

Small Self Administered Scheme (SSAS)

Benefits Form

Contents

Section	Page
01 Member Details	3
02 Pension Requirements	3
03 Bank Details	3
04 Benefits Already In Drawdown	4
05 Protection	4
06 Lifetime Allowance Excess	5
07 Member Declaration	5
08 Adviser Declaration	5

Please complete all sections of the form
Please delete as appropriate where marked with an asterisk*

1. MEMBER DETAILS

Surname _____ Forenames (in full) _____

Date of Birth

--	--	--	--	--	--	--	--

National Insurance Number

--	--	--	--	--	--	--	--	--

Permanent Residential Address _____

Scheme Name _____

Tax Residence _____ Tax Reference _____

Please provide your P45 (if applicable) as it will be required by HMRC. If no P45 has been received all gross funds will be taxed under the basic rate tax code until subsequent notifications have been received from HMRC.

2. PENSION REQUIREMENTS

Date retirement benefits to commence:

--	--	--	--	--	--	--	--

Type of pension: Capped Drawdown Pension / Flexi-Access Drawdown Pension *

Required tax free lump sum: £ _____ / maximum *

Required gross annual pension: £ _____ / maximum *

Required pension frequency: monthly / annually *
(monthly payments are made on or around the 15th each month)

3. BANK DETAILS

Please give details of your personal bank account which you would like your pension to be paid into:

Name of Bank/Building Society _____

Bank Branch Address _____

Account Number _____ Sort Code _____

Account Name _____

4. BENEFITS ALREADY IN DRAWDOWN

Pre-5 April 2006 Benefits

Before 5 April 2006, were you taking any benefits, including income withdrawal or a pension scheme, from any UK approved pension scheme? If yes, please provide details (if there is more than one please continue on a separate sheet):

Name of Pension Scheme _____

Scheme Administrator _____

Type of Pension Scheme _____

Current maximum rate of income £ _____

Post-5 April 2006 Benefits

Have you taken any benefits from any UK registered pension scheme since 5 April 2006? In yes, please provide details (if there is more than one please continue on a separate sheet):

Name of Pension Scheme _____

Scheme Administrator _____

Type of Pension Scheme _____

Amount of LTA Used _____

If you, at the time of your first BCE (detailed above), were already taking benefits from pension schemes that had come into payment before 6 April 2006, how much of your Lifetime Allowance did the Scheme Administrator calculate had been utilised by such benefits?

%

5. PROTECTION

Do you have protection from the Lifetime Allowance? Yes / No *

If yes, please provide a copy of your HMRC certificate to support your declaration.

If you have enhanced or primary protection with lump sum rights over £375,000 on 5 April 2006, and have taken benefits since that date, please provide details below:

Name of Pension Scheme _____

Scheme Administrator _____

Date of Benefit Crystallisation Event _____

Amount of Pension Commencement Lump Sum Paid £ _____

6. LIFETIME ALLOWANCE EXCESS

If payment of your benefits from your SSAS means that you will have exceeded the Lifetime Allowance, you will need to specify how you would like to receive the excess:

Use to provide future pension benefits (subject to current tax regulations at a 25% tax charge)

Use to provide a lump sum (subject to current tax regulations at a 55% tax charge)

7. MEMBER DECLARATION

- I understand that on the basis of this application and the value of my Fund, Momentum Pensions Limited will calculate the tax free cash and pension available to me and inform me accordingly. A fee for the calculation will be charged to my Fund irrespective of whether I take the benefits or not.
- I understand that if I take a Pension Commencement Lump Sum as the means to increase contributions significantly to any UK Registered Pension Scheme it will be treated as recycling by HMRC and a tax charge will be payable and so I hereby declare that this is not my intention.
- I hereby give you authority to check with HMRC the details of any certificates which I supply in order to support any protection from the Lifetime Allowance.
- I understand that it is my sole responsibility to declare any benefits I may receive from the Scheme, in the country where I am tax resident. I hereby give Momentum Pensions Limited a full and unconditional indemnity for any tax liability, interest or charges which may occur as a result of any false or incorrect declaration I have made that ultimately results in such a liability being imposed by any tax authority in any country. I also confirm that should my tax residency change, I shall notify you accordingly.
- I enclose my P45 (if applicable) to be sent to HMRC upon commencement of benefits.
- I understand that it is my responsibility for ensuring that there are sufficient cleared cash funds available in your account to pay the pension.

Member's Signature: _____

Member's Name: _____

Date: _____

8. ADVISER DECLARATION

- I confirm that I have provided advice to the member named above in accordance with the instructions contained in this form.

Adviser's Signature: _____

Adviser's Name: _____

Adviser Firm: _____

Date: _____