

Exceeded Lifetime Allowance declaration form

Important information

You should complete this form if you believe that the value of your pension benefits exceeds, or is about to exceed, the Lifetime Allowance. For details of the current Lifetime Allowance, please go to the GOV.UK website.
Please note: This form should be used in conjunction with the Lifetime Allowance calculation form.

1. YOUR DETAILS

Mr/Mrs/Miss/Ms/Other

Surname

Forename(s)

Plan Number

Address

Postcode

Telephone number

2. LIFETIME ALLOWANCE PROTECTION

Please indicate by ticking the box:

I do not hold a Protection Certificate

I do hold a Protection Certificate from HMRC

If you hold LTA protection, please supply the protection notification number and scheme administrator reference provided to you at the time.

HMRC's Protection Notification Number:

Scheme Administrator's Reference Number:

Have you taken any other benefits from other registered pension schemes?

Yes

No

Do not include a State Pension or any pension you are receiving following the death of another person.

3. PENSIONS OR ANNUITIES IN PAYMENT

3.1 Please complete if you have received benefits that came into effect before 6 April 2006.

	Benefit 1	Benefit 2	Benefit 3
Percentage of the Lifetime Allowance used when taking this benefit	<input style="width: 100px;" type="text" value="%"/>	<input style="width: 100px;" type="text" value="%"/>	<input style="width: 100px;" type="text" value="%"/>
OR			
Gross annual amount of pension in payment or maximum allowable income from a drawdown plan	<input style="width: 100px;" type="text" value="£"/>	<input style="width: 100px;" type="text" value="£"/>	<input style="width: 100px;" type="text" value="£"/>

3.2 Please complete if you have received benefits from your pension(s) that came into effect after 6 April 2006.

	Benefit 1	Benefit 2	Benefit 3
Percentage of the Lifetime Allowance used up by these benefits	<input style="width: 100px;" type="text" value="%"/>	<input style="width: 100px;" type="text" value="%"/>	<input style="width: 100px;" type="text" value="%"/>
OR			
Gross annual amount of pension in payment or maximum allowable income from a drawdown plan	<input style="width: 100px;" type="text" value="£"/>	<input style="width: 100px;" type="text" value="£"/>	<input style="width: 100px;" type="text" value="£"/>

3.3 Please complete this section if you have transferred pension benefits into a Qualifying Recognised Overseas Pension Scheme (QROPS) on or after 6 April 2006

	Benefit 1	Benefit 2	Benefit 3
Percentage of the Lifetime Allowance used when taking this transfer	<input style="width: 100px;" type="text" value="%"/>	<input style="width: 100px;" type="text" value="%"/>	<input style="width: 100px;" type="text" value="%"/>
Date of transfer	<input style="width: 100px;" type="text" value="DD/MM/YYYY"/>	<input style="width: 100px;" type="text" value="DD/MM/YYYY"/>	<input style="width: 100px;" type="text" value="DD/MM/YYYY"/>

3.4 Please provide details of any other pensions or any transfers to QROPS that will come into payment the same date as your Plan which will need to be treated as being paid before your Plan commences. Do not provide details of pensions or transfers to QROPS that have not yet been applied for.

Scheme name	£ value of pension benefits taken
<input style="width: 600px;" type="text"/>	<input style="width: 100px;" type="text" value="£"/>
<input style="width: 600px;" type="text"/>	<input style="width: 100px;" type="text" value="£"/>

4. LIFETIME ALLOWANCE EXCESS

Benefits in excess of the Lifetime Allowance (or your Protection Certificate), will be liable to income tax at your marginal rate.

Note that the WS Stakeholder Pension Scheme only pays benefits as a cash sum and does not provide you with the option of taking your benefits as income. If you would prefer to draw down your benefits flexibly or else take your benefits as income, you would need to transfer your funds to another provider who is able to offer these benefits. In this case, select the transfer option below and we will let you have details of the information we require in order to complete the transfer. The transfer would occur tax-free.

5. DECLARATION AND SIGNATURE

If you wish to receive your benefits in cash, please complete the declaration below:

Please confirm your decision by ticking the box:

I wish to take my benefits as a cash sum.

I understand that by taking cash I will incur tax at my marginal rate on the excess over the Lifetime Allowance.

I wish to transfer my benefits to another pension provider.

Declaration

I certify that the information I have given on this form is correct. If further tax becomes payable because the information I have provided is proven to be incorrect then I will be wholly and personally liable for any tax charge and penalty imposed by HMRC. I have disclosed any other information about my pension arrangements that could affect my tax position that is not covered elsewhere on this form.

Print full name (in BLOCK CAPITALS)

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Please return your completed form to:
Waystone Management (UK) Limited
PO Box 5246
Aspect House
63 Spencer Road
Lancing
BN99 9GP