

Automatic regular withdrawal request form

Please use this form only if your plan ends with AF/AG/AH/AJ/AR/AS/CR/CS/DC/DE/DJ/DS. The form should be returned to Customer Services, Unity Place, 1 Carfax Close, Swindon, SN1 1AP. We may use the telephone number to contact you about this request or for the future servicing of your plan.

1. Personal details

Owner 1

Plan number/s:

Title: ☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Dr ☐ Other (please give details)

Full name:

Address:

Country:

Postcode:

Email address:

Telephone number:

Country/countries of tax residence:

Taxpayer Identification Number (TIN):

Date of birth:

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

Owner 2

Title: ☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Dr ☐ Other (please give details)

Full name:

Address:

Country:

Postcode:

Email address:

Telephone number:

Country/countries of tax residence:

Taxpayer Identification Number (TIN):

Date of birth:

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

Owner 3

Title: ☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Dr ☐ Other (please give details)

Full name:

Address:

Country: Postcode:

Email address:

Telephone number:

Country/countries of tax residence:

Taxpayer Identification Number (TIN):

Date of birth:

Owner 4

Title: ☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Dr ☐ Other (please give details)

Full name:

Address:

Country: Postcode:

Email address:

Telephone number:

Country/countries of tax residence:

Taxpayer Identification Number (TIN):

Date of birth:

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 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*)

Month during which first payment is required:

☐

In 4 equal payments (ie quarterly*)

☐

In 2 equal payments (ie half yearly*)

☐

In 1 payment (ie yearly*)

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 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:

☐

(UK residents only) Issue a cheque payable to:

or

☐

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

or

☐

(UK residents only) Issue a cheque to the bank using details on page 4.

4. Payee (continued)

☐ 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).

Trust Registration Service (TRS) - Applicable to bonds held in trust

The TRS is an online registration service for trustees and is managed by HM Revenue & Customs (HMRC). It enables trustees to fulfil their obligations under Money Laundering Regulations by registering information with HMRC about the trust, including its assets and those individuals associated with it.

A trust holding a Zurich Investment Bond should be registered on HMRC TRS.

Important notes:

We are required to obtain proof that your trust has been registered on HMRC TRS in certain circumstances, including when:

- A new regular withdrawal is set-up,
- The amount payable each year is increased, or
- An existing regular withdrawal is to be paid to a different bank account.

This proof must be in the form of the PDF output that can be downloaded from the TRS. If proof has already been received by Zurich, and there have been no changes to the trust since, it does not need to be provided again.

More information about the Trust Registration Service, including how to register, can be found at zurich.co.uk/insurance/trust-registration and gov.uk/guidance/register-a-trust-as-a-trustee.

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 your identity' section for more details.

Name of bank/building society:

Address of bank/building society:

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.

Foreign bank account details:

Bank account holder name:

[illegible][illegible]

Swift code number:

5. Payment details (continued)

Name of bank:

Address of bank:

Postcode:

Foreign transaction charge. When making payment to countries outside of the UK we will deduct an IMM charge from each transaction. Additional charges may also be applied by the receiving bank.

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. Declaration

- 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.

In order for Zurich to meet its legal obligations, we need to verify your identity. Your identity can be confirmed by paper ID evidence or it may be possible for us to verify you electronically using a reference agency. The reference agency will check details you supply against any particulars on any database (public or otherwise) to which they have access. A record of the search will be retained by the reference agency, who will use these details in the future to assist other companies for verification purposes. Zurich will not be able to provide services in the absence of this verification taking place.

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

Owner 1

Signed

Date:

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

Print name:

Owner 2

Signed

Date:

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

Print name:

Owner 3

Signed

Date:

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

Print name:

Owner 4

Signed

Date:

D

D

M

M

Y

Y

Y

Y

Print name: _____

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

Signed

Date:

D

D

M

M

Y

Y

Y

Y

Print name: _____

Nationality: _____ Date of birth:

D

D

M

M

Y

Y

Y

Y

Address: _____

Country: _____ Postcode: _____

Trustee 2

Signed

Date:

D

D

M

M

Y

Y

Y

Y

Print name: _____

Nationality: _____ Date of birth:

D

D

M

M

Y

Y

Y

Y

Address: _____

Country: _____ Postcode: _____

8. If your plan is written in Trust (continued)

Trustee 3

Signed

Date:

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

Print name: _____

Nationality: _____

Date of birth:

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

Address: _____

Country: _____

Postcode: _____

Trustee 4

Signed

Date:

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

Print name: _____

Nationality: _____

Date of birth:

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

Address: _____

Country: _____

Postcode: _____

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 your identity' section?
7. Have you completed the relevant International Tax Compliance self-certification form(s) and included, along with supporting evidence?
8. If applicable, have you provided proof confirming the trust has been registered on the TRS?

See the earlier TRS notes for more information.

10. Confirming your identity

Why do we need to confirm your identity?

