



Income Instruction Form

You should complete this form if you want to change the level or frequency of income payable under an existing arrangement, or take a one-off payment of income.

If you want to take additional benefits from all or part of your plan, you should use the Benefit Payment Form.

To take benefits as an UFPLS please complete the Benefit Payment Form - Uncrystallised Funds Pension Lump Sum.

To convert a Capped Drawdown arrangement to Flexi-Access without taking any benefits please complete the Capped to Flexi-Access Drawdown Form.

If you are receiving advice from a financial adviser, this form should be returned via them to complete steps 2-4 of this form.

This completed form must be sent to:
EBS Pensions Limited
5th Floor
100 Cannon Street
London
EC4N 6EU

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Section A Your contact details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	<input type="text"/>
First Names	<input type="text"/>	
Surname	<input type="text"/>	
Home Address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	Postcode <input type="text"/>
Telephone Number	<input type="text"/>	
Email Address	<input type="text"/>	
Date of Birth	<input type="text"/>	
EBS Plan Number	<input type="text"/>	

Section B About your request Your knowledge and circumstances

We are required by our regulator, the Financial Conduct Authority, to ensure that you are fully aware of the possible risk factors associated with your decision to access your pension savings. We do this by asking that you complete the questions set out within section B of this application form.

Customers can access their SIPP through either Flexi-Access Drawdown, Capped Drawdown, Annuity or by an Uncrystallised Funds Pension Lump Sum (UFPLS).

We recommend that before deciding to access pension benefits, you take advantage of the Government's free and impartial guidance service, Pension Wise. To find out more, call 0800 138 3944 or visit www.pensionwise.gov.uk.

Depending on your responses to the questions, we will write to you with some tailored risk warnings that you should consider before we process your request.

If you have received advice from an independent financial adviser and your adviser is submitting the application on your behalf you do not need to answer the questions, otherwise please answer ALL of the questions asked.

If you have any queries on why we need to ask you these questions, please don't hesitate to call us on 020 3953 1060.

1. Are there any aspects of your health or lifestyle that could potentially shorten your life expectancy?

Yes No

2. Are you (or is there the possibility of you) being declared bankrupt or are you currently an undischarged bankrupt?

Yes No

3. Do you understand that there are no guarantees for the amount of income or lump sums paid via Flexi-Access Drawdown, Capped Drawdown and/or UFPLS?

Yes No

4. Are you aware that accessing pension savings via Drawdown or lump sums could impact on any means-tested benefits you receive?

Yes No

5. Are you reliant on the funds in this pension pot to provide an income through your later years/retirement and, where applicable, for your dependants /beneficiaries after your death?

Yes No

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Section B (Continued) About your request

6. Are you aware that investment scams exist, often targeting pension savings, and that care should be taken when investing funds taken from your pension pot?

Yes No

7. Do you believe you fully understand the effect the investment of your pension savings has on your future income?

Yes No

8. Are you aware that flexibly accessing your pension savings to provide income will reduce your annual allowance?

Yes No

9. Do you believe you fully understand the tax implications of taking your benefits, whether by Flexi-Access Drawdown, Capped Drawdown or lump sum in terms of your potential income amount and/or any future inheritance tax liability?

Yes No

10. Are you satisfied that you have adequately researched and understood the options available to you in accessing your pension savings (including other providers)?

Yes No

11. Do you believe you have fully considered the impact of charges or fees as a result of investing any benefits you take from your pension elsewhere?

Yes No

12. Do you believe you fully understand that creditors may have a right to any money taken from your pension savings?

Yes No

13. Have you received advice from an authorised financial adviser?

Yes No

14. Have you sought guidance from Pension Wise?

Yes No

Section C Completing your request Step 1 - Income instruction 1.1 Income type

Income type:

I want to take a Flexi-Access Drawdown pension from an existing Flexi-Access Drawdown arrangement.

I want to convert a Capped Drawdown arrangement to Flexi-Access and take a Flexi-Access Drawdown pension.

I want to take a Capped Drawdown pension from an existing Capped Drawdown arrangement.

Please select how much of your plan you want to take as income:

Entire plan

Defined gross amount £

GAD maximum income

If you want to withdraw your entire plan, you need to let us know whether you want to keep your plan open.

Yes, please keep my plan open

No, please close my plan

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1.2 Payment details

Unless you have decided to withdraw your entire plan under Flexi-Access Drawdown, please tell us the frequency of payment you require:

- Single one off payment
- Pay the above defined amount per annum
- Pay the above defined amount half-yearly
- Pay the above defined amount each quarter
- Pay the above each month

1.3 Tax status

Please select the option below that applies to you:

- A: This is my first source of income since last 6 April and I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State Pension or Occupational Pension
- B: This is now my only income but since last 6 April I have had other income, or received taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State Pension or Occupational Pension
- C: I have another source of income or receive a State Pension or Occupational Pension

We will send you payslips and a P60 at the end of each tax year by email.

