

TO BE COMPLETED BY THE MEMBER

FORM 9

ABBOTT LABORATORIES PENSION FUND RETIREMENT BENEFITS FORM

TITLE		FULL NAMES	
SURNAME		NI NO	
DATE OF BIRTH			

1. I elect to take the following pension option (choose one of 1-2d) []

2. I elect to take the maximum tax-free cash lump sum (print cash amount) []

OR

I elect to take £* tax-free cash []

OR

I do NOT elect to take any tax-free cash []

3. Spouse's Full Name:

Spouse's Date of Birth: _____ / _____ / _____

Spouse's NI Number: _____ / _____ / _____ / _____ / _____

Birth and Marriage Certificates *are attached/will follow.

4. After my retirement my address will be:

.....

5. My pension should be paid to: (complete only A OR B)

Please note that pensions will only be paid into UK bank and building society accounts.

A. My Bank/Giro Account	B. My Building Society Account
Name(s) in which account is held:	Name(s) in which account is held:
Name of Bank:	Name of Building Society:
Address of Bank:	Address of Building Society:
Bank Sort Code:	Building Society's Bank Sort Code and Account No:
Bank Account No:	Roll No:

*Delete as appropriate

Signed: (by the member) Date:

FORM 9 cont'd

6. My lump sum cash payment should be paid to the bank account detailed in section 5*/ bank account detailed below * (please delete as appropriate).

A. My Bank/Giro Account	B. My Building Society Account
Name(s) in which account is held:	Name(s) in which account is held:
Name of Bank:	Name of Building Society:
Address of Bank:	Address of Building Society:
Bank Sort Code:	Building Society's Bank Sort Code and Account No:
My Bank Account No:	My Roll No:

Signed : (by the member) Date:

Declaration

I confirm that my benefits from the Abbott Laboratories Pension Fund when aggregated with all my other UK pension benefits (including AVCs and Retirement Annuity Contracts) is below the current lifetime allowance.

Signed : (by the member) Date: