

Living Time 75 & Income Plan – Application Form

This form is your application for a Living Time 75 Plan or Living Time Income Plan. If you have chosen spouse / civil partner benefits your spouse / civil partner must also sign this form. Both you and your adviser are required to complete the relevant sections of this form. Your adviser will advise you on whether you are eligible for this Plan and what options are most suitable for you.

Please complete the form using black ink and by printing in capitals. Please check carefully that any details already completed, based on information provided by you or your financial adviser, are complete and correct before you sign the declaration. If any details are incorrect or incomplete please amend the details, initialling any changes you make.

In order for AIG Life to process this application, you must ensure all sections are complete and original supporting documentation is enclosed. All documents will be returned. In certain circumstances AIG Life will accept a 'verification form' from your financial adviser, where he / she is authorised to do so.

✓	Supporting Documents	When to include
	Quotation	In all cases.
	Financial Adviser Client Verification Form(s)	In cases when original documents are not provided.
	Your Birth Certificate / Passport	In all cases if no verification form is completed. This is to verify your age.
	Your Spouse / Civil Partner's Birth Certificate / Passport	Where applicable if no verification form is completed. This is to verify their age.
	Your Marriage or Civil Partnership Certificate	Where applicable if no verification form is completed.
	Supplementary Section A (Additional Section 2)	One for each additional transferring pension Provider.
	Supplementary Section B (Additional Section 7)	One for each additional transferring pension Provider.
	Supplementary Section C (Power of Attorney / Other)	When somebody is signing on your behalf.
	Representation Authority e.g. Power of Attorney / Other	Where applicable.
	Deed Poll	If you have changed your name legally.
	Your or your Spouse / Civil Partner's Divorce Certificate	If remarried in order to track name changes back to you or your spouse / civil partner's birth certificate if applicable.
	Divorce Earmarking or Pension Sharing Order(s)	Where applicable.

Important Notes:

- If you have the option of taking part of your pension fund as a Pension Commencement Lump Sum (PCLS), (which is currently tax-free), and wish to do so, you must arrange for it to be paid by us when you take out your Living Time Plan. It will not be possible for us to pay you a PCLS from your pension fund after it has been used to set up a Living Time Plan.
- HM Revenue & Customs requires AIG Life to remind you that it is a serious offence to make false statements on this application. The penalties are severe and could lead to prosecution.
- This Application Form asks some detailed questions. In order that you understand the questions you are being asked, you should check all of the questions and answers with your financial adviser before signing.

Return Address: Please return to your financial adviser, who will send it back to us at:
Living Time, PO Box 948, Cheltenham GL50 9BY

What Plan are you applying for?

Living Time 75 Plan or Living Time Income Plan

For a term of (years and months)

(Selected term must start before age 70 and end before age 75)

Do you already have a Living Time Plan? (please tick box)

Yes

No

Section 1 – Your Personal Details

Your Details

Title (Mr, Mrs, Miss, Ms, Other)

Surname

Forename(s)

Permanent Residential Address

Postcode

Sex (please tick) Male Female

Marital Status
(Single, Married, Registered Civil Partnership, Divorcee, Widow, Widower)

Date of Birth DD / MM / YYYY

National Insurance No. XX / XX / XX / XX / X

Email Address

Your Spouse / Civil Partner Details (If applicable)

(Mr, Mrs, Miss, Ms, Other)

Surname

Forename(s)

(Complete if different)

Postcode

Male Female

Relationship to you:
(Spouse / Registered Civil Partner)

Date of Birth DD / MM / YYYY

National Insurance No. XX / XX / XX / XX / X

Email Address

Section 2 – Your Transferring Pension Provider(s) Details

This section must be filled in for each transferring policy. You can buy a Living Time Plan with money from any one, or a combination, of the pension plans or pension schemes registered with HM Revenue & Customs. Living Time does not accept 'protected rights', 'GMP' pension funds or transfers from 'defined benefit schemes'. If you have more than three transferring funds, you will need to photocopy or print additional pages.

If attaching additional sheets, please specify how many.

Transferring Pension Fund (1, 2, 3 . . .)

Name of Transferring Pension Provider

Policy Number

Earmarking or Pension Sharing Order

Yes / No (If Yes, please provide details)

Expected amount of PCLS

(to be paid by AIG Life)

Expected Purchase Amount (after PCLS)

	1	2	3
Name of Transferring Pension Provider			
Policy Number			
Earmarking or Pension Sharing Order Yes / No (If Yes, please provide details)			
Expected amount of PCLS (to be paid by AIG Life)	£	£	£
Expected Purchase Amount (after PCLS)	£	£	£

Totals from all transferring pension providers

Total expected PCLS to be paid by AIG Life from all transferring funds

 £

Total expected Purchase Amount from all transferring funds (after PCLS)

 £

Section 3 – Your Chosen Living Time Benefits

The options you choose in this section should mirror the options selected on the quotation enclosed with your application. Any difference between the two may delay the processing of this application.

