

Collective Investment Plan withdrawal form

Before completing this form, please refer to the guidance notes in the enclosed leaflet 'Your guide to making withdrawals from the Collective Investment Plan'. All information requested is required to process your withdrawal and there may be a delay in releasing it if not provided.

1. Personal details Please amend any details if incorrect

Full name	
Address	
	Postcode

Account number:	Telephone number: including STD code ()
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2. Withdrawal type

Tick **one** of the following options below (ticking more than one will invalidate this form).

- I/We wish to sell **all** shares in my/our plan and **continue** with monthly payments (complete sections 5 and 6 only)
- I/We wish to sell **all** shares in my/our plan **except** the minimum operating value (complete sections 5 and 6 only)
- I/We wish to sell **some** of the shares in my/our plans (complete sections 3, 5 and 6 only)
- I/We wish to sell **shares in a specific fund or a percentage of shares** from my/our plan (complete sections 4, 5 and 6 only)
- I/We wish to **close** my/our plan (complete sections 5 and 6 only)

3. To sell some of the investments held

Do not fill out this section if you are selling all the shares in your plan – go straight to section 5. Please state the value you wish to receive.

Amount in figures £ and amount in words

4. Detailed withdrawal

To sell shares held in specific funds or withdraw a percentage of value from the plan, please enter the details in the box below. This will be the amount that you receive and won't include any early withdrawal charges that might apply*.

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5. Payment details Tick **one** of the options below to confirm where you would like your payment to be made

- Home address
- Bank account (Please note the bank account must be in the plan holder's name – complete details below)

Bank/Building society	
Branch sort code	Account number
Account holder(s)*	
Building society roll number	

*We will only make payment to the legal owner of the plan.

6. Please sign and date

Where the above plan is held in more than one name, the signatures of all plan holders are required.

Signature	<input type="text"/>	Date	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>

Please ensure all relevant sections are completed before returning the form to us at
HBOS Investment Fund Managers Limited, PO Box 28132, 15 Dalkeith Road, Edinburgh EH16 9BF.

