

Small Self Administered Scheme (SSAS)

**Uncrystallised Funds  
Pension Lump Sum (UFPLS)  
Benefits Form**

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Please Complete All Sections Fully  
Please delete as appropriate where marked with an asterisk\*

### Section 1: Member Details

Surname \_\_\_\_\_ Forenames (in full) \_\_\_\_\_

Date of Birth

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National Insurance Number

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Permanent Residential Address \_\_\_\_\_

\_\_\_\_\_

Scheme Name \_\_\_\_\_

### Section 2: 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 \_\_\_\_\_

### Section 3: Taking UFPLS

Please complete one box below to indicate the amount, or percentage of your fund, you wish to take benefits from. This amount must be the total gross amount to be applied to provide a UFPLS.

All of my uncrystallised fund

£  of my uncrystallised fund

%  of my uncrystallised fund

Date UFPLS to be taken

#### Section 4: Member's Declaration

- The information contained in this form is correct, complete and not misleading to the best of my knowledge and belief.
- I have unused lifetime allowance available that is more than the value of the benefits being withdrawn from the SSAS.
- I do not have any transitional protection or lifetime allowance enhancement factor that means I am entitled to less than 25% of the funds crystallised tax-free
- I agree that I will indemnify the scheme administrator against any liability to pay any tax or other charges which arise out of the provision of false or misleading information.
- I understand the risks associated with taking benefits as set out in the Momentum SSAS Risk Warning Questionnaire.
- 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:** \_\_\_\_\_

#### Section 5: Adviser's Declaration (to be completed where advice has been given)

- 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:** \_\_\_\_\_