

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. You should complete this form if you wish to make withdrawals from your MetLife ISA Portfolio. 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.

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

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Title

Mr Mrs Miss Ms 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 withdrawals - Please complete sections 2, 5 & 6 Partial withdrawals - Please complete section 3, 5 & 6
 Full withdrawals - Please complete section 4, 5 & 6

Section 2 - Regular Withdrawals

Please choose one of the following options and complete the table below:

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.

INCOME	How much? <input type="text"/> % of guaranteed income (Secure Income Option only) or £ <input type="text"/> pa or <input type="text"/> % of fund value	Which are invested in <input type="checkbox"/> All funds <input type="checkbox"/> Secure Income Option funds <input type="checkbox"/> Secure Capital Option funds <input type="checkbox"/> Non-Guaranteed Investments Note: all withdrawals from Secure Income Option funds are paid as 'guaranteed income' with any excess treated as a Payment Out. Payments Out will proportionately reduce the guarantee base.	Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Termly <input type="checkbox"/> Half yearly <input type="checkbox"/> Annually
	I would like my withdrawals to start: <input type="checkbox"/> Immediately, or <input type="checkbox"/> From a specific date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Note: Payments will take 3-5 working days to reach your account.		
	Unless you specify a date in the future, we will pay the income into your account as soon as it is available.		

If your requested date cannot be met, for example if it falls on a non-working day, we will aim to make the payment on the nearest working day prior to that date.

Section 3 - Partial Withdrawal

I would like to partially withdraw from my ISA Portfolio. Please complete the questions below.

Amount to be withdrawn:

Percentage to be withdrawn based on fund value:

£ or %

Fund	Amount £	Amount %
<input type="checkbox"/> All funds		%
<input type="checkbox"/> Secure Income Option funds		%
<input type="checkbox"/> Secure Capital Option funds		%
<input type="checkbox"/> Non-Guaranteed Investments		%
<input type="checkbox"/> Specific funds		%
TOTAL		%

All partial withdrawals from the Secure Income Option or Secure Capital Option funds will proportionately reduce the guarantee base.

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 Miss Ms 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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