

INCOME INSTRUCTION FORM

FOR HORNBUCKLE MITCHELL SIPP | HORNBUCKLE MITCHELL PRIVATE PENSION |
THE PRIVATE PENSION | FLEXIBLE INCOME PENSION PLAN | FREEDOM SIPP

Please complete this form in BLOCK CAPITALS and black ink and return it to: Embark Pensions, Tyman House, 42 Regent Road, Leicester LE1 6YJ. If you need assistance in completing this form, please call our Customer Services team on 0116 366 8600.

If you want to take benefits for the first time from all or part of your pension, you should use our Benefit Payment Form.

To convert a capped drawdown arrangement to flexi-access without taking any benefits please complete our Capped Flexi-access Drawdown Form.

1 YOUR CONTACT DETAILS

Title:

Forename(s):

Surname:

Address:

Postcode:

Date of Birth:

| D | D | M | M | Y | Y | Y | Y |

Pension Reference Number:

Email:

Telephone Number:

2 ABOUT YOUR REQUEST

Your knowledge & circumstances

We are required by our regulator, the Financial Conduct Authority, to ensure that you are fully aware of the possible risk factors associated with your decision to access your pension savings. We do this by asking that you complete the questions set out within section 2 of this application form.

Customers can access their pension through either flexi-access drawdown, capped drawdown or by an uncrystallised funds pension lump sum.

We recommend that before deciding to access pension benefits, you take advantage of the Government's free and impartial guidance service, Pension Wise. To find out more, call 0800 138 3944 or visit www.pensionwise.gov.uk.

Depending on your responses to the questions, we will write to you with some tailored risk warnings that you should consider before we process your request.

If you have received advice from an independent financial adviser and your adviser is submitting the application on your behalf you do not need to answer the questions, otherwise please answer ALL of the questions asked.

If you have any queries on why we need to ask you these questions, please don't hesitate to call us on 0116 366 8600.

2 ABOUT YOUR REQUEST (CONTINUED)

Are there any aspects of your health or lifestyle that could potentially shorten your life expectancy?	Yes	No
Are you (or is there the possibility of you) being declared bankrupt or are you currently an undischarged bankrupt?	Yes	No
Do you understand that there are no guarantees for the amount of income or lump sums paid via flexi-access drawdown, capped-drawdown and/or uncrystallised funds pension lump sum?	Yes	No
Are you aware that accessing pension savings via drawdown or lump sums could impact on any means-tested benefits you receive?	Yes	No
Are you reliant on the funds in this pension pot to provide an income through your later years/retirement and, where applicable, for your dependents/beneficiaries after your death?	Yes	No
Are you aware that investment scams exist, often targeting pension savings, and that care should be taken when investing funds taken from your pension pot?	Yes	No
Do you believe you fully understand the effect the investment of your pension savings has on your future income?	Yes	No
Are you aware that flexibly accessing your pension savings to provide income will reduce your annual allowance?	Yes	No
Do you believe you fully understand the tax implications of taking your benefits, whether by flexi-access drawdown, capped-drawdown or lump sum in terms of your potential income amount and/or any future inheritance tax liability?	Yes	No
Are you satisfied that you have adequately researched and understood the options available to you in accessing your pension savings?	Yes	No
Do you believe you have fully considered the impact of charges or fees as a result of investing any benefits you take from your pension elsewhere?	Yes	No
Have you received advice from an authorised financial adviser?	Yes	No
Do you believe you fully understand that creditors may have a right to any money taken from your pension savings?	Yes	No
Have you sought guidance from Pension Wise?	Yes	No

3 INCOME INSTRUCTION

3.1 Income type

I want to take a flexi-access drawdown pension from an existing flexi-access drawdown arrangement.

I want to convert a capped drawdown arrangement to flexi-access and take a flexi-access drawdown pension.

Please select how much of your pension you want to take as income:

Your entire pension Defined gross amount: £

If you want to withdraw your entire pension, you need to let us know whether you want to keep your pension open.

Yes, please keep my pension open No, please close my pension

Note that fees and our minimum balance requirement will continue to apply. See the terms and conditions for further details.

I want to take a capped drawdown pension from an existing capped drawdown arrangement

Please select how much of your pension you want to take as income:

GAD maximum income Defined gross amount: £

3 INCOME INSTRUCTION (CONTINUED)

3.2 Payment details

Unless you have decided to withdraw your entire pension under flexi-access drawdown, please tell us the frequency of payment you require:

- Single one off payment
- Pay the above defined amount per Annum
- Pay the above defined amount each Quarter
- Pay the above amount each Monthly purchase

If you are taking an income from your pension for the first time, please select the option below that applies to you:

- A: This is my first source of income since last 6 April and I have not been receiving taxable Jobseeker’s Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State Pension or Occupational Pension
- B: This is now my only income but since last 6 April I have had other income, or received taxable Jobseeker’s Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State Pension or Occupational Pension
- C: I have another source of income or receive a State Pension or Occupational Pension

We will send you payslips, and a P60 at the end of each tax year by email.

3.3 Funding Benefits

Please indicate below how the payment of benefits is to be funded. Additional forms may be required to carry out these plans:

4 YOUR BANK DETAILS

If this is the first time benefits are being paid into this account, please supply a copy of your bank statement.

Please supply one of the following:

- An original bank statement (dated within 1 month).
- A certified copy of a bank statement (dated within 1 month).

Printed bank statements showing the name and address the account is held in will be acceptable. For a UK resident, copy documents must be certified with an original signature from one of the following:

Chartered Accountant, Bank Official, Building Society Official, Barrister, Civil Servant, Commissioner of Oaths, Financial Adviser (regulated by Financial Conduct Authority), General Practitioner / Consultant or Medical Professional, Justice of the Peace, Member of Parliament, Officer of the Armed Services, Police or Customs Officer, Postmaster or Solicitor. Certification by retired professionals will not be accepted.

The certification wording should include “This is a true copy of the original document that I have seen”. Each certified document should be stamped by the certifying body (where applicable), and must state the name, address and telephone number of the certifier as well as their profession, signature and date. The date on the certification must be within the past 12 months.

I want my income to be paid to the bank account you hold on record for me.

I want my income to be paid to a different bank account and I have provided details of the account below.

4 YOUR BANK DETAILS (CONTINUED)

Bank/Building Society: _____

Account Name: _____

Account Number: | | | | | | | | | | Sort Code: | | | | | | | | | |

For Non-UK Accounts: IBAN _____ For Non-UK accounts: Swift Address/BIC code: _____

If you are taking income from your pension for the first time we will open a Bank of Scotland pension account for you within your scheme to pay your income.

Any bank charges incurred in the conversion of a payment from Sterling to a different currency will be payable from your pension.

5 NEXT STEPS AND YOUR DECLARATION

Please accept this as my instruction to take income from my pension as set out in section C of this form. We will prepare an information pack showing you the outcomes that could arise from your instruction and we will ask you to confirm that you wish to go ahead. We will also tell you of any further information or decision we may need to implement your instruction.

I acknowledge that if an income is to be drawn from a Flexi-access arrangement I will be subject to the Money Purchase Annual Allowance contribution limit.

Important outcomes can arise from this instruction. We ask you to confirm that you are aware of the importance of being properly informed before taking pension benefits. We have recommended that you seek external advice from a qualified financial adviser. Embark Pensions cannot give financial advice nor assess the suitability of this transaction.

Member Signature:  _____

Print Name: _____

Date: | D | D | M | M | Y | Y |

6 ADVISER DETAILS (IF ADVICE RECEIVED)

Adviser Name:

Firm Name:


Firm FCA Number:

Have you provided a personal recommendation to the pension member in relation to the drawing of their benefits? Yes No

On which basis has recommendation been provided? Face to face At a distance

Have you agreed with the pension member that we should pay you a fee from their pension fund? Yes No


If 'Yes', please make sure that you and the member have completed our Adviser Charging Form.


Adviser Signature: 


Print Name:


Date: | D | D | M | M | Y | Y |




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 embarkpensions.co.uk/closed-products