Income Frequency:	(Monthly / Quarterly / Half-Yearly / Annually)	<input type="text"/>
Income Basis:	(In advance / In arrears with proportion / In arrears without proportion)	<input type="text"/>
Annual Increase:	(Nil / Level / Other % up to a maximum of 8.5%)	<input type="text"/>
Total Gross Initial Annual Income:	(as per quotation)	<input type="text"/>
Total Guaranteed Maturity Amount:	(as per quotation)	<input type="text"/>
Term:	(in years & months)	<input type="text"/>

Death Benefits

Value Protected	(Yes / No)	<input type="text"/>
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The following Spouse / Civil Partner income and guaranteed period death benefits are only available to Plan Holders with a younger Spouse / Civil Partner. Value Protected cannot be taken together with Guaranteed Period.

Guaranteed Period:	(0 – 10 years, or end of Term if sooner)	<input type="text"/>
Spouse / Civil Partner Income and Maturity Benefits:	(N/a / 50% / Other %)	<input type="text"/>

By signing this form the Plan Holder hereby designates the Purchase Amount, after payment of the PCLS, as available for the payment of income withdrawal under the member's unsecured pension fund subject to the terms of the policy with AIG Life.

Where Spouse / Civil Partner income and maturity benefits are included in the Plan, by signing this form the Plan Holder and the Spouse / Civil Partner hereby designate such funds, as represent the Plan Holder's unsecured pension fund at the Plan Holder's death, as available for the payment of income withdrawal to the Spouse / Civil Partner under their dependants' unsecured pension fund subject to the terms of the policy with AIG Life, such designation to be effective on the Plan Holder's death when Spouse / Civil Partner income and / or guaranteed period benefits become payable as income withdrawal.

Where a Lump Sum is payable in respect of Value Protected or Guaranteed Period benefits the Lump Sum will be distributed by AIG Life in its discretion in accordance with the policy terms. Please complete the following to help us decide who to make payment to. If you would like to nominate more than two people, please give the necessary details on a separate sheet and sign and date that sheet.

I wish AIG Life to pay any such Lump Sum to the beneficiaries named in the proportions set out below. This nomination is only an expression of my wishes and I accept that AIG Life is not bound by it. If my circumstances change and I want to alter the provisions, I understand that I can complete a new nomination. The last dated form is to be considered in the event of my death.

Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Relationship	<input type="text"/>	Date of birth	<input type="text"/>
		Proportion	<input type="text"/> %
Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Relationship	<input type="text"/>	Date of birth	<input type="text"/>
		Proportion	<input type="text"/> %

On the death of your spouse / civil partner during the guaranteed period any commuted lump sum payable will be distributed by AIG Life in its discretion in accordance with the policy terms. Your named spouse / civil partner will be able to make a nomination in respect of any such amounts.

Section 4 – Your Pension Benefits Questionnaire

Lifetime allowance details

Are you entitled to a higher Lifetime Allowance?

Yes No

If Yes please indicate the type of protection below, inserting the applicable certificate number

Primary protection	<input type="checkbox"/>	Certificate number	<input type="text"/>
Enhanced protection	<input type="checkbox"/>	Certificate number	<input type="text"/>

Do you have any other pension policies or benefits?

Yes No

(Excluding State pensions and the policies that you wish to transfer to Living Time, detailed in Sections 2 & 7).

If No please go to Section 5. If Yes please complete the following:

(If you require additional pages please photocopy this page as appropriate, signing and dating each additional page).

Part A for any Personal Pension Policies and Part B for Occupational Schemes.

Part A – Other Personal Pension policy details (where applicable)

(This includes Stakeholder, Appropriate Personal Pensions, Deferred Annuity Contracts, Retirement Annuity Contracts, Free Standing Additional Voluntary Contributions (FSAVCs), and Section 32 Buyout Policies).

Please answer the following questions for each additional policy that you are currently receiving (or have received) benefits for:

Pension Provider	Policy Number	Date when benefit payments commenced	What was the tax free cash / PCLS amount? (if taken)	What is your current gross annual annuity / pension for each policy?	At what rate will your pension increase?	How much of your Lifetime Allowance was used? (if known)
			£	£	%	£ %
			£	£	%	£ %
			£	£	%	£ %

Please answer the following questions for each additional policy that you **are not** currently receiving benefits for:

Pension Provider	Policy Number	What date do you intend to take benefits?	What is your estimated policy value at the date you wish to take benefits?	How much of your Lifetime Allowance is estimated to be used in providing these benefits? (if known)
			£	£ %
			£	£ %
			£	£ %

Part B – Other Occupational Scheme Benefits (where applicable)

(This includes Additional Voluntary Contributions (AVCs)).

