IVCM Trustees (Gibraltar) Limited

Benefit Request Form

Form 2

The Trustee
will only accept this form if it is correctly and fully completed.

Any questions, call
+350 200 69290

Important Information

Please complete this form if you wish to take benefits from your QROPS. It must be completed in full so that we can ensure that the provision of benefits is enacted in accordance with the prescribed regulations.
We must also request permission from the Gibraltar Income Tax Office before any benefits are paid.

Member Details

Name [first name, middle, surname] _____

Plan Reference _____

Section A — Pension Options

Please detail what benefits you would like to take from your pension fund, how much of the fund you would like to use to provide you with benefits and instruct IVCM Trustees (Gibraltar) Limited on when and where to pay these benefits.

1.1 Is the pension already fully drawn down?

Have you already used all of your entitlement to pension commencement lump sum in respect of this pension?
Please tick the appropriate box below:

Yes ☐ No ☐

(If yes, go to section 1.4, noting that pension benefits may be limited in accordance with previous drawdown limits)

1.2 Proportion of Pension Fund

What proportion of your unvested fund do you wish to use to provide benefits?

All ☐ or Partial £ _____ **%**

1.3 Pension Commencement Lump Sum (Tax Free Cash)

What Pension Commencement Lump Sum amount do you wish to take (up to 30% of 1.2 above)?

Please tick or complete the appropriate box:

Maximum ☐ None ☐ Other £ _____ **%**

Issued by the Trustee
IVCM Trustees (Gibraltar) Limited
GSFC Ref 18677

1.4 Pension Income

How much pension income do you require?

Maximum ☐ None ☐ Other £ % ☐

What frequency intervals would you like your income?

Annually ☐ Quarterly ☐ Monthly ☐ One-off ☐

First payment month

Section B — Bank Details

1.5 Bank Account Details

Please indicate to which account you would like your pension payments paid once they start:
(These details can be updated in writing at any time, with a minimum 30 days requirement for change to be processed)

Name of Bank/Building Society

Name of Account Holder

Account Number Sort Code

Building Society Roll Number

If payment is to be made to a Non UK Bank Account, please also detail the following:

International Bank: SWIFT Code

International Bank: IBAN Code

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When complete
email or post this form:
gibraltar@ivcm.com

IVCM Trustees (Gibraltar) Limited
215B, Neptune House
Marina Bay, Gibraltar

Section C — Declaration of UK Tax Status

Regarding any portion of my Plan that was transferred from a UK registered Pension Plan; I declare that at the time of payment or deemed payment is made (please tick the appropriate box).

I am a UK Resident ☐ I am not a UK Resident ☐

In addition, I confirm that:

I have not been a UK Tax Resident earlier in the tax year or in any of the five tax years immediately preceding that tax year* ☐

I have been a UK Tax Resident earlier in the tax year or in any of the five tax years immediately preceding that tax year ☐

*I confirm I left the UK on this date: [dd/mm/yy]

I confirm that should my circumstances change and that I become UK Tax Resident, I will notify the Trustees immediately so that they can fulfil their reporting requirements to HMRC with regard to administering a QROPS.

Section D — Member Authorisation

Please sign to indicate that the content of Section C, where applicable, is true and complete, and that your instruction the trustees to act in accordance with Section A.

Member Signature | **Date** [dd/mm/yy]

Name