

**Benefit Crystallisation Event
Member Questionnaire**

Scheme Name: TGS Retirement Scheme

Member Name: Edward Bailey

Please accept this as my written request to take benefits from the above scheme and confirmation of information in respect of this Benefit Crystallisation Event:

Required Benefits

1. ~~I wish to draw all of my fund in Tax Free Cash and Income~~
2. ~~I wish to vest segments and take as Tax Free Cash and Income~~
3. I wish to vest sufficient funds to provide a Tax Free Cash amount of £20,000.00
4. ~~I wish to vest sufficient funds to provide an annual Income amount of £~~

Other (please detail)

Will this be your first Benefit Crystallisation Event occurring on or after 06 April 2006 (under any Registered Pension Scheme ?

Yes
No ☒

If 'No', what was the date of your first Benefit Crystallisation Event occurring on or after 06 April 2006

Date: _____

What is the percentage of the SLA used up under those earlier Benefit Crystallisation Events that occurred under any other Registered Pension Scheme you are (or were) a member of, as recorded on your latest scheme statement(s). Copy statement(s) **MUST** be attached.

Name of Registered Pension Scheme
% SLA

Signed:



Date: 06 / 06 / 2024

Outward Payment Instruction (Faster Payment & CHAPs)

1. CUSTOMER DETAILS

Customer/
Business Name

Debit Account
Number

2. PAYMENT DETAILS

Payment Type (All payments over the faster payments limit will be sent as a CHAPs)

☐ Faster Payment (Personal, no fee. Business, tariff dependent) ☐ CHAPs (Personal £25.00. Business tariff dependent)

Payment Date

Amount

Amount in
Words

3. EXISTING BENEFICIARY ☐

Beneficiary
Name

Metro Bank
Beneficiary Ref.

4. NEW BENEFICIARY ☐

Beneficiary
Name

Account Type ☒ Personal Account ☐ Business Account

Beneficiary
Sort Code - - Beneficiary Account Number

Payment Reference
(if applicable)

Payment Reference

Confirmation of Payee
Outcome Understood
(internal use only) ☐ Match ☐ Close Match ☐ No Match ☐ Not Checked

5. CUSTOMER SIGNATURE

Primary Applicant



Name

Date

Secondary Applicant



Name

Date

Outward Payment Instruction (Faster Payment & CHAPs) *(continued)*

6. SECURITY CALL BACK

We may need to call to confirm the validity of the payment instruction. Please detail below the authorised signatories from the bank mandate you would like us to call.

Full Name

Full Name

Please note if the account is two to sign we will need to speak with two of the authorised signatories.

FOR INTERNAL USE ONLY

- ☐ ID&V confirmed (refer to ID&V Matrix)
- ☐ Request fully input to T24
- ☐ Signature varies however I have verified the customer via system held photo

If applicable:

- ☐ HVT completed and attached
- ☐ Payment authorised or referred to CPU

Inputter Signature

Name

Date

Manager Signature

Name

Date

Title	E.Bailey - BCE Form - 20K (edited)
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Status	● Signed

Document History



SENT

06 / 05 / 2024

14:45:22 UTC

Sent for signature to Edward Bailey
(eddie.bailey1892@gmail.com) from adam@carltonjames.co.uk
IP: 162.125.31.72



VIEWED

06 / 06 / 2024

00:42:58 UTC

Viewed by Edward Bailey (eddie.bailey1892@gmail.com)
IP: 46.64.131.157



SIGNED

06 / 06 / 2024

00:44:15 UTC

Signed by Edward Bailey (eddie.bailey1892@gmail.com)
IP: 46.64.131.157



COMPLETED

06 / 06 / 2024

00:44:15 UTC

The document has been completed.