



PensionBee Serious Ill Health Pension Policy

If you're under the age of 75 and in Serious Ill Health, then you might be able to withdraw the full value of your PensionBee Plan as tax-free cash.

What are the conditions?

We must receive written confirmation from a fully registered medical practitioner that you have a life expectancy of less than 12 months.

What now?

You should complete section one of this form if you'd like to withdraw the full value of your funds from PensionBee under the Serious Ill Health rules. You'll then need to give the form to a registered medical practitioner for them to complete section two. A list of registered medical practitioners can be found at the following website: <https://www.gmc-uk.org/doctors/register/LRMP.asp>

What next?

Once we receive the forms back, we'll assess the information and let you know our decision and any next steps including the withdrawal option available. This isn't always a straightforward process and may involve us requesting further information from yourself, your existing doctor, or other medical professionals.

Full information regarding our Serious Ill Health Policy can be found within our [Terms & Conditions](#).



Section One

Customer declaration

This section should be completed by the PensionBee customer in **CAPITAL LETTERS**.

Personal Details

Full Name

PensionBee Plan Number

Date of Birth

National Insurance Number

Serious Ill Health declaration

I understand I might be able to take my whole retirement pot as cash if I'm suffering from Serious Ill Health. I also understand that by taking my whole pot as cash there'll be no funds remaining to take a retirement income from.

I understand that if I'm age 75 or older at the point the lump sum is paid, the payment will be subject to income tax at my marginal rate and the tax will be taken by PensionBee on behalf of HMRC. I also understand that if I'm aged 55 or above that I may instead be able to take benefits from my PensionBee Plan in the form of Flexi Access Drawdown.

I understand that I'm responsible for any costs charged by my doctor for completing section two of this form and any further costs that may be incurred by any medical professional in respect of my request.

I consent to you contacting my doctor to discuss the information provided in this form if required.

By signing this form you're agreeing to the statements above.

Data Protection Act notice: under the Data Protection Act 2018 and any associated data protection legislation, the information we will obtain about you may be classed as sensitive personal data. Any information we obtain about you from yourself or third parties will be kept strictly confidential.

However, it may be used by us or passed to doctors, insurance industry bodies or HM Revenue & Customs for any administrative, complaints, audit and/or claims purposes. By signing this form you're giving us your agreement to use your sensitive personal data for the purposes described above.

Signed

Date

Print Name

Section Two

Information required from a Registered Medical Professional

This section should be completed by a Registered Medical Professional in **CAPITAL LETTERS**.

Patient's Full Name

Patient's Date of Birth

Patient's National Insurance Number

Doctor's Declaration

I confirm that the above named patient has a life expectancy of less than one year.

By signing this form you're agreeing to the statement above.

Signature of Registered Medical Practitioner

Name of signatory (in block capitals)

GMC reference number

Date

Surgery address

Surgery Stamp

Please return this declaration to: PensionBee, 209 Blackfriars Road, London, SE1 8NL