Quilter

Early retirement

- Collective Retirement Account (CRA)

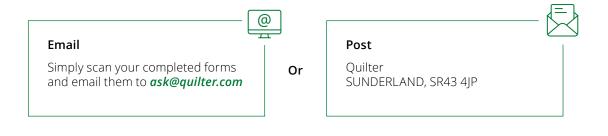
Complete this form if you can agree with the 3 following statements:

- You **have** contacted us about taking money from your pension pot
- ✓ You **are** below the minimum pension age of 55
- ✓ You **can no longer** carry on with your own occupation due to physical or mental ill health

How to complete your form

- Complete this form using **BLOCK CAPITALS** and **blue** or **black** ink. For dates, please use the format day/month/year.
- Supplement A at the end of the form only needs to be completed where applicable.
- Missing or unclear information may result in delays.

riangle How to send us your form







1. Your details	
CRA sub account number	C R A - A C - Account
Full name	
Date of birth	National Insurance number
Telephone number	Email

2. Your medical evidence

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Refore we c	an allow vou	i to take early	refirement	WP MUST	receive wi	ritten e	widence :	trom a	registered	medical	nractitioner
Defore we e		i to take carry	i cui ci i ci i ci i c	we mase	I CCCIVC VVI	illucii c		n onn u	registered	mearca	practicioner.

Have you enclosed a recent medical report that clearly states you are medically incapable of working? Yes No

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

3. 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 address

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.

4. Your declaration

- a) I would like to apply for early retirement due to ill health.
- b) I confirm that I can no longer carry on with my own occupation due to physical or mental ill health and I have stopped working.
- c) I have read and I understand the privacy notice, available at *quilter.com/privacy/* concerning use of the personal information of any party named in this form.

Signature

Date				

\checkmark Thank you for completing this form.

All you need to do now is send your forms to us.

quilter.com



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).

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Quilter

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

✓ It is my medical opinion that this patient is medically incapable (either physically or mentally) of continuing their current occupation.

Patient details	
Full name	
Date of birth	
Residential address	
	Postcode
Medical practitioner deta	ils
Full name	
Practice address	
	Postcode
Telephone number	
GMC number	
Medical field	
Date of last consultation	
Declaration	
	lly incapable (either physically or mentally) of continuing their current occupation. medical practitioner with the General Medical Council.
Medical practitioner signature	Date
 Send your completed form to us Email a scanned copy to <i>ask@qu</i> Post it to us at: Quilter, SUNDERL 	ilter.com, or
quilter.com	
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