

Substitute Occupational Pension Annuity

Application for pension benefits

(to be paid immediately under an open market option after payment
of tax-free cash by the ceding scheme)



FRIENDS PROVIDENT

When to use this application

You should use this application only when:

The funds to buy the annuity are coming from an occupational scheme, a Section 32 Buy Out Plan or a FSAVC Plan.

You should not use this application if you want to buy an annuity with funds from a Personal Pension or Stakeholder Scheme or a Retirement Annuity 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 on page 6 which explains some terms with which you may not be familiar.

Completing this application

Please read the questions carefully before answering them.

We suggest that you seek the help of a **financial adviser** when filling in this form.

Since an incomplete form could delay the setting up of the annuity, please make sure that you **complete all sections**.

Please refer to the table below for details of who needs to complete which parts of the form.

Type of scheme	Annuitant to complete parts:	Trustee(s) to complete parts:	Parts not applicable:
Section 32 Buy Out Plan	A, B, C, F , Ga, Gb, Gc, Ge, H		D, E, Gd
FSAVC Plan	A*, B*, C*, D*, F , Gd*	A, B, C, D, E, Ga, Gb, Gd, Ge, H	Gc
Other Occupational Scheme	A*, B*, C*, D*, F , Gc*	A, B, C, D, E, Ga, Gb, Gc, Ge, H	Gd

Sections marked in **bold** print need a signature.

Sections marked with a '*' can be completed by the annuitant but must be ratified by the trustee(s).

Checklist

What you need to send us in the prepaid envelope:

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. 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.

A copy of the illustration we sent you. **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.

Part A: Details of annuitant

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Address	<input type="text"/>
	Other Please Specify <input type="text"/>				<input type="text"/>
Surname	<input type="text"/>				Town <input type="text"/>
First name(s)	<input type="text"/>				County <input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>
Status eg. single/ married/civil partner	<input type="text"/>			Daytime telephone number (including STD code)	<input type="text"/>
NI Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	Home telephone number (including STD code)	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile telephone number	<input type="text"/>

Part B: Spouse's/Civil Partner's/dependant's details

Please note that we shall set up all Guaranteed Minimum Pension/Protected Rights spouse's/civil partner's pensions as any spouse/civil partner **with** 'overlap'. In addition, all Guaranteed Minimum Pension annuities will be set up with payments in advance.

(a) Do you want us to pay a spouse's/civil partner's/dependant's annuity on the death of the annuitant? Yes No

If the answer to the question above is 'No' please proceed to Part C, 'Details of annuity'.

(b) What percentage of annuity will be paid to the spouse/civil partner/dependant? %

or

what is the amount of annuity to be paid to the spouse/civil partner/dependant? £

(c) Will the spouse's/civil partner's/dependant's annuity be paid on death of the annuitant (with overlap)? Yes No

or

will the spouse's/civil partner's/dependant's annuity be paid on the death of the annuitant or at the end of the 'guaranteed period', whichever is the later (no overlap)? Yes No

(d) (i) Is the annuity to be paid to the person to whom the annuitant is married or in a civil partnership at the time of death? Yes No

or

(ii) to the person to whom the annuitant was married or in a civil partnership at the time of retirement? Yes No

or

(iii) to the dependant(s) of the annuitant at the time of retirement? Yes No

If either d(ii) or d(iii) above apply, please complete the spouse's/civil partner's/dependant's details below. Otherwise proceed to Part C.

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Address	<input type="text"/>
	Other Please Specify <input type="text"/>				<input type="text"/>
Surname	<input type="text"/>				Town <input type="text"/>
First name(s)	<input type="text"/>				County <input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>
Status eg. single/ married/civil partner	<input type="text"/>			Daytime telephone number (including STD code)	<input type="text"/>
NI Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	Home telephone number (including STD code)	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile telephone number	<input type="text"/>
Relationship (e.g. spouse/ civil partner)	<input type="text"/>				

Part C: Details of annuity

Start date of the annuity

Failure to complete the required start date will delay processing of your application. This could result in an initial delay in making annuity payments.

Frequency of payment	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Half-yearly	<input type="checkbox"/>
Payable	In advance	<input type="checkbox"/>	In arrears	<input type="checkbox"/>	Annually in arrears	<input type="checkbox"/>
Guaranteed period	0 years	<input type="checkbox"/>	5 years	<input type="checkbox"/>	10 years	<input type="checkbox"/>

If there are spouse's/civil partner's benefits required with overlap, the maximum guaranteed period available is 5 years.

If the annuitant dies within the guaranteed period, annuity payments will continue to be paid until the end of that period at the same rate as if they were still living. These payments will be made to their legal personal representatives until they have chosen a spouse's/civil partner's/dependant's annuity. If that is the case, that person would receive the payments.

Part D: Employer details

This section is NOT applicable to Section 32 Buy Out Plans.

Full name of employer

Address

 Town
 County

Postcode

Part E: Grantee details (the owner of the policy)

Note: Friends Provident will automatically set up the policy in the name of the trustee(s) unless we receive instructions to the contrary.

