



**Section 5: Investment selection continued**

<b>Total of all boxes must be 100%</b>	<b>100%</b>

**Section 6: Regular withdrawals**

If this section is not required, go to Section 7.

Select Withdrawal Frequency:

Monthly  Quarterly  Half-Yearly  Annually

Select Payment Start Date: (Day/Month/Year)

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Note: The 'Payment day' will be a normal business day (which may occur after the nominated date).

All payments will be made to the MetLife SIPP Cash Management Account.

Specify Withdrawal Type:

Plan Level

Withdrawal spread proportionately across all Secure Retirement Portfolios and/or other funds.

Fund Level

Withdrawals from specific funds.

**Plan Level Withdrawals only, complete the following:**

Amount of Withdrawal from Secure Retirement Portfolios:

£		per year
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Amount of Withdrawal from other funds:

£		per year
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or

Withdrawal as percentage of Secure Retirement Portfolios:

	%	per year
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Withdrawal as percentage of other funds:

	%	per year
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**Fund Level Withdrawals only, complete the following:**

Please continue on a separate sheet, if required.

Enter details in only one of the columns, Amount of Withdrawal or Withdrawal as Percentage of Fund Value.

Fund Name	Amount of Withdrawal £ per Year	Withdrawal as % of Fund Value per Year
<i>e.g. MetLife Balanced Managed Secure Retirement Portfolio</i>		

## Section 7: SIPP member

I confirm the above details to be true and correct. I have read and understand the Trustee Investment Plan Key Features and request that the Trustee of the MetLife Personal Pension Scheme apply on this basis for a MetLife Trustee Investment Plan to be issued on its usual terms and conditions, or add the additional investment amount to my existing MetLife Trustee Investment Plan, as appropriate.

### Data Protection

I hereby consent to the use of my personal data, in accordance with the consent contained in my MetLife SIPP Application Form, to administer the MetLife Trustee Investment Plan to be held by my MetLife SIPP. I understand that, and hereby consent to, MetLife disclosing or transferring my data, including any data about my health, to countries inside and outside the European Economic Area to administer and service the MetLife Trustee Investment Plan. I understand that Data Protection laws may not be as comprehensive in other countries as in the European Union. However, where such a disclosure takes place MetLife will ensure that a contract is in place to ensure the level of protection for my data is maintained.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 8: Financial Adviser details

Please provide full name and address details.

Financial Adviser Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone No. Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please select a commission option:

Initial Commission: \_\_\_\_\_ %

Trail Commission: \_\_\_\_\_ %

Enhanced Allocation: \_\_\_\_\_ %

I confirm that face-to-face advice has been provided in relation to this Application.

Financial Adviser Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 9: Scheme declaration

As requested above, by the client, the Trustee applies to MetLife Europe Limited for a Trustee Investment Plan on the terms detailed in the application form and to be issued on Metlife Europe Limited's usual terms and conditions. We do not require communication of MetLife's acceptance of our offer and understand that a policy will be issued in the event that our application is accepted.

The Trustee will notify to MetLife Europe Limited, any changes to the Scheme that may be relevant and confirm that the rules of the applying scheme allow for investment into the MetLife Trustee Investment Plan. Changes can only be made or notified by the authorised signatories of the applying Scheme.

## Section 9: Scheme declaration continued

### First Authorised Signatory on behalf of Scheme:

Name: \_\_\_\_\_

Print Name: \_\_\_\_\_ Status: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Second Authorised Signatory on behalf of Scheme:

Name: \_\_\_\_\_

Print Name: \_\_\_\_\_ Status: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Contact Us

**MetLife Sales Resource Centre (Pre-sale information for Financial Advisers)**  
One Canada Square, London E14 5AA Tel: 0845 370 6040 Fax: 0845 370 6041  
Email: sales.resourcecentre@uk.metlife.com

**MetLife Customer Service Centre (Post-sale information for Financial Advisers and policyholders)**  
141 Castle Street, Salisbury SP1 3TB Tel: 0845 609 0084 Fax: 0845 609 0091  
Email: customerservice@metlife.co.uk

You can also visit our website at [www.metlife.co.uk](http://www.metlife.co.uk) for information

MetLife Europe Limited (trading as MetLife) is authorised by the Irish Financial Services Regulatory Authority and regulated by the Financial Services Authority for the conduct of its UK insurance business. Registered address: First Floor, Fitzwilton House, Wilton Place, Dublin 2. Registration number: 415123. UK branch address: One Canada Square, London E14 5AA. UK branch registered number: BR008866.

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