

Personal details (continued)

Owner 3

Name

Telephone number

Address

Nationality

Date of birth

| Day | Month | Year |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Owner 4

Name

Telephone number

Address

Nationality

Date of birth

| Day | Month | Year |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

If your address details are different to those held on our records, or you have recently moved, we will require documentation to confirm your new address. Please see the "Confirming and protecting your identity" section for more details.

2 Your instructions – options available

Note: For plans that end in AR, AS and CR, we may need to deduct tax relief before sending the payment to you. The amount or percentage you request should be the amount before tax is deducted.

Option A

Fixed amount (per plan)

I/We would like to withdraw a fixed amount of £ per year, per plan.

This amount may be increased on a yearly basis. If you would like to take advantage of this facility, please indicate the percentage increase you require (per plan).

% per year

OR

Option B (not available to plans that end with DJ(D)).

Yearly percentage of current value (per plan)

I/We would like to withdraw % per year of the current value of my/our plan.

3 Your instructions – payment frequency

I/We would like the above amount to be paid (please tick one)

- In 12 equal payments (ie monthly*)
- In 4 equal payments (ie quarterly*)
- In 2 equal payments (ie half yearly*)
- In 1 payment (ie yearly)

Month during which first payment is required

Note:

- If the level of your withdrawals persistently exceeds the growth rate of your plan you will, over a period of time, erode the capital value of your investment. We would therefore recommend that you exercise caution when deciding on the level of withdrawals, particularly if they are likely to exceed 7.5% per year.
- The amount of any withdrawal can be changed at any time.
- If applicable, withdrawals may be subject to a market value reduction and/or an early surrender charge.
- If your plan ends with the letters CS, CR and AR the options marked with * may not be available. Please call us so that we can let you know which options apply to your particular plan.

4 Payee

We will only make payments to plan owners, beneficiaries, trustees, or the following third parties: solicitors, financial services companies and independent financial advisers who are regulated by the FCA, nursing homes or fee charging schools. Please note payments to nursing homes or fee charging schools must always be made by cheque.

Payee details for plans not in trust

We may need to carry out additional checks if payment is requested to some, but not all, of the plan owners.

If the payment is to be made to anyone other than the plan owner(s), please ensure the relevant anti-money laundering ID and International Tax Compliance self-certification form(s) for the individual(s) or entity(ies) are enclosed as indicated on page 7.

Please tick the appropriate box:

Issue a cheque payable to

or

Directly into the bank account detailed on page 4. (This option is only available for bonds).

or

Issue a cheque to the bank using bank details on page 4

Payee details for plans in trust

- The payments must be made to the trustees jointly or to the named beneficiary(ies).
 - If the payments are to be made to the trustees jointly but you do not have a trustee bank account, we recommend you contact your bank now to arrange this.
 - If the beneficiaries currently named on the trust are not the people you wish to receive the payments, please contact us before completing the form.
 - Proof of identity is required for all trustees before we can make any payment. Please see the 'What can you use to confirm your identity?' section.
 - Where payments are to be made to the beneficiaries, proof of identity will be required for any beneficiaries who are not also trustees. This evidence needs to be documentary as listed in the 'What can you use to confirm your identity?' section.
- Pay trustees jointly.
- Pay beneficiaries in the shares specified in the trust. (If you select this option each payment has to be processed manually. This means that these payments may take up to 10 days longer to dispatch).

4 Payee (continued)

If trustees and beneficiaries are being paid, you must fully complete the table below. You should also include all countries in which trustees and beneficiaries are tax resident, along with the relevant tax reference numbers.

| Full name | Date of birth | Full address | Country/countries of tax residency | Tax reference number (if UK, please supply your national insurance number) | Signature |
|-----------|---------------|--------------|------------------------------------|--|-----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

Please provide all tax residencies and continue onto another page if needed.

5 Payment details

This section is not applicable for life plans

If payment is required to a bank account that we don't currently hold on our records we will require further documentation. Please see the "Confirming and protecting your identity" section for more details.

Name of bank/building society

Address of bank

Postcode

Sort code - -

Roll number (building society only)

Account number

Name of account holder(s)

Each payment should reach the specified bank account by the fourth working day following the date of payment.

6 Assignee's authority

If your plan(s) is/are assigned, you must send the assignee's authority or a letter from them stating that they do not have an interest in the plan(s).

7 Your agreement

- I/we hereby request Zurich Assurance Ltd to make regular withdrawals from the plan(s) in order to pay me/us an amount equal to the value or the percentage set out in the 'your instructions' section, and I/we acknowledge that the payment(s) will be sent at my/our risk.
- I/We declare that I am/we are over the age of 18 and, except as disclosed in writing to the Company, I am/we are not now, nor was I/were we at the time of applying for the plan, or at any time since, bankrupt or insolvent.
- I am/we are entitled to receive the payments(s), and no other person has any rights to the plan(s) or the proceeds thereof.
- I/We consent to Zurich using a reference agency (Equifax) for identity verification and fraud checking purposes (if you do not consent please place an x in the box next to your signature).

This agreement must be signed by all owners of the plan.

Owner 1

| | |
|------------------------------------|--|
| Signature <input type="text"/> | Date |
| <input type="radio"/> | Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Print name <input type="text"/> | |

Owner 2

| | |
|------------------------------------|--|
| Signature <input type="text"/> | Date |
| <input type="radio"/> | Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Print name <input type="text"/> | |

Owner 3

| | |
|------------------------------------|--|
| Signature <input type="text"/> | Date |
| <input type="radio"/> | Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Print name <input type="text"/> | |

Owner 4

| | |
|------------------------------------|--|
| Signature <input type="text"/> | Date |
| <input type="radio"/> | Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Print name <input type="text"/> | |

8 If your plan is written in Trust

If your plan is written in trust all trustees must sign this agreement. We shall make the payment to all owners (which includes trustees), unless we are instructed otherwise in the payee section. The trustees must ensure the proceeds are used in accordance with the terms of the trust. Some trusts, (e.g. the T7 flexible trust) specifically exclude the person who declared the trust (the Settlor) from benefiting from the proceeds of the plan. Please attach an additional sheet if there are more than four trustees.

