

CURTIS BANKS SELF-INVESTED PERSONAL PENSIONS WITHDRAWAL FORM

for existing clients

If your personal circumstances mean you need any additional support, or if you'd like a large print, Braille or audio version of this document, please visit **aegon.co.uk/support/additional-support** or call 0345 604 4001 (call charges will vary).

This form is to be used to ${\bf set}$ up regular withdrawals from your product cash facility.

You can only have one regular withdrawal from your product cash facility at a time.



Please complete this form and return it to:

Curtis Banks, 153 Princes Street, Ipswich, IP1 1QJ

Section 1	Client details	
Product number Mr/Mrs/Miss/Ms/Other - please specify Full forename(s) Surname	8	When completing date fields please use the usual DD/MM/YYYY format.
Curtis Banks plan numb	er	
Section 2	Regular withdrawal plan	
2A. Regular withdra	wal plan	
preferred start date. Yo be deducted from your made available in your n	up a regular withdrawal plan from your product cash facility. Tick one of the boxes below to set up your instruction must be received at Aegon by the last business day of the month before your nominal product cash facility six working days after the calculation date (the 12th of the month or next available ominated bank account within five working days. Berly payments, we will pay your income at the end of March, June, September and December.	ited start date. Payments will
Monthly	Quarterly Half-Yearly Annually Amount	£
Start date		

2B. Options for making regular withdrawals

If on the calculation date, your product cash facility has less than the required regular withdrawal amount, Aegon will sell down funds (as per the cash top-up process) on the same day or next available working day. Where larger numbers of instructions are received, Aegon will sell down at the next available valuation point. You will not receive a confirmation notice for each sell down, it will appear on your statement.

If you wish to amend your cash top-up instruction, please complete Aegon's 'Change to product details' form. For more information, please refer to the Aegon Platform terms and conditions.

Section 3	Adviser details (for adviser use only)		
Adviser name			
Firm name			
Section 4	Authorisation (adviser use only)		
I have full authority from my client to instruct Aegon to carry out this transaction.			
Adviser Signature	Date / / /		
Curtis Banks Signature	X Date / / /		

Office use only (Curtis Banks)

Curtis Banks confirms the adviser has the investor's authority to sign this instruction on their behalf.

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