COLINA

Colina Insurance Limited
P.O. Box N4728
Nassau, Bahamas

Date of Transaction

Day	Month	Year

Policy Number

Subject to the provisions of the policy contract withdraw the amount below from my

☐ Universal Life ☐ Flexible Premium Annuity

☐ Premium Deposit Account

SECTION A - Policyowner Information

Full Legal Name of Policyowner

Title	Last Name	First Name	Middle Name	Maiden Name

Telephone Numbers

Residence	Business	Cell	Fax

Email Address

Should we use this information for all future correspondence?   ☐ Yes ☐ No

Do you have any nationality other than Bahamian or Turks Islander?   ☐ Yes ☐ No
Do you hold passports from a country other than The Bahamas or The Turks and Caicos Islands?   ☐ Yes ☐ No
Are you a permanent resident of any country other than The Bahamas or The Turks and Caicos Islands?   ☐ Yes ☐ No
Do you have a foreign telephone number?   ☐ Yes ☐ No
Do you have a foreign residence address?   ☐ Yes ☐ No
Have you been in the US for 31 days or more this calendar year or for 183 days in the past three years?   ☐ Yes ☐ No

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SECTION B - Withdrawal Request

I hereby request to encash/withdraw $ _____ *from this policy.*
If the amount requested is not available, the maximum amount available should be provided to me.

Note: Please return this form, along with a copy of your current driver's license, voter's card or passport to: policyrequest@colina.com.

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SECTION C - Declarations

I authorize Colina Insurance Limited to carry out this policy transaction instruction submitted electronically and agree that Colina Insurance Limited shall not be liable for any losses arising from instructions lost in transmission.

By signing this form, the policyowner hereby consents that:

I understand that this transaction reduces this policy's value and may result in the policy terminating sooner than it otherwise would.

I hereby confirm that the receipt of the noted funds do hereby, for myself, my heirs, my executors and assigns, release and forever discharge Colina Insurance Limited of and from all actions proceedings claims or demands whatsoever which I may now or at any time hereafter may have for or in respect of the funds I am about to receive from my interest in the said Policy with Colina Insurance Limited.

Policyowner

Print Name | Signature

Executed at

Location

Witness

Print Name | Signature

Date

Day | Month | Year

Irrevocable Beneficiary

Print Name | Signature

Executed at

Location

Witness

Print Name | Signature

Date

Day | Month | Year

The Policyowner declares that except for that indicated below, there has not yet been any other assignment of the policy.

If assigned, Assignee must sign and date stamp below:

Assignee

Print Name | Signature

Assignee Stamp

Witness

Print Name | Signature

Executed at

Location

Date

Day | Month | Year

Note: Please return this form, along with a copy of your current driver's license, voter's card or passport to: Application@Colina.com

INTERNAL USE ONLY

Maximum Loan Available

Total Dividends on Deposit

Policy assigned ☐ Yes ☐ No

Beneficiary type ☐ None ☐ Revocable ☐ Irrevocable

Electronic Indemnity ☐ Yes ☐ No

Date validated | Day | Month | Year