

Early retirement

- *Collective Retirement Account (CRA)*

Complete this form if you can agree with the 3 following statements:

- You **have** contacted us about taking money from your pension pot
- You **are** below the minimum pension age of 55
- You **can no longer** carry on with your own occupation due to physical or mental ill health



How to complete your form

- Complete this form using **BLOCK CAPITALS** and **blue** or **black** ink. For dates, please use the format day/month/year.
- Supplement A at the end of the form only needs to be completed where applicable.
- Missing or unclear information may result in delays.



How to send us your form

Email

Simply scan your completed forms and email them to ask@quilter.com



Or

Post

Quilter
SUNDERLAND, SR43 4JP



Supplement A

Medical practitioner confirmation

Complete this form if you can agree with the 3 following statements:

- I am a medical practitioner registered with the General Medical Council
- I have carried out a consultation in relation to the person mentioned under patient details
- It is my medical opinion that this patient is medically incapable (either physically or mentally) of continuing their current occupation.

Patient details

Full name

Date of birth

Residential address

Postcode

Medical practitioner details

Full name

Practice address

Postcode

Telephone number

GMC number

Medical field

Date of last consultation

Declaration

I confirm that this patient is medically incapable (either physically or mentally) of continuing their current occupation.

I confirm that I am a fully registered medical practitioner with the General Medical Council.

Medical practitioner signature

Date

Send your completed form to us as follows:

- Email a scanned copy to ask@quilter.com, or
- Post it to us at: Quilter, SUNDERLAND, SR43 4JP.

quilter.com

Please be aware that calls and electronic communications may be recorded for monitoring, regulatory and training purposes and records are available for at least five years.

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