Please answer the following questions for each additional policy that you are currently receiving (or have received) benefits for:

Scheme Name	Policy / Membership Number (if known)	Date when benefit payments commenced	What was the tax free cash / PCLS amount? (if taken)	What is your current gross annual annuity / pension for each policy?	How much of your Lifetime Allowance was used? (if known)
			£	£	£ %
			£	£	£ %
			£	£	£ %

Please answer the following questions for each additional scheme that you **are not** currently receiving benefits for:

Scheme Name	Policy / Membership Number (if known)	What date do you intend to take benefits?	What are your estimated benefits? PCLS / tax free cash (where applicable)	Gross annual pension	At what rate will your pension increase?	How much of your Lifetime Allowance is estimated to be used in providing these benefits? (if known)
			£	£	%	£ %
			£	£	%	£ %
			£	£	%	£ %

Section 5 – Your Payment Instruction

Plan Commencement Date This should mirror the date selected on the quotation.

Please detail here the bank account where you would like your income paid. (This must be the Plan Holder's sole or joint account)

Name(s) of Account Holder(s)	<input type="text"/>		
Sort Code	<input type="text"/>	Account No*:	<input type="text"/>
Building Society Reference No.	<input type="text"/>	Please ensure that your Bank / Building Society will accept your Direct Credit payments through BACS	
Name of Bank / Building Society	<input type="text"/>		
Address of Bank / Building Society	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>

* Your income is payable in Sterling in the UK. If we accept a request to transfer it to an account outside the UK, certain terms & conditions apply. For more details tel: 08450 588 500.

Section 6 – Your Declaration

You and, if relevant, your Spouse / Civil Partner should read the following very carefully as you are being asked to sign an undertaking to confirm the information given is true and that you will inform AIG Life of any changes.

If you are acting on behalf of a physically or mentally incapacitated individual, copies of the appropriate documents / declarations must be provided with this application.

**You are signing for the parts of this Undertaking and Agreement which are relevant to you.
Please tick only the statements which apply to you.**

Status

Are you completing this form on your own behalf?

	You		Spouse / Civil Partner	
(Please tick as appropriate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If No, please complete the Supplementary Form C

Data Protection

I / We confirm that I / we have read and understood the terms of the Data Protection Statement set out overleaf.

Application Statement

I / We have read and understood the Quotation and Key Features, agree to the terms of this product, declare that the details given herein are true and complete to the best of my / our knowledge and belief, and I / we ask AIG Life to accept this application for the Living Time Plan. I / We understand that if the funds are received from the transferring pension provider after the quotation guarantee period has expired the amounts payable may differ from those on the quotation.

I / We authorise my / our Adviser whose details appear in Section 8 to confirm on my / our behalf whether I / we wish to accept or decline the revised benefits applicable should they be lower than the benefits detailed on the original quotation.

I / We hereby make the designations in accordance with Section 3 in relation to the Plan Holder's unsecured pension fund and the Spouse / Civil Partner's dependants' unsecured pension fund (as appropriate).

I / We apply to join the AIG Living Time Personal Pension Scheme and agree to be bound by AIG Life's standard policy terms for this Plan.

I agree that if the Scheme Administrator or its authorised representatives receive a letter from a solicitor claiming to act for my spouse in a divorce, or my civil partner in a civil partnership dissolution, the Scheme Administrator or their authorised representatives may provide them with benefit details of this pension scheme.

I confirm that the pension funds I am transferring to AIG Life are not part of a "recycling" pension exercise and I undertake not to use the pension commencement lump sum that will be paid by AIG Life as part of a "recycling" pension exercise.

I confirm that the aggregated value of my total pension arrangements, including any pension arrangements built up by my employer(s), does not exceed my Lifetime Allowance, or if it does that I have acquired the necessary primary or enhanced protection. (Please delete this paragraph if this is not true - ask your financial adviser if you are unsure).

I / We declare that to the best of my / our knowledge and belief the answers given are complete and correct.

By signing this application with AIG Life, I / we agree that I / we will not require any withdrawal from this product except to pay benefits or otherwise pursuant to or in accordance with and at a time specified by legislation. By signing this Application Statement I am / we are agreeing not to attempt to withdraw funds for any other reason.

If you are signing this Application Statement on behalf of anybody else (as set out in section 6) please confirm in which capacity you are acting.

