Savings Withdrawal Form

Adviser's signature (if present):

The value of your plan will be based on the date all completed documents are received in Irish Life, Lower Abbey Street, Dublin 1. To help speed up your withdrawal claim please enclose a copy of your current Passport/Drivers Licence as this may be needed if your style of signature has changed since starting this plan. If you are attaching additional documents with this form, please make sure you note your plan number on each document.



Have you considered all of yo Reason for considering Withdraw		ons?	Pleas	e see	the	back	of th	nis pa	ge fo	or a s	umm	nary o	of the	e opt	ions	avail	able	to y	ou.	
1 Specific need for money	2 Inve	estmen	t perf	orma	ance		3	Му	circu	ımst	ances	s have	e cha	ange	d _		4 O	ther		
Section A - Personal Detai	ils							1												
Irish Life Plan No:																				
Customer Name:																				
Customer Name (joint owner):																				
Current Address:																				
	(If you	reside o	utside	e the I	Repul	blic of	Irela	nd, p	ease	turn	overle	eaf for	Non	-Resi	dent	requi	reme	nts.)		
Daytime Phone No:																				
Email Address:																				
Section B - Customer Ins	struct	ions																		
Please tell us what you want to d	o																			
1. I wish to withdraw (specify amou	nt)	t) € from my plan																		
2. I wish to withdraw all my savings		Tick	if rec	quire	d															
3. I wish to reinvest (specify amount	t)							i	n nev	w pla	ın nu	mber								
If regular premium please tick you	ır prefei	rred pa	ymen	nt op	tion.															
1. I wish to continue making paymer	nts	2	. I wis	sh to	stop	makir	ng pa	ayme	nts											
*Please note if you do not specify a pre	eferred p	ayment	optio	n we	will c	ontinu	ue to	dedu	ct reg	gular	paym	ents.								
Section C - Payment Met	thod																			
For the quickest and safest way to	receive	your p	oaym	ent,	pleas	e pro	vide	us v	ith y	our	bank	deta	ils b	elow						
Bank Sort Code:						Ban	k Ac	coun	t Nur	nber	:									
Account Name:																				
Bank Name & Address:																				
Alternatively if you wish to receive y	our pay	ment b	y che	que,	pleas	se tick	her	e												
*Please note if you do not specify how y	ou wish	to receiv	/e you	ır payı	ment,	we wi	ill pay	/ it dir	ectly t	to yo	ur bar	nk acc	ount							
I/We have completed the above wit	thdrawa	l instrud	ctions	and	wish	to pro	ocee	d wit	h this	requ	uest:			_						
Your signature:														Dat	te	DD	/	MM	/ YY	ΥΥ
Joint signature:																				
Plan owner's signature:									(if c	(if different from above)										

Different Options

Reason for considering withdrawal	Available Options	What do I need to do
1. Specific need for money	Withdraw what you need and continue regular payments* *will depend on your plan type	Complete section A,B and C overleaf
2. Investment performance	You have the option to switch funds, most plans give a range of other fund options. These include lower risk options if you are looking for one.	You should speak with your Financial Adviser before you switch funds
3. My circumstances have changed	Reduce regular payment* Take a Payment Holiday* *will depend on your plan type	Confirm in writing Confirm duration of holiday in writing
4. Still undecided	Talk to your Financial Adviser or call our Customer Service Centre on 01 704 1010	

Withdrawal Requirements Checklist

/)

The quickest way to have your Withdrawal request dealt with is to fax this form directly to **01 242 2907**. Alternatively, you can send this form to the address below.

Important Points to Note

1. Non-Resident Requirements

- Completed "Declaration of Residence outside Ireland" form. Please contact a member of our Customer Service team on 353 1 704 1010 for a copy of this form.
- A recent Utility bill from the last three months. This must be in both customer names if it's a joint life plan. Otherwise, we require a separate bill for each plan owner.

2. Assignments / Trusts

- Your plan may be assigned to a bank or other financial institution as loan security.
- If your plan is assigned we will require a Deed of Release or a signed request from the assignees confirming they are agreeable to this withdrawal request.
- If your plan is in trust we will require a signed request from all trustees confirming they are agreeable to this withdrawal request.

3. Joint Life Plans

• If your plan is in joint names, your payment will be issued in joint names unless you give us different written instructions.

4. Plan Benefits

• If you withdraw savings from a plan which gives you protection benefits, such as life or specified illness cover, your protection benefits will go down (for a joint/dual life plan, your benefits will go down for both lives covered). The reduction will depend on the value remaining in the plan, your current age, your current payment amounts and the level of cover you currently have.

5. Plan Value

• The value of your plan will be based on the date we receive all completed documents.



Irish Life, Lower Abbey Street, Dublin 1, Ireland

Telephone: 01 704 1010 Fax: 01 242 2907 Web: www.irishlife.ie Email: customerservice@irishlife.ie