Will the policy be in the name of the annuitant for their absolute use and benefit? Yes No

or

Will it be held in the name of the trustee(s) and held under trust for the benefit of the annuitant? Yes No

Part F: Bank details

To be completed by the annuitant

Insert name and address of bank in capital letters	<input type="text"/>	Sort code	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> Town	Bank or Building Society 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"/> County		
Name of bank account holder	<input type="text"/>	Reference number (if required)	<input type="text"/>

I authorise Friends Provident to make payments to the above account as they become due. I also declare that if I have requested a dependant's annuity in Part B Section d that the person named is financially dependent or inter-dependent on me.

Signature Date

Part G: Details of transferring fund

(a) Full name of scheme

Are the scheme contributions held by a Life Office?

Yes No

If 'Yes', please give the name of the insurer.

If 'No', we are unable to accept this transfer

Is the transferring scheme or policy either a registered pension scheme or a recognised overseas pension scheme?

Yes No

Type of scheme (FSAVC, Occupational Scheme or Buy Out Plan).

Total fund being transferred to purchase the annuity.

(b) **Split of fund** (assistance from the administrator may be required to complete this section)

	Defined Benefit Scheme				Amount of Fund	Money Purchase Schemes			
	Non Contracted out benefits		Contracted out benefits			Non Contracted out benefits		Contracted out benefits	
	1	2	3	4		5	6	7	8
	Non GMP pension before 6th April 1997	Benefits between 6th April 1997 and 5th April 2005	GMP pension before 6th April 1988	GMP after 5th April 1988		Non Prot. Rights before 6th April 1997	Non Prot. Rights after 5th April 1997	Prot. Rights before 6th April 1997	Prot. Rights after 5th April 1997
Annual amount of members annuity	£	£	£	£		£	£	£	£

Notes
1 For Section 32 Buy Out Plans with a GMP element, columns 3, 4 and 6 above should be completed. Column 6 should be the non GMP fund value after the 5th April 1997. Columns 3, 4, 5 and 6 should then be completed in Part 'c' below.
2 We only offer annuities for defined benefit funds after 5th April 2005 which increase by 3% yearly or by RPI up to 5% yearly.

(c) **Rate of annuity increase** (not applicable to FSAVCs)

	Defined Benefit Scheme				Amount of Fund	Money Purchase Schemes			
	Non Contracted out benefits		Contracted out benefits			Non Contracted out benefits		Contracted out benefits	
	1	2	3	4		5	6	7	8
Annual Annuity Increase %	0/3	3/LPI	0/3	3		0/3	0/3/LPI	0/3	0/3/LPI

(d) For FSAVC schemes please select the annual annuity increase required.

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

 %

Part H: Declaration

Note: For Section 32 or FSAVC Policies - to be signed by the annuitant. For other occupational schemes to be signed by the scheme trustee(s).

- 1 I request that Friends Provident set up a policy or policies for the person named on this application. The policy document will outline Friends Provident's terms and conditions. It will give details of the annuity or annuities that have been requested on this application. The annuitant has no authority to transfer or assign the annuity or annuities or to convert them to a cash sum.
- 2 I declare that all the information on this application is to the best of my knowledge and belief true and complete. This declaration will provide the basis for the policy Friends Provident sets up for this individual.
- 3 I further declare that the annuity or annuities purchased by the premiums will conform to the liabilities under the scheme to provide retirement and other benefits for the annuitant and the named spouse/civil partner or dependants.
- 4 I am entitled to make this declaration.
- 5 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	<input type="text"/>	Position	<input type="text"/>
Name	<input type="text"/>	Company	<input type="text"/>
Date	<input type="text"/>		
Trustees correspondence address	<input type="text"/> <input type="text"/> Town <input type="text"/> County <input type="text"/>	Telephone	<input type="text"/>
Postcode	<input type="text"/>		

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. A pension, for example, is 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.

Grantee - A grantee is the person or people who own a policy.

Overlap - Overlap relates to the payment of the annuitant's annuity for a guaranteed period following their death where a spouse's/civil partner's or dependant's annuity is payable. If there is overlap we shall pay the full annuity for the remainder of the guarantee period. We shall also pay an annuity to the spouse/civil partner or dependant.

No Overlap - Where there is no overlap on a policy and the annuitant dies within the guaranteed period, we shall pay the annuity for the remainder of this guaranteed period. Any spouse's or dependant's annuity will start after the end of the guaranteed period.

Trustee - A policy may be written under trust. This means that the trustees are the legal owners and are responsible for all administration relating to it.

LPI (Limited Price Indexation) - Friends Provident will pay this increase in line with the Retail Prices Index up to a maximum of 5% a year.

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></tr></table>					Reference no. of Illustration	<input type="text"/>																
Are Friends Provident required to pay commission for this application?	<table border="1"><tr><td>Yes</td><td><input type="checkbox"/></td></tr></table>	Yes	<input type="checkbox"/>	<table border="1"><tr><td>No</td><td><input type="checkbox"/></td></tr></table>	No	<input type="checkbox"/>																	
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Non-advised sale	<input type="checkbox"/>	If not ticked we will assume advice was given.																					
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This form should be returned to Friends Provident, PO Box 1550, Milford, Salisbury SP1 2TW

Friends Provident Pensions Limited

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