

PENSION BENEFIT

PAYMENT FORM

(Lump sum plus capped drawdown)

**Greyfriars Asset Management LLP,
The Cedars,
11 High Street,
Fleckney,
Leicestershire,
LE8 8AJ.**

Greyfriars Asset Management LLP is authorised and regulated by the Financial Services Authority

You have made a request to access some or all of your pension benefits from your SSAS or SIPP with us.

The point at which you first access your pension benefits and each subsequent increase in the level of those benefits is known as a Benefit Crystallisation Event (BCE). At each BCE we are obliged to determine whether you will have exceeded your Lifetime Allowance (£1.8 million in 2011/12, expected to reduce to £1.5 million in 2012/13). If and when you do, tax charges may apply.

Could you therefore please fully complete this pension benefit payment form, sign and return it to us. We have pre-completed the form as far as possible from information already known to us and, if appropriate, you may wish to consult your pension advisor.

Please note it is vital you supply us with accurate information, particularly in relation to all pension benefits you may already be receiving. Inaccurate information may result in financial penalties being imposed by HM Revenue & Customs against you and/or your pension scheme.

NB: if you wish to take "flexible" drawdown, i.e. drawdown beyond the usual "capped" limit, please complete a separate form instead.

1. Personal Details

Title	<input type="text"/>	Date of Birth	<input type="text"/>
Forenames	<input type="text"/>		
Surname	<input type="text"/>		
Permanent Residential Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	Post Code		
	<input type="text"/>		
Scheme Name	<input type="text"/>		
Scheme Number	<input type="text"/>		

2. Protection Against The Lifetime Allowance

If you applied to H M Revenue and Customs for any of the following types of protection, please provide details

<input type="checkbox"/> Enhanced Protection Certificate reference number	<input type="checkbox"/> Pension Credit Rights Certificate reference number
<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Primary Protection Certificate reference number	<input type="checkbox"/> International Certificate reference number
<input type="text"/>	<input type="text"/>

Please enclose a copy of the relevant HM Revenue & Customs certificate(s) with this form

3. Lifetime Allowance Used to Date

3a. Benefits commenced prior to 6th April 2006.

If you had not elected to draw benefits from any pension fund prior to 6th April 2006 please go to 3b.

If you are in receipt of benefits which commenced prior to 6th April 2006 please provide details.

Name of pension scheme/annuity provider	Type of benefit (annuity purchase, scheme pension or pension fund withdrawal)	Current annual income (gross) *
	Total annual income	

*If you are drawing your pension out of your fund (a concept known as Pension Fund Withdrawal), this should be the maximum income available irrespective of your actual level of income.

3b. Benefits commenced on/after 6th April 2006.

If you are in receipt of benefits taken on/after 6th April 2006, please complete the following:

Name of pension scheme	Type of benefit (annuity purchase, scheme pension or pension fund withdrawal)	Date of Benefit Crystallisation Event (BCE)	% of your Lifetime Allowance used by BCE
			%
			%
			%
			%
			%
			%
			%
Total used to date			%

HM Revenue & Customs rules require the Scheme Administrator of any scheme from which you have taken benefits to provide you with this information.

If you are in receipt of benefits taken on/after 6th April 2006, please also provide the following details **IF** you have enhanced protection with no lump sum protection and/or primary protection with lump sum rights over £375,000 on 5th April 2006

Date of Benefit Crystallisation Event (BCE)	Amount of pension commencement lump sum paid

4. No remaining Lifetime Allowance

If you have used up all of your lifetime allowance from previous benefit crystallisation events please choose how you would like these new benefits paid;

Amount of fund to be used (please choose one option):

- (i) Number of arrangements to be used (min. 1, max. 1000)
- (ii) Amount of fund £

Is this amount to be paid as (please choose one option):

- Lump sum (subject to a 55% tax charge)
- Income (subject to an initial 25% tax charge, then usual tax rates on remainder when actually paid)
- Combination of lump sum and income.

