

SSAP/Self Directed Maturity Instruction Form

To: BCP Asset Management DAC

Account Number: C

I/we hereby authorise you to carry out the following instruction/s on my/our behalf:

Please return the total to me/us as I/we do not wish to reinvest at this time*

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REINVESTMENT OPTIONS

Subject to submitting the correct documentation to BCP, please reinvest the proceeds of my/our investment as follows.

<input type="text"/>	€ OR %	<input type="text"/>
<input type="text"/>	€ OR %	<input type="text"/>
<input type="text"/>	€ OR %	<input type="text"/>

PLEASE ALSO COMPLETE & SIGN THE RELEVANT DOCUMENTATION

PARTIAL REINVESTMENTS: Please return the balance to me/us*

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INSTRUCTION TO REINVEST/ROLLOVER FUNDS

Client Name:

(BLOCK CAPITALS)

Pensioner Trustee/QFM:

(BLOCK CAPITALS)

Client Signature:

Pensioner Trustee/
QFM Signature 2:

Daytime Telephone Number:

Daytime Telephone Number:

PLEASE RETURN THIS FORM TO: BCP ASSET MANAGEMENT, 71 UPPER LEESON STREET, DUBLIN 4. TEL. 01 668 4688.

*Client & Pensioner Trustee/QFM must sign.