



ORGANON
TRUSTEES

Scheme name

Member full name

Date of birth

National Insurance number

Organon Trustees is a trading style of Organon SIPP Services Limited, authorised and regulated by the Financial Conduct Authority.

Benefit
Request

Benefit Request



Benefit details

Please indicate (✓) how you would like to access your benefits:-

- | | |
|--|--------------------------|
| Annuity purchase | <input type="checkbox"/> |
| Flexi-Access Drawdown (tax-free cash only) | <input type="checkbox"/> |
| Flexi-Access Drawdown (including pension) | <input type="checkbox"/> |
| Uncrystallised Funds Pension Lump Sum | <input type="checkbox"/> |
| Capped drawdown* (including pension) | <input type="checkbox"/> |

*only available where funds were crystallised before 6 April 2015

Protection

If you have applied to HM Revenue & Customs for any of the following types of protection for your Pension Fund, please provide details below:-

- | | |
|----------------------------|--------------------------|
| Enhanced Protection | <input type="checkbox"/> |
| Primary Protection | <input type="checkbox"/> |
| Fixed Protection 2012 | <input type="checkbox"/> |
| Fixed Protection 2014 | <input type="checkbox"/> |
| Fixed Protection 2016 | <input type="checkbox"/> |
| Individual Protection 2014 | <input type="checkbox"/> |
| Individual Protection 2016 | <input type="checkbox"/> |

Please either forward a copy of the HMRC certificate or complete the section below

Protection reference number

Scheme administrator reference



Amount of benefits required

Pension Commencement Lump Sum (tax-free cash)

Please indicate the amount you would like to receive:

Maximum (✓) ☐ OR Specified amount

Pension Payments (taxed as income)

Please confirm the level of income required:

Maximum (✓) ☐ (applies only where capped drawdown is available)

Specified annual amount (Gross) to be paid monthly/quarterly/annually (please delete as applicable)

Specified one-off amount (Gross)

Member Bank Account Details

Please confirm details of the bank account into which you would like your benefits paid:

Bank Name	<input type="text"/>	Account name	<input type="text"/>
Branch address	<input type="text"/>	Account number	<input type="text"/>
	<input type="text"/>	Sort Code	<input type="text"/>

Benefit Request



Advice

We recommend that you get either pensions guidance or regulated advice before proceeding.

Please indicate whether you have received regulated independent financial advice or guidance through Pension Wise regarding the benefits being requested on this Benefit Request form by ticking (✓) the relevant statement below.

I have received regulated advice from the following regulated financial adviser:- (✓) ☐

Name of adviser Name of advising firm
Address
Telephone e-mail

OR

I confirm I have received Guidance from Pension Wise. (✓) ☐

This was accessed on line/by telephone/face to face (please delete as applicable)

OR

I have received neither regulated advice nor Guidance from Pension Wise and wish to proceed without advice or guidance. (✓) ☐

Signed

Benefit Request

PART A



Member Declaration

I understand that unless Organon are in receipt of a P45 from a previous source/employment dated on or after 6 April in the current year, we are obliged to the Emergency Code on a Month 1 basis against the first payment and HMRC will issue a tax code to operate against future payments. The income tax deducted will be paid direct to HMRC. The level of income tax paid may be greater or less than required and I may be entitled to a tax rebate if too much tax has been deducted. I understand that I am responsible for reclaiming this from or paying additional tax to HMRC.

In the case of Capped Drawdown only Organon will review the level of pension every 3 years. Depending on the performance level of my investments, the pension may need to be reduced to fall within the prescribed limits as laid out by HMRC or I may opt to switch to Flexi-Access Drawdown. I may request my pension be reviewed prior to this date and may amend the level of my pension within the allowed limits during this 3 year period, but charges will be levied for this work. Once I have reached my 75th birthday I will automatically become entitled to Flexi-Access Drawdown and Capped Drawdown reviews will cease.

I understand that if I have opted for Uncrystallised Funds Pension Lump Sum or drawdown income under Flexi-Access Drawdown my annual allowance for future pension contributions will reduce from £60,000 per annum with the possibility of carrying unused allowances forward ("carry forward") to £10,000 per annum without carry forward.

