

Melita International Retirement Scheme - Payment of Benefits

To arrange retirement income or lump sum payments

Note: Failure to complete all details and attach the required documentation will result in return of Payment of Benefits Form

1. MEMBER'S ACCOUNT DETAILS

Member's Title:
 Forename(s):
 Surname:
 Date of Birth:
 Membership Number:
 Address (**Permanent residence**):

 Post Code: Country:

Correspondence Address (**if different from above**):

 Post Code: Country:

Home Telephone:
 Work Telephone:
 Mobile Telephone:
 Email Address:

2. REASON FOR PAYMENT (Tick relevant box)

- PCLS - Pension Commencement Lump Sum (one off payment - max of 25% fund) (**GO TO Section 3**)
- Retirement Income (to be drawn from the Melita International Retirement Scheme) (**GO TO Section 3**)
- Pension Transfer (movement of funds from Melita International Retirement Scheme to another product or scheme) (**GO TO Section 4**)

3. BENEFIT PAYMENT DIRECT TO MEMBER

PCLS - Pension Commencement Lump Sum.
 Make a single PCLS payment directly to Member for:
Currency: **Amount:**

Retirement Income (to be drawn from QROPS fund)

Make **SINGLE / REGULAR*** (**delete as necessary**) Retirement Income payment(s) directly to Member for:
Currency: **Amount:**

*Stipulate desired Regular payment frequency:
QUARTERLY / BIANNUALLY / ANNUALLY (**delete as necessary**).

Method of Transfer (**Tick one**):

- Send payment by cheque to the Member's **PERMANENT / CORRESPONDENCE** (**delete as necessary**) address listed in Section 1.
- Send Payment via wire transfer directly to the Member's Bank Account (a wire fee will be deducted from the account balance).

Member's Bank Account Details:

Account Name:
 Receiving Bank:
 Account No:
 SWIFT Code:
 Sort Code:
 IBAN:

4. MEMBER'S PENSION TRANSFER APPLICATION

Total Transfer Amount:
Currency: **Amount:**

Details of scheme to be transferred to
Scheme Name:
Scheme Address:
.....
.....

Trust Deed and Rules attached for new scheme being transferred to **(tick one)**:

- YES
- NO **(Please forward to CHGFS at earliest opportunity)**

Method of transfer **(tick one)**:

- Cash - send payment via wire transfer (as per details below) directly to the Member's New Scheme Trustees' Bank Account (a wire fee will be deducted from the account balance).
- In specie – provide details:
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.....
.....
.....
.....

Member's New Scheme Trustees' Bank Account:

Account Name:
Receiving Bank:
Account No:
SWIFT Code:
Sort Code:
IBAN:

Remarks (For Internal Use Only)

TRUST AUTHORISATION

I hereby authorise the payment as described above.

I certify that this payment is in accordance with the terms of the plan and the Trust Deed dated:

Signature of Trustee:

Date:

5. MEMBER'S AUTHORISATION

I certify that the information I have provided with respect to my account is true, complete, and correct. I authorise CUSTOMS HOUSE GLOBAL FUND SERVICES LIMITED (CHGFS), the Trustee, to process the disbursement from the account indicated in this instruction. I agree that the Trustee, any of its affiliates, subcontractors, and any officers, directors, employees, or agents, will not be liable for any loss, cost or expense for acting upon my instructions, if it follows reasonable procedures designed to prevent an unauthorised transaction.

I acknowledge that I am responsible for reporting this distribution in accordance with the current taxation laws, including applicable penalties.

Member's Signature:

Date:

WITNESS' SIGNATURES

NOTE:

1. Witness signatories must be over 18 and neutral (being neither CHGFS nor New pension (receiving) scheme staff).
2. Member requires two witnesses.

Witness 1 Signature:

Date:

Witness 1 Print Name:

Address:
.....
.....

Witness 2 Signature:

Date:

Witness 2 Print Name:

Address:
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