



Foresight
group

**FORESIGHT
INHERITANCE
TAX SOLUTION**

ENCASHMENT FORM

DECEASED

Encashment Checklist

This form can be used to redeem all or part of a holding in the Foresight Inheritance Tax Solution (Foresight 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- You have confirmed the amount/percentage to be withdrawn in Section 2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 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:

Print Name:

Date:

SIGNATURE OF EXECUTOR 2: (if applicable)

Print Name:

Date:

SIGNATURE OF EXECUTOR 3: (if applicable)

Print Name:

Date:

SIGNATURE OF EXECUTOR 4: (if applicable)

Print Name:

Date:

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

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

Foresight
GROUP

Foresight Group LLP

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