## Schroders Capital UK Real Estate Fund

## Distribution Payment Form

## **Notes to Applicant**

- If you have any queries when completing this form, please contact the Registrar on 0345 030 7277
- This form should be used to elect to reinvest income or to cancel reinvestment of income
- To be effective at the next available re-investment date this form must be received at least 14 business days before the end of the month
- Please complete in BLOCK CAPITALS with a BLACK ball point pen
- Please make sure you have signed the form
- Please return this form to the Registrar, Schroders Investors Services, PO Box 1402, Sunderland, SR43 4AF

Completed and signed Application Forms may be sent by email or fax (SCREF@hsbc.com/ 0333 207 4504), provided the original is also received in a timely manner by the Registrar

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Agent Code (internal only)	
Portfolio Code	

Registered Holder	Account ID				
Registered Name	Found on your monthly valuation or Tax Voucher				
D					
Designation					
Beneficial Owner Beneficial Owner Name (this must be the same a	s the existing holding)				
We confirm that we wish the Income to be reinvested Schroders recommend that you consult with the Beneficial Owner before ticking this box. OR					
We confirm that we wish to cancel reinvestmen All distribution payments should be made to the					
that Schroder Unit Trust Limited does not make t					
Account Name (max. 50 characters)					
Sort code					
IBAN					
Swift					
Swiit					
Beneficial Owner					
Signature	Signature				
Print Name	Print Name				
Position	Position				
Date	Date				

