

Benefit Payment Request

To be completed for SIPP or SSAS

Personal Details Applicant			
Title	Forename(s)		
Surname			
Address			
			Postcode
Daytime tel. no.	E-mail address		

Taking Benefits (complete if you want to take pension benefits)			
Please confirm the type of income that you would like to take			
Income Drawdown (Unsecured Pension) <input type="checkbox"/>	Alternatively Secured Pension <input type="checkbox"/>		
If Income Drawdown (USP), please confirm			
Tax Free Cash required:	maximum available <input type="checkbox"/>	or other £	
Or			
Level of pension required: Nil income <input type="checkbox"/>	maximum income <input type="checkbox"/>	or specify an amount £	Gross per annum
Or			
Combination of Tax Free Cash and pension (Please insert the total amount required per annum) £			Gross per annum
If you would like to receive your tax free cash paid directly to your bank account, please complete the Benefit Payment Telegraphic Transfer			
If Alternatively Secured Pension (ASP)			
Level of pension required £			
If you are transferring a plan already in Income Drawdown, please confirm the level of gross income you wish to take from this transfer (please tick one option)			
Level of pension required: Nil income <input type="checkbox"/>	maximum income <input type="checkbox"/>	or specify an amount £	Gross per annum
Before we can pay an income from the SIPP, Hornbuckle Mitchell will require full details about the maximum income you can take, and the level of income already taken in this benefit payment year from the transferring scheme.			
Frequency of payment (please tick one option)			
Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Annually in advance <input type="checkbox"/>	Annually in arrears <input type="checkbox"/>
Are you a:	<input type="checkbox"/> Nil rate tax payer	<input type="checkbox"/> basic rate tax payer	<input type="checkbox"/> higher rate tax payer

Please provide your bank details for your pension payments																	
Bank/ Building Society																	
Address																	
												Postcode					
Sort Code						-				-				Account No.			
Account Name																	

Other Benefits (complete if you are already in receipt of a pension from another provider, or have Primary or Enhanced Protection)

Have you applied for any of the following: (please tick one option)

Enhanced Protection: Certificate NumberPrimary Protection: Certificate Number**PLEASE ENCLOSE THE RELEVANT CERTIFICATE (S) WITH THIS FORM****Pre A-day Benefits:**Were you receiving benefits on the 5th April 2006 from any pension scheme that had accrued funds up to this date?Yes: No:

If 'YES' please provide details in the boxes below:

Name of Pension Scheme	Name of Scheme Administrator	Maximum Annual Income available
		£
		£
		£
Total maximum income available		£

Post A-day Benefits:From 6th April 2006, are you in receipt of any benefits from other pension funds?Yes: No:

If 'YES' please provide details in the boxes below

Name of Pension Scheme	Name of Scheme Administrator	Date Benefits taken	% of Lifetime Allowance
			%
			%
			%
Total used to date			%

* From 6th April 2006, when benefits are taken from a pension scheme, HMRC require the Scheme Administrator to provide you with the information requested once they have calculated the amount of lifetime allowance you have used up under that scheme.

If you have used up your Lifetime Allowance, how would you like your remaining benefits to be paid:

Lump Sum (subject to 55% tax charge) Income (subject to a 25% tax charge) Combination of lump sum and income

If you have selected Combination of lump sum and income - please specify the percentage of the benefits to be used for lump sum and income:

Lump Sum	%
Income	%
Total	100 %

Protected Rights (SIPP ONLY)

If you have Protected Rights under your SIPP, on your death the protected rights fund must be used to provide a survivor's pension to any surviving spouse or civil partner. If there is no spouse or civil partner on death we will be guided by your Expression of Wish nomination form. Please give details of your spouse or civil partner below.

Title	Surname	Forenames
Address		
		Postcode
Relationship to me:		

With regard to the option selected overleaf I request that:

- the specified number of arrangements be opened and I acknowledge that the Scheme Administrator will be discharged from any further liabilities regarding these arrangements.
- the Scheme Administrator will ensure that the income taken from the arrangements in Income Drawdown will be limited to the amount stipulated by the Government Actuary's Department.
- the Scheme Administrator will be responsible for operating a P.A.Y.E system of taxation to the income from arrangements in Income Drawdown and will forward the necessary tax liability to HMRC. We will require a direct debit mandate to be completed in order to deduct the gross pension from your pension scheme account.
- under current legislation an alternatively secured pension or an annuity will have to be secured on or before your 75th birthday.
- the Scheme Administrator cannot be held responsible for insufficient liquidity within the scheme to ensure continuous payment of income derived from arrangements in income drawdown.
- I confirm that, to the best of my knowledge and belief, the details given on this Application Form are correct and complete, that I wish to transfer the above benefits to my scheme and that I realise that my Protected Rights fund must be ring-fenced from my other pension benefits

Signed (*Member*).....

Date.....

Benefit Payment Telegraphic Transfer
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Pension Commencement Lump Sum															
If you have selected a tax free cash payment, we will pay this by CHAPS/BACS – Please note the bank will charge on all CHAPS transfers															
I would like my tax free cash paid by: <input type="checkbox"/> CHAPS (same day transfer) <input type="checkbox"/> BACS (takes 3 days through banking system)															
Please provide your Bank or Building Society details below:															
Bank/ Building Society															
Address															
												Postcode			
Sort Code				-				-		Account No.					
Account Name															
Signed <i>(member)</i>															
Signed <i>(additional trustee of applicable)</i>															
Signed <i>(scheme trustee)</i>															
Date															
For HM Office use only – amount to be transferred £															

Please return the signed and dated application form to the relevant office:	
<p>Scotland, Northern Ireland & North East 4 Albyn Place Edinburgh EH2 4NG Tel: 0131 220 0353 Fax: 0131 220 0369 E-mail: scotland@hornbuckle.co.uk</p>	<p>North West Cotton Court Middlewich Road Holmes Chapel Cheshire CW4 7ET Tel: 0845 345 7505 Fax: 01477 539209 E-mail: north@hornbuckle.co.uk</p>
<p>Midlands (Head Office) Tyman House 42 Regent Road Leicester LE1 6YJ Tel: 0845 345 2555 Fax: 0116 254 3342 E-mail: midlands@hornbuckle.co.uk</p>	<p>London & Southern Counties Ground Floor Dolphyn Court 10-11 Great Turnstile London WC1V 7JU Tel: 020 7269 6939 Fax: 020 7269 6930 E-mail: london@hornbuckle.co.uk</p>