## **M&G Withdrawal Form**



Other

## This form:

First holder

- can be used to redeem part or all of your holding(s) with M&G
- cannot be used to redeem part or all of a deceased persons holding(s) with M&G. To do this please complete the M&G Withdrawal Form for Executor/Personal Representative.

**Registered details** 

Miss

Your M&G client reference

Mrs

Please note that the proceeds of your shares cannot be paid until the form has been completed and signed by all holders, and received at the address specified overleaf.

Designation (if applicable)

Second holder (if applicable)

Miss

Mrs

Mr

Please complete this form in blue or black ink, using CAPITAL letters and ticking the appropriate boxes.

Other

	Forename(s)			Forename(s)					
Surname			Surname						
R Nominee/Comp	pany/Charity Name		Third h	<b>older</b> (if app	olicable)				
			Mr	Mrs	Miss	Ms	Oth	er	
Permanent residenti	al address		Date of	birth	D D	М М	YYYY	Υ	
Postcode			Forename(s)						
			Surnam	e					
Country			Fourth	<b>holder</b> (if ap	onlicable)				
Phone: Home			Mr	Mrs Mrs	Miss	Ms	Oth	er	
Work									
Mobile		Date of birth D D M M Y Y Y Y							
Mobile									
			Forenar	me(s)					
2 Shares to	o be sold e field, please enter one of the followi	ing: ISA, Ex Mini	Surnam	e	A, OEIC, Sa	vings Pla	n or Charitie	S.	
2 Shares to	e field, please enter one of the followi		Surnam ISA, Ex PEP Share class	e ISA, APS IS Share Typ	oe .	No. of s	shares to be	OR Amount you	
2 Shares to	Full name(s) of fund(s)		Surnam	e ISA, APS IS Share Typ Delete as a	oe appropriate	No. of s		OR Amount you wish to rais	
2 Shares to	e field, please enter one of the followi		Surnam ISA, Ex PEP Share class	Share Typ Delete as a	pe appropriate ccumulation	No. of s	shares to be	OR Amount you	
2 Shares to	Full name(s) of fund(s)	Fund	Surnam ISA, Ex PEP Share class	Share Typ Delete as a Income/Ad Income/Ad	oe appropriate	No. of s	shares to be	OR Amount you wish to rais	
2 Shares to	Full name(s) of fund(s)  M&G  M&G	Fund Fund	Surnam ISA, Ex PEP Share class	Share Typ Delete as a Income/Ad Income/Ad	pe appropriate accumulation accumulation	No. of s	shares to be	OR Amount you wish to rais	
2 Shares to	Full name(s) of fund(s)  M&G  M&G  M&G	Fund Fund Fund	Surnam ISA, Ex PEP Share class	Share Typ Delete as a Income/Ad Income/Ad Income/Ad	pe appropriate accumulation accumulation accumulation accumulation	No. of s	shares to be	OR Amount you wish to rais  £ £ £	
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2 Shares to	Full name(s) of fund(s)  M&G  M&G  M&G  M&G  M&G  M&G  M&G	Fund Fund Fund Fund Fund	Surnam ISA, Ex PEP Share class	Share Typ Delete as a Income/Ad Income/Ad Income/Ad Income/Ad	pe eppropriate ccumulation ccumulation ccumulation ccumulation ccumulation ccumulation ccumulation	No. of s	shares to be	OR Amount you wish to rais  £ £ £ £	

Pleas	se select from the following five options:								
	3.1 Cheque made payable and sent to the first named holder. Thi	s is the default option if this section is not completed.							
	3.2 Reinvest the sale proceeds into an M&G Stocks and Shares ISA – please enclose a completed M&G ISA application form.								
	3.3 By electronic transfer to a UK bank account – please complete the UK bank details in the boxes provided below. If this option is chosen, in order for us to verify that this account is in the name of a registered holder, we must see an original of a void cheque* or an original bank or building society statement or printed PDF copy of an online bank statement detailing your address and full name as the account holder (no older than three months). Your statement will be returned to you.								
	If you do not hold a UK bank account and do not wish to receive a	cheque please call our <b>Customer Relations</b> team on <b>0800 390 390</b> .							
	Name and full postal address of your bank or building society  Bank or building society account number								
	Bank or building society name								
	Address	Branch sort code							
		Building society reference/roll number (if applicable)							
	Postcode								
	Account name								
	Please note	ned registered holder – please complete name and address details below. ered holder except in exceptional circumstances. Please call us to discuss							
	Name	Capacity (if applicable)							
	Address								
	Postcode								
	3.5 Cheque to your financial adviser's client money bank account	- please complete the box provided.							
	Please note								
	Your financial adviser must be registered to accept client money.								
	Financial adviser client money bank account name								
	Address								
	Postcode								

3 How/Where do you want your money paid?

For your protection, and to minimise the risk of financial crime, we are required by law to verify the identity of all our customers. If we have not been able to verify your identity by certain electronic means, we may ask you to send us paperwork as evidence of your address and identity. We have to do this before we are able to release the proceeds to you. If you would like to confirm whether your identity has been verified, please call our **Customer Relations** team on **0800 390 390**.

## 4 Declaration and authorisation

All holders must sign this section and state their capacity if applicable. If you are not the holder, please state under which capacity you are signing.

I/We the registered holder(s) hereby acknowledge that I am/we are no longer interested in the shares to which this Withdrawal Form relates and authorise payment as in Section 3.

First holder			
Print name		Capacity (if applicable)	
Signature		Date D D M	MYYYY
Second holder (if applicable)			
Print name		Capacity (if applicable)	
Signature		Date D D M	M Y Y Y Y
Third holder (if applicable)			
Print name		Capacity (if applicable)	
Signature		Date D D M	M Y Y Y Y
Fourth holder (if applicable)			
Print name		Capacity (if applicable)	
Signature		Date D D M	MYYYY
†When corporate bodies are renouncing shares, this form authorised signatories. Alternatively, a company may exect ††If you are acting as Attorney or Trustee please state this a	ute this form under seal. Capacity m		
! Returning your form			
Please send your completed form to: <b>M&amp;G Gro</b>	up, PO Box 9039, Chelmsfor	CM99 2XG	
If withdrawing on behalf of a charity, please ret	turn your completed form to	<b>1&amp;G</b> Charity Department	c, PO Box 9038, Chelmsford CM99 2XF.
Checklist			
Section 4: have all holders signed the Decla	aration? Failure to do so coul	cause a delay in receipt	of your funds.
Have the full names of all named account h	nolders been listed along with	their date of birth in Sec	tion 1?
Have you checked that this instruction won	't bring the value of the inves	ment(s) below the minim	um balance for each share class?
Have you completed Section 3? If not, as a	default option a cheque will	e made payable and sen	t to the first named holder.
How to contact us			
Call us	Visit our website		Write to us
<b>©</b> 0800 390 390	www.mandg.co.uk		■ M&G Customer Relations
We are open Monday to Friday from 08:00 to			PO Box 9039
18:00 and on Saturday from 09:00 to 13:00.  For your security and to improve the quality	Email us		Chelmsford
of our service, we may record and monitor	info@mandg.co.uk		CM99 2XG

Please note that information in an email cannot be guaranteed as secure. Do not include sensitive information in emails to M&G.



telephone calls.