1.3 Funding benefits

Please indicate below how the payment of benefits is to be funded. Additional forms may be required to carry out these plans:

Step 2 - Your bank details

If this is the first time benefits are being paid into this account, please supply a copy of your bank statement.

Please supply one of the following:

- An original bank statement (dated within 1 month).
- A certified copy of a bank statement (dated within 1 month)

Printed bank statements showing the name and address the account is held in will be acceptable. For a UK resident, copy documents must be certified with an original signature from one of the following:

Chartered Accountant, Bank Official, Building Society Official, Barrister, Civil Servant, Commissioner of Oaths, Financial Adviser (regulated by Financial Conduct Authority), General Practitioner / Consultant or Medical Professional, Justice of the Peace, Member of Parliament, Officer of the Armed Services, Police or Customs Officer, Postmaster or Solicitor. Certification by retired professionals will not be accepted.

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Section C (Continued) Completing your request Step 2 - Your bank details

The certification wording should include "This is a true copy of the original document that I have seen". Each certified document should be stamped by the certifying body (where applicable), and must state the name, address and telephone number of the certifier as well as their profession, signature and date. The date on the certification must be within the past 12 months.

Please provide details of the account to which you would like us to pay your lump sum and income:

We will make the payment from your SIPP bank account to your bank or building society account. Please give details below.

Bank / Building Society Name	<input type="text"/>		
Bank / Building Society Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Sort Code	<input type="text"/>		
Account Name	<input type="text"/>		
Account Number	<input type="text"/>		

If you will be taking income from your EBS plan you may need to complete a Direct Debit mandate for your pension plan account, documents can be found on our website: www.ebspensions.co.uk.

If you are taking income from your EBS plan for the first time we will open a Bank of Scotland pension account for you within your plan to pay your income.

If you are a signatory on the plan bank account we may require a completed Bank Authority to be able to pay your Pension Commencement Lump Sum once the calculated figure is known.

Any bank charges incurred in the conversion of a payment from Sterling to a different currency will be payable from your plan.

Step 3 - Declaration

Please accept this as my instruction to take income from my EBS plan as set out in section C of this form. We will prepare an information pack showing you the outcomes that could arise from your instruction and we will ask you to confirm that you wish to go ahead. We will also tell you of any further information or decision we may need to implement your instruction.

Please carefully read the declaration below before signing it, to ensure you understand the process by which you will receive your benefit(s). If you have any queries, please call us on 020 3953 1060.

I confirm that all the statements given in this form are true and correct.

I instruct EBS Pensions Limited (EBS), the Scheme Administrator of the EBS SIPP, to pay the benefits as requested in this form.

I accept the consequences of choosing to have a benefit payment, including;

- the rate at which I choose to draw funds may be unsustainable;
- the more I draw during my lifetime, the less funds will be available to provide benefits for dependants or other beneficiaries on my death;
- all of the payment will be subject to income tax for the tax year in which it is drawn;
- any decision about the rate of drawing funds may hold significant income tax and/or inheritance tax consequences. I will be responsible for obtaining any advice and making any decisions relating to all tax matters;
- EBS is not responsible for assessing my financial circumstances or needs and has no duty of care in relation to the rate at which I draw funds;
- the Money Purchase Annual Allowance will apply to me if any Flexi-Access Drawdown is paid; and
- if I am or become an active member of any other pension schemes, I may be obliged to inform the Scheme Administrator of that scheme if I have flexibly accessed pension rights within a required time limit.

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Step 3 - Declaration (Continued)

I acknowledge that:

- I have not received advice from EBS;
- I am solely responsible for ensuring that sufficient cash is available to EBS to pay the benefits requested and that EBS will not pay the amount requested until the necessary funds have cleared into the SIPP bank account;
- EBS is not liable for any costs incurred in disinvesting my SIPP assets in order to pay the amount requested;
- all taxes due on the payment of the benefits requested will be settled from the SIPP before the payment;
- if tax is charged due to an incomplete or false declaration, I may be personally liable; and
- if income tax is overpaid on my benefits, I will be responsible for reclaiming the overpayment from HMRC.

By signing the below, I agree to the above declaration

Signed (Member)	<input type="text"/>
Name	<input type="text"/>
Date	<input type="text" value="D D M M Y Y Y Y"/>
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
First Names	<input type="text"/>
Surname	<input type="text"/>
Firm name	<input type="text"/>
FCA number	<input type="text"/>

Section C (Continued) Step 4 - Adviser details (if advice received)

Have you provided a personal recommendation to the plan member in relation to the drawing of their benefits?

Yes No

On which basis has recommendation been provided?

Face to face Distant

Have you agreed with the plan member that we should pay you a fee from their EBS plan?

Yes No

Signed (Adviser)	<input type="text"/>
Name	<input type="text"/>
Date	<input type="text" value="D D M M Y Y Y Y"/>

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Checklist

Before submitting this form please make sure:

- You have answered the questions in Section A and B plus completed steps 1-3 in Section C
- If you have received advice, that your financial adviser has completed and signed step 4 in Section C
- You have included your bank statement if required