# **Cofunds Pension Account Income Payment or Amendment Request**



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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 visit aegon.co.uk/additional support or call 03/15 604 4001 (call charges will vary)

or call 0345 604 4001 (call charges will vary).				· · · · · · · · ·	
This form should only be completed when y	ou are taking benefits under ca	pped or flexi-ac	cess drawdown. Please tick	the option below that applies to yo	·u:
Establishing an income payment; or					
Amending an existing income paymen	t; or				
Cancelling an existing income paymen	rt.				
Please complete this form by typing in the b	ooxes, including the signature b	ox(es) and ema	iling it to: aegoncofundsadm	inistration@aegon.co.uk	
Our email system and the way we deal with not include any personally sensitive, finance				mails before they reach us so plea	se consider this and do
1 Adviser Details (For advise	er use only)				
Adviser name			Firm name		
2 Client Details					
Please complete this section in full.			Mr/Mrs/Ms/Miss/Other – p	lease specify	
Product number	8		Full forename(s)		
			Full forename(s)		
			Surname		
3 Income Payment Details					
•			_		
3A. ESTABLISH OR AMEND AN INC		16			1 1 1 1 1 1 1
Use this section to set up an income paymen must be available in your product cash facility Aegon Platform terms and conditions for more	y for your regular income paymer				
Tick one of the boxes below to set up your inc valuation point, and will be made available in y	your nominated bank account on	or around the la	ast working day of the month.		-
We require 19 business days notice prior to the you will receive a double payment on the next payments from the end of the following mont	t payment date. For all other payr				
<b>Initial gross income</b> I would like to take the following taxable income	me:				
Initial gross annual income required	Maximum (if capped)	Whole fund	(if flexi-access) Nil	Other – please specify the annu-	al amount
Type of income payment	Single	Regular			
If regular, frequency of income	Monthly	Quarterly	Half-yearly	Yearly	
Date of first income payment (month/year)					
Where you select quarterly payments, we wil	M M Y Y Y Y  Il pay your income at the end of N	Aarch. June. Ser	otember and December.		
3B. OPTIONS FOR MAKING REGUL	AR INCOME PAYMENTS				
If you have an active sell down option we can can select to set up a sell down option by co			s, by selling units from your l	argest commission-free share class	s fund. Alternatively you
On the fifth business day of the month, Aego	n will calculate whether you have	e enough money	in your product cash facility	to cover any related payments due to	o go out that month.
If the calculation shows that you will not hav units from your investments to raise the rec sale may be placed on the subsequent busing on your statement.	quired amount. However, in som	e instances, inc	cluding but not limited to whe	en unusually large numbers of instru	uctions are received, the
For more information on income sell down opt	·	-	=	· · · · · · · · · · · · · · · · · · ·	
If your product cash facility has less than the  If you do not have an active sell down option		_	· ·		d
Depending on what option is chosen below,	•		•	•	
Option 1 - Largest value fund					
A sale of units from your largest valu	e fund held within your Cofunds	Pension Accoun	t.		
Option 2 – Nominated fund					
You can nominate a fund from which units ar is not available for trading at that time), we v				-	your nominated fund
Fund manager, fund name and share class	·		-	SEDOL code	Percentage of income payment

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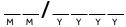
#### **3C. OPTIONS FOR MAKING SINGLE INCOME PAYMENTS**

To make a single income payment (including tax-free lump sum) from a Cofunds Pension Account (CPA), you must ensure that you have sufficient cash available within the CPA cash facility before submitting your instruction, otherwise we may not be able to process your request.

### **3D. CANCELLING AN INCOME PAYMENT**

Use this section to cancel an existing income payment from your Cash facility of your pension. You do not need to complete Section 3A, B or C or Section 4 within this form, proceed to Section 5.

Date you wish to receive the last income payment  $\frac{1}{M} \frac{1}{M} \frac{1$ 



We require 19 business days notice prior to the end of the month to cancel an income payment. If there is insufficient time to cancel your payment, we will cancel the payment from the end of the following period.

## **Bank Account to Receive Income Payments**

We are only able to make payments to a personal account in your own name, including joint accounts. In addition, payments may only be made to a UK bank account or to an account that can accept BACS or CHAPS payments. Please speak to your bank if you have any questions as to whether your account is suitable.

Name(s) of account holder(s)
Bank or Building Society name and address
Postcode

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Bank,	/Build	ling S	ociet	у Асс	ount	Num	ber					
Build	ing So	ociety	/ Roll	Numl	oer							

All regular income payments will be made on the last business day of the month. We will continue to pay the same amount of taxable income in future years until you or your adviser inform us otherwise. If you would like to amend or cancel your payment, you will need to complete the relevant form. We also need sufficient cleared funds in your Cash facility of your pension five working days prior to the payment date as otherwise the payment will not be made.

## **Declaration**

Before signing the declaration for your own benefit and protection you should carefully read the following:

- Key Features of the Cofunds Pension Account; and
- Aegon Platform terms and conditions
- · Charges sheet

These documents together form the agreement upon which Curtis Banks Pensions, as provider of the Cofunds Pension Account, intend to rely. If you do not understand any point then please ask your adviser.

#### Declaration

I declare that to the best of my knowledge and belief the statements made in all sections of this form (whether in my handwriting or not) are correct and complete.

I acknowledge that by taking any income under flexi-access drawdown, contributions to all of my money purchase pensions will be subject to the money purchase annual allowance, if they are not already.

You should sign and date this form by typing your full name in the signature box below  $\,$ and typing the date in the date box. Your typed name in the signature box will be your signature. When you sign the form, by typing your name in this box, you are making the declarations and confirming that you wish to proceed with the instructions in this form.

Client name	
Client signature (type name here)	Date

# 6 Adviser declaration

Where you have completed this form on behalf of the customer named in section 2, 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 form, by typing your name in the box below, you make the following additional declarations:

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.
- 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 my 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.

Adviser Signature (type name here)	Adviser Signature (type name here)

The Cofunds Pension Account is provided by Curtis Banks Pensions (Curtis Banks), a trading name of Suffolk Life Pensions Limited (Suffolk Life). Registered address: 153 Princes Street, Ipswich, Suffolk IP1 1QJ.

Registered in England and Wales number 01180742. Suffolk Life is authorised and regulated by the Financial Conduct Authority (FCA) under FCA registration number 116298

All assets held in the Cofunds Pension Account are legally owned by Suffolk Life Trustees Limited and are held on the Aegon Platform provided by Cofunds Limited (Cofunds). Registered address: Level 26, The Leadenhall Building, 122 Leadenhall Street, London, EC3V 4AB. Registered in England and Wales No. 03965289. Authorised and regulated by the Financial Conduct Authority (FCA) under FCA Registration No. 194734.

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