

Use this form to request a withdrawal of cash from your Self Select ISA. Please ensure that your EAM has already liquidated sufficient assets to meet this cash withdrawal instruction (plus any applicable account closure fees), as we will reject instructions where your cash balance is less than the amount being withdrawn.

Personal Information

PLEASE COMPLETE IN BLOCK LETTERS

Title: Surname:

Forename(s):

Permanent residential address:

Post code:

IFDS FS Account Number:

Withdrawal Instruction

I instruct IFDS FS to forward the entire value of the above account to the following bank account:

I instruct IFDS FS to withdraw £ from the above account and pay it to the following bank account:

Name of bank:

Branch address:

Sort code: - - Account number:

Account name:

Note:

In order to reduce the risk of fraud we must verify that the above account is held in your name. Please write "cancelled" across a cheque for the above bank account and include it with this form. A photocopied cheque will not be acceptable.

Applicant signature X Date

Please send your completed form to: IFDS Financial Services Limited, PO Box 9128, Chelmsford, Essex CM99 2AA