

The Hartley **SIPP** Confirmation of Commencement of Retirement Benefits

Member Name:

Scheme Number:

Following receipt of my Quotation of Retirement Benefits Ref:

I confirm that I wish to proceed with the payment of my benefits as set out below. I understand that the above quotation is not guaranteed and can be subject to change based on the value of my SIPP, and that payment of my benefits will be calculated on the fund value on the day of payment.

Type of Retirement:

Capped drawdown Flexible drawdown Flexi Access Annuity UFPLS

I wish to draw: My maximum PCLS or A PCLS of £

I wish to take a lump sum payment under Flexi Access/UFPLS (delete as appropriate) of £

Please advise if the Lump Sum is to be paid:

By BACS By SAME DAY PAYMENT (Bank charges will apply)
(Please note payment cannot be made to a third party account) In specie

To Bank:

Ac Name:

Sort Code: **Ac Number:**

Documentation is required to prove that the account exist i.e. Bank Statement.

Income Drawdown

Following payment of the lump sum I wish to:

Commence Pension Payments Postpone Income Payment from my SIPP Take all the remaining benefits in one lump sum

I understand the Capped Drawdown is reviewed every 3 years from date of drawdown up until my 75th birthday, when they become required annually, or more frequently if requested. I am aware there are charges for these reviews.

All income payments are subject to Income Tax.

If a pension is to be paid, I confirm if it is to be paid at the level of £ / Maximum level p.a.
on the following basis: (please complete and/or delete where appropriate)

Monthly Quarterly Bi-annually Annually

Starting on Payment Date: 14th 28th

The pension income should be paid into the following bank account: (Please note payment cannot be made to a third party account)

To Bank:

Ac Name:

Sort Code: **Ac Number:**

Documentation is required to prove that the account exist i.e. Bank Statement.

Please note that pensions are paid via Hartley SAS Ltd Payroll. This will give rise to an annual charge.

To enable commencement of my pension payment. I understand that Hartley SAS will need to contact HMRC to obtain a tax code before payment can be made. You can choose not to wait for HMRC to provide this code however you will be charged emergency tax and will need to contact HMRC at a later date to reclaim any Tax you are due.

I wish to wait for HMRC to provide my correct tax code

I wish to have my payment made immediately and be taxed at the default emergency rate

Please allow ten working days from receipt of all documentation and funds for the first payment to commence.

Other Information Required

Please confirm the following;

i) **National Insurance Number:**

ii) **Address:**

iii) **Email address:**

iv) Attach copies of any Lifetime Allowance Certificates for other pension arrangements.

v) Attach details of any pensions in payment prior to 5th April 2006 and the maximum pension payable from these arrangements.

vi) Expression of wish.

HMRC Pension Protection

Please advise if you have registered for Protection with HMRC.

Enhanced Primary Fixed Individual Fixed 2014

Please provide a copy of the certificate with this completed form.

Declaration

I confirm that I have received appropriate financial advice from:

I have taken guidance from Pension Wise

and am aware of my options under The Hartley SIPP. I wish to draw benefits from my The Hartley SIPP as selected above.

I have not sought financial advice, but confirm that I have been recommend to do so.

I acknowledge that it is my responsibility to ensure there are sufficient funds available to pay any income, and that I am responsible for any disinvestment required.

I understand the SIPP fee in respect of the commencement my pension benefits will be deducted from my Hartley SIPP. I am also aware there is an additional annual charge for the Pension payroll should I decide to receive an income from the SIPP. I understand these fees will be settled from the SIPP bank account or if there are insufficient cash deposits I am required to make suitable arrangements for the fees to be settled as per my contract with the The Lifetime SIPP Company.

In taking these benefits, I have informed any person who may be entitled to dependants benefits under the above scheme, and accept all responsibility for the withdrawal of benefits.

- I am medically able to make the decision to take benefits, using the resources available to me and in accordance with The Mental Capacity Act
- I have read and understood the 'Payment of Benefits Guidance Notes'
- I have enclosed the completed risk questionnaire and have read and understood the warnings contained therein

In relation to the taking of benefits:

I shall have no claim or right of action of any kind for compensation or otherwise against the SIPP Trustee (whether as sole corporate trustee of the SIPP or otherwise), Company and/or any of their officers or employees in respect of all and any liabilities, costs, expenses, tax charges or penalties, damages and losses (including but not limited to any direct, indirect or consequential losses, loss of profit and all interest, penalties and legal costs and all other professional costs and expenses) suffered or incurred by me (whether directly or indirectly) as a result of or in connection with the benefits taken; and

I shall indemnify the SIPP Trustee and/or Company against all liabilities, costs, expenses, tax charges and penalties, damages and losses (including but not limited to any direct, indirect or consequential losses, loss of profit, loss of reputation and all interest, penalties and legal costs (calculated on a full indemnity basis) and all other professional costs and expenses) suffered or incurred (whether directly or indirectly) by the SIPP Trustee (as sole corporate trustee of the SIPP or otherwise) and/or the Company as a result of or in connection with the benefits taken

This form and any disputes or claims arising out of or in connection with it (including non-contractual disputes or claims) shall be governed by and construed in accordance with the laws of England and Wales and the courts of England and Wales shall have exclusive jurisdiction to settle any dispute or claim that arises out of or in connection with this letter.

I am fully aware that Lifetime act on an Execution Only Basis as directed by me as scheme member and that Lifetime has not provided any advice whatsoever in respect of the benefits taken from the SIPP. Should any aspect of the benefits be subject to a tax charge within the pension scheme any such charges will be paid directly from the fund or by me as the member of the scheme.

This document has been executed as a deed and is delivered and takes effect on the date stated below.

I can confirm that the above information is to the best of my knowledge correct.

Signed by Member

Name:

Signature: **Date:**

Witnessed by

Name:

Relation to Member:

Address:

Postcode:

Signature: **Date:**

Please return completed form to:

The Hartley SIPP c/o **The Lifetime SIPP Company Ltd** 25 Marsh Street, Bristol BS1 4AQ

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