

For trustees | Aegon Secure Trustee Investment


ONE-OFF WITHDRAWAL/CASH IN FORM

You should use this form for **one-off withdrawals** or if you're **fully cashing in** your Aegon Secure Trustee Investment plan.

Please **complete all relevant sections of this form by typing in the fields**. Once complete, please print and sign using a pen.

Alternatively, please print and complete this form in BLOCK CAPITALS using a pen.

If any of the information on this form needs to be changed, it should be initialled by all policyholders.

Whenever you see this icon , we're asking you to send us additional material with this form.

When completed, please post this form by airmail to:

Athora Ireland plc
2nd Floor
IFSC House
Custom House Quay
Dublin
D01 R2P9
Ireland

Personal information you provide on this form will be held and processed by us in accordance with the European General Data Protection Regulation, Irish data protection law and any applicable national privacy legislation. We need to collect this personal information so that we can process your request and in doing so carry out our contractual obligations.

See our **Protecting your personal information** leaflet which can be found on our website www.athora.com/ie. It explains how we manage your personal information and provides details on your data protection rights, how long we will hold information on you, contact details of our Data Protection Officer should you have any queries or concerns and how you can contact the Irish Data Protection Commission.

If you provide Athora with personal information relating to any other individual you must ensure that you have a lawful basis to collect and process it. In completing this form, you confirm that you have provided any such individual with a copy of our **Protecting your personal information** leaflet and all other information that such an individual is legally entitled to under the European General Data Protection Regulation.

1. SCHEME DETAILS

Scheme name

Aegon Self Invested Personal Pension Scheme

Plan number

Phone number

03456081680

Email

Contact name

2. TYPE OF WITHDRAWAL/CASH IN

Choose the type of withdrawal/cash in you'd like.

Mark one box only.

- Withdrawal by cash in of one or more complete individual policies – enclose your policy schedule to be amended and complete section **3**. ☒
- Partial withdrawal by cancelling units proportionately over all existing policies.*
- Cash in of entire plan – enclose your

policy schedule ☒. If the policy schedule has been lost or destroyed, make sure section **9** is completed.

*This option is only applicable if:

- the guaranteed capital option applies to your plan – complete section **4**; or
- no guarantees apply to your plan – complete section **5**.

Cash in charges may apply to some of these options – see your charges schedule for details.

3. FOR CASH IN OF ONE OR MORE COMPLETE INDIVIDUAL POLICIES

Proceeds required – complete one of the following.

Amount – we'll match this amount to the nearest figure by cashing in complete individual policies

£

or

Number of complete individual policies

This will result in a proportionate reduction of any guarantees that apply to your plan.

If you're receiving fixed amount regular withdrawals from your plan, please mark here to confirm that these should reduce in proportion to the number of policies you cash in.

We'll automatically reduce a percentage withdrawal across remaining policies.

Please make sure that the policy schedule is returned with this request. If this has been lost or destroyed, make sure section **9** is completed.

Cash in charges may apply to any individual policy cash in – see your charges schedule for details.

4. GUARANTEED CAPITAL OPTION – SINGLE WITHDRAWAL ACROSS THE POLICIES

You should only complete this section if the guaranteed capital option currently applies to your plan.

Any withdrawals taken will proportionately reduce the guarantees.

The minimum amount you can withdraw is £50.

Amount of withdrawal you require

£

The following only applies if you've the policy conditions booklet ASTI-GC 1.0.

It's important that you understand how we'll apply a withdrawal across all policies to your plan.

During the guaranteed capital term the maximum you can withdraw across all policies is 5% of the remaining premium in each policy year.

We'll pay out the requested single withdrawal amount or the maximum amount possible within the limits.

Where you currently have a regular withdrawal for the maximum amount of 5% of the remaining premium we'll:

- stop the regular withdrawal for the remainder of the policy year and pay out the requested single withdrawal amount or the maximum amount possible within the limits; and
- restart the regular withdrawal in the new policy year unless you tell us otherwise.

Where you currently have a regular withdrawal for less than the maximum amount of 5% of the remaining premium we'll:

- continue to pay out the regular withdrawal; and
- pay out the requested single withdrawal amount or the maximum amount possible within the limits.

5. NO GUARANTEES - SINGLE WITHDRAWAL ACROSS THE POLICIES

You should only complete this section if no guarantees apply to your plan.

The minimum amount you can withdraw is £50.

Amount of withdrawal you require

£

6. BANK DETAILS

Give details of the bank/building society that you want us to pay your withdrawal/ cash in proceeds.

All payments will be made in UK sterling and only to an account in the scheme name.

Bank/Building society name

Address

Bristol City Office	
PO Box 120	
49 Corn Street	
Bristol	Postcode BS99 7PP

Name of account holder(s)

Account number

Sort code

- -

Building society roll number/reference

International banks only

Where your account is held with an international bank, please fill in the following boxes:

IBAN number

Swift code

For further credit to:

Account name

Account number

7. DECLARATION

In this declaration, 'I/We' means the policyholder(s) and 'you' means Athora Ireland plc.

