

# PERSONAL INVESTMENT PLAN

## FULL WITHDRAWAL REQUEST FORM

- Before completing this form, please refer to 'Your guide to making withdrawals from your Personal Investment Plan'.
- Please ensure all planholders/trustee sign section 6.
- All information is required to process your withdrawal and there will be a delay in releasing your money if it's not provided.
- Please print clearly in black ink and tick the appropriate boxes as required.
- Please return your completed form to: **Scottish Widows, PO Box 28116, 15 Dalkeith Road, Edinburgh, EH16 9AL.**
- As we don't know the financial status of our customers we are required to provide the information to enable our customers to inform HM Revenue & Customs (HMRC) if required. We'll also provide this information to HMRC and they will be in contact if you are required to pay income tax on the chargeable gain.

### 1. PLANHOLDER/TRUSTEE DETAILS

Plan number	<input type="text"/>
Full name of planholder/trustee	<input type="text"/>
Correspondence address	<input type="text"/> <input type="text"/>
	<input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Telephone number (incl code)	<input type="text"/>
Full name of planholder/trustee	<input type="text"/>
Correspondence address	<input type="text"/> <input type="text"/>
	<input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Telephone number (incl code)	<input type="text"/>
Full name of planholder/trustee	<input type="text"/>
Correspondence address	<input type="text"/> <input type="text"/>
	<input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Telephone number (incl code)	<input type="text"/>
Full name of planholder/trustee	<input type="text"/>
Correspondence address	<input type="text"/> <input type="text"/>
	<input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Telephone number (incl code)	<input type="text"/>

## 2. WITHDRAWAL AMOUNT

I/We wish to fully withdraw and close all segments of the above plan .

Purpose of withdrawal:  
(eg capital purchase, family loan,  
inheritance tax purposes)

*The above information is required in order to fulfil our obligations under the Money Laundering Regulations.*

An early withdrawal charge will apply if you make a withdrawal within the first three years of taking out your plan. Please see the enclosed guide for further information.

If the value of your plan has reduced by 5% or more since your recent withdrawal request and you'd like us to contact you before proceeding, please tick the following box .

## 3. PAYMENT DETAILS FOR BANK / BUILDING SOCIETY

Please complete the following details clearly in block capital letters ensuring the information is correct. Any error could result in a delay or payment to an incorrect account number. The information is required for all accounts.

Bank/building society	<input type="text"/>	
Branch	<input type="text"/>	
Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sort code <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Account holder(s)*	<input type="text"/>	
Building society roll number**	<input type="text"/>	

\* We'll only make payment to the legal owner of the plan

\*\* Please ensure your roll number is provided if payment is to a building society account

Payments are made through BACS (Banks Automated Clearing System) as a more efficient, safer and easier payment method.

Payments made through BACS usually take 3-4 working days to be credited to your account.

For plans that are written under trust, please refer to sections 4 and 5 before completing.

#### 4. DOCUMENTATION REQUIRED

We'll require your original plan document where provided to you and/or evidence of identity for a withdrawal if one or more of the following circumstances applies:

- You are registering/have registered a change of address within the past six months (only plan document where provided to you), or
- You are registering/have registered a change of name (evidence of identity eg original birth/marriage certificate, deed poll notification), or
- The plan is subject to a charge (plan document where provided to you, evidence of identity and details of the charge against the policy if not previously provided), or
- The plan is controlled by an attorney, executor or administrator (plan document where provided to you and evidence of identity if not previously provided).

Please contact us on **0800 141418** for details of acceptable evidence of identity documents.

**Plans written under trust** – Payments from plans written under trust must be made in accordance with the terms of the trust.

In certain circumstances we may ask for additional documentation to be completed or produced. It is the responsibility of the trustees to ensure that any tax planning benefits aren't affected and that the interests of the beneficiaries and the positions of the trustees are protected.

Payments from trust policies will usually only be made:

- to an account held by all of the trustees, or, if no trustee account exists,
- to an account held by one of the trustees.

It's the trustees' responsibility to ensure that distributions made to beneficiaries are made in accordance with the terms of the trust.

Before requesting payments from plans under trust the trustees may wish to seek specialist professional advice if they have any concerns over the possible tax implications.

The withdrawal value will be calculated on the next valuation after Customer Service (administration unit) receives your correctly completed form, except where additional documentation or information is required.

Once all documentation is received your request will be processed within five working days. Payments through BACS will then be made, crediting your account within 3-4 working days thereafter.

#### 5. REQUEST FOR WITHDRAWAL AND DECLARATION BY TRUSTEES

The following declaration applies where your plan is held under trust and payment is being made other than to all trustees jointly.

Our request to make payment under this plan shall discharge Scottish Widows Limited in respect of the payments made.

Scottish Widows Limited will be under no obligation or duty to concern itself with the application of such monies. The trustees hereby represent and warrant that the person to whom payment is directed to be made is one of the trustees and will hold the said proceeds to the order of all of the trustees on the terms of the trust. The trustees will at all times hereafter, on a joint and several basis, indemnify and keep indemnified Scottish Widows Limited and its successors in title from and against all actions, proceedings, claims, demands, costs and expenses brought by any person, company or firm and howsoever they arise in respect of or by reason of Scottish Widows Limited agreeing to pay the proceeds in respect of the plan as instructed.

By indemnity, we mean that the trustees will make good any of the losses (as set out in this declaration) suffered by Scottish Widows Limited or its successors in title as a result of paying out under the plan as instructed. On a joint and several basis means Scottish Widows Limited can obtain the satisfaction of this indemnity from any or all of the trustees.

## 6. SIGNATURES

This request can't be processed without the signatures of all planholders or trustees.

Signature

Print name

Date (DD MM YYYY)

Signature

Print name

Date (DD MM YYYY)

Signature

Print name

Date (DD MM YYYY)

Signature

Print name

Date (DD MM YYYY)