



This form can be used to submit an instruction to request benefits from your Novia SIPP by crystallising benefits from your Novia uncrystallised SIPP. Such an instruction is accessing pension benefits in a flexible manner and the Money Purchase Annual Allowance will apply to future pension contributions. There is a separate form to request Uncrystallised Funds Pension Lump Sum payments. Advice must be obtained from your Adviser before submitting an instruction.

Where payment is being made to a verified bank account, this instruction may be submitted to Novia on your behalf by your Adviser without your signature. **If there is no verified bank account set up on your account you will need to submit a Bank Details Form and payment will be subject to satisfactory completion of the verification.**

If you prefer to authorise the instruction with your signature, please arrange with your Adviser to return the original form to Novia.

If you need assistance completing this form please ask your Adviser or contact the Client Services Team on 0345 680 8000.

Investor Details

Novia Investor number (if known)	<input type="text"/>		
Novia SIPP number (if known)	<input type="text"/>		
Surname	<input type="text"/>	Forename(s)	<input type="text"/>
Date of birth	<input type="text"/>	National Insurance number	<input type="text"/>

Benefit Options

Please complete a, b or c

A I wish to crystallise to drawdown fully or partially £

Please pay me the maximum allowable PCLS or £

B I wish to take an Uncrystallised Funds Pension Lump Sum.

Please pay me the maximum available or £ *

*Please note that this option is **taxable** and will include any income tax payable to HMRC

C I wish to purchase an annuity from

Please use all available funds or £

Please pay me the maximum allowable PCLS or £

Regular Income Withdrawal Options

Please note that only one Income withdrawal instruction can be recorded against your Novia SIPP. This instruction will replace any existing instruction.

I do not wish to take an income at this time.

I wish to take a gross annual income of £

Or the maximum (capped drawdown only)

To be paid Monthly Quarterly Annually commencing

Ad hoc Income Withdrawal Payment

Please note that any instruction to take an ad-hoc payment from your Novia SIPP will not replace any regular payment instructions.

I wish to take a single ad-hoc drawdown income payment, to be paid as soon as possible.

Please pay me the maximum available or £ gross.

Comments

Please use this space to provide any additional note or information; please do not use a separate cover letter

Bank Details

This instruction can only be paid to a verified bank account. Please confirm the details of the bank account to which you would like this payment made in case you have multiple accounts verified with Novia. **This section cannot be used to inform us of new bank account details. Please submit a Bank Details Form.**

Branch Sort Code (last 2 digits only)

Account number (last 4 digits only)

Building Society Client number (last 4 digits only)

Payments made to building society accounts may take up to 10 business days longer than payments to bank accounts.

Lifetime Allowance Details

Are you entitled to any transitional protection?

Yes

No

If yes, please provide Adviser certified copies of the appropriate certificates

Have you crystallised any benefits from other pension schemes since 6 April 2006? Yes No

If yes:

Date Crystallised

% of Lifetime Allowance used

If no:

Total current maximum gross annual income from pensions that were already in payment on 6 April 2006

£

Adviser Declaration (This section must be completed regardless of submission method)

Novia will accept the receipt of this form without an Investor signature, **provided it is submitted through the Adviser Zone secure email service.** Alternatively, you may ask the Investor to sign the completed form and arrange for the original to be returned to Novia. By submitting this form you are confirming the following:

- / I declare that the information in this form is true and correct to the best of my knowledge.
- / I agree to indemnify Novia Financial Plc against all such claims or losses, including additional tax charges and fines, in the event that the information provided proves to be incorrect.
- / I understand that checks may be performed on this instruction to confirm details are correct.
- / I confirm that I have the Investor's authority to submit this instruction on their behalf.

Name

Position

Firm name

Firm FCA number

/ Benefit Crystallisation Event Application

Investor Declaration (only applicable where the Investor wishes to authorise by signature)

- / I declare that the information in this form is true and correct to the best of my knowledge.
- / I understand that checks may be performed on this instruction to confirm details are correct.
- / I understand that any delay on my part to act on any further verification request will delay processing the instruction and my failure to act will prevent processing the instruction.
- / I authorise Novia to make payments according to my instructions.
- / I declare that the PCLS payment will not be reinvested into any registered pension scheme beyond the limits imposed by HMRC from time to time, and should I decide to make such reinvestment I will provide full details to Novia and the registered pension scheme administrator.

Investor Signature

Date

Where the investor has signed the adviser must also sign and post the original to Novia.

Adviser Signature

Date