

- Please return this form to Annuity Services Department, LV= Retirement Solutions, Keynes House, Tilehouse Street, Hitchin, Herts, SG5 2DX Telephone no. 0800 028 8975.
- Please complete in BLOCK CAPITALS. Tick boxes or delete as appropriate.
- If you are making this application for an Immediate Care Fees Plan on behalf of someone else, please read the notes below.
 - If you are acting under a Power of Attorney, please complete Section A with details of the person who will be receiving care (the Annuitant) and Section B with your details. We will require evidence of the Power of Attorney and, in the case of an Enduring or Lasting Power of Attorney, any Court of Protection Court Order authorising you to act on behalf of the Annuitant.
 - If you are making this application using your own assets please complete Section A with details of the person who will be receiving care (the Annuitant) and Section B with your details.
- Due to crown copyright laws we are no longer allowed to accept certified copies of birth and marriage certificates. We are allowed to accept certified copies of passports, in original ink, or a birth and marriage certificate verification form. Alternatively you may send original certificates. We will return them as soon as this application has been processed.

SECTION A. ANNUITANT'S DETAILS

The Annuitant is the person who will be receiving care and on whose life the annuity is based.

Title

Forename(s) in full

Surname

Address

 Postcode

Telephone number

Date of Birth / / We need either the Annuitant's **original** birth certificate or a **certified copy** of the Annuitant's passport. Alternatively, your adviser can confirm that he/she has seen these.

Original birth certificate included, or Certified passport included, or
 CVI Certificate included.

Nationality

National Insurance Number

SECTION B. APPLICANT/ATTORNEY DETAILS

This section needs to be completed **ONLY** if you are purchasing this policy for someone other than yourself.

Title

Forename(s) in full

Surname

Address

 Postcode

Telephone number

Nationality CVI Certificate included

SECTION C. YOUR PERSONAL ILLUSTRATION

This section must be completed in order for your application to be processed.

Please give quotation reference - -
 and date of issue / /

SECTION D. DECLARATION

This section should be signed by the Annuitant or Applicant/Attorney if different.

- I am applying for an Immediate Care Fees Plan from LV= (the Plan) to be issued in accordance with the details contained in this application, the Personal Questionnaire or other appropriate Health Questionnaire and my personal illustration referred to above which shall be the basis of a contract between me and Liverpool Victoria Friendly Society Limited (LV=).
- I agree to be bound by the Plan Terms and Conditions. I understand that copies of this application and the policy document are available on request.
- I understand that the annuity cannot be commuted, surrendered or assigned except in accordance with the rules governing the Plan.
- I understand that should the details given in this application and/or the Personal Questionnaire or other appropriate Health Questionnaire which make the Annuitant eligible for an enhanced annuity be incorrect, the annuity payments may be reduced.
- I agree that payment by LV= of the annuity in accordance with the above instructions will constitute a full discharge for each payment under the Plan.
- I confirm that I have received an illustration containing details of the annuity and have read and understood the Key Features of the Plan. I understand that I am responsible for reading these and seeking appropriate advice from my Financial Adviser.



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

Signature of Annuitant
or Applicant/Attorney if different

Date

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

FOR COMPLETION BY YOUR FINANCIAL ADVISER

FSA Registration number

Network

Financial Adviser's details



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LV= is a trade mark of Liverpool Victoria Friendly Society Limited and a trading style of the Liverpool Victoria group of companies. Liverpool Victoria Friendly Society Limited is a member of the ABI, AMI, AFS and ILAG. Authorised and regulated by the Financial Services Authority and entered on the Financial Services Authority Register No. 110035. NM Pensions Trustees Limited, (registered in England No. 4299742), act as Trustees and Scheme Administrators. Authorised and regulated by the Financial Services Authority and entered on the Financial Services Authority Register No. 463402. Registered address for all companies: County Gates, Bournemouth BH1 2NF Tel: 01202 292333 Visit our website: www.LV.com. Calls may be recorded for training and monitoring purposes.