



**PLEASE READ EACH SECTION CAREFULLY BEFORE COMPLETING THEM AND USE BLOCK CAPITALS.**  
If any section is blank or illegible, this may result in a delay in processing your request.

**Don't forget to enclose:**

A certified copy of a valid passport or driving licence for all plan owners.

A certified copy of address verification for all plan owners (e.g. a utility bill or bank statement) dated within the last 6 months.



**PLEASE ENSURE THAT ALL PLAN OWNERS SIGN OVERLEAF.**

**Ark Life Plan No:**

## Section A

Plan Owner 1 First Name:

Plan Owner 2 First Name:

Plan Owner 1 Surname:

Plan Owner 2 Surname:

Current Address:

Mobile

Mobile

Email Address:

Email Address:

If you reside outside the Republic of Ireland, please turn overleaf for Non-Resident requirements

In case we need to contact you regarding your claim

## Section B

Please tell us what action you would like to take.

1. I wish to withdraw (specify amount)  € from my plan

2. I wish to withdraw all my savings. See Terms & Conditions of your plan.  Tick if required

\*Please note if you do not specify a preferred option we will continue with your regular contributions

**If regular premium please tick your preferred option.**

1. I wish to continue contributing to my plan

2. I wish to stop contributing to my plan



## Section C

PLEASE ENCLOSE A COPY OF A BANK STATEMENT DATED WITHIN THE LAST 6 MONTHS. THE STATEMENT SHOULD SHOW YOUR NAME & ADDRESS, IBAN, BIC AND BANK BRANCH AND ADDRESS. THIS STATEMENT SHOULD BE FOR THE ACCOUNT YOU WISH PAYMENT TO BE MADE INTO. THERE IS NO REQUIREMENT TO SHOW ANY ACCOUNT TRANSACTIONS.

Name of bank

Address of bank

Account holders name

Bank Identifier Code (BIC)

IBAN

Your BIC and IBAN details can be found on your bank statement. You can also request them directly from your bank.

**IMPORTANT:** Please note that the bank account details provided must be your own bank account details or an account held jointly\* by you.

\*If you wish to have the funds transferred into this joint account you will need to send us Valid Certified Photographic identification (e.g. a passport or driving licence) And Certified Address verification (a utility bill dated within the last 6 months) for the joint account holder.

Payment CANNOT be made to a third party or to a third party account.

## Withdrawal Check List

PLEASE TAKE SOME TIME TO READ, COMPLETE AND SIGN THIS SECTION. THIS WILL ENSURE THAT WE HAVE ALL THE NECESSARY REQUIREMENTS TO PROCESS YOUR CLAIM WITHOUT DELAY.

IF YOUR PLAN IS ASSIGNED, ISSUED IN TRUST, OWNED BY A COMPANY, OWNED BY A CHARITY OR YOU ARE NON RESIDENT OF THE REPUBLIC OF IRELAND OR ARE A DOMESTIC OR NON-DOMESTIC POLITICALLY EXPOSED PERSON (PEP), PLEASE CONTACT ARK LIFE ON 1890 252 364.

1. I have completed sections **A, B & C** of this form.
2. For payment into my bank account I have included my full bank account details and enclosed a copy of my bank statement dated within the last 6 months.
- \* If you are currently paying your plan by direct debit we will automatically pay into this account unless otherwise stated by you.
3. In line with Anti-Money Laundering legislation we require a copy of certified Photo ID (in the form of a current passport or driving licence) as well as certified proof of address showing your full name and current address. This should be dated within the last 6 months (eg utility bill or bank statement). If you are unable to provide a certified copy of these, we will require a copy of uncertified Photo ID and 2 uncertified proofs of address, dated within the last 6 months and issued from separate entities. If your plan is in Joint names, we require certified photographic Identification for each plan owner.
- \* If you **do not** hold a current passport or driving licence please contact our customer service team on 1890 252 364. for further requirements.
4. I have enclosed a certified copy of my State marriage certificate if female surname has changed since starting the plan.

I/We have completed the above withdrawal instructions and wish to proceed with this request:

Plan Owner 1 Signature:  Date  /  /

Plan Owner 2 Signature:  Date  /  /   
(if applicable)

Financial Adviser's Signature:  (if present)

**PLEASE ENSURE THAT ALL PLAN OWNERS HAVE SIGNED THIS FORM.**

Contact Details: Tel: 1890 252 364 • Fax: 01 242 2952 • Post: Ark Life, PO BOX 129, Dublin 1

PLEASE DO NOT EMAIL YOUR COMPLETED FORM AS THIS IS NOT A SECURE FORM OF TRANSMISSION.

If you would like payment into your bank account please complete this section

\*Please note if you are currently paying your plan by direct debit we will automatically pay into this account unless otherwise stated by you

Please sign and date

## Important Points To Note

### 1. Plan Benefits

- If you withdraw savings from a plan which gives you protection benefits, such as life or specified illness cover, your protection benefits will go down (for a joint/dual life plan, your benefits will go down for both lives covered). The reduction may depend on the value remaining in the plan, your current age, your current payment amounts and the level of cover you currently have.

### 2. Plan Value

- The value of your plan will be based on the date we receive all completed documentation into our Head Office in Dublin.

### 3. Exit Tax that may apply to your withdrawal

- Exit tax is an Irish tax payable on any profit made on a life assurance plan. Where the tax applies on your withdrawal, Ark Life is obliged to deduct this tax and pay it to the Irish Revenue Commissioners. We will write to you following your withdrawal and include details of any exit tax that has been deducted. For more info, please visit [www.revenue.ie](http://www.revenue.ie)

### 4. Non Resident Claims

- If your plan was issued **after 01/01/2001** and you wish to claim as a **non-resident** you will need to complete and submit an original "**Declaration of Residence outside of Ireland**" form (we cannot accept this by fax). Please contact a member of our customer service team on 00 353 1 704 1244 for a copy of this form.

\*Certified Address verification (e.g. a utility bill or bank statement) dated within the last 6 months is required for all plan owners. This must be in both customer names if a joint life plan. Otherwise we will require a separate bill for each plan owner.

### 5. Politically Exposed Person (PEP)

- The Criminal Justice (Money Laundering and Financing Terrorism) Act 2010 requires the identification of a **Politically Exposed Persons** (PEP). A **PEP** is an individual who is or has been in the previous 12 months entrusted with prominent public functions, or an immediate family member, or a known close associate of such a person. The definition includes persons holding a prominent position in European Union and international bodies such as the UN, World Bank or IMF. Please contact a member of our customer service team on 1890 252 364.

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As part of the Money Laundering and Terrorist Financing Act 2010, we require identification from all customers when a withdrawal is made on a Savings and Investment product. This is done via a proof of identity and proof of address in order to protect you and your finances. Certification means that the ID's and address details have been seen by someone authorised to confirm that they are genuine with respect to the customer carrying out the transaction. A certifier must confirm that they have seen the original document and must date, sign and stamp each document.

#### Who can certify my documents?

- AIB Financial Advisor
- Garda Siochana
- Practising Chartered and Certified Public Accountants
- Embassy/Consular Staff
- Justice of the Peace or Commissioner for Oaths
- Notaries Public/Practising Solicitors
- Regulated financial or credit institutions representative

In the interest of customer service we will record and monitor calls.

**Ark Life**  
Assurance Company dac