

# CALCULATION OF A-DAY LUMP SUM FORM

The data requested on this form can be used to determine if a pension scheme member had, at 5 April 2006, accrued rights to a tax-free retirement lump sum which exceeded 25% of the capital value of their total scheme benefits. In this regard, scheme means an occupational pension scheme which was approved under Chapter I Part XIV Income and Corporation Taxes Act 1988, and is now a registered pension scheme under Part 4 Finance Act 2004, and for which we provide administration services.

## SCHEME, EMPLOYER AND MEMBER DETAILS

Scheme Name  ("the scheme")  
Scheme Number   
Employer Name  ("the employer")  
Member Name  ("the member")  
Member Number

## IMPORTANT NOTICE FOR TRUSTEES

1. We are unable to calculate the A-day lump sum until we receive ALL parts of this form fully completed and signed by **both the member and the trustee(s)**.
2. Please complete this form clearly using **BLOCK CAPITALS**.

## PART A: SALARY DETAILS – TO BE COMPLETED BY THE MEMBER

1. Were you a Controlling Director of **the employer** or any other employer participating in **the scheme** at any time during the ten years up to 6 April 2006 (A-Day)?

### Definition

A Controlling Director is a director who at any time within the ten years up to 6 April 2006, either alone or together with relatives (living or dead) or partners in business, owned or could control 20% or more of the company's ordinary share capital. A more detailed definition of Controlling Director is available on request.

Yes

No

2. When did you start work with **the employer** or any other employer participating in **the scheme**?

Day  Month  Year

3. When did you join **the scheme**?

Day  Month  Year

4. When did you leave **the scheme**?

Day  Month  Year

N/A

**PART A: SALARY DETAILS – CONTINUED**

5 Are you still employed by **the employer** or any other employer participating in **the scheme**?

Yes

No



If no – when did you cease employment?

Day	Month	Year
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<input type="text"/>	<input type="text"/>	<input type="text"/>
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6 What were your Schedule E (PAYE) earnings from **the employer** or any other employer participating in **the scheme** for your last thirteen years of employment prior to 6 April 2006?

**PLEASE READ THIS SECTION CAREFULLY BEFORE YOU ANSWER THE QUESTION TO ENSURE YOU PROVIDE US WITH THE INFORMATION REQUIRED TO PROVIDE YOU WITH THE CORRECT A-DAY LUMP SUM AMOUNT.**

**Controlling Director**

If you are a Controlling Director you must provide a **minimum** of three **consecutive** years' annual basic salary and variable pay from **the employer** or any other employer participating in **the scheme** (the group of years used must not end more than thirteen years before 6 April 2006 to allow us to be able to calculate your final salary correctly and calculate your A-day lump sum amount (e.g. annual salaries of £60,000 for 2000, £50,000 for 1999 and £40,000 for 1998 and variable pay of £15,000 for 2000, £10,000 for 1999 and £5,000 for 1998). **We will not be able to calculate your A-day Lump Sum correctly without this information and will need to return the form to you to be fully completed.**

**All Members (except Controlling Directors)**

If you are not a Controlling Director you must provide a **minimum** of the highest annual basic salary for one year of the last five years of pensionable service prior to 6 April 2006 with **the employer** or any other employer participating in **the scheme** and the three or more consecutive years' variable pay ending with the year you have used for your annual basic salary (e.g. annual salary of £20,000 for 2000 and variable pay of £1,950 for 2000, £1,500 for 1999 and £1,200 for 1998). Alternatively, you may provide details as if you are a Controlling Director (see above). **We will not be able to calculate your A-day Lump Sum correctly without this information and will need to return the form to you to be fully completed.**

From			To			Annual Basic Salary	Variable Pay (e.g., P11D benefits or bonuses)
Day	Month	Year	Day	Month	Year		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



**PART B: OTHER BENEFIT DETAILS – TO BE COMPLETED BY THE MEMBER**

7 You need to give details of all your previous and concurrent pension benefits that are in addition to those provided by **the scheme** (other than State pension benefits).

However, for any benefits from previous employments or previous periods of self-employment, you need to give details of them only if your P60 earnings from the employment to which **the scheme** relates exceeded:

- (a) £50,000 for the 2004/05 tax year, if you were in the employment to which **the scheme** relates during that tax year, or
- (b) £25,000 for the last complete tax year you were in the employment to which **the scheme** relates, if you left it before 6 April 2004.

In relation to (a) above, if your employment to which **the scheme** relates was not continuous for the whole of the 2004/05 tax year, you should calculate the P60 earnings figure on a pro rata basis.

Having read the above, do you have any previous or concurrent benefits for which you need to give details?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If YES – Please read the following before answering the remainder of the question.

