# **Regular Withdrawal Plan Form**



Company, Charity and Trust accounts

### How to fill in this form:

- Use this form to set up, amend or cancel a regular withdrawal plan for your account
- Please use black ink and write clearly inside the boxes provided using capital letters
- Mark your answers with a cross in the appropriate box like this:
- If you make a mistake, please correct it but don't use correction fluid
- The first payment will be made in the month following the receipt of your instruction, as close to the requested payment date as possible. Please keep this in mind when filling out your starting month in section 2
- Allow up to 14 days for confirmation of the set-up, or amendment, of your plan.
- For companies and charities, the name of the bank account must be the same as the account name.

- For pension trust, the bank account must be held for the pension scheme.
- For trusts, the bank account can be in the name of the trust itself, one or more of the trustees or specified beneficiaries. Please remember that we can only make payments to trustees and beneficiaries if we have verified their identities.

#### What's next?

Please send your completed application form to:

Fidelity PO Box 391 Tadworth KT20 9FU

1 About the account
Name of the company / charity or trustee
Account number
Details for a trustee/liaison for the account in case of any queries
Title
Mr Mrs Ms Other:
Surname
First name
Telephone number
Email address

Please select one of the following options below I wish to set up a new Withdrawal plan of I wish to cancel the existing Withdrawal I wish to amend the existing Withdrawal	on this account Plan on this account	ho	ease note we will always check whether you old an existing plan and, if we find one, will verwrite it with the new instructions that you ve us on this form.	
Total Withdrawal amount (the amount ye	ou wish to receive on	a regular basis)		
Frequency -  Please select only one frequency by marki  Please keep in mind that the first payment			eceipt of your instruction.	
MONTHLY QUARTERLY WITHDRAWALS	SEMI-ANNUAL WITHDRAWALS	ANNUAL WITHDRAWAL	Optional end date (Month/Year)	
Payment date -  • Please select the date when you'd like to receive the payment.  • The payments will be made on or around your selected date  1st 10 <sup>th</sup> 17 <sup>th</sup> 25 <sup>th</sup>				
Investments to sell -  Please note that we will use the cash in your account first.  We'll then look to fund the remainder of your Withdrawal Plan from the option you specify below:				
Proportionate sell across all investments				
Selling from largest mutual fund followed	, -		I	
Selling from investments selected on page	ge 3; the percentage spl	lit should total 100%		

2 Details of your Withdrawal Plan

- If there is not enough in the specified investments to make the payment, we will sell from the holdings in the account; firstly, from mutual funds and then from Exchange Traded Instruments, ETIs, if required.
- In some cases where an investment is closed/suspended/unavailable, we may sell other assets within your account to raise the required withdrawal amount on your behalf
- Some fund managers may apply a sell charge in which case we will sell enough of your holdings to give you your required amount plus the charge.
- There will be 2% disinvestment tolerance to ensure sufficient cash is available to make the specified payment amount.
- For ETIs, we will only sell full shares, any cash that is left over from the deal will be placed into the cash holding within your account. in some instances, you may receive less than your requested amount, if the share price drops when your instruction is being processed
- If you wish to sell from ETIs, please ensure you have provided the relevant details to us, for example an LEI or nationality identifiers
- There are specific charges relating on dealing on an ETI; please refer to the Fidelity website or our Client Terms for more information

# 2 Details of your Withdrawal Plan (continued)

FUND CODE / ISIN / SEDOL	FUND NAME	WITHDRAWAL (%)
	Cash	
	Total Withdrawal %	100000

RegWDPCCIIntP

### 3 Bank details

Any bank details given in this section will override any existing bank details previously provided for this account.

NAME(S) OF ACCOUNT HOLDER(S) — THIRD PARTIES ARE NOT ACCEPTED	
BANK/BUILDING SOCIETY ACCOUNT NUMBER BRANCH SORT CODE	Building Society Collection Account Number (if applicable)*  *Building Society accounts — the sort code and building society collection account number can be obtained from your Building Society branch. Please ensure that your Building Society account will accept direct credit payments through the Banks
NAME AND ADDRESS OF BANK OR BUILDING SOCIETY	Automated Clearing system. Fidelity does not accept instructions for payments to be made to an account other than the client's own personal account. If the account number and sort code are incorrect, Fidelity will not accept responsibility for any loss incurred by the applicant.
4 Intermediary details - to be completed	d by the adviser (if applicable)
Company stamp	An initial Fee cannot be applied to this type of interaction.
	If you wish to set up an Adviser Ongoing Fee or apply other fee types, this must be done online. Instructions hand written on this form will not be actioned.
	Intermediary signature
Unique Adviser Number	
FCA number I confirm that I am registered with the FCA to conduct business and my authorisation number is:	
	Date signed

- I/We understand that the information I/we provide on this application form will be processed in accordance with Fidelity's privacy statement, a link to which is contained in the Fidelity Client Terms or the "Your personal information" section of the Fidelity Adviser Solutions Client Terms (as applicable).
- I/We have read the latest Fidelity Client Terms or the Fidelity Adviser Solutions Client Terms (as applicable)
- I/We I have read the latest Key Features Document, either Doing Business with Fidelity or Doing Business with Fidelity Adviser Solutions (as applicable)
- I/We have read the latest key information document

For Companies & Charities, we need the signatures of two authorised signatories, unless the signatory list states that one is enough. Please provide an up-to-date signatory list with this form.

For trust accounts, we need the signatures of all trustees. Please ensure we have up-to-date information on the trustees.

FIRST CORPORATE BODY SIGNATURE		FIRST CORPORATE BODY PRINT NAME
X	X	
SECOND CORPORATE BODY SIGNATURE		SECOND CORPORATE BODY PRINT NAME
×	X	
SIGNATURE OF FIRST TRUSTEE		PRINT NAME
X	X	
SIGNATURE OF SECOND TRUSTEE		PRINT NAME
X	X	
SIGNATURE OF THIRD TRUSTEE		PRINT NAME
X	X	
SIGNATURE OF FOURTH TRUSTEE		PRINT NAME
X	X	
		Date signed
		(DDMMYYYY)

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