

PLEASE ENSURE ALL SECTIONS ARE COMPLETE.

Sections to complete

Section	Details	
A	Personal Details	<input type="checkbox"/>
B	Payment Details	<input type="checkbox"/>
C or D	Immediate Vesting Personal Pension Open Market Option	<input type="checkbox"/>
Appendix 1	Health Questionnaire	<input type="checkbox"/>

YOUR ANNUITY OPTIONS

- **The Immediate Vesting Personal Pension Scheme:**
 - This option applies where one or more pension funds are transferred from your existing registered pension scheme(s) to the LV Personal Pension Scheme, of which you will become a member;
 - Both tax-free cash (where applicable) and a lifetime annuity will be paid by LV=;
- **The Open Market Option:**
 - This option applies where you have taken benefits under the rules of your existing registered pension scheme, but have chosen to purchase the annuity from LV=.
 - This option also applies where the trustees of an occupational pension scheme elect to secure the pension liability by the purchase of an annuity with LV=.
 - LV= will not be able to pay any tax-free cash from this policy. Instead this will be paid by your existing pension scheme.
 - A separate application will need to be completed in respect of each pension arrangement being used to purchase an annuity.

USEFUL INFORMATION

- This application form should be used to apply for an annuity using the funds in a registered pension scheme. A separate Quote Request Form should be used to request a quotation.
- You should have read the Key Features Document before completing this application form as it contains important information about your annuity policy.
- A glossary is included at the back of this application form to clarify the meaning of certain terms included in this application.
- Please note we are unable to accept Safeguarded Rights.
- Please complete this application form in black ink and BLOCK CAPITALS. Please tick boxes or delete as appropriate.
- The completed application form should be sent via your Financial Adviser to the New Business Department, LV= Retirement Solutions, Keynes House, Tilehouse Street, Hitchin, Herts SG5 2DX.

SECTION A. YOUR PERSONAL DETAILS

Part A1 Annuitant details

Title	<input type="text" value="Mr/Mrs/Miss/Ms/Other"/>
Forename(s) in full	<input type="text"/>
Surname	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Postcode
Daytime telephone number	<input type="text"/>
Date of Birth	<input type="text" value="/"/> / <input type="text" value="/"/> We need either your original birth certificate or a certified copy of your passport
	<input type="checkbox"/> Original birth certificate included* <input type="checkbox"/> Certified copy of passport included*
	*If your name has been changed due to marriage, please enclose your original certificate.
Nationality	<input type="text"/>
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"/>
Are you male or female?	<input type="checkbox"/> Male <input type="checkbox"/> Female
What is your marital status?	<input type="checkbox"/> Single <input type="checkbox"/> Married/Civil Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Have you completed the Health Questionnaire from LV=?	<input type="checkbox"/> Yes Continue to Part A2
	<input type="checkbox"/> No Please ensure you complete Appendix 1 of this application form

Part A2 Dependant's details – please complete only if a dependant's pension is required

Dependant's title	<input type="text" value="Mr/Mrs/Miss/Ms/Other"/>
Dependant's forename(s) in full	<input type="text"/>
Dependant's surname	<input type="text"/>
Date of Birth	<input type="text" value="/"/> / <input type="text" value="/"/> We need either their original birth certificate or a certified copy of their passport
	<input type="checkbox"/> Original birth certificate included* <input type="checkbox"/> Certified copy of passport included*
	*If their name has been changed due to marriage, please enclose their original certificate.
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"/>
Are they male or female?	<input type="checkbox"/> Male <input type="checkbox"/> Female
Please specify their relationship to you?	<input type="checkbox"/> Spouse/Civil Partner <input type="checkbox"/> Partner <input type="text"/> Other, please specify
Is this person financially dependent on you?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	An individual who is not your spouse/civil partner, must be dependent on you at the time of your death in order to qualify for a dependant's annuity.
Have they completed the Health Questionnaire from LV=?	<input type="checkbox"/> Yes Continue to Part A2
	<input type="checkbox"/> No Please ensure they complete Appendix 1 of this application form

SECTION B. PAYMENT DETAILS

Please give details of the bank or building society account into which you want the annuity and any tax-free cash payment to be made.

Bank/Building society name	<input type="text"/>									
Address	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>									
	Postcode									
Account name	<input type="text"/>									
Branch sort code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Building society roll number (if applicable)	<input type="text"/>									

- Please note your annuity is regarded as pension income. Income tax will be deducted under the Pay As You Earn (PAYE) system unless HM Revenue & Customs (HMRC) advise us otherwise. If you have a P45 for the current tax year please forward parts 2 and 3 with this application to enable the correct amount of tax to be deducted. If you do not have a P45 tax will be deducted using the emergency code on a month 1 basis until HMRC notify us of your current tax code.
- Please note that we are only able to make automated annuity payments into a United Kingdom bank or building society account.

OPTIONS

This application form is now split into two sections. Please tick which option applies to you and ONLY complete the questions in that section. The options are:

- Section C:** Immediate Vesting Personal Pension – now go to page 5.
- Section D:** Open Market Option – now go to page 10.

Part C4 Your other pension arrangements

Under legislation introduced from 6 April 2006, we are required to carry out an assessment of the funds being used to provide your benefits against your Lifetime Allowance to see if a tax charge is due.

To enable us to carry out this calculation it is necessary for you to provide us with information about any protection you are entitled to and details of any benefits that you are receiving (or are in the process of obtaining) from other pension arrangements.

If our check reveals that you are likely to exceed your Lifetime Allowance, we will contact your Financial Adviser to confirm how you wish to proceed.

Lifetime Allowance Protection

Please indicate if you have any Protection and/or Lifetime Allowance Enhancement Factors

Primary Protection Enhanced Protection
 Lifetime Allowance Enhancement Factors

Please provide a copy of the HMRC protection certificates for each form of protection

Pension benefits in payment after 5 April 2006

Have you received benefits that commenced after 5 April 2006 from any other pension arrangements?

No Yes

If 'Yes', please confirm the total percentage of the Standard Lifetime Allowance you have already used, together with the date these benefits commenced. This information can be found on the Benefit Crystallisation Event statements (also known as Lifetime Allowance Statements) provided to you.

