

Partial payout / cancellation and order for disbursement of the insurance contract

Vienna-Life Lebensversicherung AG Vienna Insurance Group; Registered at the Liechtenstein Commercial Register under FL-0002.010.458-6
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Policy number _____

Policyholder 1

Name	_____	Last name	_____
Taxpayer Identification Number (TIN)	_____	Tax domicile	_____

Policyholder 2

First name	_____	Last name	_____
TIN	_____	Tax domicile	_____

Dear Sir/Madam,

I / We hereby request a partial payout / cancellation of my / our existing Life Insurance policy with the aforementioned number.

partial payout of the amount of EUR / CHF _____

Please specify which type of investment you want to have reduced (in %) with a partial payout:

Fund	ISIN	Share %
_____	_____	_____
_____	_____	_____
_____	_____	_____

full cancellation

Reason _____


Note:


- Please submit a officially certified copy of an official identity document with a photograph.
- Only in case of a full cancellation: please submit the original policy

The proceeds should be paid out to the following account:


_____	_____
Accountholder*	IBAN
_____	_____
Bank	BIC

Please note: We cannot be made responsible for any tax consequences whatsoever which might arise from this insurance contract. The policyholder is made aware of the fact that all changes / adjustments to contractual components of a current insurance contract can have disadvantageous tax effects. It is the sole responsibility of the policyholder to acquire all information about the applicable national tax laws and their consequences, to submit the necessary data to the responsible tax authorities and to duly pay any taxes which arise. The policyholder is advised to seek the advice of a tax consultant at the completion of an insurance contract, or respectively, when changes or amendments are made to an existing contract as well as regarding all other tax and legal questions. We draw attention to the fact that we are not authorized to give any tax, legal or regulatory advice. Cash payments for the provided services, is not possible. In case of a complete cancellation of the contract, the policyholder agrees to communicate directly with the insurer.

Place, Date
SIGNATURE of the **1st POLICYHOLDER**  _____

Place, Date
SIGNATURE of the **2nd POLICYHOLDER**  _____

Consent of the pledge in the case of assignment of pledge (if any):

Place, Date
SIGNATURE / **COMPANY STAMP** of the **PLEDGEE**  _____