



Request for Distributions or Regular Withdrawals

About this 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 the form.

Please complete in all cases

Distribution Bond Number

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

* Delete if Bond not written under Trust

Investor's Name

Second Investor's Name (if applicable)

Signature of Investor

Signature of Second Investor

Signed at (Place)

Signed at (Place)

on

on

Please tick.

Is this Bond Assigned? Yes No

If Yes please obtain the signature of Assignees (see part A).

Please tick.

Is this Bond written under Trust? Yes No

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

Depending on the type of trust and its provisions, the settlor may not be able to benefit from any withdrawals. Your financial adviser will be able to help you. Your adviser may charge for any advice given.

About this form – continued

Please complete either 1 or 2

1. Details of Distribution Income required

Please tick.

I/We wish to receive distributions from the next quarterly distribution date (1 March, 1 June, 1 September and 1 December each year) payable.

Quarterly

For monthly distributions there is a minimum initial investment of £15,000.

Monthly

2. Details of Regular Withdrawal required

(a) Amount to be withdrawn per instalment

£

(b) Date of first payment

(c) Frequency of payment

Yearly Half Yearly Every 4 months (termly) Every 3 months (quarterly) Monthly

20 working days notice should be given.

Tick one.

The above Distribution or Regular Withdrawal selection will replace any existing selection.

Payments are to be made to

Name and Address of Bank

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

Sort Code - -

Account Number

Account Holder's name.

A copy of the completed Distribution or Regular Withdrawal Request Form and the plan terms and conditions are available on request.

Currently, for individual policyholders, withdrawals of up to 5% per annum of your bond investment can be made without triggering an immediate tax charge. Withdrawals in excess of the 5% tax deferred allowance, which is available every year for the first 20 years of an investment into the Bond, may give rise to a Chargeable Event for tax purposes. Depending on your financial circumstances, this may produce a liability to income tax in excess of the basic rate. In addition it may affect entitlement to personal allowances and to certain tax credits. If you are in any doubt as to how your withdrawals will be taxed please contact your Financial Adviser for details. Your Adviser may charge for any advice given.

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

Part A – Bond assigned

I consent to the withdrawal provisions detailed previously.

Signature of Assignee/Authorised Signatory if signing on behalf of a company

Name of Assignee/Authorised Signatory

Show company name here if signing on their behalf

Signed at

on

D	D	M	M	Y	Y	Y	Y
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Office stamp (if appropriate) below:

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

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

Please use CAPITAL LETTERS.

Part B – Bond under trust

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

Name of Trustee

Signature of Trustee

Signed at

on

D	D	M	M	Y	Y	Y	Y
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Name of Trustee

Signature of Trustee

Signed at

on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Please use CAPITAL LETTERS.

Name of Trustee

Signature of Trustee

Signed at

on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name of Trustee

Signature of Trustee

Signed at

on

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



www.pru.co.uk

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