% / / Date

Pension benefits in payment before 6 April 2006

Prior to 6 April 2006, were you in receipt of any benefit from other pension arrangements?

No Yes

If 'Yes', please confirm below the maximum aggregate annual income payable from your pension arrangements in payment pre 6 April 2006. In respect of **Drawdown** arrangements, this should be your maximum allowable annual income based on your last income review and may not actually be the amount you are receiving.

If you have **not** taken any benefits from any other pension arrangement since 6 April 2006 please provide the total amount of income you are currently receiving.

£ p.a.

If you **have** taken any benefits from another pension arrangement since 6 April 2006 please provide the date these benefits commenced and the amount of income payable from your pre April 2006 benefits at this time.

/ / Date £ p.a.

Simultaneous vesting

Do you intend to take benefits from any other pension arrangement either before or at the same time as this arrangement? For this purpose, please exclude any benefit being transferred to LV= for the purchase of an enhanced lifetime annuity, as described in this application form.

No Yes

If 'Yes', you must decide the order in which your benefits will be taken for Lifetime Allowance purposes. Therefore, please provide details below of all benefits (including those with LV=) you expect to be taken at the same time. If you have more than one arrangement with a provider (including LV=) please list these separately.

If you are taking benefits from other providers prior to this arrangement we may require copies of the Benefit Crystallisation Event statements before proceeding.

Order	Name of Provider/ Registered Pension Scheme	Address (including contact telephone number)	Policy/Scheme Number	Fund Value
1				
2				

Part C5 Declaration

Important

Copies of all relevant documentation referred to below and a copy of this completed application form are available on request.

NM Pensions Trustees Ltd agrees to administer the LV Personal Pension Scheme (the Scheme) in accordance with its trust deed and rules (as amended from time to time).

Declaration by Annuitant

- I request the trustees/scheme administrator(s) of the transferring registered pension scheme(s)/arrangement(s) named in **Part C1** of **Section C** to pay the funds held for me under such scheme(s)/arrangement(s) to Liverpool Victoria Friendly Society Ltd (LV=), in exercise of my right under the transfer out rule of each such scheme/arrangement.
- I hereby apply to become a member of the LV Personal Pension Scheme (the Scheme) and agree to be bound by its trust deed and rules and the Pension Annuity (the Annuity) Terms and Conditions.
- I request that LV=
 - a) accepts the transfer payment(s) from the transferring registered pension scheme(s)/arrangement(s) detailed in **Part C1** of **Section C** and pays it into the Scheme
 - b) pays me my tax-free cash sum (pension commencement lump sum), if I have so requested, and
 - c) uses the balance of funds to buy a lifetime annuity under the Scheme from LV=, to be set up as specified in this application form and the quotation referenced in **Part C2** of **Section C**.
- I understand that payment of the lifetime annuity will only begin when LV= accepts this application form and receives the transfer payment(s). Where I have applied for multiple transfer payments, and the payments are received by LV= at different times, LV= will pay the monies received into a non-interest bearing holding account. I further understand that the monies will be paid into the Scheme on the final transfer payment receipt date and payments will not begin until then.
- I understand that the amount of the lifetime annuity payable will be confirmed to me by LV= on acceptance of this application.
- I understand that LV= may write to my doctor to confirm any medical/lifestyle information supplied.
- I understand that within 6 months of the date my annuity policy is issued LV= can reduce the Annuity payments if my doctor is unable to support the medical/lifestyle information I have supplied unless further evidence reasonably acceptable to LV= is provided.
- I understand that if the Annuity payments are reduced any overpayments of income already made will also be recovered by LV=.
- I declare that if I have chosen to take a pension commencement lump sum (PCLS) and that amount when added to any other PCLS taken from any other registered pension schemes in the last 12 months, exceeds 1% of the standard lifetime allowance:
 - a) I will not use, or won't have already used, the PCLS to significantly increase tax relievable pension contributions to any registered pension scheme.
 - b) I understand that a significant increase is where, because of the PCLS, the total amount of the additional contributions is more than 30% of the contributions that might have been expected and also exceeds 30% of the PCLS.
 - c) I understand that the period of assessing any significant increase covers the year in which the PCLS is paid, the previous two tax years, and the following two tax years.
 - d) I understand that if I do make, or have already made, such pension contributions, all or part of the PCLS will be an unauthorised payment and I will be personally liable for any resulting tax charges. I also understand that this includes reimbursing NM Pensions Trustees Ltd in full for any tax charges that they may incur.
 - e) I understand that if I intend to take an unauthorised payment I must inform NM Pension Trustees Ltd within 30 days of the date of the unauthorised payment (01462 447533).
- I agree that this application form, together with the quotation referenced in Part C2 of Section C forms the basis mutually agreed and the Pension Annuity Terms and Conditions shall constitute the entire contract between LV= and me. I understand that the contract will be subject to, and governed by, the laws of England and Wales.
- I confirm that a notice headed 'Important information about your right to withdraw' contained within the Key Features has been received in connection with this proposed transfer and lifetime annuity with LV=.
- I confirm that I have been provided with an opportunity to select the insurance company from which to purchase my annuity, and hereby apply for an annuity from LV=.
- I understand that the annuity is not capable of commutation, surrender or assignment, except in accordance with the relevant legislation and subject to the agreement of LV=.
- I request and authorise the trustees/scheme administrator of the scheme(s)/arrangement(s) named in **Parts C1** and **C4** of **Section C** to provide any information requested by LV= about this transfer payment to LV=.
- I acknowledge that the lifetime allowance test carried out by LV= will be based on the information supplied by myself in this application form and I undertake to pay any tax charge which becomes due because of any omissions or errors with this information.

- I declare that to the best of my knowledge and belief the information contained in this application form is complete and true and contains all material facts. I understand that a material fact is any fact that might influence the assessment and acceptance of my application and that failure to disclose a material fact may result in this application becoming void. I agree that if I am uncertain of whether certain facts are material, then I shall include these in this application. I have not concealed any information and have checked any answers completed on my behalf.
- I shall inform LV= of any change to material facts occurring before acceptance of this application form and understand that failure to do so may result in this application becoming void.