I am aware that I have a right to purchase a lifetime annuity from my accrued funds held within the Scheme at any time. By taking a drawdown pension from the Scheme, I am aware that the level of pension is not guaranteed. I do not hold Organon liable for the level of pension that may continue to be paid to me in later years.

Signed

Member name Date

Regulated adviser confirmation

I confirm that I have advised the Member named concerning the form and amount of benefits being requested on this Benefit Request form.

Signed

Adviser name Date

Investment Pathways declaration (where no investment adviser is appointed)

I confirm that I have been made aware of the option to use Investment Pathways for the investment of my remaining drawdown fund, as set out in the letter accompanying the issue of this Benefit Request Form and that I wish to:-

☐ (✓) Use Investment Pathways for my remaining pension fund

OR

☐ (✓) Continue to manage my investments myself. I am aware of the importance of ensuring these continue to meet my investment objectives

Signed

Member name Date



Additional Information required before commencing benefits

If you have received advice from a regulated Financial Adviser regarding the proposed benefit payments and he/she has signed page 4 of the above application:

- If Funds are already in payment and you are either simply moving from “Capped Drawdown” to “Flexi-Access Drawdown” or already in “Flexi-Access Drawdown”, the Questionnaire is complete - please return pages 2-4.
- If new funds are being crystallised, i.e. you are taking a “Pension Commencement Lump Sum” (tax-free cash) we need to check how much of the Lifetime Allowance will be used up by the proposed benefit payment and how much has been used up already by any previous benefit crystallisations you may have had. Please therefore go directly to the “Details of Other Benefits” form on Page 7 and complete the relevant sections.

If you have not received advice from a regulated Financial Adviser regarding the proposed benefit payments or he/she has not signed page 4 of the above application:

We are obliged to obtain further information about you and your personal circumstances in order that we may highlight to you the possible risks associated with accessing your benefits flexibly and also in order that we can refer you to appropriate sources of help and guidance which will assist you in making an informed choice as to how and when your benefits are taken.

Therefore, please complete the “Your Circumstances” Questionnaire on page 6 and return it with the following:

- If Funds are already in payment and you are moving from “Capped Drawdown” to “Flexi-Access Drawdown” - please return pages 2-4 along with the “Your Circumstances” Questionnaire.
- If new funds are being crystallised, i.e. you are taking a “Pension Commencement Lump Sum” (tax-free cash) we also need to check how much of the Lifetime Allowance will be used up by the proposed benefit payment and how much has been used up already by any previous benefit crystallisations you may have had. Please therefore also complete the “Details of Other Benefits” form on Page 7 and complete the relevant sections.



Your Circumstances

(this form is required If you have not received advice from a regulated Financial Adviser or he/she has not signed page 4 of the above application)

As the decision to draw benefits from your pension is such an important one, please take the time to answer the following questions:-

1. Different pension providers make varying charges for providing Flexi-Access Drawdown. Have you 'shopped around' before deciding to proceed?

YES/NO (please delete as applicable)

2. Do you expect the funds you are taking from your pension to provide you an income in retirement?

YES/NO (please delete as applicable)

3. Do you understand the tax implications of withdrawing funds from your pension savings?

YES/NO (please delete as applicable)

4. If you intend to invest the funds you are withdrawing have you considered the charges which will be levied as compared with those applying to your pension fund?

YES/NO (please delete as applicable)

5. Are you aware of the dangers of investment scams and be especially cautious where you are being encouraged to withdraw funds from your pension for this purpose?

YES/NO (please delete as applicable)

6. Are you aware that if you are receiving means-tested benefits, a withdrawal from your pension fund may affect these?

YES/NO (please delete as applicable)

7. Are you aware that whilst usually funds in a pension are protected from creditors, this will not be the case with any funds you withdraw?

YES/NO (please delete as applicable)

8. Have you considered the sustainability of your chosen levels of withdrawal based on your state of health and assumed life expectancy?

YES/NO (please delete as applicable)

9. Have you considered the needs of your partner and/or other dependants in the event of your death when considering your chosen level of withdrawal?

