# Withdrawal request

#### Completing this form

By completing this form you will be requesting a withdrawal from your Ardan International Wealth Platform Client Portfolio Account.

Please ensure that you have sold sufficient assets to meet your withdrawal amount. You should also maintain a minimum cash balance of 1.5% of the total portfolio value after the withdrawal payment, if the portfolio is to remain open.

Please ensure ALL the fields are completed clearly and accurately in order for us to process your instruction efficiently and without delay.

If you wish to transfer, rather than sell the assets in your portfolio, please also complete our asset transfer out form.

### When you have completed this form

Please email it to servicing@ardan-international.com.

#### Client portfolio details

Account holder(s) deta	ails*			
Client Portfolio account number				
	Account holder 1/	Trustee/Company	Account holder 2/	Trustee/Company
First name(s)				
Last name(s)				
Current residential address and postcode				
Daytime telephone number	+		+	
	Country code	Telephone number	Country code	Telephone number
Mobile number	+		+	
	Country code	Mobile number	Country code	Mobile number
Email address				
Tax identification number (TIN)				
If unavailable, provide	a functional equiva	lent (e.g. National Insurance Nui	mber, Social Security numbe	r, resident registration number)
Are you a Specified US Person?	Yes	No	Yes No	

Specified US Person means a US citizen or tax resident individual who has a US residential/correspondence address or who either holds a US Passport, a US Green Card or who was born in the US and has not yet renounced their US citizenship. More information on US FATCA can be found at: www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA.



Trust details (if applicable)*					
Trust name					
Correspondence address and postcode					
Daytime telephone number	+ Country code Telephone number				
Email address					
Company details (if app	elicable)*				
Company name					
Correspondence address and postcode					
Country or countries of tax residence					
Company tax reference number					
Daytime telephone number	+ Country code Telephone number				
Email address					
	differ from those currently held on Ardan's records we will require your updated identification and address thin the last three months and certified by an approved suitable certifier as an original true copy.				
Withdrawals How much would you l	ike to withdraw?				
Withdrawal frequency					
	One-off OR for regular withdrawals: Monthly Quarterly Half-yearly Yearly				
Partial withdrawal Currency	Amount in figures				
Amount in words	/ Miloune in rigures				
Regular Withdrawal					
	our withdrawal request (dd/mm/yyyy)				
	Date of final withdrawal (if applicable) (dd/mm/yyyy)				
Full withdrawal					
Currency	Amount in figures				
Amount in words					
Is your portfolio to remain open for the time being?**  Yes  No					
** In the event that no for right to close your por	urther monies are received into your portfolio within six months of your full withdrawal request Ardan reserves the rtfolio.				
Reason for withdrawal					

## Payment transaction charges

There is an administration charge of £5 or currency equivalent for processing your instruction.

Payment instructions Please provide full bank	details below. Please note all bank charges are passed	onto the account holder.		
Bank name				
Bank address and postcode				
Account holder's name				
Branch Swift Code	OR	Bank Sort Code (UK only)		
(International)	Swift Code must be either 8 or 11 digits			
Account number and fu	II IBAN if available			
Reference				
Signatures I understand that any withdrawal(s) will be subject to my Ardan International Wealth Platform Terms and Conditions.  If your signature has changed since opening your Ardan International Wealth Platform, please complete a specimen signature form and provide the original along with this form. This form is available upon request.				
	Account holder/Trustee/Authorised signatory 1	Account holder/Trustee/Authorised signatory 2		
Signed				
Date (dd/mm/yyyy)				
Full name				
	Account holder/Trustee/Authorised signatory 3	Account holder/Trustee/Authorised signatory 4		
Signed				
Date (dd/mm/yyyy)				
Full name				

## Privacy policy

Our full privacy policy can be viewed at www.ardan-international.com/privacy or can be obtained by requesting a copy from our Data Protection Officer.

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