



**Foresight**  
group

**FORESIGHT  
ACCELERATED  
INHERITANCE  
TAX SOLUTION**

**ENCASHMENT FORM**

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**DECEASED**

# Encashment Checklist

**This form can be used to redeem all or part of a holding in the Foresight Accelerated Inheritance Tax Solution (Foresight Accelerated ITS).**

**The form should be completed and signed by the Executors of the Estate.**

**Before you submit this Encashment Form, please make sure:**

- You have completed all sections of the form
- You have confirmed the amount/percentage to be withdrawn in Section 2
- You have signed and dated Section 5 'Declaration'

**The following documents are required to make a full or partial withdrawal from your investment:**

- Original or certified\* copy of the Death Certificate
- Original or certified\* copy of the Grant of Probate
- Completed Encashment Form signed by all Executors

**Payments to HMRC:**

- Foresight can pay the proceeds directly to HMRC to part/fully cover IHT liability
- The documents listed above are required, however we can accept an original or certified copy of the Will instead of the Grant of Probate

\*Certification Guidelines

By "certified copies" we mean that the copy documents requested must be certified by a person such as solicitor/notary public/accountant/banker/local police officer or other professional person. Documents cannot be certified by the Applicant. The person certifying the documents must:

- (i) Mark the copy document as a "true" and "exact copy of the original, which I have seen", and
- (ii) Where the document concerned contains a photo as proof of identity, confirm that "the photograph is a true likeness of the person named in the document", and
- (iii) Sign and date the copy document, stating in what capacity they are acting.

**Once completed, return this form to:**

**Investor Relations, Foresight Group, The Shard, 32 London Bridge St, London, SE1 9SG**

## What you need to know

- **Full or partial withdrawal requests can be made from this investment at any time**
- **No exit or dealing fees apply**
- **Foresight will endeavour to effect withdrawals within 20 business days**
- **Original documents will be returned to the sender by recorded delivery**
- **A confirmation letter and Closing Statement (if applicable) will be issued once payment has been made**

## Section 1: INVESTMENT AND INVESTOR DETAILS

Please complete the fields below with the original investment and investor(s) details.

### Investment Details:

Policy no.: \_\_\_\_\_

Investment date: \_\_\_\_\_

Net investment amount: \_\_\_\_\_

### Applicant 1:

Title: Mr/Mrs/Miss/Ms/Dr/Other (please specify):  
*Circle as appropriate*

Forename(s): \_\_\_\_\_

Surname: \_\_\_\_\_

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

County: \_\_\_\_\_

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

Date of Birth:   -   -

Date of Death:   -   -

### Applicant 2: (if applicable)

Title: Mr/Mrs/Miss/Ms/Dr/Other (please specify):  
*Circle as appropriate*

Forename(s): \_\_\_\_\_

Surname: \_\_\_\_\_

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

County: \_\_\_\_\_

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

Date of Birth:   -   -

Date of Death:   -   -

## Section 2: AMOUNT TO BE WITHDRAWN\*

- To encash 100% of the investment tick 'Full Withdrawal'
- To redeem part of the Investment tick 'Partial Withdrawal'
- Please specify the amount or percentage to be withdrawn from the most recent available valuation

**Note: The value will be determined by the most recent available valuation.\***

I/We request to make a:

Full Withdrawal  Partial Withdrawal

Please confirm the amount £ \_\_\_\_\_ or \_\_\_\_\_ %

**\*Please contact us for confirmation of the value to be encashed.**

### Section 3: HOW/WHERE DO YOU WANT YOUR MONEY PAID?

Please complete the relevant section(s) below. In some cases both sections will apply:

Complete Section 3a and/or Section 3b as applicable, specifying the amount or percentage to be paid.

#### a) Direct Payment: Recipient 1

To the following bank account:

Account name: \_\_\_\_\_

Bank/building society: \_\_\_\_\_

Sort code:    -   -

Account number:

Please confirm the amount **£** \_\_\_\_\_ or \_\_\_\_\_ **%**

#### a) Direct Payment: Recipient 2 (if applicable)

To the following bank account:

Account name: \_\_\_\_\_

Bank/building society: \_\_\_\_\_

Sort code:    -   -

Account number:

Please confirm the amount **£** \_\_\_\_\_ or \_\_\_\_\_ **%**

#### b) Payment to HMRC

To the following bank account:

Account name: \_\_\_\_\_

Bank/building society: \_\_\_\_\_

Sort code:    -   -

Account number:

Please confirm the amount **£** \_\_\_\_\_ or \_\_\_\_\_ **%**

Inheritance Tax Reference Number:

## Section 4: EXECUTOR DETAILS

Please complete the fields below with the Executor(s) details.

Note: This information will be used to run our online verification checks prior to making payment.

### Executor 1:

Title: Mr/Mrs/Miss/Ms/Dr/Other (please specify):  
*Circle as appropriate*

Forename(s):

Surname:

Address:

Postcode:

Date of Birth:   -   -

### Executor 2: (if applicable)

Title: Mr/Mrs/Miss/Ms/Dr/Other (please specify):  
*Circle as appropriate*

Forename(s):

Surname:

Address:

Postcode:

Date of Birth:   -   -

### Executor 3: (if applicable)

Title: Mr/Mrs/Miss/Ms/Dr/Other (please specify):  
*Circle as appropriate*

Forename(s):

Surname:

Address:

Postcode:

Date of Birth:   -   -

### Executor 4: (if applicable)

Title: Mr/Mrs/Miss/Ms/Dr/Other (please specify):  
*Circle as appropriate*

Forename(s):

Surname:

Address:

Postcode:

Date of Birth:   -   -

## Section 5: DECLARATION

The Executors must read the Declaration below and print and sign their name in the box.

- I/We confirm I/we wish to encash the full amount shown in Section 2 in the Foresight Accelerated ITS;
- I/We confirm I am/we are requesting to make a withdrawal on my/our own behalf;
- I/We understand that Foresight will endeavour to effect my/our request within 20 business days;
- I/We confirm that all Executors of the Deceased's Estate have signed the Encashment Form.

### SIGNATURE OF EXECUTOR 1:

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Print Name:

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Date:

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### SIGNATURE OF EXECUTOR 2: (if applicable)

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Print Name:

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Date:

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### SIGNATURE OF EXECUTOR 3: (if applicable)

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Print Name:

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Date:

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### SIGNATURE OF EXECUTOR 4: (if applicable)

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Print Name:

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Date:

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Once the payment has been made, we will send you a payment confirmation letter and a closing statement (if applicable).

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## Have a question?

We are available and happy to help with any questions that you may have regarding this form. Please get in touch using the details below.

 +44 (0)20 3667 8181

 [investorrelations@foresightgroup.eu](mailto:investorrelations@foresightgroup.eu)

**Foresight**  
GROUP

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