

# FAMILY SUNTRUST

# FLEXI-ACCESS DRAWDOWN

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

## 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**.

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Have you received advice/guidance?				
a) Did you receive ac	lvice in relation to this application?			
Yes No				
b) Did you use the Po	ension Wise Service?			
Yes No				
1. FAMILY SUNTRUST SCHEME DETAILS				
Scheme name	Family Suntrust Scheme (the 'Scheme')			
Scheme number				
Illustration reference				
Your full name				
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 Pooler

3.1 How much of your share of the Pooled Fo	und 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 req	juire?	
Maximum* *allowed by HM Revenue	e & Customs ('the Revenue')	
Lower amount £		
None		
4. INCOME PAYMENT DETAILS		
	e 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	f	
Payment start date (between 1st and 28th)	As soon as possbile <b>or</b> On the following date: / / /	
Payment frequency	Monthly Yearly	
holder you enter in this section must be exactly	eady given us this information.  The name of the account to your bank or building society account. The name of the account the same as it appears on your account as we'll use it when we process name so any discrepancies could result in a rejection of, or a delay to, the	
Name and address of bank/ building society (including postcode)		
Bank/building society account number		
Bank sort code		
Building society roll number (taken from savings book)		
Full name of account holder		

# 6. FINANCIAL ADVISER DECLARATION

We will only accept this applica	ation if you have given advice.
Confirmation of advice given	
Please confirm the basis of the advice	ce you have given:
Restricted Independ	dent
Signature:	Date:
×	
Your full name	
Name of your firm	
FCA number	
We will use this information to confident, we won't be able to pay yo	n if you have already received pension benefits.  In the maximum amount of any tax-free lump sum we can pay from the Scheme. If you u a tax-free lump sum and this may delay your chosen retirement option.  In Pension benefit guide and Tax and your pension leaflet.
Do you hold any form of Lifetime Allowance Protection or Enhancement?	Yes No If No, please proceed to question 2
If Yes, please confirm the type of Lifetime Allowance Protection that you hold	
Please confirm the HMRC reference number allocated to your Lifetime Allowance Protection	If you have a Lifetime Allowance Protection certificate, this will be shown on the certificate.
2. Tax-free lump sums paid to you	ı since 6 April 2024 – from <u>ALL</u> providers

Please complete this section if you've received any tax-free lump sums since 6 April 2024.

Date	Pension scheme name	Tax-free lump sum amount		Amount of LSDBA used
		£	£	£
		£	£	£
		£	£	£
		£	£	f
		£	£	£

#### 3. Lifetime allowance used between 6 April 2006 and 5 April 2024 - from ALL providers

Please complete this section if you've used any lifetime allowance between April 2006 and April 2024.

Date P	ension scheme name		Lifetime allowance used
			%
			%
			%
			%
			%
Please note: some pay	ments, such as small pots, may not have used any of yo	our lifetime allowance.	
4. Pension benefits	s in payment before 6 April 2006 – from <u>ALL</u> p	providers	
Please complete this	s section if you were receiving pension benefits b	pefore 6 April 2006.	
I didn't take	any additional pension benefits between 200	06 and 2024	
We need to know the a	annual amount that you currently receive from your pre-	April 2006 pension.	
I took addition	onal pension benefits between 2006 and 202	4	
	annual amount you were receiving from your pre-April 2		r additional pension benefits
Date pension payments started	Pension scheme name	Annual pension	Date for annual pension amount
		£	
		£	
		£	
		£	
	l	l l	
5. Transitional tax-	free amount certificate		

## 8. DECLARATION AND CONSENT

If yes, please confirm the name of the provider

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, 10 Brindleyplace, Birmingham, B1 2JB.

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	

Phoenix Wealth Services Limited, trading as Phoenix Wealth, is authorised and regulated by the Financial Conduct Authority. Phoenix Wealth Services Limited is registered in England and Wales No. 02238458 and has its registered office at: 10 Brindleyplace, Birmingham, B1 2JB.

**FSTFLEXIBLE** | November 2025