



If you have any questions, please
call our Client Services Team on

01382 573737

Select SIPP

Annuity Purchase form

Please complete this form if you wish to purchase an annuity using your income withdrawal fund or if we are to pay a tax free lump sum prior to purchasing the annuity. Prior to completing this form you should have chosen which insurance company you wish to take an annuity from. You must provide us with the quotation and full details of the annuity you wish to purchase along with the relevant application forms. We will then complete the application forms and send them to the annuity provider.

The Government is proposing legislation from April 2015 that will provide more flexibility in terms of how you can take an income. Based on our current understanding you would be able to withdraw an income from your pension savings (subject to your marginal rate of income tax) without the need to move into capped drawdown, flexible drawdown or purchase an annuity, although you may still wish to use these retirement options. It is important to note that this proposed legislation could be delayed, amended or not taken forward. As these proposed changes would fundamentally change how an income can be taken from your pension, we strongly recommend, that you seek professional financial advice if considering taking an income for the first time or taking more income from your pension. If you still wish to purchase an annuity please read and complete the remainder of this form.

Please complete in block capitals and black ink.

1 Personal details

Account identifier number (if known)	<input type="text"/>	Permanent residential address	<input type="text"/>
Title	<input type="text"/>		<input type="text"/>
Surname	<input type="text"/>	Country	<input type="text"/>
Forname(s)	<input type="text"/>	Postcode	<input type="text"/>
National Insurance number	<input type="text"/>		

2 Bank account details

The account must be in your own name or a joint account where you are a named account holder. Any tax free sum requested will be paid into this account unless otherwise instructed.

Name and full postal address of your bank or building society	<input type="text"/>	Name of account holder	<input type="text"/>
	<input type="text"/>	Branch sort code	<input type="text"/>
Postcode	<input type="text"/>	Bank or building society account number	<input type="text"/>

This must not be the Roll number or collection account number

3 What date would you like us to use to value your plan?

Valuation date	<input type="text"/>	<input type="text"/>	<input type="text"/>
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4 Do you want to use all or part of your SIPP?

Please complete (a) and (b) as appropriate:

(a) Uncrystallised part (ie benefits not yet in payment)

Please advise how much of your uncrystallised part you wish to use:

All (tick box)

Part (amount/percentage you wish to use) £ OR %

Tax free lump sum required (maximum normally 25% unless you have protection and a higher percentage of allowance) %

4 Do you want to use all or part of your SIPP? (continued)

(b) Crystallised part (ie benefits in payment)

Please advise how much of your uncrystallised part you wish to use:

All

Part (amount/percentage you wish to use) £ OR %

If you are unsure of the answer(s) to section 4(a) and (b), please contact us on 01382 573737 before returning the form and we will be happy to clarify this for you.

5 Selling your investments

Selling all of your SIPP

If you have chosen to use **all** of your Select SIPP in section 4 you have the option to sell all of your investments prior to submitting this form, which you can do online, by telephone or by post.

If you have not sold all of your investments, we will do this for you following receipt of this form and place the sale proceeds in your Income Account. Our normal postal dealing transaction charges will apply.

Selling part of your SIPP

If you have chosen to use **part** of your Select SIPP in section 4, do you have enough cash in your Deposit Account to pay those benefits? Yes No*

* If no, you will have to sell some of your investments to provide your benefits. You have the option to do this prior to submitting this form, which you can do online, by telephone or by post. Alternatively, you can give us instructions now by completing the table below. Please list the investments you wish us to sell.

Investments to be sold ¹		Number of shares to sell or 'all'
Name (inc. class)	MEX code	

Notes to accompany table

¹ Enter the full name and class of each investment. This is important as there may be different classes available.

Please quote the MEX code which you can find in the relevant investment choice list available within the Forms & Documents section at www.alliancetrustsavings.co.uk.

How we will place your order

We may sell your investments for you along with other client instructions as part of the same deal. We will take all reasonable steps to ensure that the sale is dealt on the best terms generally available in the market for transactions of a similar size and nature at the time of execution, as described in our Order Handling Policy. This may work to your advantage or disadvantage.

