



Falkland Islands Pensions Scheme Benefit Claim Form

The Pensions Board
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Stanley
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Please complete this form to confirm which benefit option you would like to claim from the Falkland Islands Pensions Scheme. You cannot claim any benefit before your 50th birthday unless you are eligible for early retirement on the grounds of ill-health, disability or claiming a refund of contributions.

Once complete please return to the Pensions Office, Secretariat.

Section 1 – Your details

Full Name		Spouse Full Name	
Date of Birth		Spouse Date of Birth	
Telephone number			
Email address			
Postal address			

Section 2 – Benefit claim

Please ensure you have obtained an estimate of your benefits with the scheme from the Pensions Office before completing and submitting this form. It is your responsibility to request details of your fund to allow you make an informed decision.

Please tick the option you wish to claim

<input type="checkbox"/>	Refund of contributions	Only eligible if you have been a member of the scheme for 4 years or less and are permanently leaving the Falkland Islands.
<input type="checkbox"/>	100% Annuity Purchase	Annual pension paid in monthly installments.
<input type="checkbox"/>	75% Annuity Purchase Plus <25% Lump Sum	<25% tax free lump sum plus reduced annual pension paid in monthly installments.
<input type="checkbox"/>	Flexible Drawdown <i>If selected please complete section 3</i>	First drawdown installment must be a minimum of 25% of Individual Account value. A tax free element in the first drawdown is capped at 25% of the Individual Account value. Any amount in excess of 25% of fund value in the first installment or any future drawdown installments will be taxed @ 21%.

Date of benefit claim _____

*Please note that for flexible drawdown claims must be received by the **1st July** to ensure payment by 30th September that year.*

Section 3 – Flexible drawdown

This section should only be completed if you have selected flexible drawdown as your benefit in Section 2.

Note: For your first drawdown instalment you must opt to receive a minimum of 25% of your Individual Account value.

I would like to opt to receive *£_____ or _____%* from my Individual Account.

**please delete as required*

Section 4 – Creditor details

Please tick your preferred payment option and enter your account details

<input type="checkbox"/>	Account held with Standard Chartered Bank, Falkland Islands		
	Account name		
	Account Number		
<input type="checkbox"/>	Non-Falkland Islands Bank account via 'Straight to Bank'		
	Account name		
	Beneficiary Address		
	Bank Name		
	Bank Address		
	IBAN		
	Account Number	SWIFT Code	

Section 5 – Your signature

By signing this claim form I confirm that I wish to claim a benefit as instructed on this form from my Individual Account held with the Falkland Islands Pensions Scheme.

I confirm that this instruction is from me and that I understand that the Falkland Islands Pensions Scheme administrators cannot provide me with any financial advice.

Signed		Date	
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