

Substitute Personal Pension Annuity

Application Form

For pension benefits to be paid immediately under Personal Pension rules from transfers from other providers.

Checklist

Before you post your application, make sure you can tick all the boxes below.

- This application correctly completed, signed and dated
 - Your original birth certificate (not a copy). If you have changed your name by marriage or civil partnership, we need to see the appropriate certificate, and if you have changed your name by deed poll we need to see a copy of this signed by a solicitor
 - If a spouse's/civil partner's/dependant's pension is required, their birth certificate and, if applicable, their marriage or civil partnership certificate
 - The cheque(s) made payable to 'Friends Provident' to buy your annuity
 - Completed declaration (Part H) from all pension providers. (We have attached one to the back of this form. You may need to take copies)
 - A copy of the illustration we sent you.
- IMPORTANT NOTE: We guarantee the annuity rate we use in the illustration for 14 days from when we next change our annuity rate. As we can't predict when this might be, you should aim to send all our requirements to us within 14 days. We are only able to provide guaranteed annuity rates relating to your application if you enclose a copy of your illustration.**
- Signed declaration from 'Your right to think over your options' leaflet

If you are unsure how to obtain any of this information please talk to your financial adviser.



FRIENDS PROVIDENT

Application for a Substitute Personal Pension Annuity

When to use this Application

You should fill in this application if you want to buy a personal pension annuity and the funds to buy the annuity are coming from one of the following registered pension schemes:

- a A transfer payment from another provider's Retirement Annuity Contract.
- b A transfer payment from another provider's Personal Pension or Stakeholder Pension.
- c The exercise of an open market option under another provider's Personal Pension or Stakeholder Pension.

You should not use this application if you want to buy an annuity with funds from an occupational pension scheme or you want to take benefits on an existing Friends Provident contract.

Before you complete this Application

- Please read all of the form and contact your financial adviser if there are any unclear questions. There is a glossary in Part G which explains some terms which may be unfamiliar.
- Please check that you have received a Key Features leaflet and Illustration for this Plan. Your financial adviser will supply these if you have not got them.

How to complete this Application

- Please read our Key Features leaflet and ensure you understand all the options and benefits available to you.
- Please use BLOCK CAPITALS and tick the boxes where appropriate.
- **We cannot process your application** and set up your annuity payments **until we have received all the relevant items.** Please include the items we request, rather than sending them separately.
- **The rate we shall use to set up your annuity will be that which applies on the day we receive the last of the funds or the signed application form, whichever is later, at our Head Office, if this is not within your Illustration guarantee period.**

Part A: Details of Applicant

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Other (please specify) <input type="text"/>
Surname	<input type="text"/>			
First name(s)	<input type="text"/>			
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Civil Partner	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
National Insurance Number	<input type="text"/>			
Address	<input type="text"/>			
	Town <input type="text"/>			
	County <input type="text"/>			
Postcode	<input type="text"/>			
Daytime telephone number (including STD code)	<input type="text"/>			
Home telephone number (including STD code)	<input type="text"/>			
Mobile telephone number	<input type="text"/>			

Part B: Details of funds to be transferred

Name and address of provider/insurer	Policy number	Amount of fund
		£
		£
		£
		£
		£
		£
		£
		£

Part C: Your benefits

1 Benefits of the Non-Protected Rights fund

a Do you wish to take a tax-free cash payment? This option is not available for any policy on which you have exercised the open market option.

Yes No

If the answer to the question above is 'Yes', please specify the amount you require. Then ensure that each Scheme Administrator completes Part H of this form. If you need additional copies please use photocopies.

Maximum or if less than max £

Your tax-free cash will be paid following the start of your annuity policy.

b Frequency of annuity payments Monthly Quarterly Half-yearly

Payable In advance In arrears Annually in Arrears

If you do not tick any box, we shall pay your annuity monthly in arrears.

FAILURE TO DISCLOSE RELEVANT INFORMATION MAY RESULT IN NON PAYMENT OF A CLAIM

c Guaranteed payment period (see Part F: Important Notes)

If you do not tick any box, we shall guarantee your annuity for 5 years.

d Do you wish your annuity payments to increase?

If the answer to the above question is 'Yes' please select the rate of increase

If you do not tick any box, we shall pay you an annuity that does not increase.

2 Spouse's/Civil Partner's/Dependant's annuity

a Do you wish to provide a spouse's/civil partner's/dependant's annuity to be paid on your death?

If you do not tick a box, we shall pay your annuity on a single life basis.

b If the answer to the question above is 'Yes', please give the following details of your spouse/civil partner/dependant:

Title

Surname

First name(s)

Address

Town
County

Postcode

Date of birth

Relationship (eg spouse, civil partner, child)

Gender

National Insurance number

c Do you want the spouse's/civil partner's/dependant's annuity payable at the same level as your own?

d If the answer to the question above is 'No', please indicate the amount of spouse's/civil partner's/dependant's annuity as a proportion of your own annuity.

