

Drawdown Income Payment Form For NFU Mutual Clients

Member's name:		SIPP No:	
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I wish to request Drawdown income payment(s) from my Barnett Waddingham SIPP as follows:

1) I wish to receive a gross Drawdown income of:	£		per payment
Payment Frequency:	<input type="checkbox"/> Single	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
I wish my single payment to be made on:	<input type="checkbox"/> 1 st	<input type="checkbox"/> 15 th	Month: <input type="text"/> Year: <input type="text"/>
<small>(Monthly or Annual payments are only made on the 1st of the month payroll)</small>			
2) I wish to receive a full fund payment and understand you will disinvest all of my holdings and settle all administration fees due before I receive the net funds after tax			

Important Tax Information, if you do not understand how this will affect your payment, please contact your financial adviser, your accountant or us.

We will tax your income payment at source in accordance with HMRC's PAYE regulations. If this is the first flexibly accessed payment from your SIPP we will apply an emergency tax code on a wk1 /mth1 basis. Following this we will receive a corrected tax code from HMRC to use for future payments. HMRC deem that we must tax all flexibly accessed payments as monthly amounts, so if you draw a single or annual amount, you will most likely overpay tax which you will need to reclaim from HMRC.

Please pay my Drawdown income payments to the following personal UK bank account in my name:

Bank Details	
Bank Name:	
Sort Code:	
Account Number:	
Account Name:	

Funds to meet my Drawdown income payment(s) should be drawn from the following asset(s):

Fund	Percentage disinvestment	Fund	Percentage disinvestment
Mixed Port Max 100% shares	%	Global Emerging Markets	%
Mixed Port 20-60% shares	%	Fixed Interest	%
Mixed Port 40-85% shares	%	Index Linked	%
UK Equity	%	Property	%
UK Equity Income	%	Deposit	%
International	%		

If you have extinguished all of the units in one or more of your funds, we will re-proportion your disinvestment percentage across the remaining funds you hold. Please note disinvestment timescales may affect your requested payment date.

I understand the risks associated with the sustainability and tax implications of the payment(s) elected.

Member's signature:			
Please print name in full:		Date:	

Please return this completed form to be received at least 2 weeks before your requested payment date.