I/We declare that:

I/We have read the explanation of the terms detailed in section 8, 'Irish residence definitions'.

I am/We are/The Scheme is the policyholder in respect of which this declaration is being made.

I am/We are/The Scheme is not resident or ordinarily resident in Ireland.

I/We undertake to inform you of any change in my/our/the Scheme's country of residence and/or jurisdiction of tax residence during the life of the policies.

I am/We are the legal owner(s) of the policies and I am/we are fully entitled to give the above instructions and to receive the relevant payment. No other person has any legal rights to the policies or their proceeds.

I/We declare that the settlor, beneficiaries and trustees of the Scheme, are not resident in the US for tax purposes, are not US citizens and are not required to file US tax returns.

I/We declare that a court within the US would not have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the Scheme.

I/We declare that I/we are not acting on behalf of an estate of a decedent that is a citizen or resident of the US.

I/We confirm that the Scheme is not subject to Common Reporting Standard for Automatic Exchange of Financial Account Information (CRS).

I/We shall cooperate with you and provide such assistance as you may require from time to time to ensure compliance with any legal and regulatory obligations, including Foreign Account Tax Compliance Act and CRS.

Date (dd/mm/yyyy)

Print name of policyholder or trustee

Signature of policyholder or trustee

X X

Print name of policyholder or trustee

Signature of policyholder or trustee

X X

Print name of policyholder or trustee

Signature of policyholder or trustee

X X

Print name of policyholder or trustee

Signature of policyholder or trustee

X X

This form may be subject to inspection by the Irish Revenue Commissioners. It's an offence under Irish law to make a false declaration.

This declaration must be signed by policyholders who are neither resident nor ordinarily resident in Ireland. Where a trustee is a company, the declaration must be signed by the company secretary or other such authorised officer. It may also be signed by a person who holds power of attorney from the policyholder. Their identity must be verified as per our anti-money laundering requirements. A certified copy of the power of attorney should be furnished with this declaration, if we haven't been previously advised of the appointment.

If you've any queries, you can contact our Client Relations team on lo-call 0845 6000 173 if you're calling from the UK, or 00 353 1 673 8840 if you're calling from outside the UK.

8. IRISH RESIDENCE DEFINITIONS

Residence - individual

An individual will be regarded as being resident in Ireland (the State) for a tax year if he/she:

- spends 183 days or more in the State in that tax year; or
- has a combined presence of 280 days in the State, taking into account the number of days spent in the State in that tax year together with the number of days spent in the State in the preceding year.

Presence in a tax year by an individual of not more than 30 days in the State will not be reckoned for the purpose of applying the two-year test. Presence in the State for a day means the personal presence of an individual any time during that day.

Ordinary residence - individual

The term 'ordinary residence', as distinct from 'residence', relates to a person's normal pattern of life and denotes residence in a place with some degree of continuity.

An individual who has been resident in the State for three consecutive tax years becomes ordinarily resident with effect from the commencement of the fourth tax year.

An individual who has been ordinarily resident in the State ceases to be ordinarily resident at the end of the third consecutive tax year in which s/he is not resident. Thus, an individual who is resident and ordinarily resident in the State in 2004 and departs from the State in that year will remain ordinarily resident up to the end of the tax year in 2007.

Residence - company

A company which has its central management and control in Ireland (the State) is resident in the State irrespective of where it is incorporated. A company which does not have its central management and control in Ireland but which is incorporated in the State is resident in the State except where:

- 1 the company or a related company carries on a trade in the State, and either the company is ultimately controlled by persons resident in EU Member States or countries with which the Republic of Ireland has a double taxation treaty, or the company or a related company are quoted companies on a recognised Stock Exchange in the EU or in a tax treaty country.

or

- 2 the company is regarded as not resident in the State under a double taxation treaty between the Republic of Ireland and another country.

It should be noted that the determination of a company's residence for tax purposes can be complex in certain cases and declarants are referred to the specific legislative provisions which are contained in section 23A Taxes Consolidation Act, 1997.

9. LOST POLICY DECLARATION

You only need to complete this section if your policy schedule has been lost or destroyed.

Before completing this section please check that the policy schedule isn't held by your solicitor or financial adviser.

In this declaration 'I/we' means the policyholder(s) and 'you' means Athora Ireland plc.

9.1 I/We declare that I am/we are legally entitled to the proceeds of the policies, for which the policy schedule has been lost, mislaid or destroyed.

9.2 I/We guarantee and undertake to indemnify you against all loss and expense incurred by you in consequence of payment under the policies being made to me/us without delivery of the policy schedule. If the policy schedule comes into my/our possession I/we will deliver it to you.

If this plan is assigned or held under trust, all assignees and/or trustees must sign this declaration.

Date (dd/mm/yyyy)

Signature of policyholder or trustee

X	X
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Signature of policyholder or trustee

X	X
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Signature of policyholder or trustee

X	X
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Signature of policyholder or trustee

X	X
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This declaration must be witnessed. The witness should be over 18 years of age and cannot be the wife, husband or civil partner of the policyholder.

Date (dd/mm/yyyy)

Full name of witness

Address

Postcode

Signature of witness

X	X
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