



Personal Fixed Term Deposit Account Maturity Instructions Amendment Form

How to complete the fo	rm	
Please use a BLACK pen	2 Mark boxes like this If you make a mistake, do this and mark the correct box	Please use BLOCK CAPITAL A 2 LETTERS and leave one space between each word
During the term of your Account	, you can amend the Maturity instructions by co	empleting the details below.
Name(s)		
Account Details		
BIC Code A I B K I IBAN Number	E 2 D	
Part 1: At maturity I/we wish	ı to	
Full Reinvestment Reinvest all funds for the investment	ent period of: 6 Months 1 Year 2 Ye	ears
2. Partial Withdrawal		
 a) Withdraw interest and reinvest Reinvest remaining funds for the strength *Please complete Part 2 – Pay 	he investment period of: 6 Months 1 Year	2 Years
b) Withdraw a specified amount	and reinvest the balance*	
Amount of €	he investment period of: 6 Months 1 Year	2 Years
•	ified amount and reinvest the balance*	
•	like to withdraw a specified amount of	
Reinvest remaining funds for the investment period of: 6 Months 1 Year 2 Years		
*Please complete Part 2 – Pay	ment Details	
3. Full Withdrawal and Close		
Withdraw all funds and close my		
*Please complete Part 2 – Payme	ent Details	

Part 2: Payment Details Please transfer my funds to my/our AIB payment account A I B K I E 2 D **BIC Code IBAN Number** Name of Account Holder IMPORTANT: Please ensure that your Maturity instructions are accurate and complete. If your Maturity instructions are inaccurate or incomplete, or the funds in your Account fall below the required minimum balance, or there is a conflict in your Maturity instructions, we may open up an AIB Personal Demand Deposit account for you and transfer the balance of your Account to the new account. Signature(s) Day Month Dav Month Year Year Date Date Month Year Month Date Date Allied Irish Banks, p.l.c. is regulated by the Central Bank of Ireland. For Bank Use Only I confirm that the maturity instructions above have been fully completed by the customer and the amendment updated on the system Acknowledged by: Staff Signature Please confirm the Customer signature has been verified and how **Branch Brand and Date**