

# Barnett Waddingham Simplified Pension Drawdown Plan

## For advised NFU Mutual clients

**Note: items marked \* are mandatory.**

**You must also print out a transfer in authority form for each transfer and obtain the clients signature on each form.**

### Options

Are you (the applicant) resident in the UK? <b>(We only allow UK residents)</b>		*	<input type="text"/>
Do you want to set up a third party authority?	(Yes / No)	*	<input type="text"/>
Have you registered with HMRC for any form of protection?	(Yes / No)	*	<input type="text"/>
Do you want to nominate any beneficiaries to receive benefits if you die?	(Yes / No)	*	<input type="text"/>
Will your Barnett Waddingham SIPP pay any NFU Mutual financial adviser charges?	(Yes / No)	*	<input type="text"/>
Have you opted out of or declined to join an occupational pension scheme, a group personal pension scheme, a stakeholder pension scheme or an employer sponsored auto-enrolment pension arrangement in favour of taking out a Barnett Waddingham SIPP?	(Yes / No)	*	<input type="text"/>
Have you started to draw any pension benefits? <i>(excluding state pensions, state pension credit, dependant's, nominee's or successor's pensions)</i>	(Yes / No)	*	<input type="text"/>

### Applicant details

Title	(Mr / Mrs / Miss / Ms / Other—please state)	*	<input type="text"/>
Surname		*	<input type="text"/>
Full forename(s)		*	<input type="text"/>
Preferred name		*	<input type="text"/>
Date of birth		*	<input type="text"/>
Gender	(Male / Female)	*	<input type="text"/>
Address	(Care of)		<input type="text"/>
	(Property name)		<input type="text"/>
	(Address line 1)	*	<input type="text"/>
	(Address line 2)		<input type="text"/>
	(Town/City)		<input type="text"/>
	(County)		<input type="text"/>
	(Post code)	*	<input type="text"/>

Length of occupancy at this address	(Years) *	<input type="text"/>	(Months)	<input type="text"/>
Email address <i>(optional, but recommended to include)</i>		<input type="text"/>		
Daytime telephone		<input type="text"/>		
Mobile number		<input type="text"/>		
National Insurance number	*	<input type="text"/>		
Occupation <i>(enter 'none' if not working / retired)</i>	*	<input type="text"/>		
Mother's maiden name <i>(required for security purposes)</i>	*	<input type="text"/>		
Marital status <i>(single, married, civil partner, separated, divorced, widowed)</i>	*	<input type="text"/>		
Evidence of identity	(30 digit passport reference)	<input type="text"/>		
(driving licence unique driver number – no. 5 on UK licence, excluding 2 separate digits at the end)		<input type="text"/>		

**PLEASE NOTE: you must provide a copy of one of the following documents to evidence identity:**

- Current full signed passport
- Current UK/EU photo driving licence
- Current full UK driving licence (old style)
- HM Revenue & Customs tax notification
- Firearms certificate
- Resident permit issued to EU nationals by the Home Office
- State pension or benefits book / notification letter
- Sub-contractors certificate (for self-employed persons in the construction industry – tax exemption certificate with photograph)

## Applicant previous address

**PLEASE NOTE: if less than 3 years at current address, you must provide 3 years history of address details**

Address	(Care of)	<input type="text"/>	
	(Property name)	<input type="text"/>	
	(Address line 1) *	<input type="text"/>	
	(Address line 2)	<input type="text"/>	
	(Town/City)	<input type="text"/>	
	(County)	<input type="text"/>	
	(Post code) *	<input type="text"/>	
Length of occupancy at this address	(Years) *	<input type="text"/>	(Months) <input type="text"/>

## Third party authority (optional)

This is only required if you would like someone in addition to your NFU Mutual financial adviser to have the authority to speak to Barnett Waddingham and receive information about your Barnett Waddingham SIPP (such as a spouse or accountant).

Title	(Mr / Mrs / Miss / Ms / Other—please state) *	<input type="text"/>
Surname	*	<input type="text"/>
Full forename(s)	*	<input type="text"/>
Address	(Care of)	<input type="text"/>
	(Property name)	<input type="text"/>
	(Address line 1) *	<input type="text"/>
	(Address line 2)	<input type="text"/>
	(Town/City)	<input type="text"/>
	(County)	<input type="text"/>
	(Post code) *	<input type="text"/>
Relationship to you	*	<input type="text"/>
Security password	*	<input type="text"/>

Do you want the person named above to have official duties or powers in relation to your Barnett Waddingham SIPP? (Yes / No) \*

## Registration for protection

This is only required if you are registered with HMRC for any lifetime allowance protection.

Please provide a copy of the HMRC certificate(s) or written confirmation of reference number(s).

Primary protection	(Yes / No) *	<input type="text"/>
Enhanced protection	(Yes / No) *	<input type="text"/>
Primary and enhanced protection	(Yes / No) *	<input type="text"/>
Fixed protection	(Yes / No) *	<input type="text"/>
Fixed protection 2014	(Yes / No) *	<input type="text"/>
Individual protection 2014	(Yes / No) *	<input type="text"/>
Fixed protection 2016	(Yes / No) *	<input type="text"/>
Individual protection 2016	(Yes / No) *	<input type="text"/>

## Flexi-access drawdown pension

We will pay the maximum tax-free lump sum available for uncrystallised transfers in.