UK Money Laundering Regulations require us to confirm the identity of a policy owner and/or a beneficiary before we can act on certain instructions including when a claim or alteration to the policy is made.

Your identity can be confirmed by paper ID evidence or it may be possible for us to verify it electronically using a reference agency to check your name and address details on data sources including the Electoral Register. This is called an ID verification check. An ID verification check will be visible to you, should you view your records with the reference agency, but will not form part of any credit rating assessment or be visible to other enquirers.

So we can make an electronic search please complete and return the Electronic Search Form below. If you do not wish us to verify your identity by electronic means or if it is not possible for us to do so we will require you to provide paper ID documentation as detailed later in this form.

Zurich will not be able to provide services in the absence of this verification taking place.

Electronic Search Form

Please provide the following information so Zurich Assurance Ltd can carry out an identity search through a reference agency, such as Equifax, in order to verify your name and address.

Policy number(s):

Full name:

Address:

Postcode:

Date of birth:

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

Telephone number:

Signed

Date:

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

Paper ID Requirements (where electronic ID is not applicable)

We require ONE item from List A.

List A:

- A current UK passport
- A current UK photocard driving license
- A current national identity card (non-UK nationals)
- A current UK firearms certificate/shotgun licence
- A current identity card issued by the Electoral Office for Northern Ireland

Note that expired documents will not be accepted.

If you cannot provide ONE item from List A, please provide ONE item from List B **AND** ONE from List C.

List B:

- A valid paper (without photo) UK driving licence
- Suitable written evidence of your entitlement to a state or local authority funded benefit such as housing benefit, council tax benefit, tax credit, pension, educational or other grant.

List C:

- A council tax bill
- A bank or building society account, credit card or mortgage statement
- A gas, electricity or water utility bill or landline telephone bill (not a mobile phone bill)

All items from List C must show your full name and residential address.

10. Confirming your identity (continued)

Documents should be dated within the last 6 months, where applicable. Where documents are issued annually (i.e. council tax bill/mortgage statement), the document for the current 12 month period would be acceptable. For information on sending us copies of documents please see the 'certified copies' section. Documents that are printed from the internet may be accepted, i.e. on-line bank statements* and utility bills. Additional ID or clarification may be requested, where the validity of the document is unclear.

***Surrender or Withdrawal Requests – confirming your bank account**

If we have asked you to confirm your account details in connection with a surrender or withdrawal request, please note that we will only accept internet bank statements if they have been stamped by a member of staff at the bank or building society who issued the statement; we will also need the bank employee's name, telephone number and job title. Original bank statements, on letter-headed paper, are also acceptable.

Certified copies

Do I need to send originals or certified copies?

Due to the risk of loss, please send us certified copy documents, bills and statements rather than originals. Any original document you send us will be sent back to you (at your risk). We will only send back original bills and statements if you ask us to return them at the time they are submitted to us.

What is a certified copy?

A certified copy is a photocopy of the original document, statement, bill etc. that has written or stamped on it an endorsement that says it is a true copy of the original (see below for the required endorsement wording). The person who certifies the copy must see the original before being able to endorse the copy.

Who can certify the copy?

Any person from the following list:

Regulated Financial Adviser, Bank/Building Society Official and counter staff, Post Office Official and counter staff, Solicitor, Doctor, Teacher, Religious Minister, Airline Pilot, active or retired Armed Services Officer, Barrister, Chairperson or Officer of Public (PLC) or Limited (LTD) UK registered Company, Chartered or Certified Accountant, Chartered Secretary, Chemist, Chiropodist, Physiotherapist, Actuary, Commissioner of Oaths, Court Judge, Court Official, Customs Officer, Dentist, Elected local or county Councillor, Embassy, Consulate or High Commission Official, Legal Executive, Fire or Ambulance Service Officer, Funeral Director, Government Department Official, Journalist, Justice of the Peace, Lawyer, Lecturer, Magistrate, Member of Parliament/Northern Ireland Assembly, Merchant Navy Officer, Notary Public, Officer of Registered Charity, Optician, Permanent Civil Servant, Pharmacist, Police, Prison or Probation Officer, Registered Nurse, Regulated Mortgage Broker, Social Worker, Surveyor, Trade Union Official, Veterinary Surgeon.

Note that certification cannot be accepted from family members of the customer being identified.

Certified Copy Endorsement

The person who certifies the copy (the certifier) must clearly write or stamp in original wet ink directly onto the copy (not on to a label that is attached to the copy) the following wording:

'I certify that this is a true copy of the original and any photograph bears a true likeness to the person being identified.'

The certifier must then clearly write their name, business name and business address, contact telephone number and position/job title. They must then sign their name, and clearly write the date. If the copy comprises more than one page only the first page needs to be certified.

Will I need to send anything else to confirm identity?

We reserve the right to ask for further documentation to satisfy our obligations. This may be more likely if we are asked to make payment to someone who is outside of the UK and certain other western European countries.

Please let us know if you would like a copy of this in large print, braille, or audio.