Important Note: Data Protection

Your information will be held by the Liverpool Victoria group of companies and added to our customer databases. It may be used to keep your records up to date, for business analysis and market research purposes. We will not include you in direct marketing campaigns in relation to LV= business conducted through a financial intermediary. We may pass your details to other carefully selected organisations but only for the purposes mentioned above.

LV= may use information provided in relation to this application to make searches about me at credit reference agencies which supply you with information, including information from the Electoral Roll, for the purposes of verifying my identity. The agencies will record details of the search whether or not this application proceeds. I understand that you may use scoring methods for the sole purpose of verifying my identity and that you reserve the right to request documentary evidence if required.

LV= may use information provided in relation to this application to process my application and for the ongoing management of my account. Information may be held on computer, paper file or other appropriate medium for as long as the application is being considered, for as long as the policy remains in force and for an appropriate period thereafter.

I agree that any information, including sensitive personal data, such as health and medical information may be used for the purposes of processing my application and for the ongoing administration of my policy and may be used by the Liverpool Victoria group of companies and any other relevant third party holding my information. This includes underwriting, processing and preventing fraud and could include passing details to pension scheme providers, reinsurers and agents, my general practitioner, medical practitioner acting for LV=, Financial Advisers, regulators, other insurers, scheme providers and sub contractors. If I give any information about any other individual I will make sure that they agree to their information being used as described above.

Subject to payment of a fee, you can ask for a copy of the personal information we hold about you by writing to LV= Retirement Solutions, Keynes House, Tilehouse Street, Hitchin, Herts, SG5 2DX
For details of the Liverpool Victoria group of companies please refer to www.LV.com

Important Information All the information that you provide will be shared with all parties to this application.

Warning: it is a serious offence to make false statements; the penalties are severe and could lead to prosecution.

Before signing the Declaration below we recommend that you should read the Pension Annuity Terms and Conditions and Key Features Document

Signed

Date

What to do next

- Please ensure that you have completed all of the questions that apply to you in **Sections A to C** and signed the Declaration in **Part C5 of Section C**. Failure to complete all relevant sections will delay your application being processed.
- If you have not previously done so, please complete the Health Questionnaire in **Appendix 1**.
- When everything that is relevant to this application has been completed, please send this application to your Financial Adviser.

IF YOU HAVE SIGNED THE DECLARATION AND COMPLETED THE HEALTH QUESTIONNAIRE, THE APPLICATION FORM IS NOW COMPLETE.

SECTION D. OPEN MARKET OPTION

This option applies where you have taken benefits under the rules of your existing registered pension scheme, but have chosen to purchase your annuity from LV=.

This option also applies where the trustees of an occupational pension scheme elect to secure the pension liability by the purchase of an annuity with LV=.

LV= will not be able to pay any tax-free cash from this policy. Instead this will be paid by your existing registered pension scheme.

Part D1 Plan details – existing pension scheme

- If you are taking benefits from more than one registered pension scheme, please photocopy and complete all of **Section D** for each one.
- Please provide full details of your registered pension scheme as this will enable us to arrange for the annuity purchase price to be transferred to us as quickly as possible.
- **Please note:** We are required to set up an individual policy for each pension scheme.

Full name of scheme

Name of purchaser

Address

Postcode

Name of contact

Telephone number

- **Reference number information:**
 - is available from your previous employer or pension manager;
 - is normally shown on your annual statement of benefits.

Your reference number

HMRC scheme registration number

Please specify the type of scheme Personal pension scheme Occupational pension scheme Final salary Buy-out policy
 EPP/SSAS Other

Does the purchase price relate to Pension Credit Rights arising after divorce under the provisions of the Welfare Reform and Pensions Act 1999? No Yes

Please note that we are unable to accept Safeguarded Rights.

Is the annuity payment subject to an earmarking order? No Yes

If you answer 'Yes' to this question, please provide a copy of the earmarking order and payment details.

Part D2 Annuity details

Please quote the reference number of the quotation you wish to form part of this application.

(Please note we cannot proceed without this.)

<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"/>	.	<input type="text"/>	<input type="text"/>
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If any of the following details are to be different from that shown on the quotation referenced above, please complete the relevant sections. **Please note, if the following sections are left blank, we will proceed using the basis shown on the above quotation.**

Commencement date	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date		
Total purchase price	<input type="text"/> £			
Lifetime allowance	<input type="text"/> %	If known, please specify percentage of the Standard Lifetime Allowance that this annuity purchase and related Tax Free Cash represents		
Frequency of payment	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half yearly	<input type="checkbox"/> Annually
Payable	<input type="checkbox"/> In advance	<input type="checkbox"/> In arrears		

DEFINED CONTRIBUTION SCHEME

(Including personal pension schemes and money purchase schemes)

Non-Protected Rights benefits

Fund value	<input type="text"/> £	
Payments to increase by	<input type="checkbox"/> N/A	<input type="text"/> % A fixed amount up to 8.5%
	<input type="checkbox"/> RPI	<input type="text"/> Lower of RPI or 5%
Dependant's annuity	<input type="text"/> % Up to a maximum of 100% of my annuity	
	<input type="checkbox"/> Payable to my dependant named in Section A	<input type="checkbox"/> Payable to any spouse/civil partner
With overlap	<input type="checkbox"/> No	<input type="checkbox"/> Yes
(overlap is only available if you select an income guarantee)		
Please indicate if you wish to select one of the following options.		
Income guarantee	<input type="text"/>	Please specify number of years (1 to 10)
Lump sum/income guarantee	<input type="text"/>	Please specify number of years (1 to 10)
Value Protection	<input type="text"/> %	Please specify the percentage of the annuity purchase price to be protected

Protected Rights

Fund value	<input type="text"/> £	
Payments to increase by	<input type="checkbox"/> N/A	<input type="text"/> % A fixed amount up to 8.5%
	<input type="checkbox"/> RPI	<input type="text"/> % Lower of RPI or 5%
Dependant's annuity	<input type="text"/> % Must be 50% if you are married or in a civil partnership	
Please indicate if you wish to select one of the following options.		
Income guarantee	<input type="text"/>	Please specify number of years (1 to 5)
Lump sum/income guarantee	<input type="text"/>	Please specify number of years (1 to 5)
Value Protection	<input type="text"/> %	Please specify the percentage of the annuity purchase price to be protected

