

Request for MetLife to pay an Ad hoc Adviser Charge

Beacon House,
27 Clarendon Road,
Belfast
BT1 3BG
www.metlife.co.uk

Before you start

You should complete this form if you would like to make an ad hoc (one-off) payment to your Financial Adviser from your MetLife policy. The payment will be made in accordance with our terms and conditions. For further details please refer to your policy terms and conditions that were sent to you when you bought the policy.

If you have any queries regarding this form please contact us Monday to Friday (9am - 5pm) on: **0800 022 4443**.

Section 1 - About you and your Financial Adviser

MetLife policy number

First Policyholder / Trustee / Director / Company Secretary (as applicable)

Title

Mr	Mrs	Miss	Ms	Other - <i>please specify</i>
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First name(s)

Surname

Second Policyholder / Trustee / Director / Company Secretary (as applicable)

Title

Mr	Mrs	Miss	Ms	Other - <i>please specify</i>
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First name(s)

Surname

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

Title

Mr	Mrs	Miss	Ms	Other - <i>please specify</i>
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First name(s)

Surname

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

Title

Mr	Mrs	Miss	Ms	Other - <i>please specify</i>
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First name(s)

Surname

If this 'Request for MetLife to Pay Ad hoc Adviser Charges Form' relates to a Trust or Company

Name of Trust or Company

Authorised signatory list provided

Financial Adviser details

All Adviser Charges will be paid to the Financial Adviser who MetLife have recorded on our systems as at the date the request is processed. If an Adviser Charge needs to be paid to a different Financial Adviser, you will need to provide us with clear written details of that Financial Adviser in advance of this request being submitted.

Section 2 - How does paying an Ad hoc Adviser Charge affect my policy?

The amount requested to be paid to your Financial Adviser will be taken from the policy in accordance with your instructions specified to us in Section 3.

If the Ad hoc Adviser Charge is taken from your guaranteed portfolios, the payment made will result in a proportionate reduction to the guaranteed benefits provided from the policy. More information is available in your policy terms and conditions that were sent to you when you bought the policy.

The table below shows an example of how a future value of a policy may be affected where a customer is requesting that an Ad hoc Adviser Charge of £1,000 is paid to their Financial Adviser for the advice and services provided to them. In this example the investment value of the policy starts at £100,000. For each Growth Rate, the two columns compare the projected investment values with and without the Ad hoc Adviser Charge being paid.

End of year	0.73% - Growth Rate		3.73% - Growth Rate		6.73% - Growth Rate	
	With no ad hoc payment	Making a £1,000 ad hoc payment	With no ad hoc payment	Making a £1,000 ad hoc payment	With no ad hoc payment	Making a £1,000 ad hoc payment
5	£93,900	£93,000	£109,000	£108,000	£125,000	£124,000
10	£87,500	£86,600	£118,000	£117,000	£158,000	£157,000
15	£80,600	£79,800	£129,000	£127,000	£201,000	£199,000
20	£73,100	£72,300	£139,000	£138,000	£254,000	£252,000

Notes:

- **With no ad hoc payment** - this column shows the projected values after deducting the policy, guarantee and fund charges.
- **Making a £1,000 ad hoc payment** - this column shows the projected values after deducting the policy, guarantee and fund charges, plus the £1,000 Ad hoc Adviser Charge.
- **The Growth Rates** used in this example are based on an investment in the Secure Income Option through Active Asset Allocation, max Growth Asset 35%.

Section 3 - Ad hoc Adviser Charge

I authorise MetLife to make a payment to my Financial Adviser for the sum of

£ _____ from the policy numbered above.

We will send you an illustration to show the impact of this change(s) on your policy.

Section 4 -Confirmation

Please sign below to confirm you have read and understood the important information in sections 3 and 4, agreed the amount stated in sections 2 with your Financial Adviser, and to confirm your instruction to MetLife to facilitate such amounts on your behalf in accordance with its terms and conditions.

By signing below you also agree that:

- a. MetLife may set-off any Adviser Charges that you instruct MetLife to facilitate against any amount that your Financial Adviser owes to MetLife provided that your Financial Adviser has agreed that you will no longer be obliged to pay the amount of Adviser Charges set-off;
- b. The Ad hoc Adviser Charge requested to be facilitated will be taken proportionately across all the funds of your policy at the time the request is submitted.
- c. MetLife monitors the level of Adviser Charges paid from its policies, and reserves the right not to facilitate an Adviser Charge if it considers that the payment requested would have a detrimental effect upon your investment, such that the MetLife product that you are invested in would no longer perform in accordance with its design;
- d. the payment requested to be facilitated is in relation to the MetLife Policy upon which you have received advice; and
- e. the payment of the amount specified will impact your policy benefits.

Data Protection

MetLife is a 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 Signature

Date

D D M M Y Y Y Y

Second Policy Holder / Trustee / Director / Company Secretary Signature

Date

D D M M Y Y Y Y

Third Policy Holder / Director / Company Secretary § Signature

Date

D D M M Y Y Y Y

Fourth Policy Holder / Director / Company Secretary Signature

Date

D D M M Y Y Y Y

If you have signed this request on behalf of a policyholder under a Power of Attorney, as a Court Appointed Deputy or as a Trustee in Bankruptcy, please fill in your details below:

Title

Mr Mrs Miss Ms Other - *please specify*

First name(s)

Surname

Address

City

Country

Postcode

Capacity

Title

Mr Mrs Miss Ms Other - *please specify*

First name(s)

Surname

Address

City

Country

Postcode

Capacity

Section 5 -What to do next

Once you have completed this form and checked that you have included any supporting documents, please send it with your attachments to:
MetLife, Beacon House, 27 Clarendon Road, Belfast BT1 3BG.

Tel: 0800 022 4443

customerservice@metlife.co.uk

metlife.co.uk

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