

Please complete this Application Form using black ink in BLOCK CAPITALS and return to: **Allenbridge Group Plc, 17 Hill Street, Mayfair, London W1J 5NZ**

1 Intermediary Details (For Intermediary use only)

Cofunds Intermediary Authorisation Code

CONFIRMATION OF DESTINATION OF FUNDS (IF APPLICABLE)

I/We confirm that: (✓):

The sort code, bank account number and account name within the withdrawal instruction section was obtained and verified by me/us in relation to the customer(s) below.

Full name of Regulated Firm

Signed Date

FSA Ref No.

Name

Position

2 Personal Details (Please complete this section in full)

Existing Cofunds Client Reference

Designation (if applicable)

Mr/Mrs/Ms/Miss/Other

Surname/Company Name

Full First Name(s)

3 Joint Holders (All Joint Holders MUST complete this section)

Please include the full name and address of each holder. All correspondence will be sent to the 'Primary' Holder above.

Second named holder

Mr/Mrs/Ms/Miss/Other

Surname

Full First Name(s)

Third named holder

Mr/Mrs/Ms/Miss/Other

Surname

Full First Name(s)

Fourth named holder

Mr/Mrs/Ms/Miss/Other

Surname

Full First Name(s)

4 Withdrawal Instruction

Please indicate where you would like the withdrawal to be paid to. Cofunds permits withdrawal proceeds to be sent to your Cofunds Cash Account, nominated bank account or to your registered home address. In the absence of any instruction, we will transfer the proceeds to your Cofunds Cash Account.

Please tick one option:

Option 1 – Cofunds Cash Account

Tick this box if you would like the proceeds of your withdrawal to be paid into your Cofunds Cash Account. Please ensure that the holders and designation of the cash account match that of the investment the withdrawal is coming from.

Option 2 – BACS Transfer to your nominated bank account

Tick this box if you would like the proceeds of your withdrawal to be paid to your nominated bank account. If you do not have a nominated bank account and would like to nominate one, please enter the details below. The account will become your nominated bank account for all existing ISA and Investment Funds investments held within your platform account.

Name of Account Holder

Bank/Building Society Account Number

Bank or Building Society Name and Address

Branch Sort Code

 - -

Building Society Roll Number (if applicable)

Option 3 – Cheque

Tick this box if you would like the proceeds of your withdrawal to be paid in the form of a cheque to your registered home address.

5 Withdrawal Details

Please indicate the choice of fund(s) you wish to sell.

Fund(s) to be SOLD

Fund Manager and Fund Name

ISA¹ OR
Inv. Funds

Continue
Regular
Mandate²
(Y/N)

% to be
Sold or
ALL

OR

Whole
Number
of Units

Fund Manager and Fund Name	ISA ¹ OR Inv. Funds	Continue Regular Mandate ² (Y/N)	% to be Sold or ALL	OR	Whole Number of Units
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Both partial and full sales of funds are permitted.

¹ If you select 'ISA' and you hold more than one Cofunds Investment ISA (i.e. ISAs and PEPs from previous years) we will withdraw the required percentage/number of units in the following order: first: PEP, second: Mini ISA, third: Maxi ISA, last: Cofunds Investment ISA.

² If you are subscribing by monthly Direct Debit to the fund(s) that you have selected to sell, please specify whether you wish to continue subscribing to those fund(s).

Note: If you are withdrawing 100% of all the holdings, we will also close your regular savings mandate unless you request otherwise.

The minimum investment in a fund permitted by Cofunds is £1,000. If your sale will leave a holding of less than this value, you must sell all of the holding.

Please note that your investment will be sold as soon as is reasonably practical and in any event no later than the valuation point on the next business day following receipt of this form at Cofunds, and the proceeds will be released to you within five business days.

6 Authorisation (All Joint Holders MUST sign)

I understand that if applicable, any application to withdraw will be deemed to include all former ISA and PEP products. I/We authorise Cofunds to withdraw on my/our behalf the investment fund(s) indicated above.

Primary Holder Signature
Date

Second Holder Signature
Date

Third Holder Signature
Date

Fourth Holder Signature
Date