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 L Title Mr Miss Ms Other - please specify First name(s) Permanent residential address Postcode City Country 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

Pleas	e choose one of the following options a	and complete the table below:						
□ld	o not have an existing regular withdrawal	instruction and would like to set up a new	instruction.					
□Ih	ave an existing regular withdrawal instruc	tion and would like to change my existing	instruction.					
	How much?	Which are invested in	Frequency					
	of guaranteed	All funds	☐ Monthly					
	income (Secure Income Option only)	Secure Income Option funds	Quarterly					
		Secure Capital Option funds Non-Guaranteed Investments	☐ Half yearly					
	or	Note: all withdrawals from Secure	☐ Annually					
	£ pa	Income Option funds are paid						
ME	or	as 'guaranteed income' with any excess treated as a Payment Out.						
NCOME	% of fund value	Payments Out will proportionately						
=	76	reduce the guarantee base.						
	I would like my withdrawals to start:							
	☐ Immediately, or							
	From a specific date D D M M Y Y Y Y							
	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.							
	our requested date cannot be met, for e nearest working day prior to that date	or example if it falls on a non-working	day, we will aim to ma	ke the payment on				
Line	ribalest Working day prior to that da							
Sect	tion 3 - Partial Withdrawal							
		SA Portfolio. Please complete the questio						
	unt to be withdrawn:	Percentage to b	e to be withdrawn based on fund value:					
£		or		%				
Fund	d		Amount £	Amount %				
	All funds			%				
	Secure Income Option funds		%					
	Secure Capital Option funds		%					
	Non-Guaranteed Investments		%					
	Specific funds			%				
		TOTAL		%				

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

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 with Name of Bank or Building Societ	_	count details.							
Address									
City	Country	Postcode 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 an action the withdrawal request de		A Portfolio numbered in Section 1, I hereby request MetLife to							
First name		Surname							
Policyholder signature		D							

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 ☐ 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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