



TO ENABLE US TO QUOTE A PRICE TO PURCHASE YOUR POLICY,
PLEASE COMPLETE AND RETURN THIS QUESTIONNAIRE.

Life Office: _____ Basic Sum Assured: _____

Original Date: _____ Surrender Value: _____

Maturity Date: _____ Attaching Bonuses: _____

Policy No.: _____

Premium: € _____ Month/Qtr/Half Year/Annual Paid up to date? Yes No

Assigned? Yes No (If Yes) To Whom: _____

Name/s of Policyholder: _____

Address: _____

Phone No.: (Work) _____ (Home) _____

Referred by: _____ Contact No: _____

AUTHORISATION

If you do not have all the policy details and would prefer us to get them directly from the Life Assurance Company, then just sign the authorisation below and fax or post it to us.

To (Name of Assurance Company): _____ Policy No.: _____

Please supply The Endowment Policy Purchasing Company Limited with any information requested in respect of the above policy.

Signature of policyholder/s _____

Date _____

POST/FAX TO

The Endowment Policy Purchasing Company
IFG House, Booterstown Hall, Booterstown, Co.Dublin
Tel: 1850 59 59 59 Fax: 01 2752901