DEFINED BENEFIT SCHEMES

(Including final salary schemes and buy-out policies)

Guaranteed minimum pension (GMP)

Revalued pre 06/04/1988 GMP £ at SPA or current date if later

Payments to increase by N/A % A fixed amount up to 8.5%

RPI Lower of RPI or 5%

Dependant's annuity % Must be at least 50% if you are male

Overlap GMP must have overlap if income guarantee is payable

Please indicate if you wish to select **one** of the following options:

Income guarantee Please specify number of years (1 to 10)

Lump sum/income guarantee Please specify number of years (1 to 10)

Value Protection % Please specify the percentage of the annuity purchase price to be protected

Revalued post 06/04/1988 GMP £ at SPA or current date if later

Payments to increase by Post-1988 GMP must increase at least in line with RPI, up to a maximum of 3%

Dependant's annuity % Must be at least 50%

Overlap GMP must have overlap if income guarantee is payable

Please indicate if you wish to select **one** of the following options:

Income guarantee Please specify number of years (1 to 10)

Lump sum/income guarantee Please specify number of years (1 to 10)

Value Protection % Please specify the percentage of the annuity purchase price to be protected

Post-1997 Contracted Out Salary Related (COSR) benefits

Fund value £ or Annual income £

Payments to increase by Post-1997 COSR Rights must increase at least in line with RPI, up to a maximum of 5%

Dependant's annuity % For buy-out policies, 50% must be provided if you are married or in a civil partnership. For other COSR arrangements, 50% must be provided in all cases

Overlap Post-1997 COSR benefits must have overlap if income guarantee is payable

Please indicate if you wish to select **one** of the following options:

Income guarantee Please specify number of years (1 to 10)

Lump sum/income guarantee Please specify number of years (1 to 10)

Value Protection % Please specify the percentage of the annuity purchase price to be protected

DEFINED BENEFIT SCHEMES

(Including final salary schemes and buy-out policies)

Pre-1997 non-contracted out benefits

Fund value £ or Annual income £

Payments to increase by N/A % A fixed amount up to 8.5%

RPI Lower of RPI or 5%

Dependant's annuity % Up to 100% of my income

Payable to my dependant named in **Section A** Payable to any spouse/civil partner

With overlap No Yes

(overlap is only available if you select an income guarantee)

Please indicate if you wish to select **one** of the following options.

Income guarantee Please specify number of years (1 to 10)

Lump sum/income guarantee Please specify number of years (1 to 10)

Value Protection % Please specify the percentage of the annuity purchase price to be protected

Post-1997 non-contracted out benefits

Fund value £ or Annual income £

Payments to increase by Post-1997 DB annuities must increase at least in line with RPI, up to a maximum of 5%

Dependant's annuity % Up to 100% of my income

Payable to my dependant named in **Section A** Payable to any spouse/civil partner

With overlap No Yes

Please indicate if you wish to select **one** of the following options.

Income guarantee Please specify number of years (1 to 10)

Lump sum/income guarantee Please specify number of years (1 to 10)

Value Protection % Please specify the percentage of the annuity purchase price to be protected

Part D3 Lump sum death benefit nomination

- If a lump sum death benefit becomes payable under the rules of the scheme please nominate whom you would like to receive this.
- If you wish to change your nomination in the future, you will need to write to us to confirm this.
- We will take your wishes into account, but to avoid the possibility of an inheritance tax charge, we must exercise our discretion as to whom the lump sum death benefit in respect of non-Protected Rights is paid.

Full name

Full address

Postcode

Part D4 Declarations

Important Copies of the Pension Annuity Terms and Conditions and a copy of this completed application form are available on request.

1. Declaration by Annuitant

- I request the trustees/scheme administrator of the registered pension scheme named in **Part D1 of section D** to purchase an annuity from Liverpool Victoria Friendly Society Ltd (LV=) in exercise of my right under the scheme's open market option.
- Where the Scheme is a buy-out policy (deferred annuity) not in trust; I request the insurer named in **Part D1 of Section D** to pass funds to LV=, to secure an annuity, in respect of my intention to exercise the open market option under the buy-out policy I hold with such insurer.
- Where the Scheme is a buy-out policy (deferred annuity) in trust; I request the trustees named in **Part D1 of Section D** to purchase from LV= an annuity, in respect of my intention to exercise the open market option under the buy-out policy held on my behalf with such insurer.
- I request that the annuity be set up in the manner and on the basis as specified in this application form and the quotation referenced in **Part D2 of Section D**.

- I declare that to the best of my knowledge and belief the information contained in this application form is complete and true and contains all material facts. I understand that a material fact is any fact that might influence the assessment and acceptance of my application and that failure to disclose a material fact may result in this application becoming void. I agree that if I am uncertain of whether certain facts are material, then I shall include these in this application. I have not concealed any information and have checked any answers completed on my behalf.
- I shall inform LV= of any change to material facts occurring before acceptance of this application form and understand that failure to do so may result in this application becoming void.
- I confirm that a notice headed 'Important information about your right to withdraw' contained within the Key Features has been received in connection with this proposed annuity with LV=.
- I understand that the amount of annuity payable will be confirmed to me by LV= on acceptance of this application.
- I request and authorise the trustees/scheme administrator/insurer named in **Part D1** of **Section D** to provide any information requested by LV= about this open market option payment.
- I understand that LV= may write to my doctor to confirm any medical/lifestyle information supplied.
- I understand that within 6 months of the date my annuity policy is issued LV= can reduce the Annuity payments if my doctor is unable to support the medical/lifestyle information I have supplied unless further evidence reasonably acceptable to LV= is provided.
- I understand that if the Annuity payments are reduced any overpayments of income already made will also be recovered by LV=.



Important Note: Data Protection

Your information will be held by the Liverpool Victoria group of companies and added to our customer databases. It may be used to keep your records up to date, for business analysis and market research purposes. We will not include you in direct marketing campaigns in relation to LV= business conducted through a financial intermediary. We may pass your details to other carefully selected organisations but only for the purposes mentioned above.