**IF YOU TICK (✓) THE YES BOX YOU MUST ANSWER ALL OF THE QUESTIONS BELOW FOR EACH DIFFERENT BENEFIT HELD. IF YOU DO NOT COMPLETE ALL THE BOXES FOR EACH BENEFIT HELD WE WILL NOT BE ABLE TO CALCULATE THE A-DAY LUMP SUM AMOUNT AND WILL NEED TO RETURN THE FORM TO YOU TO BE FULLY COMPLETED.** If you cannot answer all the questions you should contact either your financial adviser or the pension provider/insurance company where the other benefits are held. **Please continue on a separate sheet of paper if you have more than two other benefits.**

**BENEFIT 1**

a.	Name of pension provider/insurance company			
b.	Name of scheme and policy number			
c.	Does this pension relate to your employment with <b>the employer</b> or any other employer participating in <b>the scheme</b> , previous employment/self employment or concurrent employment?			
d.	Type of scheme for other benefits (e.g. personal pension, FSAVC, occupational scheme, etc.)			
	If occupational scheme – please state HM Revenue & Customs reference number			
	If occupational scheme – please state if “money purchase” or “final salary” arrangement			
	If personal pension – is this a Rebate only benefit?			
	If “money purchase” scheme – please state the transfer value on 5 April 2006			
		Day	Month	Year
e.	Date joined employment to which the scheme relates			
		Day	Month	Year
f.	Date joined scheme			

**PART B: OTHER BENEFIT DETAILS – CONTINUED**

		Day	Month	Year
g.	Date left scheme			
h.	Tax-free lump sum entitlement at 5 April 2006			
i.	Full annual pension before tax-free lump sum is taken at 5 April 2006			

**BENEFIT 2**

a.	Name of pension provider/insurance company			
b.	Name of scheme and policy number			
c.	Does this pension relate to your employment with <i>the employer</i> or any other employer participating in <i>the scheme</i> , previous employment/self employment or concurrent employment?			
d.	Type of scheme for other benefits (e.g. personal pension, FSAVC, occupational scheme, etc.)			
	If occupational scheme – please state HM Revenue & Customs reference number			
	If occupational scheme – please state if “money purchase” or “final salary” arrangement			
	If personal pension – is this a Rebate only benefit?			
	If “money purchase” scheme – please state the transfer value at 5 April 2006			

		Day	Month	Year
e.	Date joined employment to which the scheme relates			
		Day	Month	Year
f.	Date joined scheme			
		Day	Month	Year
g.	Date left scheme			
h.	Tax-free lump sum entitlement at 5 April 2006			
i.	Full annual pension before tax-free lump sum is taken at 5 April 2006			

**PART C: MEMBER DECLARATION – TO BE COMPLETED BY THE MEMBER**

The information I have provided in Parts A and B is accurate to the best of my knowledge and reasonable belief and I shall indemnify you against any liability you shall incur whatsoever or howsoever arising directly or indirectly as a result of relying on any of the information provided which is materially inaccurate due to any negligent and/or fraudulent misrepresentation by me or my representatives.

<b>Signature of Member</b>	<b>Date</b>	<b>Day-Time Telephone Number</b>

**PART D: SERVICE RIGHTS – TO BE COMPLETED BY THE TRUSTEES**

8 Is *the member* entitled to continuous service?

<b>Yes</b>	<b>No</b>

9 If *the member* is entitled to continuous service – when did *the member* start work with the original employer under *the scheme*?

<b>Day</b>	<b>Month</b>	<b>Year</b>

10 Is *the member* entitled to continued rights?

<b>Yes</b>	<b>No</b>

11 If *the member* is entitled to continued rights – when did *the member* join the original scheme?

<b>Day</b>	<b>Month</b>	<b>Year</b>

12 If *the member* has benefits under *the scheme* in respect of service on or after 17 May 1990, have those benefits and/or the normal retirement age been equalised in accordance with the law regarding the equalisation of pension benefits for comparable male and female members?

<b>Yes</b>	<b>No</b>

13 If you have answered 'no' to question 12, please state why in the box below.

**PART E: TRUSTEE(S) DECLARATION – TO BE COMPLETED BY THE TRUSTEE(S)**

Warning: The provision of incorrect or inaccurate information in Part D of this form could result in an unauthorised payment being made to *the member*, which could jeopardise the tax approval status of *the scheme*. Please ensure that every care is taken by you when answering the questions.

I/We, the trustee(s) authorised under the Trust Deed and Scheme Rules, hereby warrant that the information provided by me/us in Part D of this Calculation of A-Day Lump Sum Form is true and complete. If I/we provide inaccurate or incomplete information I/we hereby discharge you from any liability for any losses or claims arising from your reliance on the information provided.

**PART E: TRUSTEE(S) DECLARATION – CONTINUED**

Signature of Trustee(s)	Print Name(s)	Date