



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

01382 573737

Calls may be recorded for training and monitoring purposes.
Lines are open 8am – 5pm Monday to Friday.



Self Invested Personal Pension (SIPP)

Accessing Your Pension Savings for Advised Clients

Please complete in block capitals and black ink and return to Alliance Trust Savings Limited, PO Box 164, 8 West Marketgait, Dundee DD1 9YP.

If you are aged 55 or over, you can start to take pension benefits.

This form should only be used if you have a financial adviser and have taken advice on accessing your pension savings. If you need assistance with any aspect of this form, please contact your financial adviser.

Fees apply for accessing your pension savings. You should discuss these with your financial adviser. We encourage you to discuss with your financial adviser.

1. Personal details

SIPP Account number:	Title: _____	Date of birth: D D M M Y Y
First names(s): _____	NI number: _____	
Surname: _____	Country of residence: _____	
Permanent residential address: _____	Preferred contact number: _____	
Postcode: _____	Email address: _____	

2. Bank account details

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

Name and full postal address of your bank or building society: _____	Sort code:
Postcode: _____	Bank or building society account number: _____
Name of Account holder: _____	This must not be the Roll number or collection account number.

3. How you made your decision

Have you received advice from a professional financial adviser? Yes No

Have you accessed the Pensions Wise service? Yes No

If you have ticked 'No', please contact our Customer Services team on 01382 573737 to arrange for a different form to be sent to you.

If you have ticked 'Yes' complete the following:

Alliance Trust Savings Adviser number: | | | | | | | |

Adviser name: _____ Company: _____

4. Your intentions

Tell us how you want to access your pension savings (Tick one box only)

Take Capped Drawdown Take Flexi-Access Drawdown Convert to Flexi-Access Take UFPLs

The Capped Drawdown option is only available if you are an existing Capped Drawdown customer.

5. Capped Drawdown (existing only)

When do you intend to take your benefits (Valuation Date)? | D | D | M | M | Y | Y |

Amount/percentage of your SIPP being used for pension benefits: Amount: £ _____ OR Percentage: _____ %

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

Amount of annual income (including tax): £ _____ Frequency of income*: _____

* Income can be paid monthly, quarterly, bi-annually or annually. Please note that if you decide to take income higher than your maximum income limit, your SIPP will convert to Flexi-Access Drawdown automatically and your annual allowance for contributions will be restricted to £4,000. If you are a non-earner, you can only receive tax relief on contributions up to £2,880 which would be topped up by HMRC to £3,600.

6. Convert from Capped Drawdown to Flexi-Access

On what date would you like to convert? | D | D | M | M | Y | Y |

Amount of annual income (including tax): £

Frequency of income*:

* Income can be paid monthly, quarterly, bi-annually or annually. Your Annual Allowance for contributions will be restricted to £4,000. If you are a non-earner, you can only receive tax relief on contributions up to £2,880 which would be topped up by HMRC to £3,600.

7. Flexi-Access Drawdown

When do you intend to take your benefits (Valuation Date)? | D | D | M | M | Y | Y |

Amount/percentage of your SIPP being used for pension benefits: Amount: £ OR Percentage: %

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

Amount of annual income (including tax): £

Frequency of income*:

* Income can be paid monthly, quarterly, bi-annually or annually. Your Annual Allowance for contributions will be restricted to £4,000. If you are a non-earner, you can only receive tax relief on contributions up to £2,880 which would be topped up by HMRC to £3,600.

8. Uncrystallised Funds Pension Lump Sum (UFPLS)

When do you intend to take your benefits?
(If left blank will be done as soon as possible) | D | D | M | M | Y | Y |

Amount of SIPP being used for UFPLS: £

Your annual allowance for contributions will be restricted to £4,000. Please be advised if you are a non-earner, you can only receive tax relief on contributions up to £2,880 which would be topped up by HMRC to £3,600.

9. Regular uncrystallised Funds Pension Lump Sum (UFPLS)

If you wish to set up regular UFPLS please state amount and frequency below.

Amount: £ Month beginning:

Frequency of income*:

* Please note can be paid monthly, quarterly. Your Annual Allowance for contributions will be restricted to £4,000. If you are a non-earner, you can only receive tax relief on contributions up to £2,880 which would be topped up by HMRC to £3,600.

10. Information on previous pension benefits for Lifetime Allowance purposes (LTA)

10(a)

Have you taken pension benefits from any registered pension schemes since 6 April 2006? Yes No

If 'No', go to Section 10b below.

If 'Yes', please list crystallisation dates, values taken and how much of the Lifetime Allowance has been used? Please state to two decimal places.

Date: | D | D | M | M | Y | Y | £ LTA: %

Date: | D | D | M | M | Y | Y | £ LTA: %

Date: | D | D | M | M | Y | Y | £ LTA: %

You should have received statements from another provider(s) confirming the Lifetime Allowance used. Enclose details with this form of any statements that are outstanding as this may delay the process.

10(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(s) confirming the maximum amount of income you are currently permitted to withdraw. Please send us these statements. If you do not have any statements, please enclose details with this form. Failure to do so may delay the process.

11. Taking pension benefits from another scheme or provider

Do you anticipate taking any other pension benefits under any other scheme prior to taking pension benefits under our scheme 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 prior to issuing an accurate quotation. Please give details with this form.

12. Have you protected your pension benefits?

Do you have Enhanced Protection?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>	Do you have Fixed Protection 2016?*** (If 'Yes', please provide reference number below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have Fixed Protection?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>	Reference Number:		
Do you have Individual Protection?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>	Do you have Individual Protection 2016?*** (If 'Yes', please provide reference number below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have Primary Protection?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>	Reference Number:		
Do you have Fixed Protection 2014?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>			

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

*** You will not receive a certificate for Fixed or Individual Protection 2016. Please provide a reference number.

13. Declaration to Alliance Trust Savings and Signature

- I confirm I am at least 55 years old on the date of signing this form or will be 55 years old on the date I have selected to take benefits.
- I confirm to the best of my knowledge and belief the information I have given on this *Accessing Your Pension Savings Form* is correct and complete, and this includes the documentation accompanying 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 by 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 this 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 customer or have full authority of the customer specified in Section 1.

Signature: 

Date: | D | D | M | M | Y | Y |

Name: _____

Relationship to customer
(if not the customer): _____

14. Have you remembered?

If you answered 'Yes' in Section 10a, 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 answered 'Yes' in Section 10b, 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 12 (excluding Fixed and Individual Protection 2016), please tick this box to confirm that you have enclosed a copy of the certificate issued by HM Revenue & Customs.	<input type="checkbox"/>
If you answered 'Yes' in Section 11, please tick this box to confirm you have enclosed details of the Lifetime Allowance used.	<input type="checkbox"/>

Alliance Trust Savings

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