



**Every section must be completed.**

This form is to instruct @sipp to amend your chosen Income.

The @sipp Benefit Payment Form should be completed where you wish to switch from Capped Drawdown to Flexible Drawdown.

Your Financial Adviser should be consulted before amending your income.

**Timescales**

Requests for income amendments must be received no later than the 15th of the month before income payments are to commence, e.g. where income payment amendments to commence on the 1st October, the instruction must be received no later than the 15th September.

## PART A – PERSONAL INFORMATION

### MEMBER DETAILS

@sipp Member Number

*Permanent  
Residential Address*

Mr/Mrs/Miss/Ms

Surname

Forename(s)

Postcode

Telephone Contact

Date of Birth

## PART B – PENSION INCOME OPTIONS

Capped Drawdown

Complete PART C

Flexible Drawdown

Complete PART D

## PART C – CAPPED DRAWDOWN

I wish to take a Gross Annual Income of:

Maximum

Nil

%

Percentage (up to 100% of max allowable by HMRC)

or specified amount

£

p.a. Gross

### FREQUENCY OF PAYMENT

In advance

In arrears

Monthly

Quarterly

Half Yearly

Annually

All payments will be paid on the 1st of the month. (Unless weekend, holiday or non business day). Pension payslips will be issued directly to the member. A BACS or CHAPS transfer will incur a bank charge (currently £5 and £25 respectively).

## PART D – FLEXIBLE DRAWDOWN

I wish to take a Gross Annual Income of:

Maximum

i.e. Whole Crystallised Fund

or Specified Amount

£

p.a. Gross

As a single payment

As a regular payment

**Frequency of Payment (For regular payments)**

- In advance       In arrears  
 Monthly       Quarterly       Half Yearly       Annually

All payments will be paid on the 1st of the month (unless weekend, holiday or non business day). Pension payslips will be issued directly to the member. A BACS or CHAPS transfer will incur a bank charge (currently £5 or £25 respectively).

**PART E – DISINVESTMENTS**

If there are not sufficient monies available in your Trustee bank account to pay benefits, please advise from where monies should be disinvested.

Asset Name	Asset Number	Amount £

**PART F – BANK DETAILS**

Please provide details of your bank account to which you wish your benefit to be paid.

Account Name

Account Number  or Building Society Ref

Sort Code

Bank or Building Society Address

Postcode

**PART G – MEMBERS DECLARATION**

I request and consent to the payment of benefits as set out in this Alteration Income Form.

I understand and agree that:

- (a) I will be able to change the amount of income, within the limits set down by the Rules of the scheme but if I choose to do so an additional charge on my fund will be incurred to meet the additional administration cost.
- (b) If I select an amount of Capped Drawdown income which is above the Government Actuary Department’s upper limit then @sipp will pay income equal to the upper limit.
- (c) @sipp has my authority to liquidate investments sufficient to pay the benefits at its sole discretion if I or my advisers, fail to give adequate instruction in that respect.
- (d) I declare that the information contained on this form is, to the best of my knowledge and belief, true, complete and not misleading.
- (e) I will indemnify the scheme administrator against any liability to pay tax or other charges which arise out of the provision of false or misleading information.

Member’s Signature  Date



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@sipp plc is registered in Scotland (Registered No. SC217126) and has its registered office at 58 Elliot Street, Glasgow, G3 8DZ and is authorised and regulated by the Financial Services Authority under Firm Reference No. 462907 and you can check this authorisation at [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register) or by calling the FSA on 0845 606 1234.