

## Withdrawal request form

Please use black ink and write in CAPITAL LETTERS or tick as appropriate.

Any corrections must be initialled by all parties signing this form. Please do not use correction fluid as this will invalidate your form.

For Policies under trust, use of this form will give rise to obligations under the Trust Registration Service(TRS). Further information on registration can be found at gov.uk/guidance/ register-a-trust-as-atrustee You will need to send us the proof of registration document along with this form. We cannot action your request until we receive this document, or the exemption reason, so encourage you to provide this in a timely manner. If you previously provided us a copy we require an up to date version which must be dated within the last 30 days. If the action you are taking will mean closure of the TRS record then ensure you print or save a copy of the proof of declaration before closing the record.

## About this form

Please ensure this form is fully completed and signed by all relevant parties before returning it to us. If you need to contact us you can do so on **0345** 640 3000.

Copies of the plan terms & conditions and the completed application form are available on request.

## How we use your personal information

For a copy of our latest Data Protection Notice, please visit **pru.co.uk/mydata**. This details how and why we use your personal information (including any sensitive personal information), who we may share it with and your rights around your personal information. Alternatively, you can request a copy to be sent to you by writing to The Data Protection Officer, Customer Service Centre, Lancing BN15 8GB.

Please note that we collect personal information from you that is necessary for us to either provide you with the product or service you've requested or to comply with statutory or contractual requirements. Unfortunately if you don't provide all of the information we require this may mean we are unable to provide our products and services to you.

Part 1 –	Please complete in al	l cases		
Policy Number	r(s). You can use this form for	multiple policies,	up to 10, only	where they currently have an identical fund split.
Bond Numbe	er			
I am/we are e	entitled (as Trustees*) to th	e proceeds from	n the above n	numbered policy(ies) and request payments
to be made in	n terms of the instructions	detailed overlea	f. * Delete if p	policy(ies) not written under Trust.
Investor's Na	me		Signature	of Investor
Signed at			Place	on D D M M Y Y Y Y
Second Inves	stor's Namo			
Second inves	stor's iname		Signature	of Second Investor
Signed at			Place	on D D M M Y Y Y
Is this/Are the	ese policy(ies) Assigned?	Yes	No	If Yes please obtain the signature of
				Assignees (see Part 2 overleaf).
	ese policy(ies) written	Yes	No	If Yes please obtain the signature of all
under Trust?				Trustees who are not also Investors (see Part 3 overleaf).
Depending or	n the type of trust and its pro	visions, the Settl	or(s) of the tru	ust may not be able to benefit from any
				. Your adviser may charge for any advice given.

Part 2 – Policy(ies) assigned	
I, the assignee, consent to the withdrawal provisions	s as detailed overleaf.
Signature of duly authorised person	Office stamp (if appropriate) below:
on Poholf of	
on Behalf of	
(Name of Assigne	ee)
Signed at	
(Place	e)
on D D M M Y Y Y	Y
<b>Note:</b> Prudential reserves the right to examine any r	relevant Deeds of Title before making payment under
the policy(ies).	
Part 3 – Policy(ies) under trust	
If there are more than two Trustees who are not Inv	estors please obtain their signatures in a similar format.
I am/we are entitled as Trustees to the proceeds from	
payments to be made in terms of the instructions de	etailed in Part 4 & Part 5.
Name of Trustee	
Signature of Trustee	
Signed at	Place on D D M M Y Y Y
Name of Trustee	
Signature of Trustee	
Signature or Trustee	
Signed at	Place on D D M M Y Y Y

Please note that we cannot make payment to a third party.

Important Note: Full surrender of a policy and partial surrender of units in several policies will have different tax consequences. If you require any further information or advice, please contact your financial adviser. Your adviser may charge for any advice given.

This information is based on our understanding of current UK taxation, legislation and HM Revenue & Customs practice, all of which are liable to change without notice. The impact of taxation (and any reliefs) depends on individual circumstances.

Tick one box only

This form should be completed and sent to Prudential, Lancing BN15 8GB.

	provide your paym you tell us that a ch		w. Payme	nt will be made directly to the account details provided
Accoun	t name/payee			Sort code
Accoun	t number			Roll number (if applicable)
ls a che	que required?	Yes No		
lf yes, c	heque is to be mad	le in favour of:		
Name				
and ser	nt to:			
Name				
Addres	S			
				Postcode
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