

For customers

Income request (capped drawdown)

This form should be used to set up a new or amend an existing income instruction for your existing capped drawdown.

The benefit crystallisation form should be used to crystallise your benefits — and your adviser can help you with this.

Please complete this form by typing in the boxes, including the signature box and email it to: clientsupport@arc.aeqon.co.uk

Please insert the illustration number below. This is on the attached illustration which is valid for 90 days. If you haven't received one, please contact your financial adviser or call us on 0345 680 1234 (call charges will vary).

Our email system and the way we deal with data internally is secure. However, we're unable to ensure the security of emails before they reach us so please consider this and do not include any personally sensitive, financial or banking information that has not been appropriately secured.

If your personal circumstances mean you need any additional support, or if you'd like a large print, Braille or audio CD version of this document, please call 0345 680 1234 (call charges will vary) or visit aegon.co.uk/support

Illust	ration number		
1.	Investor details		
	Full forename(s) Surname	Date of birth (dd/mm/yyyy) Investor number	

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Receiving guidance or advice

We think you should get financial advice or guidance before making any decisions regarding your pension savings, to help fully understand your options.

Pension Wise guidance

Due to the importance of receiving guidance, the government introduced regulations to highlight Pension Wise. Pension Wise is a free and impartial government service from www.moneyhelper.org.uk offering you guidance on your pension savings and the options available to you. The regulations recommend you take guidance from an independent pension specialist at Pension Wise and appointments are available by phone or face to face.

You can book online at **moneyhelper.org.uk/pensionwise** or call them on 0800 138 3944. Alternatively call us on 0345 680 1234 (call charges will vary) and we'll book an appointment for you. Please have your wrapper number to hand when you call us, as we'll ask you for it.

Advice

Before making any decisions about taking your pension benefits you should also get advice from a financial adviser. If you don't have a financial adviser, you can visit **moneyhelper.org.uk/choosing-a-financial-adviser** to find one.

The regulations require you, or your adviser if they're completing the form on your behalf, to confirm the following options before we can proceed with your transaction. If you plan to take guidance and/or advice you should do this before completing this form.

•	Have you received guidance from Pension Wise relating to this transaction in the last 12 months?
	Yes No
•	If you answered No above and don't want to use Pension Wise you need to opt-out, please tick the relevant option below.
	I've received financial advice related to this transaction within the last 12 months.
	I don't want guidance from Pension Wise or advice from a financial adviser.
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If you've already received guidance or advice, you may want to do this again if there's been any significant change to your pension fund or personal circumstances.

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2. Income details

the capped to flexi access drawdown form to

convert to flexi-access drawdown.

Do you want to:	If you request more than the maximum	
set up a new income instruction; or	capped drawdown, we'll only pay the maximum allowed.	
amend an existing income instruction.	How much income do you want to take? (tick one option)	
Only one income withdrawal instruction can be recorded against each drawdown arrangement. This will replace any existing instruction.	I want to take the maximum capped drawdown allowed. This will be paid monthly.	
If you hold multiple drawdown arrangements, provide the drawdown number that this	I want to take a yearly gross income of	
income request relates to.	£ This will be paid monthly	
	I want to take an ad hoc payment of	
Capped drawdown options If the amount of income required is more than	£	
the maximum allowed, you'll need to complete	Mall advet an orange dua adventar	

We'll adjust any regular drawdown payments to take account of this payment and keep you below the maximum capped drawdown allowance.

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3. Your bank details

Please give us details of your bank account to which you would like payment to be made. The bank details should be for a personal account in your name or one where you are a joint account holder. If this is the first time you've given us these bank account details, please send a certified copy of the bank statement for this account with this instruction.

Name of bank/building society		
Sort code		
Account number		
Roll number (for building society accounts only)		
Account name		

4. Declaration

In this declaration, 'I' means the investor and 'you' means Aegon.

I authorise you to make payments according to my instructions. I declare that my answers to the questions contained in this application are true to the best of my knowledge and that failure to provide accurate information could result in fines and additional tax charges.

You (the investor) should sign and date this form by typing your full name in the signature box and typing the date in the date box or by using any other electronic signature method we have agreed, in writing with your adviser, to accept. Your typed name or agreed electronic signature method in the signature box will be your signature. When you sign the form, by typing your name in this box or using the agreed electronic signature method, you are making the declarations and confirming that you wish to proceed with the instructions in this form.

Date (dd/mm/yyyy)	
Name	
Signature (type name here).	
X	X

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5. Adviser declaration

Where you have completed this instruction on behalf of the customer named in section 1, when you sign the form, by typing your name in this box, you are making the declarations and confirming that the customer wishes to proceed with the instructions in this form.

By signing this instruction, by typing your name in the box below, you make the following additional declarations:

5.1 You declare that:

- to the best of your knowledge and belief, the information supplied to Aegon on behalf of the customer is true and complete;
- you have the appropriate authority from the customer to complete this form, to make the declarations in this form on their behalf and to provide Aegon with the instructions set out in this form, acknowledging that Aegon reserves the right to request a copy of the authority and failure to provide a copy when requested may result in Aegon being unable to proceed with the instructions; and
- you have discussed the form with the customer and they are aware of its content, they agree to the declarations and agree to you submitting this application on their behalf.

5.2 You hereby indemnify Aegon against all claims, losses, tax charges, penalties and interest incurred or due to be paid by Aegon as a result of your failure to obtain the appropriate authority from the customer and/or supplying incorrect or inaccurate information and Aegon relying on and following the instructions given in this application form.

Date (dd/mm/yyyy)					
Name					
Signature (type name here).					
X	X				



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