



## Benefit Options Form

### Westerby Private Pension / Westerby Discretionary Pension Portfolio

#### 1. Personal Information

<b>Full Name</b>	
<b>Address</b>	
<b>Date of Birth</b> (please provide a certified copy of your birth certificate)	
<b>National Insurance number</b>	

#### 2. Benefit Options

Please indicate which option you require

<b>Annuity Purchase</b> (please provide us with further details if you select this option)	
<b>Income Drawdown</b> (paid directly from the scheme)	

How much of your fund do you wish to use to provide benefits? £                      or                      %

#### 3. Pension Commencement Lump Sum (Previously Called Tax Free Cash)

You may take up to 25% (or the protected amount if higher) of your total fund, or the amount of fund that you wish to use to provide benefits, as a tax free lump sum. Please indicate the amount of pension commencement lump sum that you wish to receive.

<b>Nil</b>	
<b>Maximum</b>	
<b>Other (please specify)</b>	

## 4. Income Drawdown

### a. Income requirements

You may select any income level between nil and the maximum permitted with reference to the tables published by the Government Actuaries Department (HMRC maximum) as detailed on your quotation. The income will be paid net of tax.

Please specify the level of income you require

<b>Nil Income</b>	
<b>Maximum Income</b>	
<b>Specific % of maximum</b>	%
<b>Specific monetary amount (gross)</b>	£

### b. Payment Details

Please provide details of the account to which the pension commencement lump sum and income should be paid

<b>Name of Bank / Building Society</b>	
<b>Branch Address</b>	
<b>Sort Code</b>	
<b>Account Number</b>	
<b>Account Name</b>	

### c. Tax details

<b>Tax district</b>	
<b>Your tax reference</b>	
<b>Address of tax office</b>	

Please forward your P45 in order that we may apply the correct tax code for you pension payments. If you do not supply your P45 then pension payments will be taxed under code BR giving tax deductions at the basic rate until such time as we are able to clarify your correct tax code with your tax office.

## 5. Transitional Protection

**Important** - the following information is required in order to ensure that we do not pay benefits in excess of the maximum permitted by HMRC. Benefits in excess of the maximum permitted will be subject to unauthorised member payment tax charges. **If you are in any doubt as to the information being requested here, please consult your financial advisor.**

### a. Primary & Enhanced Protection

<b>Have you registered for primary and/or enhanced protection?</b>	
<b>HMRC certificate number (Please send us a copy)</b>	

### b. Protected Pension Age

If you have a protected pension age, please state it here:

## 6. Available Lifetime Allowance

### a. Benefits in Payment

Do you have any other pension benefits in payment (including pensions that commenced before 6<sup>th</sup> April 2006) or that you will be taking at the same time as those requested by this form? Please provide details below and supply a copy of the benefit crystallisation certificate.

<b>Provider</b>	<b>Policy No.</b>	<b>Scheme Name</b>	<b>Date taken</b>	<b>Fund value</b>	<b>Lump Sum</b>	<b>Pension p.a.</b>

### b. Benefits not yet in payment

Do you have any other benefits not yet in payment? Please provide details.

<b>Provider</b>	<b>Policy No.</b>	<b>Scheme Name</b>	<b>Fund value</b>

## 7. Declaration

I declare that:

- a. The information given in this form is to the best of my knowledge true and complete.
- b. The total capital value of my pension benefits from all of my arrangements already taken or which I am currently planning on taking on or before my retirement date is less than the Standard Lifetime Allowance of £1,600,000 (or my protected lifetime allowance if applicable).
- c. I have sufficient unused Lifetime Allowance to take the benefits requested on this form.
- d. I will indemnify the scheme administrator against any liability to tax or other charges which arise out of any omission of relevant information or the provision of false or misleading information.
- e. In the event of such taxes or charges being levied on the scheme I authorise the payment to be made from the assets held for my benefit under the scheme, including the disinvestment of assets in order to facilitate this.

I hereby request the payment of benefits as detailed on this form.

Signature .....

Date .....

## 8. Checklist of documents required in support of this form

- Birth certificate (original or certified copy)
- P45
- Certificates of Enhanced or Primary Protection
- Full details of annuity purchase (if applicable)
- Details of any pension benefits already in payment and copy benefit crystallisation certificate (this will help us to verify the information contained in this form)