



Trustee: Notification of tax deducted by pension scheme administrator

This form should be completed by a trustee, who is not a bare trustee, within 30 days of the later of receiving the information from the scheme administrator and making a payment funded by one of the following lump sum death benefits that was subject to the special lump sum death benefits charge under section 206 Finance Act 2004:

- defined benefits lump sum death benefit
- uncrystallised funds lump sum death benefit
- drawdown pension fund lump sum death benefit
- flexi-access drawdown fund lump sum death benefit
- pension protection lump sum death benefit
- annuity protection lump sum death benefit

The person receiving the payments should keep this form. The information on this form will be needed if a claim for repayment of tax is made.

<div data-bbox="97 685 794 714"> <p>1 Nature of the pension death benefit lump sum payment</p> </div> <div data-bbox="165 730 772 1115"> <p><input type="checkbox"/> defined benefits lump sum death benefit</p> <p><input type="checkbox"/> uncrystallised funds lump sum death benefit</p> <p><input type="checkbox"/> drawdown pension fund lump sum death benefit</p> <p><input type="checkbox"/> flexi-access drawdown fund lump sum death benefit</p> <p><input type="checkbox"/> pension protection lump sum death benefit</p> <p><input type="checkbox"/> annuity protection lump sum death benefit</p> </div> <div data-bbox="97 1153 609 1182"> <p>2 Amount of payment before tax taken off</p> </div> <div data-bbox="165 1193 598 1240"> <p>£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> </div> <div data-bbox="97 1285 647 1346"> <p>3 Income tax deducted under section 206 Finance Act 2004 from the sum in Box 2</p> </div> <div data-bbox="165 1357 598 1404"> <p>£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> </div> <div data-bbox="97 1449 772 1478"> <p>4 Date payment was made to the beneficiary DD MM YYYY</p> </div> <div data-bbox="165 1489 536 1541"> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> </div> <div data-bbox="97 1585 405 1615"> <p>5 Pension scheme name</p> </div> <div data-bbox="165 1626 746 1675"> <p><input type="text"/></p> </div> <div data-bbox="97 1720 576 1749"> <p>6 Pension Scheme Tax Reference (PSTR)</p> </div> <div data-bbox="165 1760 587 1809"> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> R <input type="text"/></p> </div>	<div data-bbox="818 685 1034 714"> <p>7 Name of trust</p> </div> <div data-bbox="882 730 1463 779"> <p><input type="text"/></p> </div> <div data-bbox="818 824 1098 853"> <p>8 Trust Tax Reference</p> </div> <div data-bbox="882 864 1463 913"> <p><input type="text"/></p> </div> <div data-bbox="818 958 1147 987"> <p>9 Full name of beneficiary</p> </div> <div data-bbox="882 999 1463 1048"> <p><input type="text"/></p> </div> <div data-bbox="818 1093 1123 1122"> <p>10 Address of beneficiary</p> </div> <div data-bbox="882 1133 1463 1312"> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: right;">Postcode</p> </div> <div data-bbox="818 1357 1177 1386"> <p>11 Name of deceased member</p> </div> <div data-bbox="882 1397 1463 1447"> <p><input type="text"/></p> </div> <div data-bbox="818 1491 1401 1520"> <p>12 Date of birth of deceased member DD MM YYYY</p> </div> <div data-bbox="882 1532 1249 1581"> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> </div> <div data-bbox="818 1626 1409 1655"> <p>13 Date of death of deceased member DD MM YYYY</p> </div> <div data-bbox="882 1666 1249 1715"> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> </div>
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Signature and date

I confirm that the information given on this form is correct.

Signature

Date DD MM YYYY

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