

# Monument International Portfolio Bond

Request form for Assignments (Full)

(For use when you want to request the full Assignment of your plan)

(This form must be accompanied by a completed Deed of Assignment)

Section 1       Your details         Section 2       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 assignment will be taxed. 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, Montague House, Adelaide Road, Dublin 2, D02 K039, Ireland.         Please use Block Capitals and black ink or type and do not use correction fluid.	Please complete sections 1 and 2			
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## 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			

#### **Full Assignment**

I want to assign the full value of the plan

Reason for assignment:

#### **Assignee details**

If assignee is being paid, they must fully complete the certification of tax status for an Entity (AEOI) 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 (AEOI) form.

### Declaration

IWe request that Monument assign the plan detailed above and I/we are aware that the plan will be assigned in accordance with 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.

IWe 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 can be confirmed by paper evidence or it may be possible for us to verify you electronically using a Reference Agency. The Reference Agency will check details you supply against any particulars on any database (public or otherwise) to which they have access. A record of the search will be returned by the Reference Agency who will use these details in future to assist other companies for verification purposes. 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	Second planholder			
Name	Name			
Signature Day Month Year Date	Signature Day Month Year Date			
Third planholder	Fourth planholder			
Name	Name			
Signature Day Month Year Date Date	Signature     Day     Month     Year       Date     Date     Date			
Adviser signature (where an adviser authority has been completed)				
	Adviser signature Day Month Year			
Adviser name	Date Date			

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.