



# The Distribution Bond withdrawal request

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 the form.

## About this form

### Please complete in all cases

Distribution Bond Number

I/We am/are entitled (as Trustees\*) to the proceeds from the above numbered Distribution Bond and request payment to be made in terms of the withdrawal provisions detailed overleaf.

\* Delete if Bond not written under Trust

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 [www.pru.co.uk/mydata](http://www.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.

Investor's Name

Signature of Investor

Signed at Place  On

Second Investor's Name if applicable

Signature of Second Investor

Signed at Place  On

Is this Bond Assigned? (Please tick) Yes  No

If Yes please obtain the signature of Assignees overleaf (Section A).

Is this Bond written under Trust? (Please tick) Yes  No

If Yes please obtain overleaf the signature of all Trustees who are not also Investors (Section B).

Depending on the type of trust and its provisions, the Settlor(s) of the trust may not be able to benefit from any withdrawals. Please speak to your Financial Adviser if you need any help. Your Adviser may charge you for any advice given.

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

## How we use your personal information – continued

Please provide your payment instructions below. Payment will be made directly to the account details provided unless you tell us that a cheque is required.

Account name/payee

Sort code

Account number

Roll number (if applicable)

Is a cheque required?

Yes  No

If yes, cheque is to be made in favour of:

Name

and sent to:

Name

Address

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Postcode

Please complete either Part 1 or 2

## Part 1 – Withdrawal by cashing in complete cluster policies

(tick one)

Please cash in  cluster policies

Please cash in the minimum number of cluster policies to produce at least £

### Important Note:

Cashing in complete cluster policies and cashing in identical number of units in each cluster policy will have different tax consequences. If you require any further information or advice, please contact your financial adviser. Your Adviser may charge you for any advice given.

This information is based on our understanding, as at September 2016, of current taxation, legislation and HM Revenue & Customs practice, all of which are liable to change without notice. The impact of taxation (and any tax relief(s)) depends on individual circumstances.

## Part 2 – Partial Withdrawal by cashing in an identical number of units in each cluster policy

(tick one)

Please provide cash of £  by cancelling units in each cluster policy

Please provide cash by cancelling  % of units or £  in the Distribution Fund.

Fractions of 1% or of £1 should not be used

### Section A – Bond Assigned

I consent to the withdrawal provisions detailed above in Part 1 or Part 2.

Signature of Assignee(s)

Show company name here if signing on their behalf

Signed at

(Place)

on

Office stamp (if appropriate) below:

### Section B – Bond Under Trust

If there are more than two Trustees who are not Investors please obtain their signatures in a similar format.

I/We am/are entitled as Trustee(s) to the proceeds of the Distribution Bond numbered overleaf and request payment to be made in terms of the withdrawal provisions detailed above in Part 1 or Part 2.

Name of Trustee

Signature of Trustee

Signed at

Place

on

Date

Name of Trustee

Signature of Trustee

Signed at

Place

on

Date

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

Prudential reserves the right to examine any relevant Deeds of Title before making a payment under the Bond.



[www.pru.co.uk](http://www.pru.co.uk)

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