PHOENIX WEALTH

INVESTMENT BOND

DRIP-FEEDING

Phoenix Wealth, Unit Linked Life & Pensions, PO Box 1393, Peterborough, PE2 2TP.

What is this form for?

You can use this form to set up or change Drip-feeding instructions.

Drip-feeding lets you automatically move from your current choice of funds to different funds over a period of time.

You cannot apply Drip-feeding and Portfolio rebalancing at the same time. If you apply Drip-feeding then any Portfolio rebalancing will stop.

If you are currently taking regular withdrawals, or set them up in the future, please be aware of the impact of Drip-feeding on the funds that units are cancelled from. You may wish to discuss this with your financial adviser.

If you have any questions please **contact us on 0345 129 9993**.

Bond and **Policy** – The Investment Bond can be split into a number of policies, which are treated as separate policies within their own right. When we use the word 'Bond' we are referring to the policies collectively and when we use the term 'Policy' we are referring to each individual policy that makes up your Bond.

1. BOND NUMBER

☐☐☐☐☐☐☐

2. DRIP-FEEDING INSTRUCTIONS

Do you wish to apply Drip feeding equally across all Policies?

☐ Yes – **Please go to Q3** ☐ No – **Please complete Q4**

3. DRIP-FEED EQUALLY ACROSS POLICIES

Complete this section to tell us:

- which funds you want to drip-feed to
- the proportion you want to be in those funds at the end of the Drip-feeding period.

Drip-feeding period ☐ (Minimum 1 month, maximum 10 years)

Frequency ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

The first switch will apply at your chosen frequency after we receive your instruction.

Fund name	Proportion (whole % only)
TOTAL	**100%**

4. DRIP-FEED ACROSS DIFFERENT POLICIES

Complete this section to tell us:

- which policies you want to apply drip-feeding
- which funds you want to drip-feed to within those policies
- the proportion you want to be in those funds at the end of the Drip-feeding period.

The first switch will apply at your chosen frequency after we receive your instruction.

Policy numbers	**Fund name**	**Proportion (whole % only)**	**Drip-feed period** (Minimum 1 month. Maximum 10 years)	**Frequency***
	TOTAL	**100%**		

* The frequency must be either Monthly, Quarterly, Half-yearly or Yearly. You cannot have different frequencies for funds in the same policy or policies.

5. SIGNATURES

This form must be signed by all owners/trustees or a financial adviser that has been given written authority, that we have received, by all owners/trustees. If you need more space, please use a photocopy of this page and attach to this form.

Financial adviser (if signing on behalf of Client(s)):

Signature:

✖

Date:

☐☐ / ☐☐ / ☐☐☐☐

Owner/trustee

Name	Signature	Date
	✖	☐☐ / ☐☐ / ☐☐☐☐
Name	Signature	Date
	✖	☐☐ / ☐☐ / ☐☐☐☐
Name	Signature	Date
	✖	☐☐ / ☐☐ / ☐☐☐☐
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