

## DISINVESTMENT INSTRUCTION

### Product Details

This instruction is for Collective Investment Account: Account Number –

### Account Holder Details

Please quote existing client reference number:

Suffolk Life Plan Number:

Registered Name:

Permanent Address:

### Disinvestment Instruction (tick as appropriate)

- I wish to disinvest £  taken proportionately across all funds in my Account
- I wish to disinvest my entire Account (This will result in closure of your Account)
- I wish to disinvest the funds from my Account as detailed below  
***Please note if you do not specify the amount to sell in £ or % we will disinvest the entire holding of your selected funds***

Full Fund Name	Inc/Acc	£	%
TOTAL		<input type="text"/>	

**Payment Method**



Please pay to bank details listed on the policy

**Signatures**

**Authorised signatory of Suffolk Life**

D	D	M	M	Y	Y	Y	Y

**Authorised signatory of Suffolk Life**

D	D	M	M	Y	Y	Y	Y