

## Client's Section

## Part 1

Full Name

Plan Number/Quote Number

## Income Level

## Part 2

### I wish to:

Stop Current Income

Reduce Annual Income to:

£

Increase Current Annual Income to:\*

£

Payable:

Yearly  Monthly  Quarterly

Half-Yearly  In Advance  In Arrears

Yearly  Monthly  Quarterly

Half-Yearly  In Advance  In Arrears

\*Amount can not be greater than the Income selected at outset of the plan.

**Changes requested will come into effect from the next income payment date after receipt of the form, subject to at least 3 clear working days to the income being paid. If this form is submitted inside the three working days, changes will come into effect after the next payment date.**

**Or if you wish the change to take place on a specific date, please enter the date in the box below.**

Date

## Undistributed Income

## Part 3

**Where income has previously been reduced, you may elect to receive all or part of this undistributed income as a lump sum.**

### If required state below

All undistributed income

An amount of

£

Signature

Date

