INCOME PAYMENT REQUEST



Please complete each section.

1. PLANHOLDER DETAILS		
Plan Number(s):		
First Planholder:		
Address:		
Second Planholder (if jointly owned):		
Address (if different to First Planholder):		
2. INCOME REQUIRED		
Fixed Amount: or % pa Value of Plan:		
Payable: Annually Annually Annually Quarterly Monthly		
First Payment on: (see notes below) d d m m y y y y		
3. PAYMENT DETAILS - Please complete as applicable		
Payment to be made to the following bank account:		
Bank Name:		
Bank Address:		
Account Holder Name:		
Account No.:		
☐ IBAN or ☐ CLABE:		
☐ Sort Code, ☐ Swift Code, ☐ BIC or ☐ ABA:		
Correspondent bank details (If known):		
Bank Name:		
Bank Address:		
Account No.:		
☐ IBAN or ☐ CLABE:		
☐ Sort Code, ☐ Swift Code, ☐ BIC or ☐ ABA:		
Please note further information in relation to the payment if required:		

4. REQUIRED ADDITIONAL DOCUMENTATION		
The below documents will be required in order to release your payments. Please indicate by ticking the boxes that the documents have been completed and sent to us for processing. This original 'Income Payment Request', signed by all planholders Original certified identification and proof of address documents for all planholders Up-to-date original 'International Tax Compliance Form' 4. AUTHORISATION		
I/We wish to take an income as shown. I/We understand that payments will be made in accordance with plan conditions.		
Signature of First Planholder: Date: d d m m y y y y Minimum payment from each plan is £50. Payments will cease Frequency of payment depends on the total value of the inverse.	•	
Total Value	Payment Frequency	
Less than £5,000	Annually	
£5,000 - £9,999	Half-Yearly	
	,	
£10,000 - £19,999	Quarterly	
£20,000 and over	Monthly	

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