

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	£
Payment start date (between 1st and 28th)	<input type="checkbox"/> As soon as possible or On the following date: / /
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)	
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 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	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>

7. INDIVIDUAL LUMP SUM ALLOWANCE DECLARATION

You must complete this section if you have already received pension benefits.

We will use this information to confirm the maximum amount of any tax-free lump sum we can pay from the Scheme. If you don't, we won't be able to pay you a tax-free lump sum and this may delay your chosen retirement option.

For more information please read our Pension benefit guide and Tax and your pension leaflet.

1. Lifetime Allowance Protection

Do you hold any form of Lifetime Allowance Protection or Enhancement?	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div>If No, please proceed to question 2</div>
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	<div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div>If you have a Lifetime Allowance Protection certificate, this will be shown on the certificate.</div></div>

2. Tax-free lump sums paid to you since 6 April 2024 – from ALL 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 LSA used	Amount of LSDBA used
		£	£	£
		£	£	£
		£	£	£
		£	£	£
		£	£	£

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	Pension scheme name	Lifetime allowance used
		%
		%
		%
		%
		%

Please note: some payments, such as small pots, may not have used any of your lifetime allowance.

4. Pension benefits in payment before 6 April 2006 – from **ALL** providers

Please complete this section if you were receiving pension benefits before 6 April 2006.

☐ **I didn't take any additional pension benefits between 2006 and 2024**

We need to know the annual amount that you currently receive from your pre-April 2006 pension.

☐ **I took additional pension benefits between 2006 and 2024**

We need to know the annual amount you were receiving from your pre-April 2006 pension at the date you took your additional pension benefits.

Date pension payments started	Pension scheme name	Annual pension amount	Date for annual pension amount
		£	
		£	
		£	
		£	

5. Transitional tax-free amount certificate

Do you have a *Transitional tax-free amount certificate*? ☐ Yes (**Please send us a copy**) ☐ No

If yes, please confirm the name of the provider

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	
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