LV= may use information provided in relation to this application to make searches about me at credit reference agencies which supply you with information, including information from the Electoral Roll, for the purposes of verifying my identity. The agencies will record details of the search whether or not this application proceeds. I understand that you may use scoring methods for the sole purpose of verifying my identity and that you reserve the right to request documentary evidence if required.

LV= may use information provided in relation to this application to process my application and for the ongoing management of my account. Information may be held on computer, paper file or other appropriate medium for as long as the application is being considered, for as long as the policy remains in force and for an appropriate period thereafter.

I agree that any information, including sensitive personal data, such as health and medical information may be used for the purposes of processing my application and for the ongoing administration of my policy and may be used by the Liverpool Victoria group of companies and any other relevant third party holding my information. This includes underwriting, processing and preventing fraud and could include passing details to pension scheme providers, reinsurers and agents, my general practitioner, medical practitioner acting for LV=, Financial Advisers, regulators, other insurers, scheme providers and sub contractors. If I give any information about any other individual I will make sure that they agree to their information being used as described above.

Subject to payment of a fee, you can ask for a copy of the personal information we hold about you by writing to LV= Retirement Solutions, Keynes House, Tilehouse Street, Hitchin, Herts, SG5 2DX. For details of the Liverpool Victoria group of companies please refer to www.LV.com

Important Information All the information that you provide will be shared with all parties to this application.

Warning: it is a serious offence to make false statements; the penalties are severe and could lead to prosecution.

Before signing the Declaration below we recommend that you should read the Pension Annuity Terms and Conditions and Key Features Document

Signature of Annuitant

Date

2. Declaration by Trustees/Scheme Administrator of originating Pension Scheme

If the scheme is a buy-out policy or FSAVC policy, this declaration should be completed by the annuitant, or by the trustee if the policy has been written under trust.

- I/We apply to Liverpool Victoria Friendly Society Ltd (LV=) to issue an annuity to the annuitant named in **Section A** in the manner and on the basis specified in this application form and on the quotation referenced in **Part D2 of Section D**.
- I/We confirm that all necessary benefit crystallisation event (BCE) checks have either been or will be completed by us and I/we understand that LV= will not perform any such checks.
- I/We understand that payment of the annuity will begin if and when LV= accepts this application and receives the purchase price. I/We further understand that no interest will be paid on any money held by LV= pending benefit payments.
- I/We declare that I/we have not concealed any material facts and, to the best of my/our knowledge and belief, the statements in this application form are complete and true and contain all material facts and I/we have checked any answers completed on my/our behalf.
- I/We shall inform LV= of any change to material facts occurring before acceptance of this application form and understand that failure to do so may result in this application being void.
- I/We agree that this application form, together with the quotation referenced in **Part D2 of Section D** and the Pension Annuity Terms and Conditions constitute the entire contract between LV= and myself/ourselves and that the contract will be subject to, and governed by, the laws of England and Wales.
- I/We confirm that the annuity being applied for is consistent with the rules of the originating pension scheme.
- I/We agree to accept the annuity applied for, subject to the Pension Annuity Terms and Conditions.
- I/We understand that the annuity is not capable of commutation, surrender or assignment, except in accordance with the relevant legislation and subject to the agreement of LV=.
- I/We understand and agree the Data Protection Statement in **Part D4 of Section D**. I/We undertake to ensure that, where the annuitant has not completed **Part D4 of Section D** personally, he/she is provided with a copy of the Data Protection Statement and made aware of his/her rights there under.
- I/We require the annuity to be issued in the name of:

The scheme trustees

or

The annuitant, as provided for under scheme rules or buy-out policy

Scheme name

or

**Insurer name
(for buy-out policies)**

Signature

For and on behalf of the Trustees or Scheme Administrator or (for buy-out policies not under trust) the Annuitant

Date

Name(s)

Position(s)

What to do next

- Please ensure that you have completed all of the questions that apply to you in **Sections A, B and D** and signed the Declaration in **Part D4 of Section D**. Failure to complete all relevant sections will delay your application being processed.
- If you have not previously done so, please complete the Health Questionnaire in **Appendix 1**.
- When everything that is relevant to this application has been completed, please send this application to your Financial Adviser.

IF BOTH YOU AND THE PENSION SCHEME TRUSTEES/ADMINISTRATOR HAVE SIGNED THE DECLARATIONS AND COMPLETED THE HEALTH QUESTIONNAIRE, THE APPLICATION FORM IS NOW COMPLETE.

APPENDIX 1

Part 1 Health Questionnaire – Annuitant

Please disclose as much information about your health as possible before signing this form. An annuity may commence on the basis of the medical information supplied. Failure to disclose material facts about your health may result in any annuity enhancement being reduced or removed in full.

Material facts are those that an insurer would regard as likely to influence the assessment and acceptance of a proposal. If you are unsure whether certain facts for your case are material, they should be disclosed.

Full name

Date of birth / /

Height ft ins or cm **Weight** st lbs or kg **Sex** M F

Do you currently smoke? Yes No Never

If you are a regular cigarette smoker and have been for the last 10 years, please indicate the average daily level (please note that cigar and pipe smokers do not qualify for an enhancement).

Smokers Cigarettes per day Hand rolled oz per week

If previously smoked, please advise of the year stopped

How many units of alcohol do you drink weekly?

(one unit of alcohol is equivalent to half a pint of normal strength beer, lager or cider, one standard glass of wine or a single measure of spirit)

Are you currently living: in own home in care home
 with someone else living alone in own home

If you suffer from high blood pressure please advise: Names of prescribed medications taken specifically for high blood pressure per day

If you suffer from high cholesterol please advise: Names of prescribed medications taken specifically for high cholesterol per day

If you have ever suffered with any of the following please tick the appropriate box and provide full details on the tick box overleaf.

