

OPTION SIPP AND FULL SIPP PHASED FAD CONTINUATION DECLARATION

Please complete this form in BLOCK CAPITALS and black ink and return it to: Embark Pensions, Dunscar House, Deakins Business Park, Egerton, Bolton BL7 9RP. If you need assistance in completing this form, please call our Customer Services team on 01204 803500.

This form is to be completed in order to continue with the current phased Flexi-Access Drawdown you are receiving. Please ensure this form is completed within the appropriate time frame to ensure no delays.

This form is for advised clients only. If you do not have an adviser and wish to continue with your phased Flexi-Access Drawdown, please complete our Retirement Options Form (Drawdown) available on our website www.embarkpensions.co.uk.

Please note, there are charges for taking benefits from your SIPP. These charges can be found on our website www.embarkpensions.co.uk.

1 MEMBER DETAILS

Title:

Forename(s):

Surname:

Date of Birth:

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

National Insurance Number:

Email:

Ref:

2 PHASED FLEXI-ACCESS DRAWDOWN CONTINUATION

Phased Flexi-Access Drawdown is an option where you can take monthly income that has an element of Pension Commencement Lump Sum and an element of Flexi-Access Drawdown. We will crystallise funds for the year and pay out the Pension Commencement Lump Sum in 12 monthly instalments. You can also take monthly Flexi-Access Drawdown income alongside the Pension Commencement Lump Sum.

Please tick to confirm that you would like to continue with the current phased flexi-access withdrawal amounts:

If you require a change in your phased flexi-access withdrawal amounts, please complete the below:

New monthly target amount: £

How much of this target amount will be made up of:

PCLS: £

Drawdown (taxable income): £

Please Note: Embark Pensions will have to crystallise enough pension to reach the PCLS target.

3 FINANCIAL ADVISER CONFIRMATION

LTA Confirmation

Has the client used up any of their LTA in the last 12 months as a member of another pension scheme? Yes No

If yes, please confirm LTA used from other pension schemes in the last 12 months.

Name of scheme/Pension Provider: _____

Percentage of LTA used in last 12 months: _____

IFA Declaration

By signing below, I confirm that the client is still receiving financial advice and I have provided the customer with the relevant risk warnings attached to this transaction.

Adviser Name: _____


Adviser Company: _____


FCA Registration Number: _____


Adviser Signature:  _____


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



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 embarkpensions.co.uk