

Serious ill-health lump sum

- Collective Retirement Account (CRA)

Complete this form if you can agree with the 4 following statements:

/	You	have	some	available	tax-free	allowance
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- ✓ You **have** contacted us about taking your pension pot as a serious ill-health lump sum
- ✓ You have a life expectancy of less than 12 months
- ✓ You are aged under 75



How to complete your form

- Option 1 (electronic): Save the form to your desktop, open it in Adobe Acrobat to complete the editable fields, then print and sign it.
- Option 2 (by hand): Print the form and complete it in BLOCK CAPITALS using blue or black ink.
- Date Format: please use DD/MM/YYYY.
- The supplementary sections A, B, C and D at the end of the form only need to be completed where applicable.
- Missing or unclear information may result in delays.



Additional documents* we might need

- **Proof of bank account ownership** If this is the first time money has been taken from this account see section 4.
- HMRC certificate If you are applying for any protected tax-free allowances see Supplement C.
- Medical Practitioner confirmation see Supplement D.

*You can scan and send certified documents to us by email - see below.



How to send us your form







Simply scan and send it by secure email to ask@quilter.com

Or Quilter, SUNDERLAND, SR43 4JP



When you'll receive your payment(s)

We will pay you within 10* working days of receiving everything we need to make a payment.

*If there are any other transactions in progress on your account, it could delay the payment. If this happens, we will make the payment at the earliest possible date once the other transactions have completed.

$M\equiv Tax Information$

Email

- Your serious ill-health lump sum will be free of UK tax if the value of your pension pot is within your tax-free allowance.
- You will need to speak to a tax specialist if you pay tax in a country outside of the UK.



1. Your details			
	Customer Ref	^f erence	Account
CRA sub account number	C R A - A C] -
	CRA-AC] -
	C R A - A C		1.
Full name			
		National	Insurance
Date of birth		number	
Telephone number		Email	
2. Your instruction			
of your pension pot. If the value of your pe	ension pot is less than your available	e tax-free allo	um. This means we will take all of the money out wance, we will not deduct any tax. If the value of ax from the amount that exceeds your available
			rawdown pot, we will not touch that money.
The current value available as a seri	ious ill-health lump sum is:		
The amount we pay you will be based of transactions in progress on your account		l our require	ements have been met, subject to no other
If you invest in income producing asserill-health lump sum. If this happens we			ents after we have paid your serious
If we are unable to do so, please tell us	s who you would like any paymen	t to go to:	
Full name			Proportion %
			ποροιτίση
Address			
			Postcode
Telephone number		Email	
			the proportion payable to each. If there is a copy of this page and attach it to this form.
Full name			Proportion %
Address			
			Postcode
Telephone number		Email	
•			
3. Your medical evidence			
Before we can pay a serious ill-health lu	ımp sum, we must receive writter	n evidence fr	om a registered medical practitioner.
Have you enclosed a DS1500, SR1 or B	ASRiS showing a life expectancy o	f less than 1	2 months? Yes No
Have you enclosed a recent medical rep	port that clearly states a life exped	ctancy of les	s than 12 months? Yes No
If you do not have one of the above, p with your form.	please ask your medical practition	er to comple	ete Supplement D which must be returned

4. Bank details for your pension payment(s)



This must be a UK bank account in your name or with you as a joint holder; we **cannot** make withdrawal payments to third parties or business accounts except for sole trader accounts.

Branch sort code			Bank/Building So account number	,		
Bank/Building Society name						
Name of account holder(s)						
Reference (optional)						
	► Any reference here will a	ppear on your bank	statements. For a Buil	ding Society accou	nt, enter the roll num	ber.
Type of bank account	Individual	Joint				
Proof of bank account ownership						
Have we paid money into this bank acc	ount before?	Yes - go to se	ction 5	No - continue	e below	
If No, we will need proof that it is yours	s. Please choose one o	of the following	g to send us:			

A voided cheque*

A bank account statement dated within the last six months*

*The proof must be an existed on a contified case. Copies must be sayified an each page in inly by a UK based professional cuch as a final

5. Tax-free allowance used previously

As you have asked to take a lump sum, we need to check that the amount you have asked to take is within your tax-free allowance.

- **5.1** To check if you have enough tax-free allowance, please confirm if you have:
 - taken a lump sum from any of your pension pots?
 - used a pension pot to buy a guaranteed lifetime income called an annuity?
 - started receiving an income for life from your workplace pension or personal pension called a scheme pension?
 - moved some or all of your pension pots into drawdown so you can draw income straight from that pot?
 - transferred any money from your pension pot to an overseas pension scheme?
 - reached age 75 before 6 April 2024?

