

Important information

Use this form to surrender a life insurance policy for its cash value. Please return the policy with this request or complete section 2 if the policy is lost or had been destroyed.

We will pay to the owner the policy value less any policy debt and surrender charge that then applies. The effective date of this surrender will be the date that all surrender requirements are received in good order by Manulife Bermuda. We recommend that you seek the advice of your own tax or financial professional before submitting this request.

Surrender requests received within 10 business days of a premium or loan repayment will be processed less the amount of the recent payment. This amount will be refunded separately.

Instructions for completing this form

Please use this information to complete the form correctly. Your form will be considered in good order when:

- All the required information has been completed.
- All the appropriate signatures are given.

Section 1: Policy information

Complete all information requested for the policy owner and life insured.

Section 2: Statement of lost or destroyed policy

- Your policy contract must be returned with the completed policy surrender request form.
- If you have lost or destroyed your policy, please complete this section by checking the applicable box.

Section 3: Electronic funds transfer information

Ensure that all appropriate information is provided to process the electronic funds transfer request.

Section 4: Signatures

- Ensure that all appropriate signatures are on the form before submitting to our service office. **All owners must sign and date the form.**
- If the policy is collaterally assigned, the assignee's signature is required.
- **If the policy has an irrevocable beneficiary, the irrevocable beneficiary's signature is required.**

Manulife Bermuda reserves the right to request additional information as necessary.

1. Policy information

Policy number

Owner name

Phone number

Email address

Address (Street)

City

Country

Mailing code

Insured name (First)

MI

Last

2. Statement of lost or destroyed policy

Check here if your policy was lost or destroyed.

The undersigned hereby represents that the above-numbered policy was lost or destroyed. This policy is not now assigned, nor has it been otherwise transferred or encumbered in any manner. No person, firm, or corporation has or claims the right to possession of this policy.

I agree that should the original policy be found or in any way come into my possession, I will return the policy to Manulife Bermuda.

3. Electronic funds transfer information

Provide your account information:

Correspondent bank name

Account number

SWIFT code

Beneficiary bank name

SWIFT code

Beneficiary bank address (Street)

City

Country

Mailing code

Account name

Account number

IBAN account number
(required for European Union countries)

4. Signatures

By signing below, I certify that I request payment of the cash surrender value in exchange for surrender of the attached policy. I understand that the effective date of this surrender will be the date that all surrender requirements are received in good order by Manulife Bermuda. Any nomination of a revocable beneficiary made under this policy is hereby revoked as of the date indicated below.

I understand the effective date of this request will be the date that all requirements are received in good order by Manulife Bermuda.

SIGN
HERE

Signature of owner

Date (mm/dd/yyyy)

SIGN
HERE

Signature of assignee

Date (mm/dd/yyyy)

Print name (First)

MI

Last

Title

SIGN
HERE

Signature of irrevocable beneficiary (if any)

Date (mm/dd/yyyy)

Print name (First)

MI

Last