

# Release form



## To the insurer

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Postcode** \_\_\_\_\_ **Town/city** \_\_\_\_\_

Dear Sir/Madam,

The undersigned is writing to declare that the claim-free years built up (or some of them) may be transferred to the person named below. The transfer means that the undersigned waives all rights to the previously built up claim-free years.

### The claim-free years are being transferred to:

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Postcode** \_\_\_\_\_ **Town/city** \_\_\_\_\_

**Date of birth**  
(dd/mm/yyyy) \_\_\_\_\_

**Relationship with the undersigned** \_\_\_\_\_

**Number of claim-free years built up being transferred** \_\_\_\_\_

### Undersigned/holder of the claim-free years:

**Policy number** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Postcode** \_\_\_\_\_ **Town/city** \_\_\_\_\_

**Date of birth**  
(dd/mm/yyyy) \_\_\_\_\_

## Signature

**Town/city** \_\_\_\_\_ **Date of birth**  
(dd/mm/yyyy) \_\_\_\_\_

**Signature** \_\_\_\_\_