No to all – go to section 6

Yes to 1 or more – go to section 5.2

5.2 Did the event(s) mentioned in section 5.1 only ever happen in your CRA or to money that's now in your CRA?

Yes – go to section **6**

No – complete **Supplement A** on page 5 entitled 'Events outside of the CRA', then go to section **6**



If you didn't take any tax-free lump sums between your 75th birthday and 6 April 2024, you might qualify for what's known as the 'age 75 disregard'. This means certain amounts may be excluded when calculating how much of your allowance has been used, potentially increasing your available tax-free allowance. To find out if you're eligible, please see our Age 75 Disregard form, available from your financial adviser or by calling us on 0808 171 2626.

6. Protected tax-free allowances

Do you have any form of protected Lump Sum Allowance/Lump Sum and Death Benefit Allowance?

No - go to section 7

Yes – complete Supplement C on page 7 entitled 'Protected tax-free allowances', then go to section 7

^{*}The proof must be an original or a certified copy. Copies must be certified on each page in ink by a UK-based professional such as a financial adviser, solicitor, accountant, GP or bank manager (including the bank's stamp). If you have online bank account statements we will accept a certified printed copy. You can scan and send certified documents to us by email - to ask@quilter.com.

7. Release of information

Full name of relative/friend

If you would like a relative or friend to speak with us concerning your claim please complete the following section. Please note this does not allow the individual the right to act on your behalf, but to be provided with information over the phone or via post and email. **This information may include your personal, health and financial data.**

Address							
				Postcode			
Telephone ni	umber		Email				
	m the person nominated that you have ntact us over how their personal data is		ir personal detail	s to us so	they m	nay access (our privacy
8. Your d	eclaration						
	that, to the best of my knowledge and belie e not knowingly concealed any material fac		rs and statements i	made in th	nis form	are true and	d complete
b) Lundersta	and that payments made by Quilter in acco and claims arising thereunder.		requests in this for	m shall co	nstitute	a full discha	arge from all
c) Lundersta	and that if I have exceeded, or will exceed, excess benefits prior to the payment of su		m and Death Benef	it Allowan	ce, you \	will deduct i	ncome tax
e) I consent and I con f) I understa	e Quilter to carry out the instructions in thi to Quilter seeking confirmation of my redu firm that a copy of this consent shall have t and and have read the privacy notice, availan named in this form.	iced life expe the validity of	ctancy from my do the original.	ctor/cons	ultant na	amed in Sup	plement D
Signature				Date			
	✓ Thank yo	u for com	pleting this for	:m			
	All you ne	ed to do now	is send it to us.				
	Email	<u>@</u>	Post				
	Simply scan and send it by secure email to <i>ask@quilter.com</i>	Or	Quilter, SUNDERLAND,	SR43 4JP.			
Office use of	only:						

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Please be aware that calls and electronic communications may be recorded for monitoring, regulatory and training purposes and records are available for at least five years.

Quilter is the trading name of Quilter Investment Platform Limited which provides an Individual Savings Account (ISA), Junior ISA (JISA) and Collective Investment Account (CIA) and Quilter Life & Pensions Limited which provides a Collective Retirement Account (CRA) and Collective Investment Bond (CIB).

Quilter Investment Platform Limited and Quilter Life & Pensions Limited are registered in England and Wales under numbers 1680071 and 4163431 respectively.

Registered Office at Senator House, 85 Queen Victoria Street, London, EC4V 4AB, United Kingdom. Quilter Investment Platform Limited is authorised and regulated by the Financial Conduct Authority. Quilter Life & Pensions Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority. Their Financial Services register numbers are 165359 and 207977 respectively. VAT number 386 1301 59.



Supplement A Events outside of the CRA

You only need to complete this page if you ticked 'no' in section 5.2 of your form.



The events referred to in this supplement include one or more of the following:

- taking a lump sum from any of your pension pots
- using a pension pot to buy a guaranteed lifetime income called an annuity
- receiving an income for life from your workplace pension or personal pension called a scheme pension
- moving some or all of your pension pots into drawdown so you can draw income straight from that pot
- transferring any money from your pension pot to an overseas pension scheme
- reaching age 75 before 6 April 2024.
- A1 Did any of the events listed above happen before 6 April 2024?

Yes - go to section A1.1

No - go to section A2

A1.1 Do you have a Transitional Tax-Free Amount Certificate?

Yes – send us copy and go to section **A2**

No – go to section A1.2

A1.2 Excluding any events that happened in your CRA, please confirm the amount of tax-free allowance used before 6 April 2024.