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> Heart attack, angina or any other heart condition | <input type="checkbox"/> Alzheimer’s disease, dementia or Parkinson’s disease | |
| <input type="checkbox"/> Cancer, Leukaemia, Hodgkin’s disease, Lymphoma, growth or tumor | <input type="checkbox"/> Chronic respiratory disease | |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Multiple sclerosis | |
| <input type="checkbox"/> Kidney or liver disease | <input type="checkbox"/> Any other serious illness or condition | |
| <input type="checkbox"/> Diabetes - Please specify whether controlled by: | | |
| <input type="checkbox"/> diet | <input type="checkbox"/> tablet | <input type="checkbox"/> insulin |

Annuitant's details

Condition 1	<input type="text"/>
Date of diagnosis	<input type="text" value="/"/> <input type="text" value="/"/>
Condition 2	<input type="text"/>
Date of diagnosis	<input type="text" value="/"/> <input type="text" value="/"/>
Condition 3	<input type="text"/>
Date of diagnosis	<input type="text" value="/"/> <input type="text" value="/"/>

If you have more than 3 conditions, please photocopy and provide full details.

1. When did you last receive treatment for this condition? Please tick box.

0 – 6 months ago	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
6 months to 1 year	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
1 – 3 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
3 – 5 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
5 – 7 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
7 – 9 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
More than 9 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3

2. When did you last suffer symptom's for this condition? Please tick box.

0 – 6 months ago	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
6 months to 1 year	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
1 – 3 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
3 – 5 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
5 – 7 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
7 – 9 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
More than 9 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3

3. How long ago were you last hospitalised for this condition? Please tick box.

Never	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
0 – 6 months ago	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
6 months to 1 year	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
1 – 3 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
3 – 5 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
5 – 7 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
7 – 9 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
More than 9 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3

4. How many prescribed medications have you received in the last two years for this condition? Please tick box.

None	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
1 – 2 daily	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
3+ daily	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3

5. Have you received any of the following treatments within the last 2 years? Please tick box.

None	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
Chemotherapy	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
Radiotherapy	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
Surgery	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
Renal Dialysis	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3

6. Concerning your mobility, in respect of this condition are you...? Please tick box.

Fully independent	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
Able to walk only with assistance e.g. stick, frame	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
Permanently wheelchair bound	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
In need of daily nursing care	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
Bedridden	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3

7. If one of your conditions is a cancer/tumor, please complete the following: What stage has the cancer reached?

<input type="checkbox"/> Do not know	<input type="checkbox"/> Tiny Tumor growth (Carcinoma in-situ)
<input type="checkbox"/> Only local tumor growth	<input type="checkbox"/> Tumor invaded adjacent lymph nodes
<input type="checkbox"/> Tumor invaded distant lymph nodes	<input type="checkbox"/> Tumor spread to other organs (distantmetastases)

If there is any other information you feel may be relevant, please provide full details including the treatment and medication currently being received:

Annuitant's general practitioner details

Doctor's name	<input type="text"/>
Doctor's address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Postcode
Doctor's telephone number	<input type="text"/>

Important notes

The annuity will not commence until we have assessed and accepted this application and the annuity purchase price has been received. If you have a birthday while this application is being processed, the terms may differ from those originally quoted.

We may ask you to contact your doctor if we are waiting for reports, which we have asked for.

We may need to send this application and relevant medical reports to our reassurers for their opinion or agreement of the terms offered. Or, we may need to send them at a later stage for purposes relating to the management of the annuity. You can get details of general reassurance principles and details of any company we use to assess this application, from our head office.

We have a confidentiality policy in place, which means we hold your medical information securely and access is limited to authorised individuals who need to see it.

You are entitled to ask for a copy of the Pension Annuity Terms and Conditions and a copy of this completed application form at any time.

Access to medical reports

We may need to get medical reports to support this application. Before we can ask any doctor that you have consulted to fill in a report, we need your permission under the Access to Medical Reports Act 1988. Your rights under the Act are as follows.

You do not need to give your permission, but if you do not, we may not be able to go ahead with this application. This does not prevent you from applying to other companies.

You can ask to see the report before the doctor returns it to us. If this is the case, we will tell the doctor to keep the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report to us.

If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us. We can send a copy of the report to your doctor if you ask to see it at a later date. If you think that any part of the report is not correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.

Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following:

- **Your current health**
 - Any care, medication or treatment you are currently receiving;
 - The results of referrals or tests you are waiting for.

- **Your past health**
 - Details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of:
 - malignancy (cancer), cardiovascular (heart) disease, cerebrovascular disease (strokes), diabetes, and degenerative (gradually worsening) diseases;
 - conditions related to drug or alcohol misuse or smoking or chewing tobacco.
 - Details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (tests on urine), x-rays or other investigations;
 - Any blood pressure readings in the last three years;
 - Details of your smoking habits.

We will ask your doctor not to reveal information about:

- negative tests for HIV, hepatitis B or C;
- any sexually-transmitted diseases unless there could be long-term effects on your health; or
- predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from.

The information you and your doctor provide about your health may result in us:

- refusing to provide insurance;
- improving terms above standard rates; or
- setting terms at standard rates.

If you have any questions about your rights under the Act or questions relating to the process of getting, assessing or storing medical information, please write to:

Chief Underwriter
LV= Retirement Solutions
Keynes House
Tilehouse Street
Hitchin
Herts SG5 2DX

I do not want to see the report before it is sent to the company
(I am aware that I may approach my doctor with a request to see a copy of the report within 6 months of its completion)

I do want to see the report before it is sent to the company



Data Protection Act 1998

Your information will be held by the Liverpool Victoria group of companies and added to our customer databases. It may be used to keep your records up to date, for business analysis and market research purposes. We will not include you in direct marketing campaigns in relation to LV= business conducted through a financial intermediary. We may pass your details to other carefully selected organisations but only for the purposes mentioned above.

Subject to payment of a fee, you can ask for a copy of the personal information we hold about you by writing to LV= Retirement Solutions, Keynes House, Tilehouse Street, Hitchin, Herts, SG5 2DX. For details of the Liverpool Victoria group of companies please refer to www.LV.com

Declaration

I agree to you asking any doctor I have consulted about my physical or mental health to provide medical information so you may assess my proposal within six months of the start of the annuity. You may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that I have applied for. I authorise those asked to provide medical information when they see a copy of this consent. This form allows you to gather medical reports within six months of the start of the annuity, or after my death, to verify application form disclosure.

By signing this declaration I am allowing you to process this application using the information that I have given. You may also use this information to process any claim made on this annuity. I have read the declaration, important notes and information relating to my rights under the Access to Medical Reports Act 1988.