6 Information on previous pension benefits (for lifetime allowance purposes)

6(a) Have you taken pension benefits from any registered pension schemes since 6 April 2006? If no please go to section 6(b) below Yes No

If yes, how much of the lifetime allowance has been used?
Please state to two decimal places

			.			%
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You should have received statements from another provider confirming the lifetime allowance used. Enclose details with this form if any statements are outstanding as this may delay the process

6(b) If this is the first time you have taken pension benefits from any registered pension scheme since 6 April 2006, are you receiving any pensions that started before 6 April 2006? Yes No

If yes, you should have received statements from another provider confirming the maximum amount of income you are currently permitted to withdraw. Please send us these statements. Enclose details with this form if any statements are outstanding as this may delay the process.

7 Taking pension benefits from another scheme or provider

Do you anticipate taking any other benefits under any other scheme prior to purchasing the requested annuity or at the same time? Yes* No

* If yes, we must be provided with details of the lifetime allowance used. For any crystallisation events taking place prior to the one requested, we will require details of the lifetime allowance these events will use. Please give details with this form.

8 Have you protected your pension benefits?

Do you have Enhanced Protection?	Yes*	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have Primary Protection?	Yes*	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have Fixed Protection?	Yes*	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have Fixed Protection 2014?*	Yes*	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have Individual Protection?***	Yes*	<input type="checkbox"/>	No	<input type="checkbox"/>

* If yes, you must supply a copy of the certificate issued by HM Revenue & Customs.

** You cannot apply for Fixed Protection 2014 if you already have a Fixed Protection or Enhanced Protection certificate from HM Revenue & Customs.

*** You cannot apply for Individual Protection until 6 April 2014.

9 Selecting your annuity

We need to know which insurance company the annuity is to be purchased from. Please make sure you provide us with details of the annuity provider and the relevant application forms together with your birth certificate and quotation.

Name of annuity provider	<input type="text"/>
Address of annuity provider	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>

10 Declaration to Alliance Trust Savings and Signature

- I confirm I am at least 55 years old on the date of signing this form.
- I confirm to the best of my knowledge and belief the information I have given on this Annuity Purchase form is correct and complete, and this includes the documentation accompanying to this form.
- I understand there may be penalties under relevant legislation for providing incomplete or false information which may result in unauthorised payments being made and punitive tax charges may apply.
- Based upon the information supplied to me, I understand Alliance Trust Savings will calculate the pension benefits available and calculate any lifetime allowance charge payable.
- I understand that any entitlement you may calculate will be based on interest rates and valuations applicable at the date of the calculation, and may be subject to change reflecting market movements and consequently, Alliance Trust Savings does not give any guarantee on the pension entitlement I will receive.
- I understand and agree that for a purchase of a lifetime annuity, any fees paid prior to receipt of the Annuity Purchase form will not be refunded.
- I understand that Alliance Trust Savings will report any lifetime allowance charge to HM Revenue & Customs in respect of this pension benefit event and I will pay any charge when due.
- I am the client or have full authority of the client specified in section 1.

Name	<input type="text"/>	Relationship to client	<input type="text"/>		
Signature	<input type="text" value="X"/>	Date	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YYYY"/>

Please return the completed form to: Alliance Trust Savings Limited, PO Box 164, 8 West Marketgait, Dundee DD1 9YP

11 Have you remembered?

If you have answered yes in section 6(a), please tick this box to confirm you have enclosed all your statements from other providers confirming the lifetime allowance used.	<input type="checkbox"/>
If you have answered yes in section 6(b), please tick this box to confirm you have enclosed all your statements from other providers confirming the maximum amount of income you are currently permitted to withdraw.	<input type="checkbox"/>
If you answered yes to any question in section 8, please tick this box to confirm you have enclosed a copy of the certificate issued by HM Revenue & Customs.	<input type="checkbox"/>

If you are unsure of the answer(s) to section 4 or any other sections, please contact our Client Services Team on 01382 573737 before returning the form and we will be happy to clarify this for you.

12 Checklist

Please tick to confirm that you have enclosed:

Original ID (please refer to Identification Requirement Guide, unless this has already been provided)	<input type="checkbox"/>	Quotation	<input type="checkbox"/>
Annuity application form	<input type="checkbox"/>		

Alliance Trust Savings

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