- Your pension provider(s) will have tested any events that happened, from 6 April 2006 up to 5 April 2024, against your lifetime allowance (LTA). They will have sent you confirmation of the percentage of LTA used in these events.
- Please state below the previously used LTA percentage, **OR** the monetary amount this has been converted to by your pension provider(s) on 6 April 2024; this is **NOT** always equal to the amount of tax-free cash you have taken.

	LTA%	% OR Co	onverted monetary amount	£	
A1.3	Did you	ever take a serious ill-health lump su	ım?		
	No	Yes - please confirm the date		and amount taken	£
A2	Did any	of the events listed above happen af	fter 5 April 2024?		
	No	go to section A3	Yes – amount of tax-fr	ee allowance used up	£

A3 Have you taken a lump sum, bought an annuity or started a scheme pension before 6 April 2006?

No - return to section 6 of your form

Yes – complete **Supplement B** on page **6** entitled 'Money used before 6 April 2006', then return to section **6** of your form



If you didn't take any tax-free lump sums between your 75th birthday and 6 April 2024, you might qualify for what's known as the `age 75 disregard'. This means certain amounts may be excluded when calculating how much of your allowance has been used, potentially increasing your available tax-free allowance. To find out if you're eligible, please see our Age 75 Disregard form, available from your financial adviser or by calling us on 0808 171 2626.

▶ Return to **section 6** of your form



Supplement B Money used before 6 April 2006

You only need to complete this page if you ticked 'Yes' in question A3, in Supplement A on page 5, entitled 'Events outside of the CRA'.



Yes – please complete section B2

To take account of any money used before 6 April 2006, your tax-free allowances are reduced the first time you use your pension pot from 6 April 2006.

Please tell us if you have used your pension pot before 6 April 2006 in any of the following ways:

B1 - Is this the first time since 6 April 2006 that you have used the money from any pension pot?

- **Annuity** this is where you have used your pension pot to buy a guaranteed income for life from an annuity provider
- Scheme pension this is where your workplace pension or personal pension pays you a guaranteed income for life
- **Drawdown** this is where your money is set aside and ring-fenced so that you can draw down income from your pot at any point.

B2 – This is the first time you have used money from your pension pot since 6 April 200	06
What is your current total gross annual income from annuities and scheme pensions?	£
If you are in capped drawdown, what is the maximum income you can take from drawdown right now?	£
If you are in flexi-access drawdown, what was the maximum income you could take before you converted to flexi-access drawdown?	£

No – please complete section B3

B3 – You have used money from your pension pot since 6 April 2006	
What is the date that you first used money from your pension pot since 6 April 2006?	
What was the total gross annual income from annuities and scheme pensions you were being paid on that date?	£
If you were in capped drawdown, what was the maximum income you could take on that date?	£
If you were in flexi-access drawdown, what was the maximum income you could take on the day before you converted to flexi-access drawdown?	£

► Return to **section 6** of your form



Supplement C Protected tax-free allowances

You only need to complete this page if you ticked 'yes' in section 6 of your form.

C1	Type	of	pro	tect	ion

Please tell us the type of protection you have.

Fixed protection 2012 2014 2016

Individual protection 2014 2016

Allowance enhancement factor Factor type (this will be on your HMRC certificate)

Date granted

Enhanced protection*

Primary protection*

*If you have enhanced or primary protection, please complete section C2.

C2 Enhanced and primary protection extra information

Have you ever previously used money from any of your pension pots?

No Yes – complete the table below

Date	Amount of pension pot used	How much of this amount was paid as a tax-free lump sum?	Was this a serious ill-health lump sum?
	£	£	Yes No
	£	£	Yes No
	£	£	Yes No
	£	£	Yes No

C3 Proof of protected tax-free allowance



Please supply us with a certificate from HMRC or HMRC's reference number and Pension Scheme Administrator reference.

Tick here if you are sending us a certified copy of your HMRC certificate

OR

Tick here if you are providing reference numbers below for us to check your protection certificate online

HMRC reference number		Pension Scheme Administrator reference
	and	

▶ Return to **section 7** of your form

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Supplement D Medical practitioner confirmation

Complete this form if you can agree with the 3 following statements:

I am a medical practitioner re	gistered with the General Medical Council
✓ I have carried out a consultat	ion in relation to the person mentioned under patient details
✓ It is my medical opinion that t	his patient has less than 12 months to live
Patient details	
Full name	
Date of birth	
Residential address	
	Postcode
Medical practitioner details	
Full name	
Practice address	
	Postcode
Telephone number	
GMC number	
Medical field	
Date of last consultation	
Declaration	
a) I confirm that this patient is termina b) I confirm that I am a fully registered	lly ill with less than 12 months to live. medical practitioner with the General Medical Council.
Medical practitioner signature	Date
Send your completed form to us as a management of the send of the	r.com, or

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