

# Ill-Health or Serious Ill-Health Declaration Form

## Customer completion notes

This form should be used to provide us with the information we need to check your eligibility to access your SIPP before your minimum pension age (which for most people is 55) due to being in ill-health or serious ill-health.

If you are looking to access your SIPP early, the rules require you to provide confirmation from a qualified medical practitioner (such as your doctor, surgeon or consultant) that you are unable to perform your occupation due to ill-health and that you will continue to be unable to perform your occupation in future. For serious ill-health cases this would be confirmation that your life expectancy is less than one year.

When processing your request for early access, we reserve the right to ask you for more information about your health or your occupation, and we may take other information into account.

Part 1 - Customer declaration			
Full name			
Date of birth		SIPP account reference	
Current (or most recent) occupation			
Date you stopped carrying out current (or most recent) occupation			
<p><b>I declare that:</b></p> <ul style="list-style-type: none"> <li>• I have ceased to perform my occupation (as stated above) due to injury, sickness, disease or disability and that I will not be returning to that occupation in future</li> <li>• I understand that any inaccurate, incomplete or misleading statements in this form may lead to tax charges being levied on me personally and on my SIPP by Her Majesty's Revenue &amp; Customs (HMRC)</li> <li>• I consent to my doctor corresponding with you regarding the information in this form if required</li> <li>• I understand that AJ Bell Management Limited does not provide financial advice, and either that my choice to withdraw my pension early has been made with the help of my financial adviser, or I have made the choice myself knowing that retirement and benefit options are complex, other options may exist, and that it has been recommended that I seek advice or guidance</li> <li>• I have sufficient unused lump sum and death benefit allowance (<i>in other words, your unused lump sum and death benefits allowance is more than the value of the benefits being accessed under your SIPP</i>)</li> <li>• I agree any costs associated with provision of medical information must be paid by me personally</li> <li>• If my claim is later disputed by HMRC, any tax penalties will be paid by me, and by signing this form I agree on behalf of myself and my personal representatives to indemnify AJ Bell Management Limited and Sippdeal Trustees Limited and their respective employees, officers and other agents in respect of any and all claims, proceedings, demands, liabilities, costs, taxes, fine or sanctions they may suffer or incur in respect of my claim.</li> </ul>			
Signed			
Date			

## Medical practitioner completion notes

Your patient is requesting early access to their pension on the grounds of ill-health or serious ill-health.

When accessing their pension early, they need to provide us with written confirmation from a medical practitioner that they are, and will continue to be, incapable of carrying out their occupation due to ill-health or have a life-limiting illness meaning it is expected they will live less than one year.

This form allows you to provide information to AJ Bell Management Limited (as scheme administrator of the pension) that will allow us to check whether your patient meets the ill-health or serious ill-health conditions.

Part 2 – Medical practitioner declaration			
Patient's full name			
Description of injury, sickness, disease or disability			
Date of diagnosis			
Course of treatment			
<b>Tick those that apply:</b>			
<input type="checkbox"/> In my opinion the named patient <i>is currently incapable</i> (physically or mentally) <i>and will continue to be incapable</i> (physically or mentally) <i>of performing their occupation</i> stated in Part 1 due to injury, sickness, disease or disability			
<input type="checkbox"/> In my opinion the named patient is expected to live less than one year			
<input type="checkbox"/> I am a qualified medical practitioner in accordance with the Medical Act 1983 (or overseas equivalent)			
Medical Practitioner's full name			
Signed			
GMC reference number		Date	
Practice address			

## Customer Notes

The information collected as part of this process is used to assess whether we can pay out your pension early. If you don't provide this information, we may not be able to process your application.

Before making a decision to access your pension early we recommend you seek advice from a financial adviser to discuss your circumstances and ensure it is the best decision for you. If you need help finding an independent financial adviser in your area, take a look at:

- [register.fca.org.uk](https://register.fca.org.uk)
- [unbiased.co.uk](https://unbiased.co.uk)
- [vouchedfor.co.uk](https://vouchedfor.co.uk)
- [moneyadviceservice.org.uk](https://moneyadviceservice.org.uk)

In this form we ask you to provide us with information about your health. We ask for this solely so we can assess whether or not you meet the relevant conditions for accessing your pension. HMRC's rules mean we will need to keep full records regarding your SIPP, including this information, for six years after your pension has been closed.

If you would like a copy of this or any other item of our literature in large print, Braille or in audio format, please contact us.

Please return both Part 1 and Part 2 to:

AJ Bell  
4 Exchange Quay  
Salford Quays  
Manchester  
M5 3EE