The Scottish Enterprise Pension and Life Assurance Scheme ("the Scheme") Annual Allowance Charge – Voluntary Scheme Pays Request

To: The Scheme Administrator of the Scheme.

Please accept this form as a request to the Scheme Administrator to pay the annual allowance charge specified below and to apply a reduction to my benefits in the scheme to the value of the annual allowance charge paid.

Member's Personal Details

Title:		Mr / Mrs / Miss / Other (please specify)*	
For	enames:		
Sur	name:		
Add	ress (including postcode):		
Nat	ional Insurance Number:		
Details of Annual Allowance Charge to be paid			
Tax year to which the annual allowance charge relates:			
Amount of annual allowance charge I wish the Scheme to pay on my behalf:		arge I wish the Scheme to	£
I con	firm that:		
•	The amount of the annual allowance charge that I wish the Scheme to pay on my behalf has been calculated at the proper rate.		
•	I understand that this notification cannot be withdrawn.		
•	I understand that my benefit rights in the pension scheme will have to be adjusted to take account of the tax that will be paid on my behalf by the scheme.		
•	I have declared the annual allowance charge on my self assessment tax return for the tax year shown above.		
•	I understand that if any additional tax charge becomes due because of any incorrect statement I have made above, then I will be wholly and personally liable for any additional tax charge due and any resultant penalty imposed by HMRC.		
By si	gning this form I confirm tha	t the information I have prov	rided is correct and complete.
SIGNED:		D	ATE: