

Benefit Payment Form

1 Personal Information

Member Name	Title	Forename(s)	Surname					
Scheme Name								
Marital Status								
Date of Birth			Spouses Date of Birt	th				
N.I. Number								
Tax Reference			Tax Reference Distri	ct				
Start Date for Benefits	Imn	nediate Other Plea	se specify					
2 Advice and / o	r Guidanc	e						
Yorssas Limited and Yors	sas (Trustees) L	imited are not authorised to prov	ride financial advice.					
implications and may aff	ect your future	to you when you decide to access retirement income and / or the a make now, should you change y	mount available to you					
options available and the	e implications o	ss your circumstances with your F of drawing your pension benefits ou do not have a financial adviser,	in certain ways. They m	nay also offer a	personal recomme	endation based on		
your pension and choice	s at retirement. ine, by telepho	n Pension Wise - the government's . Whilst they cannot make a perso ne or face to face. Further inform	nal recommendation,	they can help	you understand yo	ur options. The		
Please tick as appropri	ate							
I confirm I have sought	guidance fro	istances with my Financial Advi m Pension Wise ser or sought guidance from P	Y	/es	No No No			
NB: if you have not cons	ulted your find	ancial adviser or sought guidand	e from Pension Wise, 1	we strongly sı	ıggest you do so be	efore proceeding.		
If you have received final	ncial advice fro	m an FCA regulated adviser, pleas	se tick this box and	d ask your adv	iser to complete an	ıd sign section 12.		
Where any of the followi	ng apply, we w	ill contact you to confirm our add	itional requirements:					
 You have not rece 	ived regulated	financial advice; or						
The Adviser Decla	ration at sectio	n 12 has not been completed; or						

Your adviser confirms the options you have selected do not correspond with the advice he/she gave you.

3 Type of Retirement	Benefit			
Flexi Access Drawdown	Yes	☐ No	If yes, please complete question 7	
Uncrystallised Funds Pension Lump Sum	Yes	☐ No	If yes, please complete question 8	
Capped Drawdown*	Yes	No	If yes, please complete question 9	
*Capped drawdown is only availa	ıble when designat	ing additional fun	ds to an existing capped drawdown contract	
4 Notes				
When completing this form you	must take into ac	count any benefit	s that:	
and			nmencing before 6 April 2006) under this and any other pension agements at the same time as the benefits requested in this for	_
The administrators of any existing the standard lifetime allowance		_	nts will have provided you with a statement or will be able to te ngements.	ll you how much of
5 Transitional Protec	tion			
Have you registered with HMRC	for any transition	al protection?	Yes No	
If yes, please tick all that apply a	nd enclose a copy	of the relevant H	MRC Certificate(s):	
Pension Commencement Lump	Sum (PCLS) Prote	ction		
Please also confirm the percenta	age of the protect	ed PCLS now avail	lable, taking account of any amounts paid previously	%
Enhanced Protection				
Primary Protection				
Fixed Protection 2012				
Fixed Protection 2014				
Individual Protection 2014				
Other (please specify)				
Do you have a protected pensio	n age?		Yes No	
If yes, what is your protected pe	nsion age?			
6 Available Lifetime	Allowance			
Please complete: Part A - if	you have not re	gistered for trans	sitional protection; and/or	
Part B - if	you have registe	ered for transitio	nal protection or do not have sufficient unused lifetime all	owance in Part A
•		_	equal to, the value of benefits being crystallised? ase complete Part B.	Yes No

Part B (i) What percentage of the standard lifetime allowance do you have available? %											
If you have registered for enhanced protection, please complete questions 7, 8 or 9. Otherwise, please complete question (ii) below.											
		reater than your lifetime allowar sum subject to a tax charge of 559			Yes	No					
-	•	t to an immediate tax charge of 2				No					
(., , ,	, , , , , , , , , , , , , , , , , , ,										
7 Flexi Access Drawdown											
Please tick this box if you have an existing Capped Drawdown plan with Yorssas that you wish to convert to Flexi Access Drawdown											
Number of segmen	ts to be used (if known)										
Pension Commend	ement Lump Sum										
Maximum	Yes	Specified amount	£								
		um available will be the amount pr rmally be paid electronically.	otected by any regis	tration.							
Other Payments											
Lump sum	Nil Full va	alue Specified amount	£								
	_			1							
Income	Nil	Specified amount	£								
Income frequency	Monthly Quart	erly Half Yearly	Annually								
	Advance Arrear	·									
	Advance Arrear	15									
8 Uncrystalli	sed Funds Pension	Lump Sum									
o onci ystain	sea i ulius i elisioli	Lump Jum									
This option can only	y be used to facilitate one-of	ff lump sum payments. If you requi	re a regular income,	please select	one of the other options.						
Number of segmen	ts to be used (if known)										
_											
Payments											
Full value		Specified amount	£								
9 Capped Drawdown											
Capped drawdown is only available if you already have a capped drawdown plan with Yorssas and you are crystallising additional monies under the same plan. If you are unsure if this applies to you, please speak with your Financial Adviser or contact us for further details.											
Number of segments to be used (if known)											
Pension Commencement Lump Sum											
Maximum	Yes	Specified amount	£								

 $The \ maximum \ pension \ commencement \ lump \ sum \ available \ will \ be \ the \ amount \ protected \ by \ any \ registration.$

The pension commencement lump sum will normally be paid electronically.

Income									
Nil	Maximum			Specified amou	ınt	£			
Yorssas Limited will after. Should you do								_	
Income frequency	Monthly	Quarterly		Half Yearly]	Annually			
	Advance		Arrears						
10 Payment l	Details								
Payment is normally account. With CHAP contact us if you reconstants	S, the payment w	vill usually reacl	h your ac	count on the sam	e da	y it is processed b	ut the bank will	apply additiona	
Please indicate whi	ch payment meth	od you require	:						
BACS (3 working da	ys, no extra charg	je)	CHAPS (same day, additio	nal	charges apply)			
Payment can be ma	ide either on the	Ist or 15th of th	ie month	. Please indicate v	vhicl	n date you require	your payment	to be made:	
1st	15th								
Income payments ving receipt of all needepending on the twill take up to 3 bus	cessary information urnaround time of siness days to arrion make an income	on is required to of the investmen we in your bank	o facilitat nt provid account	te payment on yo ler. If you have sel :.	ur pı ecte	eferred date. Whe	ere a disinvestm ent method, ple	ent is needed, it ase remember t	may take longer hat the payment
sufficient funds are	available.								
Account Details	[
Name of Bank / Buil									
Address (including Sort Code	postcode)								
Account Number									
Roll Number (if app	licable)								
Account Holder Nar	me(s)								
Reference to be quo	oted (if any)								
The account must	be held in your o	own name, altl	hough it	can be a joint ac	cou	nt.			
11 Checklist									
Have you enclose	d the following v	with your Ben	efit Payn	nent Form?					
Birth Certificate / I	Passport						Yes	N/	/A
Marriage Certifica	te (if applicable)	ı					Yes	N	/A
P45 / P60							Yes	N	/A

12 Adviser Declaration

I confi	rm that I have p	provid	ed advice	to the indiv	vidual det	tailed in se	ection 1 c	on the reti	rement op	tions avail	able.			
Please	confirm if the l	benef	it options s	elected co	orrespond	with the	advice yc	ou have gi	ven:	Yes	☐ No)		
	er name	Г	· · · · · ·		•									
	name and addre	-												
FIIIII I	iame and addre	ess												
		L												
		Г							٦					
Advis	er signature										Date			
13 /	Member D	محاء	ration	/ Notes	:									
131	vicilibei D	CCIO	iation	Hotes	•									
l requ	est and consent	t to th	e payment	of benefit	s as set o	ut in Bene	fit Payme	ent Form a	ind agree:					
A.	That Yorssas m	nay co	ntact me fo	or addition	al informa	ation prior	to proce	ssing my a	pplication	should the	ey deem it ne	cessa	ary.	
В.	If any changes be faxed to 01					. ,	my incor	ne payme	nts, I must	give a sigr	ned instructio	n. Th	nis instructio	n will
C.	It will be my re						cleared fu	ınds in the	Scheme B	ank Accou	ınt to pay my	bene	efits as they	fall due.
D.	Any income pa	aymei	nts payable	under Cap	ped Draw	vdown wil	l remain v	within the	maximum	amount a	llowable by H	IMRC	<u>.</u>	
E.	Should I wish t	to dra	w more tha	n the maxi	imum fror	n my Capp	oed Draw	down Plar	n, it will be	converted	l to Flexi Acce	ss Dr	rawdown.	
F.	That accessing relievable con					-	•			ance, whic	h will reduce	the a	amount of ta	ЭX
G.	That my paysli	ip will	be issued t	o my home	e address	unless I se	nd writte	n confirm	ation to yo	ur office c	onfirming an	alteri	native addre	ess and why.
Н.	If I take a pens treated as 're-o									•	,		•	•
l.	That a bank ch	narge	may be app	lied to my	fund if I c	hoose for	my pensi	on comme	encement l	lump sum	to be paid by	CHA	APS.	
J.	I must take the crystallisation.		•							•				
K.	That if my shar	re of t	ne SSAS is f	ully crystal	llised then	no furthe	er contrib	utions or (uncrystallis	ed transfe	r funds can b	e ma	ide to my ex	isting fund
L.	That until Yors	ssas re	ceive the co	orrect Codi	ng Notice	from HMF	RC, my tax	kable payn	nents will b	e taxed us	sing the releva	ant Er	mergency ta	ıx code.
I have	read and unde	rstoo	d the notes	on this for	rm.									
]				
Sig	ned										Date		-	



