

ENCASHMENT REQUEST - OEIC/ISA

Use BLOCK capitals and tick boxes where appropriate.

A. PERSONAL DETAILS

1. Scottish Widows Account Number
2. Title Mr Mrs Miss Ms Other (please specify)
3. First name(s)
4. Last name
5. Address
6. Postcode
7. Daytime tel no.

B. ENCASHMENT DETAILS

Please **only** select option 1 or 2

1. Please tick here if you wish to make a full encashment and **close** your account:
Closing your account will automatically stop any direct debit payments
2. If you wish to **withdraw part** of your account please complete the table below and specify the amount you would like to withdraw in £s or shares from specific funds. If you only withdraw part of your account you must continue to own at least £500 worth of shares in each fund.

Product (OEIC/ISA)	Fund	Amount (£s) OR	No. of shares
		£	
		£	
		£	
		£	

If you would rather leave a specific amount (perhaps the minimum holding) then please specify the amount you would like to leave in this box.

£

Please tick here if you wish to **stop** making payments by direct debit:

If you wish to **change** the amount of your direct debit payments please state details below:

Please refer to the relevant Key Investor Information Document(s) (KIID) and Supplementary Investor Information Document (SIID) relating to this investment for details of funds that pay out income. These are available on request from Scottish Widows. These documents replace the Key Features/Simplified Prospectus and provide details about your investment and the fund(s) you have chosen. If you see reference to the Key features in any material we send you, please refer to the KIID and SIID instead.

C. PAYMENT DETAILS

1. How would you like the funds to be sent?

- Cheque Made payable to the registered holder(s). The cheque will be sent to the address on page 1. Please go straight to Section D.
- Bank Please complete question 2.

2. Where do you want the funds to be sent?

Please note that payment will **only** be made to the registered holder(s) of the account.

Name of bank or building society

Address

Postcode

Account in the name of

Bank sort/swift code

Bank account/
Building Society roll number

If you would like the payment to be made to an International bank account please provide the bank's swift code and address. Please note that payment to an international account will incur a £25 charge.

D. SIGNATURES OF ACCOUNT HOLDERS

This instruction will be dealt with using the next price released after receipt by our Unit Trust Administration in Edinburgh. Payment is normally issued four business days after pricing and/or after the completion of any regulatory requirements.

If you have any questions about completing this form, please call our Customer Service Department on 0345 7166 718 and quote your account number.

Where you are increasing your direct debit payments for your ISA:

- I/we confirm that I/we have received and read the Key Investor Information Document (KIID) and Supplementary Investor Information Document (SIID) incorporating the Scottish Widows ISA Terms and Conditions relating to this investment.

ALL account holders **MUST** sign this form.

Signature 1 Date (DD MM YYYY)

Signature 2 Date (DD MM YYYY)

Signature 3 Date (DD MM YYYY)

Signature 4 Date (DD MM YYYY)

Return the form by fax: 0345 758 1950 or by mail to: Scottish Widows, Unit Trust Managers Limited P.O. Box 28015, 15 Dalkeith Road Edinburgh, EH16 5WL

Scottish Widows Unit Trust Managers reserves the right to return this form if it is not properly completed.