

# Payment/Repurchase Unit-linked Insurance



## Policyholder

Name/Company		Personal ID number/Registration number	Insurance number
Adress	Postal code	Town/City	Country (if other than Sverige)***
Telephone number	E-mail		

## Insured – if other than the policyholder

Name/Company		Personal ID number	
Adress	Postal code	Town/City	Country (if other than Sverige)***
Telephone number	E-mail		

## Repurchase\* (ID copy shall always be appended)

<input type="checkbox"/> Complete repurchase (100%) The insurance is annulled and any accrued fees are deducted.		
<input type="checkbox"/> Partial repurchase. Specify either in % of the capital or amount in SEK**	% of the capital	Amount in SEK**

\* In conjunction with a holding of more than one fund, the repurchase is divided equally between the various funds

\*\* Since the fund units are disposed of, the amount disbursed can deviate from the amount requested

## Payment (ID copy shall always be appended)

First payment shall take place (not earlier than two months after Futur has received the request)	Year	Month
<input type="checkbox"/> Same payment terms and conditions as previously		
<input type="checkbox"/> Other payment period – Fixed-term payment. Specify number of years:		
<input type="checkbox"/> Amended payment period – Payment during life. Payments occur during such time as the insured is alive		
Other wishes		

## Account for payment

PLEASE NOTE! Payment can only take place to the policyholder's account (transaction account).

In conjunction with corporate owned capital insurance, payment can only take place to the **company's account**.

I wish to have the money deposited into an account.	Account holder	Bank***	Clearing no.	Account no.
Futur is obliged to deduct 30% in tax in relation to pension insurance policies. In those cases where you desire a higher percentage, please specify this				%

\*\*\* In conjunction with foreign addresses or account numbers, the form Own Insurance Tax Residence – Private Person/Company shall be completed (does not apply to occupational pension policies).

## Signature of the policyholder

Date	Name	Name in print
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## Signature of the insured – if other than the policyholder

Date	Name	Name in print
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## Signature of pledge holder

Date	Name	Name in print
Date	Name	Name in print

## Signature of broker/adviser/assistant

Adviser code	Telephone number	E-mail
Date	Name	Name in print