

# RETIREMENT REQUEST FORM – PERSONAL PENSION PLANS



Utmost Wealth Solutions is the brand name used by a number of Utmost companies. This item has been issued by Utmost PanEurope dac.

## IMPORTANT INFORMATION

Please ensure that all sections are fully completed. In this form words in the singular shall include the plural and vice versa.

### HOW TO COMPLETE THIS FORM

This form should be completed by the Policyowner(s) using **blue or black ink** and **BLOCK CAPITALS**. If you make a mistake, cross it out, put in the correct words and sign your initials next to the correction. **Do not use correction fluid.**

Once completed, return this form and any supporting documents to the following address: **Utmost PanEurope dac, 16 Joyce Way, Park West Business Park, Dublin 12, Ireland.**

### PRIVACY STATEMENT

Our Privacy Statement explains when and why we collect personal information about our customers, how we use it, the conditions under which we may share it with others and how we keep it secure. It also explains how long we keep customer information for, how a customer can obtain details of the information we keep and the choices customer have about how we use that information. You can find a copy on our website [www.utmostinternational.com/privacy-statements/](http://www.utmostinternational.com/privacy-statements/) or you can request a copy from our Customer Support team.

## A POLICYOWNER DETAILS

Forename(s) (in full)	<input type="text"/>
Surname	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Policy Number	<input type="text"/>
PPS Number	<input type="text"/>

## A WEALTH *of* DIFFERENCE

[www.utmostinternational.com](http://www.utmostinternational.com)

Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

Utmost PanEurope dac is regulated by the Central Bank of Ireland (No 311420). Its registered office is Navan Business Park, Athlumney, Navan, Co. Meath C15 CCW8, Ireland. Utmost PanEurope dac is a Category A Insurance Permit holder with the Jersey Financial Services Commission.

Utmost Wealth Solutions is registered in Ireland as a business name of Utmost PanEurope dac.

UIC PR 00188 | 11/22

**B RETIREMENT BENEFITS**

**This section must be completed in all instances.**

The following options are available at retirement. Using the boxes below, tick one of the options. Please note, the option you select here may restrict further options available in other sections within this form.

- › Tax Free Lump Sum (25% of the value of the fund - subject to certain tax thresholds) Plus, a Reduced Annual Pension  continue to B1
- › A Full Annual Pension  continue to B1
- › Investment in an Approved Retirement Fund  continue to B2
- › Full cash drawdown  continue to B3
- › Open market option  continue to B4

**B1 - TO BE COMPLETED IF YOU REQUIRE A PENSION'**

Using the boxes below, tick to indicate the basis in which you wish to receive a pension.

- › Tax Free Lump Sum (25% of the value of the fund - subject to certain tax thresholds) Plus, a Reduced Annual Pension
- › A Full Annual Pension

The benefits may differ from those shown in the attached letter, depending on your chosen option.

**Amount of pension**

- To remain level       To escalate at 3%

**Frequency of pension payments**

- Monthly in advance       Yearly in advance       Monthly in arrears

**The pension should be payable**

- › Throughout my lifetime
- › Guaranteed for 5 years   
(i.e. payable throughout your life for a minimum of five years irrespective of survival)
- › Guaranteed for 10 years   
(i.e. payable throughout your life for a minimum of ten years irrespective of survival)

In the event of your death after commencing benefit, do you wish to provide a pension for your spouse?  Yes  No

If yes, we will require the Spouse Details section to be completed below.  
If no, continue to section C.

**Spouse details**

Forename(s) (in full)

Surname

Date of Birth

d	d	m	m	y	y	y	y
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PPS Number

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

We will require your spouse's PPS number, a suitably certified copy of their passport or drivers license and marriage certificate.

Using the boxes below, indicate how you would like your pension to be paid to you spouse, in the event of your death after commencing benefit.

In full     
  Reducing by one third on death     
  Reducing by one half on death

**B2 - APPROVED RETIREMENT FUND**

**In order to invest in an Approved Retirement Fund we require confirmation of the following:**

Do you wish to take a Tax Free Lump Sum?

(25% of fund value - subject to certain tax thresholds)

Yes

No

Name of the Qualifying Fund Manager/Life Assurance Company who will provide the Approved Retirement Fund

We will require a **letter of acceptance** from the receiving Life Company to state they are willing and able to accept the monies.

**The following conditions apply when investing in an Approved Retirement Fund**

Do you have a guaranteed income of at least €12,700 p.a. for life?

Evidence will be required e.g. official confirmation of a pension (Social Welfare or an annuity written through a life company).

**OR**

Have you invested at least €63,500 in an Approved Minimum Retirement Fund or purchased an annuity with €63,500?

Evidence will be required e.g. A letter from the life company confirming the AMRF or existence of the annuity purchased with the €63,500.

**OR**

Are you age 75 or over

If you have not already met the above conditions and would still like to choose the ARF option you must invest €63,500 in an **Approved Minimum Retirement Fund** or **purchase an annuity with €63,500.**

Provide the name of the Qualifying Fund Manager/Life Assurance Company who will provide the **Approved Minimum Retirement Fund.**

Name (in full)

We will require a **letter of acceptance** from the receiving Life Company to state they are willing and able to accept the monies.

### Annuity Payment

Provide the name of the pension provider who will provide the **Annuity Payment**.

Name (in full)


### B3 - FULL CASH DRAWDOWN

To be able to take the value of the pension fund net of income tax you must be able to answer YES to at least one of the following requirements.

Do you have a guaranteed income of at least €12,700 (evidence will be required)

**OR**

Have you invested at least €63,500 in an Approved Minimum Retirement Fund or purchased an annuity with €63,500? (evidence will be required)

**OR**

Are you age 75 or over

### B4 - OPEN MARKET OPTION

**Complete this section to transfer to another Life Office to provide benefits.**

Provide the name of the life assurance company to which the cheque representing the value of your pension fund is to be made payable.

Name (in full)


We will require a **letter of acceptance** from the receiving Life Company to state they are willing and able to accept the monies.

If you have selected an **Approved Minimum Retirement Fund** or **Approved Retirement Fund** option, take special care to satisfy yourself that these meet your needs. In particular, make sure that you are clear as to the financial consequences of not fully effecting your pension entitlement which is available on guaranteed terms. If you are in doubt about this, contact your insurance intermediary in the first instance or Utmost PanEurope dac.

**C ANNUITY MANDATE**

Complete this section where pension benefits have been chosen.

Policy Number

Policy owner

I hereby request Utmost PanEurope dac, until these present instructions are withdrawn, to pay installments of the above pension to the under noted Bank/Building Society whose receipt shall be binding upon me.

Name of bank

Bank Address

Postcode  -

Account Holder's Name(s)

IBAN

BIC

**SIGNATURE** of account holder

**SIGNATURE**

Date

Address

Postcode  -

**D DECLARATION**

Where I require any benefit other than a pension benefit I understand that payment will be an absolute discharge, by Utmost PanEurope dac, for all liability under the policy in respect of the amount payable, including but not limited to, any guaranteed benefits accumulated under that portion of the policy to which the payment relates.

Sign and date the form and then return it along with the documentation required for your choice of pension benefits and the original policy document.

Attach the following documents securely to this form:

› Certified copy of evidence of age (drivers license or passport)

› Return of the original policy documents

**SIGNATURE** of policyholder

**SIGNATURE**

Date signed