

UNIT TRUST WITHDRAWAL FORM

Account Type

Single
 Joint
 ITF
 Corporate

Fidelity Securities Investor ID Number

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Personal Details

Name on Account

Postal Address

Email address Phone Number

Investment Type

Fidelity Fixed Income Trust
 Fidelity Balanced Trust

Withdrawal Details

Withdrawal amount (In figures) GHS
 Withdrawal amount (In words)

Reason for withdrawal:
 Educational
 Health
 Business
 Other _____

Preferred Payment Method

Mobile Money
 Account Transfer

NB: Payment cannot be made into third-party accounts. Bank Account / Mobile Money details provided must match investment accountholder's name.

Mobile Money Payment Details

Phone Number: _____
 Account Name: _____
 Network: MTN Vodafone Airtel Tigo

Bank Account Details (Beneficiary Account)

Account name: _____
 Bank: _____ Branch: _____
 Account Number: _____ SORT Code: _____

Indemnity: I hereby indemnify the Fund Manager, Fidelity Securities Limited, against any further claim or liability due but not limited to providing wrong account details, etc.

First Applicant

Name: _____

Signature/Thumbprint

Date of request: ____ / ____ / ____

Second Applicant

Name: _____

Signature/Thumbprint

Date of request: ____ / ____ / ____

OFFICIAL USE ONLY

Processed by: _____ Authorised by: _____
 Signature: _____ Signature: _____
 Date: ____ / ____ / ____ Date: ____ / ____ / ____