

**MUNICIPAL MUTUAL INSURANCE LIMITED -
NOTICE OF TERMINATION OF MEMBERSHIP**

Please complete and sign this form and send it to: The Company Secretary, Municipal Mutual Insurance Limited, **23 College Hill, London EC4R 2RP**

1. In accordance with Article 5 of the Company's Articles of Association adopted by Special Resolution passed on 13th October 2009, as amended by Special Resolution passed on 10th October 2012, I hereby give you notice of termination of my membership of the Company.

2. I confirm that I am not insured' but I am a member of the Company
(Membership Certificate No: (.....))

3. I understand that, in accordance with Article 5 of the Company's Articles of Association, my membership of the Company will terminate one month after service of this notice, duly completed, on the Company at its registered office and that termination of membership is without prejudice to any claims that the Company may have against me.

4. I understand that, in accordance with Article 79 of the Company's Articles of Association, in the event of the Company being wound up during the time that I am a member or within one year afterwards, I am liable to contribute an amount not exceeding £10 to the assets of the Company for payment of debts and liabilities contracted before I ceased to be a member, and for the costs, charges and expenses of the winding up, and for the adjustment of the rights of the contributories amongst themselves.

To be **completed in BLOCK LETTERS**

Name:

Present address:

Address as shown on the Membership Certificate referred to above (if different from present address):

Date: Signed.....

Notes:

1. *"Insured" means insured under a contract of insurance written by the Company in respect of which the period of insurance has not expired.

2. In the case of a corporation, this notice should be either under its common seal or under the hand of an officer or attorney duly authorised.

Office Use: Date of receipt of notice by the Company