

Investment Bond Portfolio Withdrawal Form

Beacon House,
27 Clarendon Road,
Belfast BT1 3BG

www.metlife.co.uk

For International (offshore) policies

Before you start

It is essential that you fully complete all the relevant sections of this form and that you accurately supply all the requested information and documentation. You should complete this form if you wish to make regular withdrawals from your MetLife Bond. We will not be able to process your Withdrawal Instruction if it is incomplete or illegible. We cannot be held liable for any loss caused by any delay in processing your Withdrawal Instruction owing to an incomplete or illegible form.

Where the Bond is subject to the terms of a trust, ALL the current trustees must sign this instruction and any payment must be used in accordance with the terms of the trust and MetLife shall be under no obligation to see the proper application thereof.

Please note that references to MetLife throughout this Form refer to MetLife Europe d.a.c. When you have completed this Withdrawal Instruction, please return it to: MetLife, Beacon House, 27 Clarendon Road, Belfast, BT1 3BG.

Prior to completing this form, you should consult a suitably qualified advisor in order to understand any tax consequences.

Section 1 - Personal details

Name of Trust (if applicable)

Policy no.

First Policy Holder / Trustee / Director / Company Secretary (delete as applicable)

Title

 Mr Mrs Miss Ms Other - *please specify*

First name(s)

Surname

Second Policy Holder / Trustee / Director / Company Secretary (delete as applicable)

Title

 Mr Mrs Miss Ms Other - *please specify*

First name(s)

Surname

Third Trustee / Director / Company Secretary (delete as applicable)

Title

 Mr Mrs Miss Ms Other - *please specify*

First name(s)

Surname

Fourth Trustee / Director / Company Secretary (delete as applicable)

Title

 Mr Mrs Miss Ms Other - *please specify*

First name(s)

Surname

Would you like to take your withdrawal as:

 Regular withdrawals - Please complete Section 2 Partial surrender - please complete Section 3

 Full Surrender – Please complete section 4.

If you opt for full surrender and your original policy documents have been lost or destroyed, the Lost Policy Declaration in section 6 must be completed.

Section 2 - Regular withdrawals

Please choose one of the following options:

 I do not have an existing regular withdrawal instruction and would like to set up a new instruction.

 I have an existing regular withdrawal instruction and would like to change my existing instruction.
Your withdrawal details

Please give a start date for your withdrawals (payments may take 5-7 days to reach your account).

D	D	M	M	Y	Y	Y	Y
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Please note that regular withdrawal payments will usually reach your account within five to seven working days of the date you have chosen.

How often would you like to make withdrawals?

 Monthly Quarterly Every 4 months Every 6 months Annually
Your guaranteed withdrawals**Only applicable if you have invested in the Secure Income Option.**

How much would you like to withdraw each time?

What percentage of the guaranteed withdrawal would you like?

 £ or %

If you would like the full allowance each year = 100%

Your secure withdrawals

Only applicable if you have invested in the Secure Capital Option (not available with Active Asset Allocation).

How much would you like to withdraw each time?

What is the percentage of withdrawal would you like?

£ or %

If you would like the full allowance each year = 100%

Your non-guaranteed withdrawals

How much would you like to withdraw each time?

What percentage based on the fund value you would like to withdraw?

£ or %

From which funds would you like to make your withdrawals?

- All funds Non-secure Capital / Secure Capital funds Secure Capital only Secure Income only

Please note if you make non-guaranteed withdrawals from your secure funds, this will reduce your guaranteed withdrawals.

Section 3 - Partial Surrender

Please choose one of the following options.
Please be aware that each option may have a significantly different tax consequence. If you are unsure of which option to select, you should speak to a suitably qualified adviser.

Option 1

- I would like to partially surrender through cancellation of policies. Please complete the questions below.

If you would like to surrender a full number of policies, please indicate the number of policies

If you are not surrendering a full number of policies, please indicate how much fund value you would like to surrender.

