

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
- 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

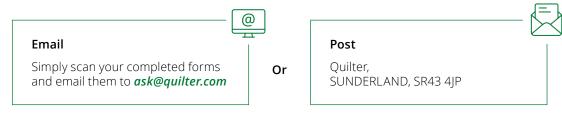


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How to complete your form

- Complete the remaining sections of the form using BLOCK CAPITALS and blue or black ink. For dates, please use the format day/month/year.
- 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.

How to send us your form



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.

[<u>%</u>∃] Tax Information

- 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 Reference	Account
CRA sub account number	C R A - A C	-	
	C R A - A C	-	
	C R A - A C	-	
Full name			
Date of birth		National Ins number	surance
Telephone number		Email	

2. Your instruction

You have chosen to take all of the money in your pension pot as a serious ill-health lump sum. This means we will take all of the money out of your pension pot. If the value of your pension pot is less than your available tax-free allowance, we will not deduct any tax. If the value of your pension pot is more than your available tax-free allowance we will deduct income tax from the amount that exceeds your available tax-free allowance before paying the remainder to your bank account. If you also have a drawdown pot, we will not touch that money.

The current value available as a serious ill-health lump sum is:

The amount we pay you will be based on the values at the time when all our requirements have been met, subject to no other transactions in progress on your account.

If you invest in income producing assets, we may receive further distribution payments after we have paid your serious ill-health lump sum. If this happens we will pay any future payments to you.

If we are unable to do so, please tell us who you would like any payment to go to:

Full name	Proportion %
Address	
	Postcode
Telephone number	Email
	person, please do so below, clearly showing the proportion payable to each. If there is se provide the same details of any others by using a copy of this page and attach it to
Full name	Proportion %
Address	
	Postcode
Telephone number	Email

3. Your medical evidence

Before we can pay a serious ill-health lump sum, we must receive written evidence from a registered medica	al practitior	ier.
Have you enclosed a DS1500, SR1 or BASRiS showing a life expectancy of less than 12 months?	Yes	No
Have you enclosed a recent medical report that clearly states a life expectancy of less than 12 months?	Yes	No
If you do not have one of the above, please ask your medical practitioner to complete Supplement A which	h must ha	raturnad

If you do not have one of the above, please ask your medical practitioner to complete **Supplement A** which must be returned with your form.

4. Bank details for your pension payment(s)

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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 Society account number
Bank/Building Society name	
Name of account holder(s)	
Reference (optional)	• Any reference here will appear on your bank statements. For a Building Society account, enter the roll number.
Type of bank account Have we paid money into this bank acco	Individual Joint
	Copies must be certified on each page in ink by a UK-based professional such as a financial adviser, solicitor, k's stamp). If you have online bank account statements we will accept a certified printed copy. You can scan and for details.
I will send a voided cheque	I will send a bank account statement dated within the last six months .
5. Tax-free allowance used pr	eviously
In addition you are not taxed on the amount of tax-free cas	s, you are likely to have received tax relief on any money paid into your pension. on any growth on the investments in your pension. There is, however, an overall limit h you can take across all your pensions. Imp sum, we need to check that the amount you have asked to take is within
 started receiving an income for l moved some or all of your pensi 	our pension pots? Fanteed lifetime income called an annuity? fe from your workplace pension or personal pension called a scheme pension? Fon pots into drawdown so you can draw income straight from that pot? In pension pot to an overseas pension scheme?
Yes to 1 or more – go to section	No to all – go to section 6
5.2 Did the event(s) mentioned in section	on 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 B on page 6 entitled 'Events outside of the CRA', then go to section 6
6. Enhanced allowance protec	tion
Do you have any form of enhanced allow	
No – go to section 7	Yes – complete Supplement D on page 8 entitled 'Enhanced allowance protection', then go to section 7

7. Release of information

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.**

Full name of relative/friend

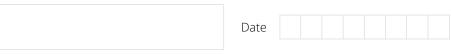
Address		
		Postcode
Telephone number	Email	

Please inform the person nominated that you have passed their personal details to us so they may access our privacy policy or contact us over how their personal data is used.

