

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 and in capital letters. 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.

- | | |
|---|--------|
| <input type="checkbox"/> Section 01. Member Details | Page 3 |
| If your address has changed please complete the Change of Address details in Section 10. | |
| <input type="checkbox"/> Section 02. Tax Residency Details | Page 3 |
| Unless already provided to us please attach a copy of your suitably certified proof of tax residency such as a valid utility bill dated within the last 6 months showing proof of your Tax Residency. | |
| <input type="checkbox"/> Section 03: Currency of Investment Withdrawal | Page 4 |
| <input type="checkbox"/> Section 04: Pension Commencement Lump Sum (PCLS) | Page 4 |
| <input type="checkbox"/> Section 05: Taxable Income | Page 4 |
| <input type="checkbox"/> Section 06. Disinvestment | Page 4 |
| <input type="checkbox"/> Section 07. 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 08. Bank Details | Page 5 |
| Please attach an original or certified copy of a bank statement (less than 6 months old). | |
| <input type="checkbox"/> Section 09. Benefit Declaration | Page 6 |
| <input type="checkbox"/> Section 10. Change of Address Details | Page 7 |

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 10 and also provide the required proof of address/tax residency.	
City of Birth		
Country of Birth		
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Pensioner <input type="checkbox"/> Other _____		
Occupation*	Industry*	Employer* (if applicable)

*If you did not indicate employed or self-employed above, please confirm details of last employment/self-employment held.

Politically Exposed Person Declaration

Do you consider yourself to be a Politically Exposed Person* (PEP)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<small>*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. A family member is defined as a spouse (or equivalent), children and their spouses (or equivalent) and parents. A close associate of a PEP is a person known to have a joint beneficial ownership of a body corporate or any other form of legal arrangement or any other close business relations with that PEP.</small>			
If Yes, please provide the following details:			
<input type="checkbox"/> PEP	<input type="checkbox"/> Close associate or Family Member	Role held by PEP _____	
Duration of holding designated role _____		Date/Year of leaving office (if applicable) _____	

02. Tax Residency

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

Country of Tax Residence ¹	Tax Identification Number (or Equivalent) ¹
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If a TIN is unavailable please provide the appropriate reason A, B or C where indicated below:

<input type="checkbox"/> Reason A: The country / jurisdiction where you are resident does not issue TINs to its residents
<input type="checkbox"/> Reason B: I am unable to obtain a TIN or equivalent number, and have provided an explanation below
<input type="checkbox"/> Reason C: No TIN is required as the domestic law of the relevant jurisdiction does not require the collection of a TIN issued by such jurisdiction

Unless already provided to us, please attach a copy of your Tax Residence Certificate or a Valid Utility Bill (less than 6 months old) showing your proof of your tax residence address.

A Tax Residence Certificate is a formal document from the relevant Tax Authority which specifically verifies and confirms the Members' tax residence. Other tax documentation such as tax returns, tax assessment or proof of payment are generally NOT acceptable forms of proof of tax residency.

¹Tax Residence: If you are tax resident in more than one country / jurisdiction, please provide the information within this section for each country by completing a separate copy of this section 3 for each additional country / jurisdiction.

02. Tax Residency (continued)

If Irish or UK Tax Resident (incl. Wales, Scotland or Northern Ireland)
Please confirm country of Domicile²:

If Australian Resident, please confirm if: ☐ Permanent Resident Visa or Australian
Passport Holder (please attach a copy) ☐ Temporary Resident Visa Holder

If US Citizen, please tick ☐

²Domicile: Your Domicile for Tax purposes is usually determined at the time of your birth and is commonly (but not always) based on your father's domicile/ permanent home at that time. It remains this domicile of origin unless you elected and formally amended your country of tax domicile. If you are unclear on your domicile you can confirm this with the tax authority in the country where you were born.

03. Currency of Investment Withdrawal

Please indicate in which currency you require the investment withdrawal(s) to be requested in to fund this payment(s).

If no currency is indicated we will process the disinvestment in the Policy Currency or Account Currency for Platforms.

Please note: If no funds are invested or we hold sufficient funds in the Momentum Client Bank Account to fund the payment(s), you do not need to complete this section.

☐ Investment Policy Currency **Other Currency:** ☐ GBP (£) ☐ Euro (€) ☐ Other Currency _____

04. Pension Commencement Lump Sum (PCLS)

I request the Scheme Administrator to pay the following:

PCLS ☐ Maximum Permitted ☐ Specified Amount _____

Current Income Tax legislation at date of commencement of benefits, up to 30% of the fund value can be taken exempt from Gibraltar income tax. Momentum Pensions (Gibraltar) Limited do not facilitate PCLS to be taken on a phased basis and hence the maximum amount permitted or required must be taken when commencing benefits.

05. Taxable Income

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

One-off Taxable Income Payment* ☐ Immediately ☐ Date: _____

Regular Taxable Income* per annum

How often do you want your income to be paid? ☐ Annually ☐ Semi-Annually ☐ Quarterly

When do you want your first payment? ☐ Immediately ☐ 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.

06. Disinvestments

Unless notified otherwise, all withdrawals will be requested fully from the Cash Fund.

Should you wish to nominate an asset to be used to fund your retirement benefit withdrawal request, please submit the relevant completed Investment Company form with this form.

For regular withdrawals, please liaise with your investment adviser at least 15 days in advance of each payment date, to ensure there is sufficient funds available to fund the withdrawal.

☐ 100% Cash Fund ☐ Nominated Asset Investment Company Form attached

07. 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 %

08. 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

Please ensure the bank details are completed in full including the Account Currency and Bank Address. Due to Banking requirements, we will be unable to make payments without this information causing delays in the payment of benefits.

For Income benefit payments, where the currency of funds we hold to make the payment is different to your Account currency, we will automatically FX the funds to your account currency prior to payment. Therefore please ensure the Bank Account Currency is correct, as we cannot be responsible for any FX implications where not completed accurately. We are unable to offer FX on any PCLS payments.

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 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: ☐ Original Statement ☐ Certified Copy of Statement

Please ensure that if an intermediary bank is being used, the bank details of this bank are also provided.

09. 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 the withdrawal from the Investment Company will be requested from cash, unless a nominated asset was indicated on the appropriate asset nomination form. To enable the processing of a withdrawal request, I understand it is my responsibility in conjunction with my appointed Investment Adviser, to ensure there is sufficient funds available in the cash account or nominated asset at least 15 days prior to the date of payment. I understand that failure to do this will cause delays in the payment of my benefit payments.

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 understand that Momentum Pensions (Gibraltar) Limited do not facilitate PCLS to be taken on a phased basis and that the maximum PCLS permitted or amount required must be taken when commencing benefits and therefore no further amount can be taken in respect of the same benefits

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

10. Change of Address and Contact Details

Please complete this section to update Momentum of any changes to your contact details, address and/or Tax Residency. 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 _____
Previous Phone Number (please include country code)	New Phone Number (please include country code)
Previous Email Address	New 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"/> <input type="text"/> <input type="text"/> <input type="text"/>

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.

***Tax Residency:** 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