Amount to be surrendered:

Percentage to be surrendered based on fund value:

£ or %

Option 2

- I would like to partially surrender by surrendering across all my policies. Please complete the questions below.

If you would like to surrender across all of your policies, please indicate how much fund value you would like to surrender:

Amount to be surrendered:

Percentage to be surrendered based on fund value:

£ or %

Fund Name	Amount £	Amount %
		%
		%
		%
TOTAL		%

If you would not like to specify a fund for your surrender, on what basis would you like to surrender:

- Secure Funds first; or Secure Funds last; or No preference

Section 4 - Full Surrender

I would like to fully surrender through the cancellation of my policy.

Section 5 - Account details**Your account details**

Please provide details of the bank account to which any regular withdrawals and other payments from your MetLife Bond should be made.

Name of bank or building society

Address

City

Country

Postcode

Name(s) of account Holder(s)

Sort code

Account number

Building Society roll number (if applicable)

Section 6 - Lost Policy Declaration

The original policy document is important and is required by MetLife to fully surrender the policy.

Please make every effort to locate it before submitting this application.

If you are unable to provide the policy document to MetLife, please tick the box below to proceed. Otherwise, we will be unable to proceed with the surrender.

By ticking this box, I/We am/are declaring that:

- I/We am/are entitled to this money.
- a thorough search has been conducted for the original policy document, but it has not been found.
- the policy has not been sold, assigned, or deposited with any person or entity such as a bank, nor have I/We received notice of any claim against it.
- I/We agree to repay the money to MetLife if any person or entity proves to MetLife that they are entitled to this payment instead of me/us.

Witness signature requirement

You should ensure that the witness signature box is completed in **Section 7** if you have completed **Section 6**.

Section 7 - Declaration

In accordance with the Terms and Conditions of the Policy numbered in Section 1, I/We hereby request MetLife to action the withdrawal request detailed in this form.

I have read the Terms and Conditions and agree to be bound by them at all times. I understand that if there is any conflict or discrepancy between the information contained in this form and the Terms and Conditions, save in respect of Data Protection, the provisions of the Terms and Conditions will prevail.

Data Protection

MetLife is the data controller in respect of any personal data you provide to us. The ways in which MetLife may collect, share or process your personal data are explained in MetLife’s Privacy Notice. MetLife’s Privacy Notice also explains your rights regarding your personal data. A copy of MetLife’s Privacy Notice is available on our website, www.metlife.co.uk.

Should you have any questions or concerns, please contact the MetLife Data Protection Officer at DataProtectionUK@MetLife.com.

First Policy Holder / Trustee / Director / Company Secretary

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature

Second Policy Holder / Trustee / Director / Company Secretary

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature

Third Trustee / Director / Company Secretary

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature

Fourth Trustee / Director / Company Secretary

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature

A witness must sign here if you have completed the lost policy declaration in section 6. A family member or policy life assured cannot act as a witness to your signature.

Date

D	D	M	M	Y	Y	Y	Y
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Signature

Power of Attorney or Court-Appointed Deputy

If you have signed for an Applicant with a Power of Attorney please give your details, and provide documentary evidence that you hold a valid Power of Attorney for the applicant as appropriate.

Title

Mr Mrs Miss Ms Other - *please specify*

First name(s) Surname

Permanent address

City Country Postcode

If you have signed for an Applicant as a Court-Appointed Deputy please give your details.

Title

Mr Mrs Miss Ms Other - *please specify*

First name(s) Surname

Permanent address

City Country Postcode

Capacity - For example, Legal Appointed Personal Representative, Assignee, Court-Appointed Deputy.

Please note: We require certified and in date ID and address verification for each applicant.

Where to send this form

Once you have checked this form and any additional supporting documents, please send it to:

MetLife
Beacon House
27 Clarendon Road
Belfast BT1 3BG

0800 022 4443

customerservice@metlife.co.uk

metlife.co.uk

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