3 Benefits of the Protected Rights fund

a Do you wish to take a tax-free cash payment? This option is not available for any policy on which you have exercised the open market option

If the answer to the question above is 'Yes', please specify the amount you require. £ or £

Then ensure that each Scheme Administrator completes Part H of this form. If you need additional copies, please use photocopies.

Your tax-free cash will be paid following the start of your annuity policy.

b Your Protected Rights annuity / annuities

This fund will be used to buy an annuity for you and a spouse's/civil partner's annuity of half of your own annuity if you are the first to die. If you have no spouse/civil partner, then a dependent child's annuity may be payable, if applicable, or you may choose to set up your annuity without any spouse's/civil partner's/dependant's pension. These annuities will normally be paid monthly, at the same frequency as specified for your non-protected rights benefits in part C, 1b.

If you will be single on the start date, do you wish to set up your annuity for this part of your fund without any spouse's/civil partner's/dependant's provision?

If you do not tick either box, we shall automatically provide a spouse's/civil partner's annuity.

FAILURE TO DISCLOSE RELEVANT INFORMATION MAY RESULT IN NON PAYMENT OF A CLAIM

Please complete the spouse's/civil partner's or dependant's details on the previous page and specify the guarantee period below.

Guaranteed payment period
(see Part F: Important Notes)

0 years	<input type="checkbox"/>	5 years	<input type="checkbox"/>
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If you do not tick either box, we shall guarantee your annuity for 5 years.

Do you wish your annuity payments to increase?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If the answer to the above question is 'Yes' please select the rate of increase

3%	<input type="checkbox"/>	5%	<input type="checkbox"/>
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c Spouse's/civil partner's annuities

If you are a spouse/civil partner and are purchasing an annuity with a Protected Rights fund, we shall pay the annuity monthly in arrears.

Please complete the details below.

Name of person who has died

Their National Insurance number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Do you wish your annuity payments to increase?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If the answer to the above question is 'Yes' please select the rate of increase.

3%	<input type="checkbox"/>	5%	<input type="checkbox"/>
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Part D: Authorisation for payment

1 Authorisation for annuity payments to be made to a bank account.

I authorise you to pay the annuity into:

Please insert name and address of bank in capital letters

Bank name

Address

Town

County

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Sort code

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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Bank account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Building society ref. (if required)

Name of Bank Account Holder

Pensions from personal pension contracts are regarded as earned income. Friends Provident is required to collect the correct amount of tax under the Pay As You Earn (PAYE) arrangement. We shall deduct tax at the basic rate until HM Revenue & Customs notify us of your current PAYE code.

Part E: Declaration by applicant

- I apply to join the Friends Provident Pensions Limited Personal Pension Scheme and to enter into a contract for the benefits set out here in accordance with the Rules of the plan. (This does not apply to you if you are only exercising an open market option).
- I have read the replies to all the questions in the application and declare that, to the best of my knowledge and belief, all information given is true and I have not withheld any relevant fact.
- I understand that this contract will begin when Friends Provident receives the total sum(s) referred to in Part B.
- I agree to Friends Provident negotiating on my behalf the transfer of the total amount(s) to be transferred and I authorise the Insurer(s) / Scheme Administrator(s) named in Part B to give Friends Provident any information required for this purpose.

Part E: Declaration by applicant - continued

- e I declare that if I have requested a dependant's annuity in Part C Section 2 that the person named is financially dependent or inter-dependent on me.
- f I agree Friends Provident will use the information I give (as well as information about me relating to any existing policy I have with Friends Provident) for administration, underwriting, claims, research and statistical purposes. I agree Friends Provident may pass information about my physical or mental health or condition to medical practitioners, reinsurers and any agency appointed by Friends Provident for these purposes. (These agencies may be located in countries outside the UK that do not have laws to protect your information. Details of the companies and countries involved in your case will be provided on request. Friends Provident will remain responsible for making sure that the information is held securely.)
- I also agree Friends Provident may pass the information to third parties for the prevention of crime or detection of fraud, enabling assets to be rightfully claimed or where required by law or regulation.
- I also agree Friends Provident may pass the information to other companies in the Friends Provident Group* who may use it to advise me of other products and services that may interest me. If you would prefer not to receive such information, please tick this box .
- * The Friends Provident Group means Friends Provident plc and any other company in which it has directly or indirectly a material shareholding.

Signature
Date

Note: It is a serious offence to make false statements: the penalties are severe and could lead to prosecution.

Friends Provident agrees to administer the plan in accordance with the Rules.

