

Cash Fund Drawdown Cash withdrawal request form

Please complete this form if you wish to make a cash withdrawal from your Plan.

IMPORTANT INFORMATION

- Your cash withdrawal will be paid on the 1st of each month (or the previous available working day if this is a Bank Holiday or weekend) directly into an account in your name, or to a nominated account which you hold jointly with someone else.
- Cash withdrawals are subject to income tax, which will be deducted under PAYE before you are paid. If we do not hold a tax code for you already, please supply us with your P45 from the current tax year. If you do not have a current P45, we are obliged to use an emergency tax code with zero personal allowance for your first cash withdrawal. After your first cash withdrawal, HMRC will normally inform us of your correct tax code. You can contact HMRC direct to check you are on the correct tax code and to arrange a refund of any potential overpayment of tax.
- For a cash withdrawal to be paid on the 1st of the following month (or the previous available working day if this is a Bank Holiday or weekend), your request should be received on or before the 15th of a month.
- Making cash withdrawals from this product will limit the amount you can contribute into your defined contribution plans to a total of £10,000 per annum. This is called the Money Purchase Annual Allowance (MPAA).
- Please use **BLOCK CAPITALS** and black ink to fill in this form. If you make a mistake, please initial any changes you make.
- Please return your completed form to CFML, PO Box 1043, CHELTENHAM GL50 9JB. Or email the signed scanned document to PPPadmin@capita.co.uk. Please note that if this option is taken we are unable to guarantee complete security.

If you have any queries about this form or need help, please call us on 0345 055 0606 between 9am-5pm Monday to Friday.

1. Your details

Mr/Mrs/Miss/Ms/Other

Surname

Forename(s)

Plan number

Contact telephone number

2. Cash withdrawals

Cash withdrawal requested (please give gross figure)

£

Which month do you want to make your cash withdrawal?

3. Your bank details

Name of account holder(s)

Name of bank

Account number

Sort code

Address of bank

Postcode

4. Consent and signature

I request and consent to CFML making a cash withdrawal from my Plan as detailed in this form.

I understand that cash withdrawals are subject to PAYE income tax, which will be deducted before they are paid.

I understand that every cash withdrawal made is subject to a cash withdrawal fee.

You must complete the boxes marked with crosses.

Print name (in **BLOCK CAPITALS**)

X

Signature

X

Date

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I have enclosed a P45 for the current tax year, if available.