Trustee 1

Signature

Date Day Month Year

Print name

Nationality Date of birth Day Month Year

Address

Trustee 2

Signature

Date Day Month Year

Print name

Nationality Date of birth Day Month Year

Address

If your plan is written in Trust (continued)

Trustee 3

Signature

Date Day Month Year

Print name

Nationality

Date of birth Day Month Year

Address

Trustee 4

Signature

Date Day Month Year

Print name

Nationality

Date of birth Day Month Year

Address

9 Checklist

Important – we will not be able to proceed until we receive all our requirements.

1. Have you enclosed all the required money laundering ID?
2. Have you enclosed any address documentation?
3. Have you enclosed any bank account documentation?
4. Have all owners/trustees signed the request?
5. Have you made any personal changes?
6. Have you read the 'confirming and protecting your identity' section?
7. Have you completed the relevant International Tax Compliance self-certification form(s) and included, along with supporting evidence?

10 Confirming and protecting your identity

Why do we need to confirm your identity?

The 2007 Money Laundering Regulations mean that we have to confirm the identity of everybody who owns, is a beneficiary of, or has any involvement in the operation of a plan. So, we need evidence of your identity before we can act on your instructions.

When do we need to confirm your identity?

If we don't already have proof of identity, we have to ask for verification when:

- a claim is made against a plan – whether its on death, serious illness or cashing in
- we need to pay out someone other than the plan owner

We may also ask for confirmation of your address and/or relevant bank details and tax residency details.

N.B. If the payment is to be made outside the UK or most other western European countries, further verification may be needed – please contact us.

What can we do to make this easier?

If you have credit facilities or products with other financial services companies, **and** if you are on the electoral roll, we may be able to use an electronic checking system called Equifax to validate your name and address. Before we can use this, we do need to have your written consent. This checking system is not guaranteed in all cases and it may be necessary to come back to you for the documents listed below.

What can you use to confirm your identity?

Please do not send originals of these documents unless specified but we can accept black and white photocopies which have been certified as below.

We will need one document if it is a government-issued document which incorporates:

your full name and photograph, and

- **either** your residential address
- **or** your date of birth

Government – issued documents with a photograph include:

- a valid passport
- a valid photocard driving licence (full)
- a national identity card (non-UK nationals)
- a firearms certificate or shotgun licence
- an identity card issued by the Electoral Office for Northern Ireland

If you do not have a Government-issued document with a photograph then you will need:

One government-issued document (without a photograph) which shows your full name.

Government-issued documents without a photograph include:

- a valid (old style) full UK driving licence
- recent evidence of entitlement to a state or local authority funded benefit (including housing benefit and council tax benefit), tax credit, pension, educational or other grant.

Confirming and protecting your identity (continued)

Supported by:

A second document, either government-issued, or by a Court, or a council, or another financial services company, showing your full name and:

- either your residential address
- or your date of birth

Examples of these types of documents include:

- an instrument of a court appointment (such as liquidator, or grant of probate)
- a current council tax demand letter, or statement*
- current bank statement, (must not be printed off the internet) *
- utility bills (other than mobile phone) less than 6 months old (utility bills printed off the internet are not permitted). *

What can you use to confirm your new address?

We can accept originals or black and white photocopies which have been certified as below.

- utility bills* (other than mobile phone) less than 6 months old (utility bills printed off the internet are not permitted).
- current council tax demand letter or statement*
- State/Local authority benefit letter less than 6 months old
- a mortgage agreement, rental statement or tenancy agreement.*
- a firearms/ shotgun certificate

*We prefer copies of these documents (certified as below) rather than originals as they may get lost in transit. If you send original statements or bills, we will return them only if you ask us to, otherwise they will be securely destroyed.

What can you use to confirm payee bank account details?

- original current bank statements (must not be printed off the internet). Please note we will be unable to return these.

Who can certify your documents?

Please ask one of the following people to certify that the copy of the document you're sending in is the same as the original:

- A regulated financial adviser (listed on the FCA website)
- A solicitor (listed on the Law Society website and Scottish NI equivalents)
- An accountant (with details of registration, e.g. ACCA, CIMA, ICAS etc.)
- An officer of a regulated financial services institution (listed on the FCA/OFT website)
- A Government department official (with details)
- An FCA/OFT regulated mortgage broker (listed on the FCA/OFT website)
- A Teacher with a registered GTC number (or equivalent)
- Ministers of Religion
- A GP or officer of an NHS Health Authority (listed on the NHS website)
- Post Office employee (including the PO. ID Checking Service)

How do you certify a copy of a document?

To certify a copy of a document the following words should be used:

"I certify that this is a true copy of the original document and any photograph bears a good likeness of the applicant."

The certifier must then print their name, title **and** telephone number on the document, sign their name, and include their company stamp or job title or occupation and date it accordingly.

What happens if I don't have these documents?

If you don't have any of the documents mentioned, there are other ways we can verify your identity. Please contact us to see what else would be suitable if you're having difficulties.

Please note we reserve the right to ask for further documentation to protect your plan and assets.

Please contact us or your adviser if you would like this in large print, Braille on audio tape or CD.