

Metfriendly

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SURRENDER/REDEMPTION REQUEST

The policyholder should complete this form, print, sign and return to us First Name Surname Warrant/Pay Phone Number number **Email** Policy details to be surrendered or redeemed Reason for surrender (optional) **BANK DETAILS FOR PAYMENTS** Note: For Children's Savings Plan cancellations - in all cases a CHEQUE will be sent to the child Account number Sort code Account holder's name (same as the policyholder) Name of Bank or **Building Society** It is essential that this information is accurate – you may prefer to send us a spare paying-in slip Please accept this letter as my authority to surrender my plan(s) and make payment into my bank account Policyholder Date signature

OUR DATA PRIVACY STATEMENT – we need the information you provide in order to carry out your instruction. We will share your data with the paying bank and our auditors. Your data may be held for up to six years for audit purposes. For more information please refer to the privacy notice available on our website.

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