



# Form No. 8

## Lump Sum Application Form

### Application for up to a 25% Refund of Money from an Occupational Pension Plan and/or Local Retirement Product under the National Pension Scheme (Occupational Pensions) Act 1998

Use this Application to apply for a refund of up to 25% of your account balance from your occupational pension plan or local retirement product under the National Pension Scheme (Occupational Pensions) Act 1998.

**YOU CANNOT APPLY FOR A REFUND OF MONEY IF:**

- The money you seek to have refunded is not governed by or under the National Pension Scheme (Occupational Pensions) Act 1998.
- Part of the money you seek to have refunded represents voluntary contributions (no such approval is required to withdraw any voluntary pension contributions).
- Your pension plan is a defined benefit plan.
- You have purchased an annuity. You cannot request a refund from an annuity.
- You have already received an approval for such a refund before.

**YOU CANNOT APPLY FOR UP TO A 25% REFUND IF YOU HAVE NOT REACHED RETIREMENT AGE (NORMALLY 65)**

**A REFUND OF MONEY CAN ONLY BE APPROVED ONCE IN A LIFETIME**

You should not apply if the total amount you have in all of your pension plans and/or local retirement products is \$50,000 or less at the time you reached the normal retirement age. Instead you can apply for a Small Pensions refund from your plan administrator.

When you have completed the Application, please include a copy of your Government issued identification and copies of any required documents. Send the Application to the Pension Commission via email using [info@pensioncommission.bm](mailto:info@pensioncommission.bm)

**THINK CAREFULLY BEFORE MAKING AN APPLICATION AS ANY REFUND WILL RESULT IN A REDUCED PENSION DURING YOUR RETIREMENT**

### Part 1 Information About the Applicant

**1. Provide the following information about yourself: (please print)**

Last Name	First Name	Middle Name(s)	Date of Birth (D/M/Y)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Physical Address	Street Number and Name		Suite No.
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
City	Parish/Province/State	Country	Postal/Zip Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
(area code) Telephone Number (ext.)		<input style="width: 95%;" type="text"/>	
Email:		<input style="width: 95%;" type="text"/>	

**2. What is the plan registration or reference/policy number of your pension plan and/or local retirement product that you are seeking the refund from? If more than one also complete question 4.**

Check your account policy, or the statements you have received from **your plan administrator**.  
If necessary, ask your pension plan and/or local retirement product administrator.

Pension Plan or Local Retirement Product Registration or Reference/Policy Number.  _____
<b>Name of Plan Administrator</b>  _____

**3. What is the amount you are requesting to be refunded (see the current account balance provided in the statement for each account)? Please note that the maximum that can be refunded is 25% and you may only be approved once in a lifetime.**

\$ \_\_\_\_\_

**4. Are you seeking a refund from any other pension plan and/or local retirement product?**

Yes

No

**If yes, please provide the name of the pension plan and/or local retirement product (and any applicable policy numbers) and the value of the funds held in these accounts.**

Name of other Pension Plan or Local Retirement Product (and any applicable policy numbers)	Amount in Plan or Local Retirement Product
_____	_____
_____	_____

**What is the amount you are requesting to be refunded (see the current account balance provided in the statement for each account)? Please note that the maximum that can be refunded is 25%**

\$ \_\_\_\_\_

**5. Have you ever received a 25% refund of money before?**

**Yes**

**No**

**If you answered "Yes", please provide the date your refund was given and the name of the plan administrator that provided the refund.**

Date you received your refund (Day(/Month/Year)	Plan administrator Name:
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**6. Please provide a copy of the statement showing your pension fund account balance (for any defined contribution plans or local retirement products you are applying for). Please note that you should normally wait until the last month of required contributions from your employer has been paid into your account before making an application for a refund. This payment is required to take place within 30 days after the month in which you have retired. If your employer does not make this or any other required contributions, you may still apply.**

**7. Payment Instructions**

If you are approved, please provide the payment instructions for your plan administrator, below (please print):

**Local Bank Account Information:**

The bank account must be in the name of the applicant (single or joint account). Any conversion or foreign exchange fees are at the cost of the member and will be deducted from the amount to be paid.

Name of account
BNTB account number:
HSBC account number:
Clarien account number:

**Overseas Bank Account Information:**

Beneficiary Bank Name:

Beneficiary Bank Address:

Correspondent Bank Name (if required):

Correspondent Bank Address:

Final Beneficiary Name (First/Middle/Last):

Final Beneficiary Address:

Final Beneficiary Account Number:

Sort Code/ABA/Transit #:

Swift Code:

IBAN number (for European, Middle Eastern and Caribbean countries):

Currency\* (please circle)

USD  CAD  GBP  EUR Other (name): \_\_\_\_\_

\*Any costs associated with the foreign exchange conversion will be deducted from the amount to be paid

**If you do not have a bank account, the plan administrator will make a cheque payable to yourself.**

**Part 2**  
**Certification by the Applicant**

You **must** sign this Application by completing and signing the Certification in this Part. **Please read carefully.**

**Certification**

I own the pension plan and/or local retirement product identified in Part 1 of this Application. I hereby apply to the Pension Commission for a lump sum refund for the amount set out in Part 1 of this Application.

I certify\* that on the date I sign this Certification:

1. I have reached normal retirement age;
2. I have not been required by any third party to make this application;
3. All of the information supplied in this Application and any documents that accompany this Application is accurate to the best of my belief; and
4. I understand that if I do not provide information in this Application which is true, accurate and complete, the Pension Commission **will not approve this application.**

Signature of Applicant _____	Date Signed (Day/Month/Year) _____
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\*By signing, you are certifying that this statement is true

**Part 3**  
**Authorization Regarding Personal Information**

The Authorization in this Part **must** be signed by you.

You should read the Authorization and, if you agree to the terms set out in the Authorization, sign and date the Authorization in the appropriate place at the bottom of the Authorization. If you do not sign the Authorization as required, this Application **will not be complete.**

**The Authorization will not be valid for the purposes of this Application if you sign the Authorization more than 30 days before the date the Commission receives it.**

**Authorization**

I authorize the Pension Commission to contact any other person, including pension plan administrators or local retirement product administrators to confirm or verify any information provided by or about me in this Application.

I authorize any person, pension plan administrator or local retirement product administrator to provide information to the Pension Commission with respect to information in this Application in order to assist the Pension Commission in understanding and verifying its authenticity.

Signature of Applicant _____	Date Signed (Day/Month/Year) <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
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