YES/NO (please delete as applicable)

10.

Have you considered the effects of inflation and likely increases in the cost of living when considering the level of your withdrawals?

YES/NO (please delete as applicable)

Signed

Date



Details of Other Benefits Form

Scheme name

Member full name

Benefit Commencement Date

TO BE COMPLETED BY THE MEMBER

Please answer the following question:

Have you already taken benefits from other pension arrangements (other than State benefits or any benefits payable to you as a dependant)?

YES / NO (please delete as applicable)

If your answer to the above question is NO, please sign the declaration below, leave the remaining pages of the form uncompleted and return the form to:

Organon SIPP Services Limited, 8th Floor, Regent House, Heaton Lane, Stockport, SK4 1BS

Declaration: no benefits are in payment or are coming into payment on or before the Benefit Commencement Date shown on this form

I certify that the information I have provided above is correct and complete to the best of my knowledge. If further tax becomes payable because the information I have provided above is proven to be incorrect then I understand that I will be wholly and personally liable for the tax charge due and any resultant penalty as may be imposed by HMRC.

Signed Date

If your answer to the above question is YES, please complete the remainder of this form (Sections A to D inclusive).



Section A - Pensions that were already in payment before 6 April 2006

I am in receipt of retirement benefits that commenced before 6 April 2006 YES / NO
(please delete as appropriate)

If you have answered YES, please provide the information requested below.

If you have answered NO, please go to Section B below.

Please advise the following information for the total of all pensions that you are receiving (excluding state benefits and any pension you are receiving as a dependant) and that came into payment before 6 April 2006.

Annual rate of pension in payment (before deduction of any tax) on 5 April 2006

£

Annual rate of pension in payment (before deduction of any tax) on Benefit Commencement Date shown on this form

£

If you have also taken benefits from other sources since 6 April 2006 (of which you should include details in Section B below), we will also require further information relating to the level of your existing pension in payment at the date you first took a pension on or after 6 April 2006.

Annual rate of your existing pension in payment (before deduction of any tax) at the date you first took a further pension on or after 6 April 2006

£

Section B – Retirement benefits that will have commenced payment on or after 6 April 2006 and before the Benefit Commencement Date shown on this form

I am/will be in receipt of retirement benefits that commenced on or after 6 April 2006 and before the Benefit Commencement Date shown on this form. YES / NO (please delete as appropriate)

If you have answered YES, please provide the information requested below.

If you have answered NO, please go to Section C below.

For each pension that has or will come into payment on or after 6 April 2006 and before the Benefit Commencement Date shown on this form, please provide the following information:

Percentage of Standard Lifetime Allowance that the total benefit taken represents*(please see overleaf)

Pension 1 _____ . _____ %

Pension 2 _____ . _____ %

Pension 3 _____ . _____ %

Pension 4 _____ . _____ %

Benefit Request

PART B



On what date did the earliest of these benefits come into payment?

* The illustration of benefits that are coming into payment or statement of benefits being put into payment will contain this figure. If you have not received your illustration of benefits or statement of benefits being put into payment from your pension provider, please contact them for this information.

Section C - Overseas transfers out on or after 6 April 2006

Overseas transfers out have been made (or are due to be made) on my behalf on or after 6 April 2006 and before the Benefit Commencement Date shown on this form. YES / NO

(please delete as appropriate)

If you have answered YES, please provide the information requested below.

If you have answered NO, please go to Section D below.

Please advise the following information for the total overseas transfer out that occurred on or after 6 April 2006 and before the Benefit Commencement Date shown on this form:

Date of transfer (of latest or only transfer) Amount transferred

_____ / _____ / _____ £

Section D – Declaration

I certify that the information I have provided above is correct and complete to the best of my knowledge. If further tax becomes payable because the information I have provided above is proven to be incorrect then I understand that I will be wholly and personally liable for the tax charge due and any resultant penalty as may be imposed by HMRC.

Signed Date

Please return this form to:

Organon Pension Trustees Ltd, 8th Floor, Regent House, Heaton Lane, Stockport, SK4 1BS