Client Regular Withdrawal Amendment Form
ISA Investments incorporating FUNDSNETWORK®

If you are amending a withdrawal plan for an OEIC/UT or SICAV product, please contact Fidelity for the appropriate form.

Please complete in BLOCK CAPITALS using BLACK INK.

PLEASE NOTE: Any applications received that are not completed correctly may incur delays or may have to be returned to you.

Form Code
90523

You must read all the information in Section 4 before completing this application form.

1 Personal Details

D/B

Title

Surname

First Name(s) in Full

Applicant's Permanent Residential Address ("Care Of" and PO Box not acceptable.)
House Name and/or Number and Street, City, County and Country Details

Existing Client? (please mark an X in the box)
Fidelity Account or Client Number (if known)

Home Telephone Number

Daytime Telephone Number (in case of query)

Postcode –

Please enter your email address if you would like to learn about Fidelity's products by email

2 Details of your REVISED withdrawal plan - effective from the next available payment date

Regular Withdrawals

If you would like to change the frequency of a regular withdrawal, please select one of the following options by marking an X in the relevant box and entering the preferred start date. You can also enter an optional end date. All regular withdrawals are processed on the next available regular withdrawal plan day and payments will be made within 7 working days.

Monthly Withdrawals ☐ OR Quarterly Withdrawals ☐ OR Semi-Annual Withdrawals ☐ OR Annual Withdrawals ☐ →

Start Date (Month/Year) M M / 2 0 0 Y

Optional End Date (Month/Year) M M / 2 0 Y Y

Note: The new details provided in this section will override the existing withdrawal plan details for the account number identified in Section 1.

Please complete your fund choices and withdrawal amounts below and refer to the Key Features Document/Simplified Prospectus for the Fund Code and Fund Name.

Note: Your fund choice will be derived by the Fund Code you enter and not the Fund Name.

All amounts are in Sterling. Minimum withdrawal amount is £50 per fund.

Fund Code: e.g XYZGI	Fund Name: e.g XYZ GROWTH AND INCOME FUND (INC)	Withdrawal Amount (£)
		.
		.
		.
		.
		.
		.
		.
		.
		.
		.
	TOTAL (£)	.

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Please Turn Over

3 Mandate Details - Only complete the below if you wish to replace your mandate details for the Withdrawal Plan detailed in section 1 & 2

Mandate details provided below will replace your existing mandate details for the Withdrawal Plan detailed in section 1 & 2. All regular withdrawals will be made directly to the bank account specified below. No cheque payments can be made for regular withdrawals.

Name(s) of account holder/s - Payments to third parties are not accepted

ENTER NAME(S) OF ACCOUNT HOLDER(S)

Name and Address of Bank or Building Society

To: The Manager

Bank/Building Society Account Number

Branch Sort Code

Building Society Collection Account Number (if applicable) *

* Building Society accounts - the sort code and building society collection account number can be obtained from your Building Society branch. Please ensure your Building Society account will accept direct credit payments through the Banks Automated Clearing system. Fidelity do not accept instructions for payments to be made to an account other than the client's own personal account. Should the quotation of account numbers and sort code made by the applicant prove incorrect, Fidelity will not accept responsibility for any loss incurred by the applicant.

4 Declaration & Signature - you must SIGN and date the form below

I understand that the information I provide on this application form will be processed in accordance with Fidelity's data protection statement contained in the Key Features Document/Simplified Prospectus and Fidelity Client Terms (Incorporating FundsNetwork) ("Client Terms").

By signing below, I confirm that I have received the relevant Key Features Document/Simplified Prospectus relating to this investment, and I accept the terms and conditions of the Client Terms.

Please note that I have now appointed the adviser detailed below for all plan years on this Fidelity account. Please immediately amend your records to reflect this. I understand that any commissions payable on all my plans will now be directed to the adviser detailed below rather than my previous adviser.

Signature (YOU MUST SIGN HERE - Please ensure all relevant sections are completed as per the instructions on this form) ✗ YOU MUST SIGN HERE ✗

Date D D / M M / 2 0 0 Y

5 Intermediary Details - this need only be completed if an Intermediary has been consulted

This section should only be completed by Intermediaries. Please enter the appropriate details here and avoid supplying information on separate sheets.

Unique Adviser Number

I confirm that I am registered with the FSA to conduct business and my authorisation number is: — **FSA Firm ref No.**

Intermediary Stamp

If you are a direct client please call our InvestorLine on 0800 41 41 61
If you are a broker please call our BrokerLine on. 0800 41 41 81
If you are a client of a broker please call our ServiceLine on . . . 08457 44 66 00
Please send your completed form to your Intermediary or to Fidelity International (IMS), PO Box 80, Tonbridge, TN11 9YA.

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