

# Sippchoice Bespoke SIPP

## Capped Drawdown Request Form (from 6 April 2012)

This form should be completed if:

- you would like to start taking capped drawdown from the Sippchoice Bespoke SIPP; or
- you are already in capped drawdown from part of your fund under the Sippchoice Bespoke SIPP and you would now like to take additional benefits from the rest of your fund.

When completed, please return this form to us at:

Sippchoice Limited, The Podium, 1 Eversholt Street, London NW1 2DN.

**Important note: Taking benefits from your SIPP will affect the benefits payable on your death and we strongly recommend that you obtain financial advice that is specific to your personal circumstances before you proceed with capped drawdown.**

### A Member's Details

1. Name	
2. National Insurance number	
3. SIPP membership number (if known)	

### B Benefit Details

Please complete this section only if you are 55 or over. You can take a tax-free lump sum in addition to an ongoing income that can be varied each year from nil up to a specified maximum.

1. How much of your pension fund do you now want to use to provide capped drawdown?	The whole of my pension fund: <input type="checkbox"/> (tick if appropriate) OR Amount to be used to provide capped drawdown: £ <input type="text"/> (enter amount if appropriate)
2. Amount of tax-free lump sum required	Maximum: <input type="checkbox"/> (tick if appropriate) OR Other amount: £ <input type="text"/> (enter amount if appropriate) OR Nil: <input type="checkbox"/> (tick if appropriate) <i>Note: There could be tax problems if you take a tax-free lump sum with the intention of using it to fund additional pension contributions (so-called 'recycling').</i>

**B (continued)**

3. Amount of annual gross income required	Maximum: <input type="checkbox"/> (tick if appropriate)
	OR
	Other amount: £ <input type="text"/> (enter amount if appropriate)
	OR
	Nil: <input type="checkbox"/> (tick if appropriate)
<i>Note: The income payments will normally be paid after the deduction of tax under PAYE.</i>	
4. Frequency of income payments required	One-off payment: <input type="checkbox"/>
	OR
	Monthly payments: <input type="checkbox"/> (tick if appropriate)
	OR
	Other: <input type="text"/> (specify if appropriate)
5. Start date for benefit payments	As soon as possible: <input type="checkbox"/> (tick if appropriate)
	Other: <input type="text"/> (specify if appropriate)

**C Death Benefit Nomination**

Please indicate below the individual(s) who you would like to receive any lump sum death benefits that may become payable under the Sippchoice Bespoke SIPP in the event of your death. You may nominate more than one person and you may change your nomination in writing at any time. Please note that your nomination is not binding and, although Sippchoice Trustees Limited will have regard to your nomination, it has discretion over to whom any lump sum death benefits are paid and is not required to follow your wishes.

1. Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/> Postcode: <input type="text"/>
Relationship to you	<input type="text"/>
Percentage of total	<input type="text"/>
2. Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/> Postcode: <input type="text"/>
Relationship to you	<input type="text"/>
Percentage of total	<input type="text"/>

### Death Benefit Nomination (continued)

3. Name	
Address	
	Postcode:
Relationship to you	
Percentage of total	
Notes	<p>1. Please make sure that the percentages add up to 100%.</p> <p>2. Please use an additional sheet of paper if you would like to nominate more than 3 people.</p>
Charity nomination	<p>If you would like to nominate a charity to receive any lump sum death benefits if you die leaving no dependants then please enter the name of the charity that you would like to nominate below.</p> <p>Name of charity: <input type="text"/></p>

### D Protection Details

Have you applied to HMRC for 'enhanced', 'primary' or 'fixed' protection?	Yes <input type="checkbox"/> No <input type="checkbox"/> (tick as appropriate) If 'Yes', please enclose a copy of the HMRC certificate.
---	--

### E Previous Benefit Details

1. Have you taken any benefits from any other pension scheme since 6 April 2006?	Yes <input type="checkbox"/> No <input type="checkbox"/> (tick as appropriate) If 'Yes', please state the percentage of the Lifetime Allowance that you have used up and send us a copy of your most recent Lifetime Allowance certificates. <input type="text"/> %
2. Are you receiving any pension benefits that commenced before 6 April 2006?	Yes <input type="checkbox"/> No <input type="checkbox"/> (tick as appropriate) If 'Yes', please provide a statement of the correct maximum annual income that you can receive.

### F Putting Other Benefits Into Payment

Are you putting any benefits under any other pension schemes into payment before, or at the same time as, under the Sippchoice Bespoke SIPP?	Yes <input type="checkbox"/> No <input type="checkbox"/> (tick as appropriate) If 'Yes', please provide details of the other benefits.
--	---

## G Bank Account Details

Your bank account details (benefit payments will be paid directly into this account)	Bank name:	
	Bank branch:	
	Sort code:	
	Account number:	
	Account name:	

## H Tax Reference Details (this is required to apply PAYE tax deductions to your income payments)

Please indicate the tax code to be applied to any income payments:	Basic Rate:	
	Higher Rate:	
	Additional Rate:	
Special note re: tax code	Sippchoice will apply to HMRC for a tax code to be applied to your income payments. However in order to allow us to make a payment before the tax code is received we will apply the tax rate you have indicated above. Please note that there may be a tax adjustment in respect of your income payments following the submission of your self-assessment tax return.	

## I Member's Request

Agreement	I hereby request Sippchoice Trustees Limited to make the lump sum and income payments (after deduction of income tax, where applicable) described above from my SIPP bank account. I understand that it is my responsibility to ensure that there are sufficient funds for this purpose in that bank account and that the payments will not be made unless there are sufficient funds available.	
Signed		Date

## J Financial Adviser's Declaration

This section should be completed only if a financial adviser has advised you to take capped drawdown.

	I confirm that I have advised the member to take capped drawdown.
Financial adviser's signature:	
Financial adviser's name (in capitals):	
Financial adviser's FSA reference number:	
Date:	

The Sippchoice Bespoke SIPP has been registered with HM Revenue & Customs under the Pension Scheme Tax Reference 00738995RG. Sippchoice Limited is the Provider and Scheme Administrator of the Sippchoice Bespoke SIPP and it is authorised and regulated by the Financial Services Authority under reference number 496250. Sippchoice Trustees Limited is the Trustee of the Sippchoice Bespoke SIPP.

**Sippchoice Limited** The Podium 1 Eversholt Street London NW1 2DN  
**tel:** 020 7554 5615 **fax:** 020 7554 5136 **email:** info@sippchoice.co.uk **web:** www.sippchoice.co.uk