

ISA Portfolio Withdrawal Form

Beacon House,
27 Clarendon Road,
Belfast BT1 3BG

www.metlife.co.uk

Important information

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. 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.

Please be aware that once money has been withdrawn from your ISA it cannot be reinvested in another ISA if your annual subscription has already been used. If you wish to transfer your MetLife ISA monies to another provider please instruct them to contact us to arrange the transfer.

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.

Section 1 - Personal Details

ISA number

Title

Mr Mrs Mr Mrs Other- please specify

First name(s)

Surname

Permanent residential address

City	Country	Postcode
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Would you like to take your withdrawals as:

Regular withdrawal - Please complete sections 2, 5 & 6

Partial withdrawal - Please complete section 3, 5 & 6

Full withdrawal - Please complete section 4, 5 & 6

Section 4 - Full withdrawal from your MetLife ISA

I would like to withdraw the entire amount and close my MetLife ISA.

Section 5 - Account details

Please arrange to send the withdrawal(s) to the following account details.

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 - Declaration

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

First name

Surname

Policyholder signature

Date

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Section 7 - Power of Attorney / Court Appointed Deputy (If Applicable)

If you are signing this Declaration on behalf of the applicant, please enter your name and address in the box below and state the capacity in which you are signing. **You must provide a certified copy of the legal documentation evidencing your appointment.**

Title

Mr Mrs Mr Mrs Other- please specify

First name(s)

Surname

Address

City

Country

Postcode

Capacity

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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