Signature

Date

Print name

Part 2 Health Questionnaire – Dependant

Please disclose as much information about your health as possible before signing this form. An annuity may commence on the basis of the medical information supplied. Failure to disclose material facts about your health may result in any annuity enhancement being reduced or removed in full.

Material facts are those that an insurer would regard as likely to influence the assessment and acceptance of a proposal. If you are unsure whether certain facts for your case are material, they should be disclosed.

Full name

Date of birth / /

Height ft ins or cm **Weight** st lbs or kg **Sex** M F

Do you currently smoke? Yes No Never

If you are a regular cigarette smoker and have been for the last 10 years, please indicate the average daily level (please note that cigar and pipe smokers do not qualify for an enhancement).

Smokers Cigarettes per day Hand rolled oz per week

If previously smoked, please advise of the year stopped

How many units of alcohol do you drink weekly?

(one unit of alcohol is equivalent to half a pint of normal strength beer, lager or cider, one standard glass of wine or a single measure of spirit)

Are you currently living: in own home in care home
 with someone else living alone in own home

If you suffer from high blood pressure please advise: Names of prescribed medications taken specifically for high blood pressure per day

If you suffer from high cholesterol please advise: Names of prescribed medications taken specifically for high cholesterol per day

If you have ever suffered with any of the following please tick the appropriate box and provide full details on the tick box overleaf.

- | | |
|--|---|
| <input type="checkbox"/> Heart attack, angina or any other heart condition | <input type="checkbox"/> Alzheimer's disease, dementia or Parkinson's disease |
| <input type="checkbox"/> Cancer, Leukaemia, Hodgkin's disease, Lymphoma, growth or tumor | <input type="checkbox"/> Chronic respiratory disease |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Multiple sclerosis |
| <input type="checkbox"/> Kidney or liver disease | <input type="checkbox"/> Any other serious illness or condition |
| <input type="checkbox"/> Diabetes - Please specify whether controlled by: | |
| <input type="checkbox"/> diet <input type="checkbox"/> tablet <input type="checkbox"/> insulin | |

Dependant's details

Condition 1	<input type="text"/>
Date of diagnosis	<input type="text" value="/ /"/>
Condition 2	<input type="text"/>
Date of diagnosis	<input type="text" value="/ /"/>
Condition 3	<input type="text"/>
Date of diagnosis	<input type="text" value="/ /"/>

If you have more than 3 conditions, please photocopy and provide full details.

1. When did you last receive treatment for this condition? Please tick box.

0 – 6 months ago	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
6 months to 1 year	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
1 – 3 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
3 – 5 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
5 – 7 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
7 – 9 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
More than 9 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3

2. When did you last suffer symptom's for this condition? Please tick box.

0 – 6 months ago	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
6 months to 1 year	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
1 – 3 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
3 – 5 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
5 – 7 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
7 – 9 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
More than 9 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3

3. How long ago were you last hospitalised for this condition? Please tick box.

Never	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
0 – 6 months ago	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
6 months to 1 year	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
1 – 3 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
3 – 5 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
5 – 7 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
7 – 9 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
More than 9 years	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3

4. How many prescribed medications have you received in the last two years for this condition? Please tick box.

None	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
1 – 2 daily	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
3+ daily	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3

5. Have you received any of the following treatments within the last 2 years? Please tick box.

None	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
Chemotherapy	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
Radiotherapy	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
Surgery	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
Renal Dialysis	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3

6. Concerning your mobility, in respect of this condition are you...? Please tick box.

Fully independent	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
Able to walk only with assistance e.g. stick, frame	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
Permanently wheelchair bound	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
In need of daily nursing care	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3
Bedridden	<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 3

7. If one of your conditions is a cancer/tumor, please complete the following: What stage has the cancer reached?

<input type="checkbox"/> Do not know	<input type="checkbox"/> Tiny Tumor growth (Carcinoma in-situ)
<input type="checkbox"/> Only local tumor growth	<input type="checkbox"/> Tumor invaded adjacent lymph nodes
<input type="checkbox"/> Tumor invaded distant lymph nodes	<input type="checkbox"/> Tumor spread to other organs (distantmetastases)

If there is any other information you feel may be relevant, please provide full details including the treatment and medication currently being received:

Dependant's general practitioner details

Doctor's name	<input type="text"/>
Doctor's address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Postcode
Doctor's telephone number	<input type="text"/>

Important notes

The annuity will not commence until we have assessed and accepted this application and the annuity purchase price has been received. If you have a birthday while this application is being processed, the terms may differ from those originally quoted.

We may ask you to contact your doctor if we are waiting for reports, which we have asked for.

We may need to send this application and relevant medical reports to our reassurers for their opinion or agreement of the terms offered. Or, we may need to send them at a later stage for purposes relating to the management of the annuity. You can get details of general reinsurance principles and details of any company we use to assess this application, from our head office.

We have a confidentiality policy in place, which means we hold your medical information securely and access is limited to authorised individuals who need to see it.

You are entitled to ask for a copy of the Pension Annuity Terms and Conditions and a copy of this completed application form at any time.

Access to medical reports

We may need to get medical reports to support this application. Before we can ask any doctor that you have consulted to fill in a report, we need your permission under the Access to Medical Reports Act 1988. Your rights under the Act are as follows.

You do not need to give your permission, but if you do not, we may not be able to go ahead with this application. This does not prevent you from applying to other companies.

You can ask to see the report before the doctor returns it to us. If this is the case, we will tell the doctor to keep the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report to us.

If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us. We can send a copy of the report to your doctor if you ask to see it at a later date. If you think that any part of the report is not correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.

Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following:

- **Your current health**
 - Any care, medication or treatment you are currently receiving;
 - The results of referrals or tests you are waiting for.

- **Your past health**
 - Details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of:
 - malignancy (cancer), cardiovascular (heart) disease, cerebrovascular disease (strokes), diabetes, and degenerative (gradually worsening) diseases;
 - conditions related to drug or alcohol misuse or smoking or chewing tobacco.
 - Details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (tests on urine), x-rays or other investigations;
 - Any blood pressure readings in the last three years;
 - Details of your smoking habits.

