



Transamerica Life (Bermuda) Ltd.
 Singapore Branch Office
 1 Finlayson Green
 #13-00
 Singapore 049246
 Co. Reg. No. F 06768D

Request for Surrender For Life Insurance Policies

This Policy of Insurance is issued or assumed by the company shown above, herein called the "Company"

Insured's Name: _____ **Policy No.:** _____

Owner's Name: _____

I elect to surrender the Policy for its net cash value. It is agreed that the entire liability of the Company, except for payment of the net cash value, is hereby discharged and terminated. The undersigned certifies that: (1) the Policy is not subject to any lien, assignment or legal claim by any person or organization who is not a party to this agreement; and (2) that he/she/it is not involved in pending bankruptcy proceedings.

1. Surrender: Full Partial US\$ _____

2. Funds are to be applied as follows: (If no option is selected, proceeds will be paid by check to Owner)
 Pay by check to Owner Apply to Policy No. _____ Other _____

3. For Surrender by Collateral Assignees:
 If this policy is being surrendered by a Collateral Assignee who has surrender rights under the Assignment Agreement, has the Collateral Assignee complied with all of the notice provisions to the assignor under the Assignment Agreement prior to submitting this request?
 Yes No
 Is the policy subject of the Collateral Assignment the same as the one identified at the top of this form?
 Yes No

4. U.S. Tax Information
 The Owner represents and warrants that he/she/it is not a U.S. person for U.S. federal income tax purposes, nor acting on behalf of a U.S. person. A U.S. person is either a resident or a citizen of the U.S. or an entity organized in the U.S. A false statement or misrepresentation by a U.S. person could lead to penalties under U.S. law.
 Under penalty of perjury, I certify that to the best of my knowledge and belief the Policy Owner is not a U.S. person.

 Signature of Beneficial Owner (or individual authorized to sign for Beneficial Owner) (include Title if applicable) _____
 Print Beneficial Owner's Complete Name
 Date:



5. Signatures - (See Signature Requirements below)

Signed at _____ City, Country	on _____ Date (mm/dd/yyyy)
Owner's Daytime Phone No. _____	Owner's NRIC/Passport No. _____
Signature of Owner (include Title, if Corporation or Trust). If a Collateral Assignee is surrendering, please sign below and leave this section blank.	Address of Owner _____
Witness to Signature of Owner _____	Address of Witness _____
Signature of Irrevocable Beneficiary (if applicable) _____	Address of Irrevocable Beneficiary (if applicable) _____
Witness to Signature of Irrevocable Beneficiary _____	Address of Witness _____
Name of Collateral Assignee (if any) _____	
Signature of Collateral Assignee (include Title if Corporation or Trust) _____	Address of Collateral Assignee _____

Signature Requirements:

INDIVIDUAL OWNER(S) - Individual must sign on the line provided for "Owner."

PARTNERSHIP IS THE OWNER - Two authorized partners must sign below the name of the partnership, the title "Partner" must follow each signature.

CORPORATION IS THE OWNER - One officer other than the Insured or Owner must sign below the name of the corporation. The officer's title (President, General Manager, Vice President, Secretary or Assistant Secretary) and company stamp must follow the signature. A corporate resolution is required to support any signature.

TRUST IS THE OWNER - If the benefits are payable to a trust, the trustee should complete the Request for Surrender form and attach a statement that the trust is currently in force and that the trustee is now actively serving thereunder. The trustee should furnish the trust tax identification number and a copy of the first page and signature page, as well as those pages of the trust document relating to the appointment of the Trustee/ Successor Trustee(s).

GUARDIAN OR CONSERVATOR OR AGENT ACTING UNDER A POWER OF ATTORNEY - The signature of a guardian/conservator or an agent acting under a power of attorney, (whichever applies) must sign on behalf of the Owner. Certified copies of the letters of guardianship/ conservatorship and the court order that authorizes the change must also be submitted if acting under a guardianship/conservatorship. For those acting under a Power of Attorney, an affidavit of agent and the Questionnaire Accompanying the Power of Attorney must also be completed, and the complete Power of Attorney document attached.

BENEFICIARIES - Any irrevocable beneficiaries must sign this request for a partial or full surrender.

ASSIGNEE - If the Policy has been assigned as collateral security, the assignee must sign this Request for Surrender. If the assignee is a business, an officer of the assignee must sign and include the officer's title.

GENERAL NOTICES

The Company makes no representation and assumes no liability for the tax implication, if any, of this transaction.

The Company does not offer tax or legal advice. Because tax laws are subject to change and different interpretations, we recommend that you seek counsel from a qualified advisor.