

By completing and returning this form, you are instructing Acorn Life DAC to make a full or partial payment from your policy. Failure to complete correctly and to include the required documentation may cause a delay to your payment. The encashment amount requested will be calculated on the next working day following receipt by Acorn Life DAC of all required documentation.

1. POLICY DETAILS

Policy No. _____

Policyholder(s) Name _____

Address _____

Contact No. _____

Email Address _____

☐ By ticking this box, you agree to receive communications electronically.

2. ENCASHMENT OPTIONS

I/We wish to (pick one of the following)

- ☐ Make a partial encashment to the value of € _____
- ☐ Make a maximum partial encashment and retain the policy
- ☐ Cancel and fully surrender the policy

3. PAYMENT OPTIONS

The encashment will be paid to the account used to pay for the policy by direct debit, by default.

Please fill out the below if the policy is not paid by direct debit or if payment is required to a different account.

I/We wish to receive the payment to the bank account below,

IBAN _____

To verify account details, if specified bank account (no 3rd Parties) is not currently used to pay this policy, you must provide a **bank statement, or a **statement of fees** dated within the last **6 months**.*

4. POLICYHOLDER SIGNATURE

I/We have completed the Encashment Form and wish to proceed with this request

Policyholder(s)

(Trustee/Assignee,
if applicable)

1st Policyholder _____ Date _____

2nd Policyholder (if applicable) _____ Date _____

Assignee Stamp

(if applicable)

_____ Date _____

IMPORTANT

4. ENCASHMENT REQUIREMENTS CHECKLIST

Please ensure that the following checklist is completed and documents returned. Once we receive all requirements listed, as applicable, we will proceed with your request. Please note we may ask for further documentation to protect your policy.

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- ☐ 1. Have you fully completed, signed, and dated this encashment form?
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- ☐ 2. * Have you enclosed, all acceptable **Anti-Money Laundering Documentation**?
- * Copy of a Proof of Identity for all policyholders
 - * Copy of a Proof of Address, for all policyholder(s), dated within the last 6 months.
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- ☐ 3. Have you enclosed a **copy of a legal document** if policyholder(s) name has changed since policy commencement?
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- ☐ 4. To verify account details, if specified bank account (no 3rd Parties) is not currently used to pay this policy, you must provide a **bank statement, or a statement of fees** dated within the last 6 months.
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- ☐ 5. * If you are a resident living outside of the Republic of Ireland, you must enclose a **Declaration of Residence Form**. If the policy has multiple policyholders, each must fill out a separate form.
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- ☐ 6. If the policy is **Assigned**, we will require a signature and stamp from the assignees confirming they are agreeable to this encashment request along with the original Deed of Assignment?
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- ☐ 7. If the policy is in **Trust**, we will require a signature from all trustees (not beneficiaries) confirming that they are agreeable to this encashment request. Proof of ID and Proof of Address (dated within the last 6 months) is required for each trustee.
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- ☐ 8. If you are making a partial encashment, the protection benefits are automatically reduced by the encashment amount as specified in the policy provisions. If you wish to maintain your protection benefits following the partially encashment you must enclose a **Declaration of Health**, contact your Financial Advisor or Customer Care for required documentation.
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* More information is available on the Customer Support page of our website, www.acornlife.ie.

If you have any additional queries, please do not hesitate to contact our Customer Care team on 091-535 700 or 1800-446 446 or by emailing info@acornlife.ie.