

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.

Checklist

Please use this checklist to confirm you have completed each section. Please ensure all sections are completed in English. Please note we will be unable to make any payment until we have received an original, fully completed Retirement Options Form signed and dated by the Member, a valid original or certified copy of a Bank Statement, and Proof of Country of Tax Residency.

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|--------------------------|--|--------|
| <input type="checkbox"/> | Section 01. Member Details | Page 3 |
| <input type="checkbox"/> | Section 02. Tax Residency Details | Page 3 |
| | Unless already provided to us please attach a copy of your Tax Residence Certificate or a valid Utility Bill (less than 6 months) showing proof of your Tax Residency. | |
| <input type="checkbox"/> | Section 03: Retirement Options | Page 3 |
| <input type="checkbox"/> | Section 04. Disinvestments | Page 4 |
| <input type="checkbox"/> | Section 05. Nomination of Beneficiaries upon Death | Page 4 |
| | Please complete this section if you wish to amend or nominate a beneficiary upon death. Kindly note that this nomination will replace any previous instructions submitted to the Trustees. | |
| <input type="checkbox"/> | Section 06. Bank Details | Page 5 |
| | Please attach an original or certified copy of a bank statement (less than 6 months old). | |
| <input type="checkbox"/> | Section 07. Benefit Declaration | Page 5 |
| <input type="checkbox"/> | Section 08. Change of Address Details | Page 6 |

01. MEMBER DETAILS

Please ensure all details below are completed. Missing details will need to be confirmed with the Member and may delay payments.

Forename	Surname	Date of Birth
Date left the UK permanently	Current Residential Address If your address has changed and no longer matches the address we hold on file, please complete the Change of Address details in Section 08 and also provide the required proof of address/tax residency.	
City of Birth		
Country of Birth		

Do you consider yourself to be a Politically Exposed Person* (PEP)?

Yes

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 have received an original, fully completed Retirement Options Form signed and dated by you, the Member and a valid original or certified Bank Statement, matching the bank details specified below, unless previously provided.

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 Pension Plan 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: (Please input required PCLS) _____
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03. RETIREMENT OPTIONS (continued)

INCOME BENEFIT

I request that the Pension Plan 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	<input type="checkbox"/> Annually	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Quarterly
How often do you want your income to be paid?				
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:

<input type="checkbox"/> 100% Cash Fund	<input type="checkbox"/> From funds listed:
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Fund Name	ISIN / SEDOL	Amount or %
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 retirement benefits indicated in this form ("benefits") are paid to me.

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, in accordance with regulatory requirements.

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 required to enable the payment of my benefits, as requested in this 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.

By proceeding with my request for payment of benefits, I acknowledge and confirm that the payment of each such benefit(s) shall operate as a complete discharge in favour of the Pension Plan Trustees and Administrator, who thereafter are fully discharged from any obligation to provide me, my spouse or other dependants or nominated beneficiaries, with any further entitlement under the Momentum Gibraltar Pension Plan in respect of those benefits

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 authorise Momentum Pensions (Gibraltar) Limited to submit details of benefits taken to the Gibraltar Income Tax Office and Her Majesty's Revenue and Customs (HMRC) as required.

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

Member's Signature	Date
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08. CHANGE OF ADDRESS DETAILS

Please use this form to update Momentum of any changes to your contact details and/or address and Tax Residence country (see Section 02). Once completed, please send the original with supporting documentation as proof of residency as outlined below, to the address noted at the foot of the form.

Forename	Surname	Member Number
Date of Birth	UK National Insurance Number	

Change of Address and Contact Details:

Previous address	<input type="checkbox"/> Residential	<input type="checkbox"/> Correspondence
New address	<input type="checkbox"/> Residential	<input type="checkbox"/> Correspondence
Date of change <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>		
Previous Phone Number (Please be sure to include country code)	New Phone Number (Please be sure to include country code)	
Previous Email Address	New Personal Email Address	

Change in Country of Tax Residence

If your Country of Tax Residence has or will change as a result of this change in address, please complete the following:

Please confirm your new Country of Tax Residence ¹	Please confirm in what tax year this change of tax residence applies from <input type="text" value="YY"/> <input type="text" value="YY"/>
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Please attach a Tax Residence Certificate or valid Utility Bill (less than 6 months old) showing proof of your address in your country of tax residency.

1. 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.

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

Member's Signature	Date
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