MetLife Trustee Retirement Portfolio / Trustee Investment Plan Withdrawal Form

How to get in touch:

www.metlife.co.uk
customerservice@metlife.co.uk
0800 022 4443

Beacon House,
27 Clarendon Road,
Belfast BT1 3BG

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.

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 note that references to **MetLife** throughout this Form refer to **MetLife UK Limited.**

MetLife is not authorised to provide advice.

Section 1 - About the Trustee Retirement / Trustee Investment Portfolio (TRP/TIP)

Name of Scheme

Policy no.

Scheme Contact Name

Contact Name Phone Number

Scheme FCA Registration Number

Contact Name Email Address

The Member (Life Assured)

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

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Important Information

All non guaranteed withdrawals from Options providing Income or Capital Guarantees, will proportionally reduce the value of the guarantee you have selected. For example, if you take a 10% Partial Surrender from your Secure Capital Option/Secure Retirement Option, the value of your guarantees will also reduce by 10%.

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

Withdrawal start date (payments may take 5-7 days to reach your account) D D M M Y Y Y Y

How often would you like to make withdrawals?

☐ Monthly ☐ Quarterly ☐ Every 4 Months ☐ Every 6 Months ☐ Annually

There are different regular withdrawal options that provide customers with different outcomes and it's important to select the right option for you.

a) Secure Income Option Withdrawals: Guaranteed withdrawals are available from this option which will continue if the fund value runs out. Complete **Section 2.1** for this option. You can also take non-guaranteed withdrawals from the Secure Income Option but this will proportionately reduce the guaranteed benefits and the member may be paying for a guaranteed benefit that they are not using. **Section 2.2** should be completed for this option.

b) Non guaranteed Withdrawals: Non-guaranteed withdrawals reduce the guarantee values proportionately, for example a 5% withdrawal will reduce your guaranteed benefits by 5%. **Complete Section 2.2 for this option.**

c) Secure Retirement Option (Trustee Investment Plan only): From age 55, the Member has the option to take a Secure Withdrawal from the Secure Retirement Option. The maximum amount allowable is 5% the Secure Account Value (SAV) on the Member's 55th birthday.

Secure Withdrawals reduce the SAV by the corresponding amount, i.e. a £1,000 withdrawal will reduce the SAV by £1,000.

Payments will continue even if your fund value runs out but will stop 3 months before your 75th birthday. **Complete Section 2.3 for this option.**

Section 2.1 - Secure Income Option guaranteed withdrawals

What percentage of the guaranteed withdrawal would you like?

Please enter 100% to take the full guaranteed income

From which funds would you like to take withdrawals?

☐ All Secure Income Funds ☐ Specific Secure Income Funds as specified below:

Fund Name	Amount £	Amount %
TOTAL		

2.2 Non-guaranteed (non-Secure) Withdrawals

How much would you like to withdraw each time?

or

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

From which funds would you like to take withdrawals?

☐ All Funds ☐ Specific funds or investment options specified below:

Fund Name	Amount £	Amount %
TOTAL		

2.3 Secure Withdrawals (available from age 55 to 74 & 9 months)

This option is only available to the Trustee Investment Plan product that was sold before March 2010.

How much would you like to withdraw each time?

or

What Secure Withdrawal percentage you would like (max 5%)?

The maximum Secure Withdrawal is 5% of the Secure Account Value on the Member's 55th birthday. If you have selected a withdrawal of more than 5% per year, the additional amount will automatically be deducted as a non-guaranteed withdrawal.

Section 3 - Partial Surrender

Please show which funds you would like to pay the Partial Surrender?

☐ All Funds ☐ Specific funds or investment options specified below:

Fund Name	Amount £	Amount %
TOTAL		

Section 4 - Full Surrender

☐ I would like to fully surrender and cancel the policy. I have attached the policy document where available. If it has not been attached, I confirm that it has been lost and cannot be located despite my best efforts.

Section 5 - Account Details

Please provide details of the bank account to which any regular withdrawals and other payments from the Policy should be made. Payments can only be paid to the Life Assured's SIPP / SSAS Scheme.

Name of bank or building society

Address

City

Country

Postcode

Name(s) of account holder(s)

Account number

Sort code - -

Section 6 - Declaration

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

We declare that we are entitled to the proceeds from this Policy and request payment in favour of the investor to be made in terms of the Policy rules.

We understand that if the Policy is invested in a Guarantee (Secure Capital Option/Secure Income Option/Secure Retirement Account) any non guaranteed withdrawals will proportionately reduce the value of those guarantees. If the entire Policy is Surrendered the guarantee will be lost.

First authorised signatory on behalf of Scheme

Signature

Name

Status

Date D D M M Y Y Y Y

Second authorised signatory on behalf of Scheme

Signature

Name

Status

Date D D M M Y Y Y Y

Where to send this form

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

MetLife
PO Box 13674
Chelmsford
CM99 7GU

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