

Maturity application

Policy number

Policy owner

Maturity date

Life insured:

Estimated amount payable

Please select your preferred option, sign this form, and return to us.

- I/We request Resolution Life to extend the term of my/our policy or provide a quote (if required)
- I/We would like to withdraw the funds.

To reinvest your funds in one of our products please speak with a financial adviser about the product that best suits your current needs.

If you choose to withdraw your funds, please provide the following with your maturity application form.

- A fully completed withdrawal application form (mandatory)
- Certified copies of your identification documents as requested (mandatory)
- Tax file number (only if you have a superannuation product)

Declaration

This payment will be in full discharge of all liability as detailed in this form.

I/We confirm that the policy has not been deposited with any lending institution or other person and that the policy is not subject to any unregistered assignment, mortgage, or other interest.

Signature of policy owner(s)

Date

Please provide your current contact details in case we need to contact you regarding your request.

Mobile number

Email address