

FAMILY SUNTRUST

FLEXI-ACCESS DRAWDOWN

Phoenix Wealth, Self Invested Pensions, PO Box 1394, Peterborough, PE2 2TQ.

When to use this form

This form should be completed by:

- Members to provide us with instructions about how they wish to take their benefits. (Complete all sections).
- Members or beneficiaries who wish to convert their capped drawdown fund(s) into flexi-access drawdown. (Do not complete section 3 and 6).
- Beneficiaries to provide us with instructions about how their flexi-access drawdown should be set up. (Do not complete section 3 and 6).
- Members or beneficiaries transferring in drawdown pension funds. (Do not complete section 3 and 6).

As you are taking benefits it is important to consider reviewing any death benefit instructions. These can be amended at any time. Please speak to the Financial Adviser for more information.

We include more information about all your benefit options in our **Pension benefits guide**.

Have you received advice/guidance?

a) Did you receive advice in relation to this application?

Yes No

b) Did you use the Pension Wise Service?

Yes No

1. FAMILY SUNTRUST SCHEME DETAILS

Scheme name	Family Suntrust Scheme (the 'Scheme')
Scheme number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Illustration reference	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Your full name	

2. CONVERT FROM CAPPED TO FLEXI-ACCESS

Only complete this section if you want to move your capped drawdown fund to a flexi-access fund.

Where you have more than one capped drawdown arrangement in the Scheme we will convert and combine them into one flexi-access drawdown fund where possible. Please tick here if you don't want this to happen.

Please tick this box if you want to convert your current capped drawdown fund(s) into a flexi-access drawdown fund.

You will need to complete section 4 onwards to let us know you what income you want. You will not receive a further tax-free lump sum on any capped drawdown funds you convert.

3. DETAILS OF FUNDS TO BE TAKEN

3.1 How much of your share of the Pooled Fund would you like to take?

All available funds

Lower amount £ (This amount should include any tax-free lump sum)

3.2 How much tax-free lump sum do you require?

Maximum* *allowed by HM Revenue & Customs ('the Revenue')

Lower amount £

None

4. INCOME PAYMENT DETAILS

Only complete this section if you want to take an income, otherwise please go to section 5.

For a single payment £

Gross amount of single payment

For regular payments
Please complete the table

Total gross amount to be paid each year	£ <input type="text"/>
Payment start date (between 1st and 28th)	<input type="checkbox"/> As soon as possible or On the following date: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
Payment frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

5. BANK ACCOUNT DETAILS

Only complete this section if you haven't already given us this information.

All lump-sum and income payments will be made to your bank or building society account. The **name of the account holder** you enter in this section must be exactly the same as it appears on your account as we'll use it when we process the payment. The receiving bank may check the name so any discrepancies could result in a rejection of, or a delay to, the payment.

Name and address of bank/ building society (including postcode)	<input type="text"/>
Bank/building society account number	<input type="text"/>
Bank sort code	<input type="text"/>
Building society roll number (taken from savings book)	<input type="text"/>
Full name of account holder	<input type="text"/>

6. FINANCIAL ADVISER DECLARATION

We will only accept this application if you have given advice.

Confirmation of advice given

Please confirm the basis of the advice you have given:

Restricted Independent

Signature:

Date:

×

/ /

Your full name	
Name of your firm	
FCA number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

7. LIFETIME ALLOWANCE

Please read the **Tax and your pension** leaflet and tick the relevant box below.

I confirm that taking these benefits will:

- not result in a lifetime allowance charge
- result in a lifetime allowance charge and that I have completed the **Lifetime Allowance excess** form

8. DECLARATION AND CONSENT

Important: please remember that if you miss out or are wrong about any material facts, this could affect payment of your benefits, invalidate your contract or have tax consequences. If you are in any doubt about whether a particular fact is relevant then you should tell us about it.

I understand that:

- this application form is my instruction to the Scheme Administrator to make benefit payments under the Scheme.
- the Scheme Administrator will rely and act on the information provided in this form to make decisions regarding acceptance and to discharge its obligations to the Revenue.
- the Participants must ensure there is sufficient available cash in the Scheme cash account before benefits can be paid.

I confirm that:

- to the best of my knowledge and belief, the statements made in this application, including those not in my handwriting, are correct and complete.
- I will tell the Scheme Administrator immediately if there are any changes to the information I have given, or should have given, before the benefits start in accordance with this application. I understand that failure to do so may result in the contract being declared void, and that a claim for the proceeds may not be paid.

Recycling Tax-Free Lump Sum

I confirm that:

- I do not intend to reinvest any amount of the tax-free lump sum received from the Scheme into this or any other registered pension arrangement held by me which could be treated as a recycling event by the Revenue.
- should the payment of any tax-free lump sum be deemed by the Revenue to be an unauthorised payment, I promise to be responsible for and to pay to the Scheme Administrator, the Trustee or the Scheme Provider, as appropriate, the amount of any loss incurred by them as a result of such an unauthorised payment. This includes, but is not limited to, the amount of the unauthorised payment charge, any unauthorised payment surcharge and any scheme sanction charge which the Scheme Administrator, the Trustee or the Scheme Provider is responsible for.

Financial Crime (verifying your identity to prevent Fraud & Money Laundering)

To verify your identity and prevent financial crime we may use and share your information with any company within the Phoenix Group, with companies who work for us and with appropriate organisations.

We may also search, send your details to, and use information from third party verification service providers and financial crime and credit reference agencies (Third Parties). This involves checking your details against databases these Third Parties use. The Phoenix Group and these Third Parties may keep a record of the search, the results of the search, any suspicions of financial crime and the details may be used to assist other companies for verification and identification purposes. This search is not a credit check and your credit rating should be unaffected.

By signing this form you are giving your consent to these activities which will make it easier for you to do business with us and help prevent financial crime. For more information, please write to the Money Laundering Reporting Officer, 1 Wythall Green Way, Wythall, Birmingham, B47 6WG.

Important: in the case of a Minor, this form must be signed by the parent/Guardian acting on their behalf and the declarations above will apply accordingly.

Signature:

Date:

**Your name if you are signing
on behalf of a Minor**