



## Form to Change Your Benefits

Section 1: Personal details			
Your full name			
Your address			
Your policy number			
Your home telephone number		Your work telephone number	

Section 2: Changes to the income you receive			
<ul style="list-style-type: none"> <li>Only fill in this section if you want to change the amount you are paid or want a one-off payment</li> <li>You cannot change the frequency or date of your payments once you have started taking income</li> </ul>			
If you have not taken income before How often do you want your regular income to be paid?	Monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>	
If you want to begin receiving regular income, what amount of income do you want to receive each year? If you choose 'other amount':	<input type="checkbox"/>	Maximum allowed	
<ul style="list-style-type: none"> <li>Please put the amount you want to get (this must be a figure up to the maximum shown in the accompanying letter).</li> </ul> Please show the <b>gross</b> amount (the amount before tax is taken off). We will take off tax using the most recent tax coding HMRC have sent us.	<input type="checkbox"/>	Other amount: £ _____	
When do you want this change to start? This cannot be a date in the past) Please note if you have already taken the maximum income this year, the next payment will be the first pay date in the next policy year.	dd	/	mm / yyyy
Do you want to take a one-off payment <b>as well as</b> your regular income? <b>OR</b>	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Do you <b>only</b> want to take a one-off payment	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
If you do want a one off payment, what amount do you want to take as the one off payment (as a gross amount)? Tax will be taken away using the most recent tax coding advised to us by HMRC. Please note that the sum total of the one off payment and any regular payment cannot exceed the maximum GAD limit for your policy in the current policy year.	£ _____		

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Section 3: Changes to investment choice					
Only fill in this section if you want to change the funds your policy is invested in					
When do you want this change to happen from? (It cannot be a date in the past)		/                    / dd / mm / yyyy			
Fill in this section to show which funds you want to switch out of. You can either switch by percentage or by an amount. You can invest in a maximum of 10 funds.					
Full name of fund switching out of		£	%		
		£	%		
		£	%		
		£	%		
		£	%		
		£	%		
		£	%		
		£	%		
		£	%		
		£	%		
		£	%		
Fill in this section to show which funds you want to switch in to. You can either select a percentage or an amount for each fund. If you are changing by percentage please make sure that the total adds up to 100%. You can invest in a maximum of 10 funds. Units cannot be switched into the With Profits fund.					
Do you want your fund to be split evenly across the following funds? If yes: please tick the box and fill in the fund names only if no: please tick the box and fill in the details below.		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Full name of fund switching into		£	%		
		£	%		
		£	%		
		£	%		
		£	%		
		£	%		
		£	%		

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	£	%
	£	%
	£	%
	£	%

**Section 4: Funds for income withdrawals**  
**Please tell us which funds you would like your income paid from**

When do you want this change to start?  
 (This cannot be a date in the past. The change will start from the next due payment date unless you specify a different date)

/ /  
 dd / mm / yyyy

- Fill in this section to show which funds you want your income to be taken from. You can have up to 10 funds from which you take income but these must be the funds already picked for investment.
- If you are taking income from the with-profits fund, this amount cannot be changed.
- You cannot begin to take income from the With Profits fund if you did not select this as an option at the start of your policy.

Do you want to use the same percentage for income as you have for your investment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Do you want to continue taking income from the fund or funds you already take income from?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If you have answered no to the above two questions please fill in this section to show which funds you want your income to be taken from.

Full fund name	£	%
	£	%
	£	%
	£	%
	£	%
	£	%
	£	%
	£	%
	£	%
	£	%
	£	%
	£	%
	£	%



### Section 5: Declaration

I request you make the changes detailed in this form to my policy numbered in Section 1.

For changes to investment funds and requests for one-off payments:

I understand that:

- The effective date of these changes will be the day after Windsor Life receive the fully completed form or the effective date if later
- Any investment switch will be subject to the terms of the policy

For changes to income and changes to funds from which income is paid:

I understand that:

- The effective date for this instruction will be the next income due date after Windsor Life receive of this form or the next income due date following the effective date if later.

**Signature:**

**Date:**

**Print Name:**