

# Unicorn AIM IHT & ISA Portfolio Service

## WITHDRAWAL FORM

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### Important Information

This form is required if you wish to make a capital withdrawal from your existing investment in the Service. If you select 'full withdrawal', we will take this as instruction to close your account. Please ensure the form is completed correctly to avoid delay in processing your request. Please contact a member of our team if you have any questions regarding this form.

We recommend that you seek independent investment and tax advice before making capital withdrawals from our products.

WM Capital Management Ltd is authorised and regulated by the Financial Conduct Authority and recorded in the Register under reference no 601025.

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This form can be filled digitally and submitted to [unicorn-aim-ihl@wmcapitalmanagement.com](mailto:unicorn-aim-ihl@wmcapitalmanagement.com) or it can be printed, completed and returned to Unicorn AIM IHT & ISA Administration Centre, WM Capital Management, 8 Thorpe Road, Norwich, NR1 1RY.

## Withdrawal Form

I \_\_\_\_\_ hereby instruct WM Capital Management to arrange the payment of the amount detailed below from my Unicorn AIM IHT & ISA Portfolio Service account into my nominated bank account.

I understand that WM Capital Management will be required to sell holdings within my portfolio and that, although in normal market conditions the requested withdrawal should be paid into my bank account within 15 working days of receiving the completed instruction, in periods of market volatility it may take longer to raise the necessary cash and/or result in the prices obtained when selling investments being less than the market quoted prices.

I also understand that there is a 1.00% exit fee on the plan when withdrawing assets prior to death, as well as dealing costs of 0.85% for the sale of any shares that need to be sold to liquidate my portfolio.

Please complete the details below and provide a certified copy of a recent bank statement for our security checks. The bank account must be held in the same name as the account holder.

Policy Details	
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Client Name	
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Account Number	
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Amount requested to withdraw	£	or, Full withdrawal	<input type="checkbox"/>
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Bank Details	
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Account Name	
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Bank/Building Society Name	
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Branch Address (Including Postcode)	
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Account Number	
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Sort Code	
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Client Declaration	
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Client Name	
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I confirm that I have received independent financial advice in respect of this withdrawal	<input type="checkbox"/>
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Client / Attorney Signature	
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Date Signed	
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