We will ask your doctor not to reveal information about:

- negative tests for HIV, hepatitis B or C;
- any sexually-transmitted diseases unless there could be long-term effects on your health; or
- predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from.

The information you and your doctor provide about your health may result in us:

- refusing to provide insurance;
- improving terms above standard rates; or
- setting terms at standard rates.

If you have any questions about your rights under the Act or questions relating to the process of getting, assessing or storing medical information, please write to:

Chief Underwriter
LV= Retirement Solutions
Keynes House
Tilehouse Street
Hitchin
Herts SG5 2DX

I do not want to see the report before it is sent to the company
(I am aware that I may approach my doctor with a request to see a copy of the report within 6 months of its completion)

I do want to see the report before it is sent to the company



Data Protection Act 1998

Your information will be held by the Liverpool Victoria group of companies and added to our customer databases. It may be used to keep your records up to date, for business analysis and market research purposes. We will not include you in direct marketing campaigns in relation to LV= business conducted through a financial intermediary. We may pass your details to other carefully selected organisations but only for the purposes mentioned above.

Subject to payment of a fee, you can ask for a copy of the personal information we hold about you by writing to LV= Retirement Solutions, Keynes House, Tilehouse Street, Hitchin, Herts, SG5 2DX. For details of the Liverpool Victoria group of companies please refer to www.LV.com

Declaration

I agree to you asking any doctor I have consulted about my physical or mental health to provide medical information so you may assess my proposal within six months of the start of the annuity. You may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that I have applied for. I authorise those asked to provide medical information when they see a copy of this consent. This form allows you to gather medical reports within six months of the start of the annuity, or after my death, to verify application form disclosure.

By signing this declaration I am allowing you to process this application using the information that I have given. You may also use this information to process any claim made on this annuity. I have read the declaration, important notes and information relating to my rights under the Access to Medical Reports Act 1988.

Signature

Date

Print name

GLOSSARY

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

Annuitant

An annuitant is a person who receives an annuity.

Annuity

An annuity is a series of regular payments in exchange for a lump sum.

Certified copy

Documents that are certified by your Financial Adviser or another professional person to be a true copy of the original.

Civil partner

One party of a same-sex relationship that has been formally registered under the Civil Partnership Act 2004.

Commencement date

For immediate vesting personal pension annuities, this will be the date of receipt of transfer or where there is more than one transfer, the date of receipt of the last transfer. For open market option annuities, this will be the requested retirement date.

Dependant

A dependant is defined in paragraph 15, Schedule 28 of Finance Act 2004.

Enhanced Protection

This gives you full protection from tax charges on funds in excess of the Standard Lifetime Allowance, but prevents you from accruing any further pension benefits. To qualify for enhanced protection, you must register with HMRC before 6 April 2009 and before you take any benefits.

Enhanced Lifetime Allowance Factors

You may be entitled to an increase in your Lifetime Allowance if you have received a Pensions Credit, or if your pension entitlement arose in an overseas pension arrangement. If you think you may qualify for an enhancement, please contact your Financial Adviser.

Financial dependant

A financial dependant is defined in paragraph 15, Schedule 28 of Finance Act 2004. Your spouse/civil partner is always assumed to be financially dependent on you.

Guaranteed Minimum Pension (GMP)

If at any time before 6 April 1997, you were a member of a contracted out salary related scheme (COSR) that was contracted out of the State Earnings Related Pension Scheme, part of the fund will be treated as GMP and subject to different rules.

Income Guarantee

This is the length of time LV= guarantee to continue paying the annuity regardless of whether the annuitant dies during this period.

Lifetime Allowance

This is the total amount of tax-privileged pension savings that any one individual can have. The Standard Lifetime Allowance was set at £1.6 million for 2007/08, but may increase each year.

Lump Sum/Income Guarantee

If you die before age 75, LV= will pay a lump sum reflecting the amount of income that would have been payable during the guarantee period, notwithstanding your death. Any lump sum will be paid after deduction of 35% tax. If you die after age 75 an income will be payable.

Material facts

Any fact that will influence whether and upon what terms this application is accepted by us. Failure to give complete and true answers and disclose all material facts could result in LV= reducing the income payable under the policy. If there is any doubt whether a certain fact is material it should be disclosed.

Overlap

If you select overlap, the dependant's annuity will start immediately on your death even if this occurs within the guaranteed period. If you do not select overlap, the dependant's annuity will start at the end of any guaranteed period.

Post-1997 COSR

Rights to benefits (other than benefits from Additional Voluntary Contributions) under an occupational pension scheme which is contracted out on a salary related basis and which are attributable to contracted out employment after 5 April 1997.

Primary Protection

This is available if you had total benefits in excess of £1.5 million at 5 April 2006, and may protect you from tax charges on funds in excess of the Standard Lifetime Allowance. To qualify for primary protection, you must register with HMRC, before 6 April 2009 and before you take any benefits.

Protected Rights

If at any time you contracted out of the State Second Pension or the State Earnings Related Pension Scheme through a money purchase agreement, part of the fund will be treated as protected rights and subject to different rules.

RPI

The Retail Prices Index (RPI) is a measure of inflation calculated by the Office for National Statistics. If this option is chosen, annuity payments will increase in line with increases in RPI.

Safeguarded rights

Safeguarded rights are rights derived from membership of a contracted-out occupational or Appropriate Personal Pension (APP) Scheme which are transferred to the former spouse/civil partner as a result of a pension sharing order or agreement.

Tax-free cash

The lump sum amount to be paid to the Annuitant on or shortly after the Commencement Date. From 6 April 2006, tax-free cash is also known as Pension Commencement Lump Sum.

LV=

LV= means Liverpool Victoria Friendly Society Limited

Trustees

The party responsible for administering a trust based pension scheme. The pension scheme must be administered in accordance with the provisions and rules governing the scheme, and in accordance with the general principles of trust law.

Value Protection

You can choose to protect a percentage of the annuity purchase price. If you die before reaching age 75 and the total income paid out before tax is less than the amount you've protected, LV= will pay the difference to your beneficiary as a lump sum. Any lump sum will be paid after deduction of 35% tax.



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