

# SERIOUS ILL HEALTH PAYMENT FORM

To: IFGL Pensions

Name:

Address:

Date of birth  
(dd/mm/yyyy):

SIPP Number

- I confirm that I request a serious ill health payment from my SIPP.
- (Under age 75 only)** I acknowledge that as I am under 75 years of age, my payment will be tax-free up to the current lump sum and death benefit allowance, or any enhanced or fixed protection limit, where it applies. Any balance above this level will be taxed at my marginal rate.
- (Age 75 or over only)** I acknowledge that as I am over 75 years of age, my payment will be taxed as income, based on my marginal tax rate.
- I confirm that I have not used up all my lifetime allowance.
- I understand that this serious ill health lump sum payment will extinguish all my rights under the MW SIPP Trustees Ltd Scheme.

Please provide details  
of any previous  
serious ill health  
payments taken:

## PENSION GUIDANCE

Free guidance is available from Pension Wise, an impartial service set up by the UK government for people retiring with defined contribution pensions. It will help you understand your choices and how they work. You can access the information in the Pension Wise section of the Money Helper website (<https://www.moneyhelper.org.uk/en/pensions-and-retirement/pension-wise>) and, if you are aged 50 or over, can book an appointment to discuss what you can do with your pension pot, the different benefit types and how they work and the tax you may pay on your benefits.

## PAYMENT TO A UK BANK ACCOUNT

Please make my serious ill health lump sum payment to the following bank account.

### BANK DETAILS:

Bank name:

Sort code:  -  -  Account number:

Building Society reference (if applicable):

Account holder name:

Bank address (including postcode):

Member name:

Member signature:

Date (dd/mm/yyyy):

You **must** provide a certified bank statement dated within three months.

## PAYMENT TO A NON-UK ACCOUNT

Please make my Serious Ill Health lump sum payment to the following non-UK bank account.

### BANK DETAILS:

Currency to receive:

Account name:

Account number or IBAN:

Swift code (where applicable):

BIC number (where applicable):

Routing number (where applicable):

Sort code (where applicable):  -  -

Bank name:

Bank address (including postcode):

Member name:

Member signature:

Date (dd/mm/yyyy):

You **must** provide a certified bank statement dated within three months.

## PREVIOUS BENEFITS

In order that we may calculate the amount of Lump Sum Death Benefit Allowance you have used please complete the following section in full. Please tick the boxes applicable and provide details where appropriate. Please be aware it is an offence to give false or misleading information in relation to taking benefits from a UK pension scheme.

- This is the first time I have taken pension benefits from any pension scheme.
- I have not made, or applied for, any transfers to any overseas schemes since 6th April 2006.
- I am, or was, in receipt of benefits commenced before 6th April 2006 from a pension scheme.

Name of Scheme and Provider	Current maximum annual gross income payable from pre-6th April 2006 benefits in payment
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>

- I have taken benefits from a pension scheme on or after 6th April 2006 and prior to the start date for benefits from an IFGL Pensions SIPP product.

Name of Scheme and Provider	Percentage of Lifetime Allowance used and commencement date
<input type="text"/>	<input type="text"/> % <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> % <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> % <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

- I have applied for other pension benefits which will commence before or on the start date for benefits from an IFGL Pensions SIPP product.

Name of Scheme and Provider	Lump Sum Death Benefit Allowance used	Lump Sum Allowance used	Commencement date
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

I have made overseas transfers on or after 6th April 2006, and/or will have transfers made before or on the start date for benefits from an IFGL Pensions SIPP product.

**Overseas transfers before 6th April 2024**

Name of Scheme and Provider	Percentage of Lifetime Allowance used and commencement date
<input type="text"/>	<input type="text"/> % <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> % <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> % <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Overseas transfers after 6th April 2024**

Name of Scheme and Provider	Percentage of Overseas Transfer Allowance (OTA) and commencement date
<input type="text"/>	<input type="text"/> % <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> % <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> % <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Lifetime Allowance**

I have, or am applying for, HMRC Lifetime Allowance protection or enhancement.

Yes  No

If you have answered yes, please provide the information and a copy of the certificate(s) with this application.

Type of protection/enhancement	Reference number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If you have a Transitional Tax-Free Cash Sum Certificate please provide details

## MEDICAL PRACTITIONERS' DECLARATION

Please arrange for your registered medical practitioner (RMP) to sign this form and return it with the other parts of this application form.

I confirm that in my professional opinion the following patient has a life expectancy of less than 12 months.

Patient's first name:

Patient's last name:

Patient's date of birth (dd/mm/yyyy):

**Letter of evidence attached**

This should come from the medical professional, contain the appropriate letterheads, sign off (normally the signature section for letters like this includes the medic's qualifications/title) and substantive information about the member's life expectancy impairment in the body of the letter.

### MEDICAL PRACTITIONERS' DETAILS:

RMP's first name:

RMP's last name:

GMC reference number:

Surgery/hospital stamp:

If you're registered with another professional body or are practising medicine outside of the United Kingdom, please provide the name of the medical regulator you're registered with and your registration number (if applicable).

Name of the medical regulator you're registered with:

Your registration number:

RMP's signature:

Date (dd/mm/yyyy):

## PRIVACY POLICY

A copy of our privacy policy can be found at [www.ifglpensions.com/privacy](http://www.ifglpensions.com/privacy).