

SIPP

ISA

Dealing

Junior ISA

# Income requirements for transfer in drawdown form

Please complete this form to confirm your ongoing income requirements, where you have transferred an account to us, from which you have already taken benefits. This form can be used where benefits are being taken under either capped drawdown or flexi-access drawdown. If you have transferred more than one account to us in drawdown, please complete one form for each transfer.

If you have transferred capped drawdown benefits to us and you wish to now convert these to flexi-access drawdown, please complete our 'SIPP capped drawdown to flexi-access drawdown conversion form'. Please do not complete this form.

If you wish to take further benefits from any uncrystallised funds transferred to us, please complete the relevant SIPP benefit form.



You are also entitled to free, impartial guidance on your options from the Government backed Pension Wise service. You can access this online at [www.pensionwise.gov.uk](http://www.pensionwise.gov.uk), book a telephone appointment by calling 0800 280 8880 or arrange a face-to-face meeting through your local Citizens Advice Bureau. This is not a substitute for full, regulated financial advice.

## Evidence of age

To allow us to complete your instructions, we will use age verification systems to confirm your date of birth. If our searches are unable to verify your age we will request further evidence from you which may include a copy of your birth certificate or your marriage certificate if applicable. We will need to complete this verification before any benefits can be paid. Alternatively, you can send us a copy of your current signed passport or driving licence, showing your date of birth and full name. Copies MUST be certified by an independent person (not a family member), who must also provide their full name, address and daytime contact telephone number.

Please ensure that all relevant sections of this form are fully completed and that there is sufficient cash in the SIPP bank account to pay the benefits requested. Please note that if you do not provide all requested information or if you have insufficient cash in your account, there will be a delay in the benefits being paid to you.

Please use BLOCK CAPITALS only and blue or black ink, ticking boxes where appropriate.

If you would like a copy of this, or any other item of our literature, in large print, Braille or audio format, please contact us on 0345 54 32 600 or by email at [enquiry@youinvest.co.uk](mailto:enquiry@youinvest.co.uk).

Please sign and date this form and return it to:

AJ Bell Youinvest  
4 Exchange Quay  
Salford Quays  
Manchester  
M5 3EE

## Your details

Please provide the following information about yourself

Title	<input type="text" value="Dr / Mr / Mrs / Miss / Ms / Other"/>	Surname	<input type="text"/>
Forename(s)	<input type="text"/>		
Account number	<input type="text"/>	Date of birth	<input type="text"/>
Telephone number	<input type="text"/>	Email address	<input type="text"/>

## Transferring scheme details

Full name of transferring pension scheme	<input type="text"/>
Policy number	<input type="text"/>

## Drawdown details

I am transferring an arrangement in (please tick the box that applies):

<b>1. Flexi-access drawdown</b>	<input type="checkbox"/>
<b>2. Capped drawdown</b>	<input type="checkbox"/>

## Income requirements

Please confirm your income requirements once the transfer has been received by choosing one of the following three options:

<b>1. No income currently required</b>	<input type="checkbox"/>
<b>2. Maximum income allowed by HMRC under capped drawdown</b> <i>(this option is only available where you have ticked "Capped drawdown" in the "Drawdown details" section above).</i>	<input type="checkbox"/>
To be paid: monthly <input type="checkbox"/> quarterly <input type="checkbox"/> half yearly <input type="checkbox"/> annually <input type="checkbox"/>	
Quarterly, half-yearly and annual payments will be made once we have received and processed your instructions and at the same frequency thereafter. If you would prefer payments to start in a particular month, please specify the month:	
Month to start	<input type="text"/>

### 3. Other amount specified below:

£  p.a. before tax

If you are in capped drawdown this amount must be less than the maximum allowed by HMRC.

To be paid: monthly  quarterly  half yearly  annually

Quarterly, half-yearly and annual payments will be made once we have received and processed your instructions and at the same frequency thereafter. If you would prefer payments to start in a particular month, please specify the month:

Month to start

Pension payments are paid on the 10th of the month, or the next working day thereafter. Cleared funds must be available two working days before this date, in order for us to make the pension payment. It is your responsibility to ensure that sufficient cash is held in the SIPP account.

## Payments

We'll pay any income payments requested to your registered bank account. To add a registered bank account, or to amend an existing account you've registered with us, you simply need to log in to your account and choose 'Change my bank details'. Your payments will be delayed if you haven't registered an account with us.

If you have received a P45 from your previous provider, please forward this to us with this form and we will use this to apply the correct tax code for your pension. If you do not have a P45, we are legally obliged to use the emergency tax code on a Month 1 basis. We will advise our Tax Office who will in turn contact your Tax Office to confirm your correct tax code. We can only change your tax code if instructed to do so by HMRC. You may wish to contact your Tax Office to obtain the correct tax coding notice.

## Customer's declaration and undertaking

I hereby request and consent to the payment of benefits as set out in this form and agree that it is my responsibility to ensure that there is sufficient cash within my SIPP to pay benefits as they fall due.

I declare that:

- i) The information contained in this form is, to the best of my knowledge and belief, true, complete and not misleading.
- ii) I agree that I will indemnify the scheme administrator against any liability to pay any tax or other charges which arise out of the provision of false or misleading information.
- iii) I understand the risks associated with taking benefits, as set out in the AJ Bell Youinvest SIPP benefits guide.

Customer's name

Date

Customer's signature