

Monument International Portfolio Bond

Request form for Part Assignments

For use when you want to request the partial Assignment of your plan.

This form must be accompanied by a completed Deed of Partial Assignment and Cash-In Request Form. The Cash-In Request Form must be completed by the assignee.

Please complete sections 1 and 2

Section 1 Your details
Section 2 Partial Assignment details

You should consult your adviser or seek independent financial advice before submitting this request if you are in any doubt as to how your Partial Assignment will be taxed. Any tax liability may vary depending on whether the withdrawal is made by cashing in full policies or from across all policies within your plan. When you have completed it, please either;

- email a scanned image to **enquiries@ipb.monumentinsurance.com** or,
- **post it to Monument Life Insurance dac, IPB Admin, Bishop's Square, Redmond's Hill, Dublin 2, D02 TD99, Ireland.**

Please use Block Capitals and black ink or type and do not use correction fluid.

Section 1) Your details

First planholder name

Second planholder name

Third planholder name

Fourth planholder name

Plan number

Organisation name (if applicable)

Please give details of who we can contact in the event of a query:

Name

Email address

Telephone number

Fax number

Section 2) Partial Assignment details

Partial Assignment

I want to partially assign [] individual policies in my plan (insert number of policies to be assigned here) ☐ (tick if applicable)

Reason for partial assignment:

Assignee details

If assignee is being paid, they must fully complete the certification of tax status for an Entity (AEOL) form. They should also include all countries in which assignee is tax resident, the relevant tax reference numbers and confirmation of whether or not the assignee is a US citizen on the Entity (AEOL) form.

Declaration

I/We request that Monument assign the permitted assets detailed above to the assignee and I/we are aware that the assignee will be required to encash the permitted assets by completing a Cash-in request form in accordance with section 15.3 of the Terms and Conditions.

I/We declare that I am/we are legally entitled to the plan and to any payments due under the plan.

I/We declare that the plan, or any of its individual policies, has not to the best of my/our knowledge, information and belief been assigned or dealt with in any way which could create any claim or entitlement that may override or restrict my/our entitlement to the plan.

I/We acknowledge that it may be necessary for Monument Life Insurance dac to disclose to any tax authority, including the Irish Revenue Commissioners, any regulatory authority, the police or such other persons, as required by law or as otherwise required, to enable Monument Life Insurance dac to carry out its duties under law and under the policy terms and conditions, any information they may require in relation to me/us and my/our accounts.

In addition, I/we authorise Monument Life Insurance dac to comply with any tax obligation of Ireland or elsewhere applying to the Monument Re Group, including tax reporting and the deduction of any withholding tax.

I/We agree that I/we will be responsible for any losses and/or expenses incurred by Monument which are the result of any untrue, misleading or inaccurate information carelessly or deliberately given by me/us or on my/our behalf in this form.

I am/We are over 18 years old and I am/we are not bankrupt, declared insolvent or placed into administration, nor have been since acquiring the plan.

In order for Monument Life Insurance dac to meet its legal obligations we need to verify your identity. Your identity must be confirmed by paper evidence. Please refer to our form "Confirming and protecting your identity" for details of what documents are required. Monument will not be able to provide services in the absence of this verification taking place.

This declaration must be signed by either your adviser, if an adviser authority has been completed, or by all planholders, trustees or authorised signatories (please delete as appropriate), if no adviser authority has been completed.

Please attach an additional sheet if there are more than four planholders/trustees.

Section 2) continued

Planholder signatures

First planholder

Name

Signature

Day

Month

Year

Date

Second planholder

Name

Signature

Day

Month

Year

Date

Third planholder

Name

Signature

Day

Month

Year

Date

Fourth planholder

Name

Signature

Day

Month

Year

Date

Adviser signature (where an adviser authority has been completed)

Adviser name

Adviser signature

Day

Month

Year

Date

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The Monument International Portfolio Bond is provided by Monument Life Insurance dac.

Monument Life Insurance dac is regulated by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority and the Prudential Regulation Authority.

Registered office: 2 Park Place, Ground Floor, Upper Hatch Street, Dublin 2, Ireland. Registered in Ireland under company number 325795.

Telephone number 0370 850 6130.

We may record or monitor calls to improve our service.

