

LF Stakeholder Pension Scheme

Lifetime Allowance Declaration Form

Important Information

As contributions to your pension savings have benefited from tax relief, the Government limits the amount that you can build up in your pension savings before you incur a tax charge. This is the Lifetime Allowance (LTA). Most people will never exceed this.

If you exceed the Lifetime Allowance, a tax charge may be applied against the excess, unless you have registered for pension protection. You must provide us with the Protection certificate if this is the case. Only complete this form if you know you will not exceed the LTA. If you have exceeded the LTA please contact us on 0345 603 0142 and we will send you an Exceeded Lifetime Allowance declaration form for you to complete.

Please Note: This form should be used in conjunction with the Lifetime Allowance Calculation Form.

1. YOUR DETAILS

Mr/Mrs/Miss/Ms/Other	<input type="text"/>
Surname	<input type="text"/>
Forename(s)	<input type="text"/>
Plan number	<input type="text"/>

2. LIFETIME ALLOWANCE DECLARATION

We have enclosed a Lifetime Allowance calculation form to help you work out if you will exceed the LTA. Only complete this form if you are sure that you will not exceed the LTA. If you think that you will exceed the LTA or you hold a Protection certificate, please contact us.

I confirm that the total value of benefits I am in receipt of, or about to receive from all other from pension schemes registered with or approved by HM Revenue & Customs (HMRC) and any benefits I have transferred to a Qualifying Recognised Overseas Pension Scheme will not exceed the Lifetime Allowance for the tax year in which I am taking benefits or before I reach age 75.

3. DECLARATION AND CONFIRMATION

I certify that the information I have given on this form is correct. If further tax becomes payable because the information I have provided is proven to be incorrect then I will be wholly and personally liable for any tax charge and penalty imposed by HMRC. I have disclosed any other information about my pension arrangements that could affect my tax position that is not covered elsewhere on this form.

Print full name (in **BLOCK CAPITALS**)

Signature

Date

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