

Other Pension Benefits form

1. Personal details	
Full name and title	
Policy number/scheme and member number	
Employer/scheme name (if applicable)	
National Insurance number	
Telephone number	
Email address (optional)	

2. Lifetime Allowance Protection	
Do you have either:	Yes No
a) transitional protection (either enhanced; primary; fixed or individual); or	<input type="checkbox"/> <input type="checkbox"/>
b) an enhanced lifetime allowance (eg where a divorce credit applies)?	<input type="checkbox"/> <input type="checkbox"/>
If yes, kindly send us:	
1. a copy of the HMRC certificate if you have one, or	
2. a copy of your online confirmation, or	
3. your Protection Notification Number and Scheme Administrator Reference below:	
Protection Notification Number:	Scheme Administrator Reference:
<input type="text"/>	<input type="text"/>

3. Other retirement savings	
Is the value of your total retirement savings more than £500,000?	
<input type="checkbox"/> Yes - complete sections 4 and 5	<input type="checkbox"/> No - complete section 4
Don't include:	To calculate the value include:
<ul style="list-style-type: none"> any widow's/widower's or dependant's benefits you are receiving any state pension benefits due or in payment 	<ul style="list-style-type: none"> retirement savings from this policy any retirement savings already taken as a lump sum (excluding trivial and small funds) any other retirement savings you have; if these are from a final salary scheme, the value is the annual amount of any pension before the deduction of tax, multiplied by 25 the annual amount of any pensions in payment, before the deduction of tax, multiplied by 25

4. Declaration

I declare that:

1. To the best of my knowledge and belief all statements made in connection with this form are true and complete.
2. If I become aware of any alteration to the information given on the form subsequently, I hereby agree to notify you of any such alterations immediately.
3. I understand that if my existing benefits and benefits from the Policy exceed my Lifetime Allowance, a Lifetime Allowance charge will be paid from my benefits and they will reduce accordingly.
4. I also understand that if any further tax becomes payable because the information I have provided in this form proves to be incorrect, I will be wholly and personally liable for the tax charge due, and any resultant penalty that may be imposed by HM Revenue & Customs (HMRC).

Print Name _____

Signature _____ Date _____

5. Details of other retirement savings			
A. Pension policies in payment before 6 April 2006 (including income drawdown)			
Detail your Provider(s)	Pension or Income Drawdown?	Enter your current annual amount of pension or, for income drawdown, enter the current maximum income allowed	
B. Pension policies in payment, or transferred overseas, since 6 April 2006 (including income drawdown)			
Detail your Provider(s)	Pension or Income Drawdown?	Enter the % of Lifetime Allowance used	Enter date taken or put into payment
C. Lump sum payments received since 6 April 2006			
Detail the Provider(s)	What Type of lump sum? Stand Alone (100% tax free cash), Flexible or Serious Ill Health	Enter the % of Lifetime Allowance used	Enter date taken
D. Money Purchase policies not yet in payment			
Detail your Provider(s)	Policy type(s)	Enter the current fund value	
E. Final Salary benefits not yet in payment			
Detail your Provider(s)	Policy type(s)	Enter the current annual pension payable, plus tax free cash if payable in addition	

Continue on a separate sheet if you need to

REST ASSURED

Calls may be recorded for training or monitoring purposes.

Contact us at: Walton Street, Aylesbury, Bucks, HP21 7QW Tel : 0330 159 1530 Fax : 0845 835 5765 : www.utmost.co.uk
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