Please ensure you have enclosed all the requirements we need to process your Application. Refer to the checklist on the cover of this booklet.

Part F: Important Notes

- a Your own annuity will be payable throughout your lifetime but you can choose to take a lower annuity which would continue for a guaranteed payment period even if you were to die in the meantime.
- b If you have not chosen a guaranteed payment period, the last payment of your annuity will be on the due date immediately before your death. Any spouse's / civil partner's / dependant's annuity would begin on the next date that the payment is due and end on the due date immediately before the death of your spouse / civil partner or dependant.
- c If you have chosen a guaranteed payment period and were to die within that period, then the annuity payments would continue to be paid until the end of that period at the same rate as if you were still living. Those payments would be made to your legal personal representatives unless you have chosen a spouse's / civil partner's / dependant's annuity. If that is the case that person would receive the payments. In those circumstances, the spouse's / civil partner's / dependant's annuity itself would begin on the due date immediately following the guaranteed period.
- d Where the specified dependant is a minor, then full payments of the dependant's annuity will stop on the last payment before the dependant's eighteenth birthday unless they continue in full-time education or vocational training. In any event, payment will cease on the due date immediately before the twenty-first birthday or the dependant's death. In this case the last payment will be the earlier of the following two dates: leaving full-time education or vocational training or reaching the age of twenty-one.
- e Any spouse's/civil partner's annuity will be paid to your legal surviving spouse / civil partner even though that may not be the person named in Part C Section 2b.
- Where a dependant's annuity is requested for Non-Protected Rights benefits, we shall pay this for the benefit only of the dependant named in Part C Section 2b.
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Part G: Glossary

The following is an explanation of the insurance terminology used on this application.

Annuitant

An annuitant is a person who receives a regular series of payments known as an annuity.

Dependant

Generally, a person is a dependant if they rely on others for support, most commonly financial support. The rules of the pension scheme will determine who can be treated as your dependant.

Open Market Option (OMO)

An open market option is the option to apply the proceeds of an insurance policy to buy an annuity with another insurance company. Any tax free cash entitlement is payable by the original insurer and the annuity is payable under the rules of the original scheme.

Part H: Declaration by Paying Scheme

The Friends Provident Pensions Limited Personal Pension Scheme is a scheme registered with HM Revenue & Customs under Chapter 2 Part 4 of the Finance Act 2004 formerly approved under reference number SF087/295/1A. The Scheme has an Appropriate Certificate. The ASCN is A7001290R.

This certificate **must** be completed on behalf of the Scheme Administrator where the funds arise from a transfer or the exercise of an open market option (OMO) under a personal pension or stakeholder pension ('PP' or 'SHP'). Where funds arise from the transfer of a retirement annuity contract ('RAC') this declaration should be signed by the Insurer. A separate certificate must be completed by each Scheme Administrator / insurer if there is more than one. If you need extra copies, please photocopy this one. This form should be sent to Friends Provident, PO Box 1550, Milford, Salisbury SP1 2TW.

a Name of pension provider

Address of pension provider

 Town
 County

Postcode

b Policyholder

Date of birth

Source of payment (tick as appropriate)			Policy number	Non-protected rights funds (£)	Protected rights funds (£)
RAC	PP/SHP Transfer	PP/SHP OMO			

Total value of **all** policies £

d Have either any tax-free cash or any other benefits been paid from the transferring scheme/arrangement? If Yes, please give details on a separate sheet and attach it to this declaration.

Yes No

e Total percentage of the standard lifetime allowance expended by the purchase of this annuity and payment of any related tax-free cash sum.

%

Declaration

We, the administrators / insurer of the paying scheme / arrangement, declare that to the best of our knowledge and belief all the information given in this declaration is true and complete. Where appropriate we authorise the payment of a transfer value from the paying scheme to the Friends Provident Pensions Limited Personal Pension Scheme. Where the funds arise as a result of the exercise of an open market option under a Personal Pension or we are purchasing a protected rights annuity in our capacity as Scheme Administrator, we submit an application to enter into a contract to provide benefits for the members as set out here. We understand that this contract will begin when Friends Provident receives the sum(s) referred to on page 2 of the application as the total amount(s) to be transferred. Friends Provident will pay these for the benefit of the Member / Dependants as proposed in accordance with Friends Provident's normal terms and conditions (which I / we understand are available on request). Where the funds arise from a transfer of a RAC, we confirm that the amounts shown in 'c' above represent the total transfer value of the policy/ies.

Signature	On behalf of
Date	Position

Details of Financial Adviser

For completion by the financial adviser

Date of Illustration	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									Reference no. of Illustration	<input type="text"/>										
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This form should be returned to Friends Provident, PO Box 1550, Milford, Salisbury SP1 2TW