8. Your declaration

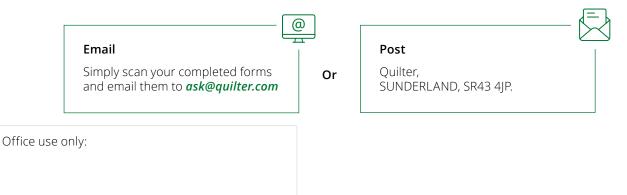
- a) I declare that, to the best of my knowledge and belief, the answers and statements made in this form are true and complete and I have not knowingly concealed any material fact.
- b) I understand that payments made by Quilter in accordance with requests in this form shall constitute a full discharge from all liabilities and claims arising thereunder.
- c) I understand that if I have exceeded, or will exceed, my Lump Sum and Death Benefit Allowance, you will deduct income tax from any excess benefits prior to the payment of such benefits.
- d) I authorise Quilter to carry out the instructions in this form in accordance with the terms and conditions of the account.
- e) I consent to Quilter seeking confirmation of my reduced life expectancy from my doctor/consultant named in Supplement A and I confirm that a copy of this consent shall have the validity of the original.
- f) I understand and have read the privacy notice, available at *quilter.com/privacy* concerning use of the personal information of any party named in this form.

Signature



\checkmark Thank you for completing this form

All you need to do now is send it to us.





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Supplement A Medical practitioner confirmation

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

- I am a medical practitioner registered with the General Medical Council
- 🗹 I have carried out a consultation in relation to the person mentioned under patient details
- arsigma It is my medical opinion that this 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	
I confirm that this patient is terminally I confirm that I am a fully registered m	ill with less than 12 months to live. Iedical practitioner with the General Medical Council.
Medical practitioner signature	Date
 Send your completed form to us as Email a scanned copy to <i>ask@quilte</i> Post it to us at: Quilter, SUNDERLAN 	e r.com, or
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Supplement B Events outside of the CRA

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

- 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.

B1 Have you taken a lump sum, bought an annuity or started a scheme pension before 6 April 2006?

No - go to section B2

Yes – complete Supplement C on page 7 entitled 'Money used before 6 April 2006', then complete the rest of this page

B2 Did any of the events listed above happen before 6 April 2024?
 Yes – go to section B2.1 No – go to section B3

B2.1 Do you have a Transitional Tax-Free Amount Certificate?

Yes – send us copy and go to section B3 No – go to section B2.2

- B2.2 Do you know the monetary amount of tax-free allowance you have used?
 - Yes Amount used £ No go to section B2.3
- B2.3 Your pension provider will have tested any events that happened between 6 April 2006 and 5 April 2024 against your lifetime allowance. They will have sent you confirmation of the percentage of lifetime allowance used in the event. Excluding any events that happened in your CRA, please tell us the total percentage used in these previous events.
- **B2.4** Did you ever take a serious ill-health lump sum?

%

No	Yes - please confirm the date			ar	nd amount taken	£

- **B3** Did any of the events listed above happen after 5 April 2024?
 - **No** Return to section **6** of your form

Yes – amount of tax-free allowance used up $~\pm$

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Supplement C Money used before 6 April 2006

You only need to complete this page if you ticked 'Yes' in question B1, in Supplement B on page 6, entitled 'Events outside of the CRA'.



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:

- 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 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

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

Yes – please complete section C1 No – please complete section C2

C1 - This is the first time you have used money from your pension pot since 6 April 2006

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?

C2 – 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?

£		
£		
£		

£			
£			
£			

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Supplement D Enhanced allowance protection

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

D1 Type of protection

Please tell us the type of enhanced allowance protection you have.

Fixed protection	2012	2014	2016
Individual protection	2014	2016	
Allowance enhancement factor	Factor	type	
Enhanced protection*			
Primary protection*			

*If you have enhanced or primary protection, please complete section D2.

D2 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

D3 Proof of enhanced allowance protection

<u>-</u>, , , , ,

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 providing reference numbers for us to check your protection certificate online

HMRC reference number

Pension Scheme Administrator reference
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► Return to **section 7** of your form

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