



THE EQUITABLE LIFE ASSURANCE SOCIETY
FOUNDED 1762

*Payment of benefits from an
AVC/Trustee Investment arrangement*

Scheme name

Policy number

Member name

**Member number
(If applicable)**

Section A - Payment of benefits

Please indicate the type of payment which is applicable by ticking the appropriate box:

1. Leaving Service benefits - Transfer value / short service refund (Refer to section C)
2. Retirement Benefits
- i) Pension with Equitable (Refer to section B)
- ii) Pension fund paid to the trustees - benefits paid on grounds of triviality, Open Market Option and/or payment of tax-free cash (Refer to section C)
- Triviality
- Open Market Option
- Tax-free cash (Indicate below amount of tax-free cash to be paid)
- Enter % or amount of tax-free cash to be taken from the AVC fund held with Equitable Life
3. Benefits payable on death of a member (Refer to section C)

If the member has died or is taking retirement benefits, please enter the date of death / retirement (i.e. the date the pension is to commence) below.

Retirement date or date of death

Day Month Year

If option 1 or 2 above has been selected, please enter the date the member has left, or is leaving the service of the employer (leave blank if the member is remaining in service).

Date of leaving

Day Month Year

Is the member taking retirement benefits due to ill health or serious ill health as defined by H M Revenue and Customs? Yes No

Section B - Pension with Equitable Life (Only applicable if you have selected option 2 i) in Section A)

If the member requires a pension paid by Equitable Life as already illustrated please sign and return the illustration to the address shown below.

OR to request further illustrations on a different basis please contact us.

Section C - Payment details

Payment will be made in accordance with the standing instructions the trustees / pensions administrators have provided to Equitable Life unless different payment instructions are given below.

1. Payment direct to the following bank account

(please complete in BLOCK CAPITALS)

Account in the name of:	<input type="text"/>		
Sort code:	<input type="text"/>	Account number:	<input type="text"/>
Roll number:	<input type="text"/>		
Name and address of bank/building society			
<input type="text"/>			
Postcode:	<input type="text"/>		

2. Payment to be made by cheque

Cheque made payable to:	<input type="text"/>		
Address			
<input type="text"/>			
Postcode	<input type="text"/>		

Declaration by the trustees

1. To the best of my/our knowledge and belief all the statements made herein are true and complete.
2. I/We elect for the payment of the funds under the scheme in accordance with the foregoing statements.
3. The instruction given in this form is irrevocable.

Signed for and on behalf of the scheme trustees

Date