If you have selected Combination of lump sum and income – please specify percentage of fund to be used for lump sum and income:

Lump Sum	<input type="text"/>	%
Income	<input type="text"/>	%
Total	<input type="text"/>	%

5. Amount of fund to be used for the payment of benefits through Drawdown

- i) A specific amount of your fund
- ii) A specific pension commencement lump sum amount
- iii) Combined target level of pension commencement lump sum and income ******
- iv) A percentage of the standard lifetime allowance

** Maximum income will be used in this calculation, unless advised otherwise

5a. Pension Commencement Lump Sum

Please confirm how much pension commencement lump sum you require (tick one box only)

Maximum available Specified amount

Please specify amount

5b. Income Required

Please confirm how much income you require each year:
(please tick one box)

Maximum income Zero income

Income between maximum and zero Please specify amount

(p.a. gross)

5c. Frequency of income

If you require a regular income, please confirm the frequency
(Please tick one box)

Monthly

Quarterly in advance in arrears

Half yearly in advance in arrears

Yearly in advance in arrears

5d. Bank Account Details

Please provide details of your bank/building society account to which you wish your pension commencement lump sum and/or income to be paid. Please check with your bank/building society that BACS and CHAPS payments can be accepted into this account and that the details below are all they need for this.

Account Name	<input type="text"/>		
Account Number	<input type="text"/>		
Building Society Reference	<input type="text"/>		
Number (if applicable)	<input type="text"/>		
Sort Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Name & Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Post Code	<input type="text"/>

6. Declaration

I request the payment of the benefits as set out on this form. If appropriate GAM has my authority to check with HM Revenue & Customs the details of any certificate which I supply which enhances my lifetime allowance.

SIGNED	<input type="text"/>
PRINT NAME	<input type="text"/>
DATE	<input type="text"/>

7. Checklist of additional documents required

- i) Original birth certificate or passport as proof of age
- ii) Original marriage certificate (if you have changed your named through marriage)
- iii) P45 (if appropriate)
- iv) If P45 is not available, P46 (available upon request or download from www.hmrc.gov.uk/forms/p46.pdf)
- v) Standing orders (attached) for payment of pension and PAYE (if a regular income is required)
Please sign and return with the pension benefit payment form.

VARIABLE
STANDING ORDER MANDATE

To: CATER ALLEN PRIVATE BANK

	Bank	Branch Title (not address)	Sort Code Number
Please pay			
for the credit of	Beneficiary's Name		Account Number
the sum of	Amount in figures	Amount in words	
commencing	Date and amount of first payment	and thereafter every	Due date and frequency
	£		
	Date and amount of last payment		
*until	£	* until you receive further notice from me/us in writing	
quoting the ref:			

and debit my/our account accordingly

This instruction cancels any previous order in favour of the beneficiary named above under this reference.

Special Instructions: The above amount is variable and is to be confirmed or amended upon sole instructions from (GAM Trustees Ltd)			
Account to be debited		Account Number	

Signature(s)

.....

Date:

**Delete if not applicable.*

Note: The bank will not undertake to: -

- (i) make any reference to Value Added Tax or other indeterminate element
- (ii) advise payer's address to beneficiary
- (iii) advise beneficiary of inability to pay
- (iv) request beneficiary's banker to advise beneficiary of receipt.

VARIABLE
STANDING ORDER MANDATE

To: CATER ALLEN PRIVATE BANK

	Bank	Branch Title (not address)	Sort Code Number							
Please pay	CATER ALLEN									
	Beneficiary's Name		Account Number							
for the credit of	GPRA Re: TAX ACCOUNT		5	2	2	3	6	1	5	8
	Amount in figures	Amount in words								
the sum of										
	Date and amount of first payment					Due date and frequency				
commencing		£	and thereafter every							
	Date and amount of last payment									
*until		£	* until you receive further notice from me/us in writing							
quoting the ref:										

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Kim Ford
Cater Allen
P O Box 826
BRADFORD
BD1 5UL

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Dear Sirs,

ACCOUNT NAME: Trustees of the GPRA re

Please accept this letter as our authority to make a payment, by BACs/CHAPs in the sum of

£.....(.....
..... only) from the above account to the account listed below with immediate effect.

Account number:

Sort code:

Account name:

Bank:

Member Trustee

GAM Trustees Ltd