Banco Finantia

Account Closure Form

Account Number		Branch		Currency	
Account Number		Branch		Currency	

For Bank Use Only

Account Closure Request with Banco Finantia

As the Client(s) and/or Representative(s) of the account(s) identified above, the closure of said account(s) is hereby requested through this form.

1. Destination of Credit Balance

Any funds available in the account(s) to be closed must be transferred to the deposit account(s) identified below: [please disable (cross out) unsigned fields]

IBAN Amount[1]
Holder

IBAN Amount[1]
Holder

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Holder

IBAN Amount[1]
Holder

Alternatively, the funds in the deposit account(s) may be withdrawn by means of a bank cheque request or a credit balance letter issued in the Client's name. Please contact your account manager for this purpose.

[1] The amount indicated may be reduced by the applicable fee as per the current Pricing Schedule.

2. Standing Transfer Order (IPT)

- There are no STIs associated with the account(s).
- Any active STIs must be cancelled.
- They must be transferred to the deposit account identified below:

Bank Details
IBAN
Account Holder

3. Securities or Other Financial Assets Associated with the Account

- There are no securities or financial assets associated with the account(s) or with contract(s) linked to the account(s).
- The securities or other financial assets related to contracts linked to the account(s) to be closed must be transferred to the bank account[2] specified below:

Bank Details
IBAN
Account Holder

Note: If this option is selected, any existing Investment Advisory Contracts connected with the account to be closed will be immediately terminated, without prejudice to any fees and expenses already due.

[2] The Bank may refuse to close the account(s) if no liquidation order is submitted, the disposal of the assets is not authorised, no request is made to transfer the portfolio of financial assets to another account, or if the liquidation order cannot be executed at the price or under the conditions specified within 30 days.

4. Term Deposits

The instruction to close the account(s) has implications when there are term deposit(s) in place; therefore, the Client(s) and/or Representative(s) authorize their early withdrawal when the conditions of such term deposit(s) allow for early withdrawal.

Please confirm acceptance of the early withdrawal terms.

☐ I/we accept the loss of accrued interest resulting from early withdrawal, should early withdrawal of the term deposit(s) be possible.

Non-acceptance prevents the processing of this account closure request, which may be reconsidered later, particularly after the maturity date of the term deposit(s).

5. Cheques

The Client(s) and/or Representative(s) shall return all cheques associated with the account(s) to be closed and currently in their possession, authorizing the Bank to cancel these and any other cheques issued in their name and associated with the account(s) to be closed that are not being returned now.

After closure, the Bank will refuse any payment order presented, including any cheque(s) drawn on the same account(s); therefore, the Client is responsible for the payment of any cheque or debit instruction issued before this date.

In accordance with the applicable regulations, the Client is advised that, if cheques exceeding €150 drawn on the closed account(s) are presented for payment within the terms and time limits of the Uniform Law on Cheques, they will be returned for the reason “account closed.” This return will trigger mechanisms related to the restriction on cheque usage, which may ultimately result in the account holder being prohibited from using cheques due to the inclusion of their name on the list of high-risk cheque users (LUR).

Cheque(s) returned with number(s) (series)			Cheque number(s) returned
____________	to	____________	____________
____________	to	____________	____________
____________	to	____________	____________
____________	to	____________	____________

Additional notes:

(i) The annual statement of fees, to be made available in January following the account closure, will still include information on the fees and interest charged up to the date of closure; (ii) If the Client maintains other contractual relationships with the Bank, any subsequent communication will be made through the currently registered contact details, unless otherwise instructed; (iii) In accordance with clause 25.2 of the Account Opening Agreement, the notice period for closing the account(s) is 30 days from the submission of this form, provided that all necessary conditions are met.

I/We declare that:

- [ ] All the information provided in this form is true and reflects my/our express intention to close the account(s) identified above, under the terms described herein;
- [ ] I/We acknowledge the implications arising from the closure of the account(s), including the invalidation of the associated payment instruments, and understand that, in addition to the matters mentioned above, the following circumstances constitute grounds for refusal of the account closure: (i) A debit balance resulting from credit overruns or amounts used under a credit facility; (ii) The existence of any legal or judicial impediment, or a guarantee (e.g., pledge) over the account balance(s); (iii) The existence of other contracts intrinsically linked to the account(s) that have not been previously and separately terminated, unless the Bank waives the applicable notice period;
- [ ] I/We have received a duly completed nd signed copy of this form.

Signature of the party(ies) involved*

[please void (stike through) any unsigned fields]

*Signature must match the identification document.

In the case of a digital signature, only a qualified electronic signature is accepted (e.g., using the Digital Mobile Key).
For joint accounts (solidary or joint), the account closure request must be signed by all account holders.

Date: ____________

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Signatures and information verified