



For customers

Income request (capped drawdown)

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

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.

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 is a free and impartial government service from 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 online, 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.

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

Illustration number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1. Investor details

Full forename(s)

Surname

Date of birth (dd/mm/yyyy)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Investor number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Income details

Do you want to:

- ☐ set up a new income instruction; or
- ☐ amend an existing income instruction.

Only one income withdrawal instruction can be recorded against each drawdown arrangement. This will replace any existing instruction.

If you hold multiple drawdown arrangements, provide the drawdown number that this income request relates to.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Capped drawdown options

If the amount of income required is more than the maximum allowed, you'll need to complete the capped to flexi access drawdown form to convert to flexi-access drawdown.

If you request more than the maximum capped drawdown, we'll only pay the maximum allowed.

How much income do you want to take? (tick one option)

- ☐ I want to take the maximum capped drawdown allowed. This will be paid monthly.
- ☐ I want to take a yearly gross income of

£															
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 This will be paid monthly.
- ☐ I want to take an ad hoc payment of

£															
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

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

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

