

Replacement Form Request



To: Allianz S.A.L.
Hazmieh – Lebanon

Contract Number : _____

Life Assured : _____

Contract Owner : _____

I the undersigned, in my capacity as

- Policyholder of the insurance contract(s) abovementioned,
- Legal guardian, signatory of the insurance application(s) of the abovementioned contract(s) (where the policyholder is a minor,

Hereby request the definitive cancellation of the abovementioned insurance contract(s) with all its/their effects, as well as the cancellation of all the premiums that will become due as of the date of this letter. And I therefore return to your side, the original copy of the contract(s) subject of this cancellation request.

In the event I was, for any reason, unable to remit the original of the contract(s) in controversy to what is stated here above; I hereby declare under my own responsibility that the said original contract(s) is/are, as of the date of the present cancellation request, with no contractual value noting that the constraint of returning the Original copy (ies) of the contract(s) is due to:

Accordingly, I kindly ask you to replace my contract by a:

- Term Life Contract,
- Spiral Life Contract,

as per the attached signed offer # _____

I hereby declare that, since the submission of my application based on which the above stated policy was issued, no changes have occurred regarding my:

- Health
- Occupation or the activities I do or contemplate to do
- Country of residence and my travel planning

Except: _____

Contract Owner Mobile: _____ *(mandatory)*

Contract Owner Email: _____ *(mandatory)*

I declare that the statements in this declaration, whether or not in my handwriting, are true, complete and have been given with the knowledge that incorrect or incomplete answer may result in the insurance being cancelled.

Noting that upon the reception of the new Contract, I thereby confirm transferring the net surrender value of the previous contract(s) and consequently irrevocably discharge Allianz S.A.L. from any and all rights and liabilities related to the contract(s) subject of this request which became and remain(s) cancelled in all its/(their) terms ,effects and conditions.

By signing this format, I hereby acknowledge having been provided with Allianz S.A.L.'s Privacy Notice (available at the company's website: www.allianz.com.lb) and thus give my consent to Allianz S.A.L. to process my personal data for the purposes set out therein and to share my personal data with third party entities Allianz S.A.L. treats with.

I am entitled at all times to access and/or rectify and/or complete and/or update my personal information by reaching out to Allianz S.A.L.

I also agree and acknowledge that Allianz S.A.L. may periodically change, modify or otherwise revise the Privacy Notice without prior notification; my right of access, rectification and/or update of my personal data being respected at all times.

Date: ____/____/____

Signature: