

Momentum Gibraltar Pension Plan Retirement Options Form

This form does not include the option to purchase an annuity. If you wish to purchase an annuity please complete the 'Purchase an Annuity' option form.

01. MEMBER DETAILS

Forename(s)	Surname
Date of Birth	Date permanently left the UK
Current Residential Address	
Do you consider yourself to be a Politically Exposed Person* (PEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please provide details as to why you consider yourself to be a PEP.	

*A PEP is a person who is or has been entrusted with prominent public functions. The definition also includes family members or close associates of that person.

02. TAX RESIDENCY

Please advise us immediately if your country of tax residence changes in the future.

Current Country of Tax Residence	Current Tax Reference Number
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Tax Residence:

You will generally be considered tax resident in a country if you reside or live there for more than a prescribed number of days in a tax year (commonly 183 days) although a country may have other prescribed conditions to be deemed tax resident. The exact number of prescribed days or any other condition(s) is bespoke to each country and if unsure must be confirmed with your local Revenue authority. It is not always where you pay tax.

03. RETIREMENT OPTIONS

Please note we will be unable to make any payment until we received an original, fully completed Retirement Options Form signed and dated by the Member and valid original or certified Bank Statement.

Currency of benefits:	<input type="checkbox"/> GBP £	<input type="checkbox"/> Euro €	<input type="checkbox"/> Other: _____
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PENSION COMMENCEMENT LUMP SUM (PCLS)

I request that the Scheme Administrator pays the Pension Commencement Lump Sum as per the following preferences:

Pension Commencement Lump Sum (PCLS):	<input type="checkbox"/> Maximum Permitted	<input type="checkbox"/> Specified Amount:
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INCOME BENEFIT

I request that the Scheme Administrator pays Taxable Income as per the following preferences:

One-off Taxable Income Payment*	<input type="text"/>	<input type="checkbox"/> Immediately	<input type="checkbox"/> Date:
Regular Taxable Income*	<input type="text"/>	per annum	
How often do you want your income to be paid?	<input type="checkbox"/> Annually	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Quarterly
When do you want your first payment?	<input type="checkbox"/> Immediately	<input type="checkbox"/> Date:	

*This amount must be less than the maximum allowed based on your current fund value and the UK Government Actuary's Department (GAD) rates. Where relevant, we will advise you of the maximum income level and adjust your chosen income level accordingly if it is necessary.

04. DISINVESTMENTS

I request that benefits are to be funded by the following disinvestments from within the investment policy:

100% Cash Fund
 From funds listed:

Fund Name	ISIN / SEDOL	Amount or %
Fund Name	ISIN / SEDOL	Amount or %
Fund Name	ISIN / SEDOL	Amount or %
Fund Name	ISIN / SEDOL	Amount or %

Please ensure that the total amount shown is the same as the total PCLS and income amount requested and required currencies are clearly indicated. If further funds are required, please complete a separate page.

05. NOMINATION OF BENEFICIARIES UPON DEATH

NOTE: Please complete this section if you wish to change or nominate a beneficiary upon death. Kindly note that this nomination will replace any previous instructions submitted to the Trustees. Please ensure details in this section are provided in English.

Indicate below the name(s) of any individuals that you would like the Trustees to consider paying benefits to upon your death. Please note that the Trustees will take your wishes (as stated below) into consideration, but are not legally bound to act upon them.

Total percentage must amount to 100%.

Name	Contact number & email address	Relationship to you	Percentage
Name	Contact number & email address	Relationship to you	Percentage
Name	Contact number & email address	Relationship to you	Percentage
Name	Contact number & email address	Relationship to you	Percentage

06. BANK DETAILS

I request that the benefits are paid to the Bank Account I have previously advised you of:

Yes No

If No, I request that benefits are to be paid to the following bank account, held in my own name:

Bank Name	Bank Address
Payee Name	
Account Number	Sort Code
SWIFT / BIC Code	IBAN Number
Building Society reference or roll number	Account Currency

For bank account verification purposes, where we have not previously received a bank statement, an original or certified copy of your bank statement must be attached. This statement must be on the bank's headed paper and match the bank account details provided above and clearly show your full name, address and be dated within the last six months. A download from the internet is acceptable provided it is in a non-editable format, on bank headed paper, and certified by a suitable certifier.

Bank Statement Attached:	<input type="checkbox"/> Original Statement	<input type="checkbox"/> Certified Copy of Statement
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07. BENEFIT DECLARATION

I hereby request that the benefits indicated in this form are paid to me and understand that the maximum allowance will be reviewed periodically, in accordance with regulatory requirements.

I understand that I have an entitlement to income based on GAD rates and I wish to continue to draw benefits based on the fund value and GAD rates, the maximum allowance will continue to apply and will be reviewed periodically, normally every 3 years prior to age 75 and annually thereafter.

I declare that I have sought clarification and am fully aware of any surrender penalties and/or other fees that may apply on the disinvestment of the amounts requested in this retirement options form.

I understand that any bank charges levied to affect the transfer of funds to my account will be deducted from the benefit payment.

I understand that it is my sole responsibility to take tax advice with regards to the tax liability on benefits I receive, and declare any benefits I may receive from the Scheme in the country where I am tax resident. I hereby irrevocably and unconditionally agree to fully and effectually indemnify, and keep indemnified, Momentum Pensions (Gibraltar) Limited from and against any tax liability, interest or charges of whatever nature (including all associated costs) that may be incurred by Momentum Pensions (Gibraltar) Limited as a result of any false or incorrect declaration I have made, and which ultimately results in such a liability being imposed by any tax authority in any country.

I authorise Momentum Pensions (Gibraltar) Limited to submit my tax return to the Gibraltar Income Tax Office and if applicable, pay any Income Tax due on the income I receive prior to paying the benefits to me.

I confirm that the information provided in this Application is to the best of my knowledge true and correct.

Member's Signature	Date
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Momentum Pensions (Gibraltar) Limited is licensed and authorised by the Gibraltar Financial Services Commission as a Personal Pension Scheme Controller under license number FSC1212B. Company Registration Number 109892.