) ALONG WITH THE ORIGINAL POLICY DOCUMENT OR COMPLETED LOST POLICY STATEMENT, CONFIRMATION OF BANK ACCOUNT AND THE REQUIRED IDENTIFICATION DOCUMENTS.

PLEASE REFER TO OUR REQUIREMENTS LETTER FOR FULL DOCUMENTATION REQUIREMENTS.

ALTERNATIVELY, CONTACT US ON 0800 808 581 or +64 4 439 4300.

PLEASE COMPLETE OUR SURRENDER QUESTIONNAIRE OVER THE PAGE.

CLIENT SURRENDER QUESTIONNAIRE

WHY DO YOU WANT TO SURRENDER? (PLEASE TICK OPTION)

☐

CANNOT AFFORD PREMIUMS

☐

LIFE COVER NO LONGER REQUIRED

☐

NEED THE CASH

☐

NOT HAPPY WITH INVESTMENT PERFORMANCE

OTHER (PLEASE PROVIDE A SHORT DESCRIPTION)

PROPOSED PRODUCT RESTRUCTURE CONFIRMATION

I ACKNOWLEDGE THAT BY SURRENDERING MY POLICY NOW, I AM LIKELY ACCEPTING A LOWER VALUE THAN IF I WAITED FOR THE PROPOSED PRODUCT RESTRUCTURE (IF APPROVED).

☐

YES

☐

NO

I ACKNOWLEDGE THAT I HAVE BEEN TOLD THAT THERE ARE ALTERNATIVE OPTIONS TO SURRENDERING MY POLICY.

☐

YES

☐

NO

COMMENTS:

POLICY OWNER/S SIGNATURE/S: _____

DATE: _____

SURRENDER CONDITIONS

- (1) ALL POLICY OWNERS MUST SIGN THE APPLICATION TO AUTHORISE THE SURRENDER.
- (2) WHEN AN ATTORNEY IS SIGNING ON BEHALF OF THE POLICY OWNER, A CERTIFIED TRUE COPY OF THE POWER OF ATTORNEY IS REQUIRED, TOGETHER WITH A CERTIFICATE OF NON-REVOCATION.
- (3) ALL COPIES OF LEGAL DOCUMENTS ARE TO BE CERTIFIED AS TRUE COPIES OF THE ORIGINALS.
- (4) THE ORIGINAL POLICY DOCUMENT OR A COMPLETED LOST POLICY STATEMENT IS REQUIRED FOR ALL SURRENDERS.

ALL PERSONAL INFORMATION PROVIDED IN THIS FORM WILL BE HELD BY FOUNDATION LIFE (NZ) LIMITED (50 CUSTOMHOUSE QUAY, WELLINGTON 6011 NEW ZEALAND). WE MAY USE YOUR PERSONAL INFORMATION TO PROVIDE SERVICES TO YOU (OR ASSESS WHETHER WE CAN DO SO) AND TO RESPOND TO YOUR REQUESTS. IF YOU ARE BASED IN THE EU, BY PROVIDING YOUR PERSONAL INFORMATION (INCLUDING INFORMATION CONCERNING YOUR HEALTH) TO FOUNDATION LIFE YOU CONSENT TO FOUNDATION LIFE PROCESSING YOUR INFORMATION FOR THESE PURPOSES. YOU CAN WITHDRAW YOUR CONSENT TO THIS PROCESSING OF YOUR INFORMATION AT ANY TIME BY CONTACTING US. WE MIGHT SHARE YOUR PERSONAL INFORMATION WITH OUR RELATED COMPANIES, AND WITH THIRD PARTIES WHEN NECESSARY TO PROVIDE SERVICES TO YOU, OR RESPOND TO YOUR REQUESTS. IF YOU ARE BASED IN THE EU, YOUR PERSONAL INFORMATION MAY BE PROCESSED IN NEW ZEALAND, WHICH IS A COUNTRY WITH ADEQUATE DATA PROTECTION LAWS IN PLACE. IF YOU CHOOSE NOT TO PROVIDE ANY INFORMATION WE REQUEST, THIS MAY MEAN THAT FOUNDATION LIFE WILL BE UNABLE TO PROVIDE YOU WITH SERVICES, OR RESPOND TO YOUR REQUESTS. YOUR PERSONAL INFORMATION WILL BE STORED BY US FOR AS LONG AS NECESSARY FOR THE PURPOSES THAT IT WAS COLLECTED FOR. YOU HAVE THE RIGHT TO ASK FOUNDATION LIFE FOR ACCESS TO, AND CORRECTION OF, YOUR PERSONAL INFORMATION AT ANY TIME. IF YOU ARE BASED IN THE EU, YOU ALSO HAVE THE RIGHT TO: (i) REQUEST THAT FOUNDATION LIFE DELETES ANY PERSONAL INFORMATION WE HOLD ABOUT YOU; (ii) RESTRICT, OR OBJECT TO HOW WE ARE PROCESSING YOUR PERSONAL INFORMATION; AND (iii) RECEIVE THE PERSONAL INFORMATION WE HOLD ABOUT YOU IN A STRUCTURED, COMMONLY USED AND MACHINE-READABLE FORMAT AND TO TRANSMIT THAT INFORMATION TO ANOTHER PARTY. YOU CAN LODGE A COMPLAINT WITH THE RELEVANT SUPERVISORY AUTHORITY IN YOUR COUNTRY WITH RESPECT TO OUR HANDLING OF YOUR PERSONAL INFORMATION AT ANY TIME. OUR FULL PRIVACY POLICY IS LOCATED ON OUR WEBSITE www.foundationlife.co.nz/privacy

OTHER OPTIONS TO CONSIDER BEFORE SURRENDERING YOUR POLICY

- (1) TAKING A LOAN ON YOUR POLICY
- (2) CASHING OF BONUSES

PLEASE NOTE NONE OF THE ABOVE OPTIONS CAN BE COMPLETED WITH THIS FORM. PLEASE CONTACT YOUR FINANCIAL ADVISER OR CALL FOUNDATION LIFE (NZ) LIMITED ON 0800 808 581 OR +64 4 439 4300 FOR THE CORRECT FORM OR FURTHER INFORMATION.