



## 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.

You must have available uncrystallised funds. A serious ill-health lump sum cannot be taken from crystallised funds, meaning funds which have previously been designated into drawdown for the payment of pension benefits.

### What now?

If you have any queries about your eligibility, please contact your BeeKeeper.

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 and a serious ill health lump sum must use up all of the uncrystallised/unused funds within my pension. 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 HM Revenue & Customs (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'm aware that if I'm under age 75 when I pass away, the beneficiary(ies) of my PensionBee pension may receive the funds tax-free. Any funds withdrawn under serious ill health rules will no longer be part of my pension and instead form part of my estate.

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'll 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 HMRC 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 Telephone Number

\_\_\_\_\_

Surgery Email

\_\_\_\_\_

Surgery address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Surgery Stamp

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