

# Transitional Tax-Free Amount Certificate Application Form

This form can be used to apply for a Transitional Tax-Free Amount Certificate.

To provide a Transitional Tax-Free Amount Certificate, we need full evidence of every Benefit Crystallisation Event completed by the client. If we don't receive complete evidence, we cannot accept the application or provide a certificate. Find out more about Benefit Crystallisation Events in the [Government's Pensions Tax Manual](#).

## Investor Details

Client number:

Salutation:

Forename(s):

Surname:

National Insurance number:

Date of birth (dd/mm/yyyy):

## Notes

- You can apply for a Transitional Tax-Free Amount Certificate from 6 April 2024. According to the relevant legislation, we have 90 days to supply the certificate.
- If you only have pre-commencement pensions (benefits taken pre - 6 April 2006), and no benefit crystallisation events since, you are not eligible to apply for a Transitional Tax-Free Amount Certificate.
- If you apply for a certificate and it shows a lower remaining lump sum allowance and/or a lower remaining lump sum and death benefit allowance, it's not possible to revert to using the standard calculations for both transitional lump sum allowance and transitional lump sum and death benefit allowance.
- Please note that once the certificate has been issued, if at any point we determine that the information provided below is inaccurate, we reserve the right to cancel the certificate by issuing a notice of cancellation.
- You cannot apply for a Transitional Tax-Free Amount Certificate if a relevant benefit crystallisation event (RBCE) has taken place after 5 April 2024.

## Declarations

- I confirm that no Relevant Benefit Crystallisation Event (RBCE) has occurred after 5 April 2024.
- I have regular crystallisation events that I want to pause until after I receive the Transitional Tax-Free Amount Certificate.
- I have not applied for a Transitional Tax Free Amount Certificate with another scheme.



## Declaration

- I declare that the information in this form is true and correct to the best of my knowledge.
- I agree to indemnify Wealthtime Select against all claims or losses, including additional tax charges and fines, in the event the information provided proves to be incorrect.
- I understand that checks may be performed to confirm that the details are correct.

Name:

Date (dd/mm/yyyy):

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Signature:

If you require this document in an alternative format please contact us.

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