You only need to complete these two questions if any flexi-access drawdown pension is required:

Required amount of regular pension income a year before tax \*  each year (payable monthly)

Required amount of one-off pension income before tax \*

### Personal bank details for receipt of tax-free cash and pension income:

*(Please note this cannot be a company bank account)*

Sort code \*

Name of bank \*

Account number \*

Name of account holder \*

## Lifetime allowance (LTA) used to date

When answering these questions, do not include any State Pensions or State Pension Credit; nor any dependent's pensions, nominee's pensions or successor's pensions being received.

### Section A

Have you started to draw any pension benefits? (Yes / No) \*

If no, you don't need to complete sections B or C

### Section B

Have you started to draw any of these pension benefits on or after 6 April 2006? (Yes / No) \*

If yes, you must complete the details below

Name of pension scheme or pension provider \*

Tax year this came into payment \*

Proportion of LTA used (provide copy certificates) \*  %

Do you have any pensions you are already receiving (excluding drawdown pensions) which have increased in payment by more than 5% or, if lower, the rate of inflation, in any tax year since 5 April 2006? (Yes / No) \*

If yes, you must complete the details below

Name of pension scheme or pension provider \*

Tax year increase applied \*

Proportion of LTA used (provide copy certificates) \*  %

Have you transferred any UK-based pension benefits to a Qualifying Recognised Overseas Pension Scheme (QROPS) after 5 April 2006?

(Yes / No) \*

**If yes, you must complete the details below**

Name of transferring UK pension provider

\*

Tax year of transfer

\*

Proportion of LTA used (provide copy certificates )

\*

%

### Section C

**Complete Section C if you have answered 'Yes' in Section A and you haven't completed the LTA information in Section B**

Do you have any pensions (including drawdown pensions) that were in payment before 6 April 2006?

(Yes / No) \*

**If yes, you must complete the details below**

Name of pension scheme or pension provider

\*

Date pension started

\*

Current pension before tax

£

a year (gross)

*If the pension is from a capped drawdown fund please enter the maximum gross pension that you are permitted to draw, regardless of the current level of pension selected.*

*If the drawdown is not subject to a cap, please enter the maximum that applied before your pension became uncapped.*

Did you receive a cash sum from another pension scheme between 27 July 2004 and 6 April 2006, AND you deferred taking the pension from that same scheme until after 6 April 2006?

(Yes / No) \*

**If yes, you must complete the details below**

Name of pension scheme or pension provider

\*

Date cash sum received

\*

Amount of cash sum

\*

£

# NFU Mutual Trustee Investment Plan (TIP) fund investments

**Investments:** please specify the TIP funds you wish to invest in.

**Disinvestments:** you only need to complete this column if any flexi-access drawdown pension is required

		Investments	Disinvestments
Deposit		%	%
Fixed Interest		%	%
Global Emerging Markets		%	%
Index Linked		%	%
International		%	%
Mixed Portfolio 20-60% Shares		%	%
Mixed Portfolio 40-85% Shares		%	%
Mixed Portfolio Max 100% Shares		%	%
Property		%	%
UK Equity		%	%
UK Equity Income		%	%
<b>Total</b>	<b>must equal</b>	<b>100%</b>	<b>100%</b>

## Nominated beneficiary 1

Name	*	<input type="text"/>	
Address	(Care of)	<input type="text"/>	
	(Property name)	<input type="text"/>	
	(Address line 1)	*	<input type="text"/>
	(Address line 2)	<input type="text"/>	
	(Town/City)	<input type="text"/>	
	(County)	<input type="text"/>	
	(Post code)	*	<input type="text"/>
Relationship to you	*	<input type="text"/>	
Percentage of fund	*	<input type="text"/> %	
What benefit would you prefer to provide?	(Lump sum death benefit or pension income)	<input type="text"/>	
Additional details or information and charity number if applicable			
<input style="height: 60px;" type="text"/>			

## Nominated beneficiary 2

Name	*	<input type="text"/>	
Address	(Care of)	<input type="text"/>	
	(Property name)	<input type="text"/>	
	(Address line 1)	*	<input type="text"/>
	(Address line 2)	<input type="text"/>	
	(Town/City)	<input type="text"/>	
	(County)	<input type="text"/>	
	(Post code)	*	<input type="text"/>
Relationship to you	*	<input type="text"/>	
Percentage of fund	*	<input type="text"/> %	
What benefit would you prefer to provide?	(Lump sum death benefit or pension income)	<input type="text"/>	
Additional details or information and charity number if applicable		<input type="text"/>	

## Nominated beneficiary 3

Name	*	<input type="text"/>	
Address	(Care of)	<input type="text"/>	
	(Property name)	<input type="text"/>	
	(Address line 1)	*	<input type="text"/>
	(Address line 2)	<input type="text"/>	
	(Town/City)	<input type="text"/>	
	(County)	<input type="text"/>	
	(Post code)	*	<input type="text"/>
Relationship to you	*	<input type="text"/>	
Percentage of fund	*	<input type="text"/> %	
What benefit would you prefer to provide?	(Lump sum death benefit or pension income)	<input type="text"/>	
Additional details or information and charity number if applicable		<input type="text"/>	