If an authority is required, we cannot proceed without it.

Data Protection Statement

Your information is private and confidential. We will not disclose your information unless we are required to do so by law, or we have your consent, or to carry on our lawful business interests. By signing this application you are confirming your consent to the disclosure, transfer and use of your personal data as set out below.

AIG Life and Living Time Limited collect information about you from you and others in relation to this application and our relationship with you. AIG Life may use this information to set up and administer the policy, in connection with any reinsurance, to carry out research and analysis and for marketing purposes.

We may transfer your information to other companies within the American International Group (AIG) or to other companies to process and manage the information on our behalf. These companies may be outside the European Economic Area. Your information will only be processed under a strict code of privacy and security. We may also transfer your information to any company we transfer your Plan to and they may then use it for the purposes of administering your Plan and benefits.

We may share your information within the American International Group, with Living Time Limited, or with other selected companies to give you information about other products and services that we think you may be interested in.

If you do not wish to be kept informed of AIG new products and services, please tick this box.

Living Time may provide you with information about other Living Time products and services that they think you may be interested in.

If you do not wish to be kept informed of Living Time new products and services, please tick this box.

You can write to us for details of the information we hold about you. We may charge a fee for supplying you with this information.

Country of Residence

I / We confirm that neither I / we, nor any potential beneficiary or any other party to this policy is a United States ("U.S.") person for the purposes of U.S. Federal income tax, a U.S. person being for these purposes a citizen or resident of the United States, a United States partnership or corporation or any trust which is controlled by one or more U.S. persons and is subject to the supervision of a U.S. court. If I / we become aware that I / we or any potential beneficiary has become a U.S. person for U.S. Federal income tax purposes, I / we agree to inform AIG Life within 30 days of such change. I / We understand that a false statement or misrepresentation of tax status by a U.S. person could lead to penalties under U.S. law.

I / We confirm that I am / we are currently habitually resident in the United Kingdom.

Your Name

Your Signature

Date

If Spouse / Civil Partner Benefits are applicable.

Your Spouse /
Civil Partner's Name

Spouse / Civil
Partner's Signature

Date

Section 7 – Transferring Pension Provider Information Request Form

This section must be filled in for each provider. If you have more than one transferring pension provider, you will need to photocopy or print additional pages.

If attaching additional sheets, please specify how many.

Important notes for the Applicant:

- A separate Part A needs to be filled in for each transferring pension provider. Please leave Part B blank.
- Upon receiving your application, AIG Life will ask each transferring pension provider to complete Part B.

Part A – Member's Section

Name of Transferring Pension Provider (One per sheet)

Policy Number(s)

Address of Provider

Postcode

I hereby authorise my current pension provider detailed above to provide any relevant information and issue payment of the funds to AIG Life with regard to the policy / ies whose number(s) is / are detailed above.

Member's Name

Member's Signature

Date

Part B – Transferring Pension Provider's section

If it is your company's policy not to sign application forms for receiving providers please ensure all the information requested below is provided in writing to AIG Life.

Please supply the Pension Scheme Tax Reference number for the above Policies.

The AIG Life Living Time Personal Pension Scheme, Pension Scheme Tax Reference number is 00617103 RD.

Transfer Amount

Guaranteed Until

(Non – Contracted Out Benefits only)

Includes maximum permitted Pension Commencement Lump Sum (which must be paid by AIG Life) of

Telegraphic Transfers and Direct Credit payments should be remitted to: AIG Life LTL

Sort Code: 40-02-50

Payment Method (Cheque, Telegraphic Transfer or Direct Credit)

Account Number: 31283715

Bank Address: HSBC, PO Box 125,
8 Canada Square, London E14 5XL

Please quote the client's name as a reference for Telegraphic Transfer or Direct Credit payments

We confirm that the scheme is a registered pension scheme and that the information provided in Parts A and B above is correct and complies with the relevant provisions of the scheme from where the purchase amount has arisen. We request that you apply the purchase amount to provide a PCLS, if any, and / or a pension income to the above member.

Name of Authorised Official

Capacity

For and on Behalf of (Please apply Company Stamp or write name and address)

Signature of Authorised Official

Date

Section 8 – Adviser’s Details and Declaration

Please complete your details below, then sign and date this page of the application.

Firm’s FSA Reference Number	<input type="text"/>	Quote Reference No	<input type="text"/>
Agency Name	<input type="text"/>	Name of Network	<input type="text"/>
Business Address or Stamp	<input type="text"/>		
Telephone No.	<input type="text"/>	Mobile No.	<input type="text"/>
Fax No.	<input type="text"/>	Email	<input type="text"/>
Commission	Maximum Commission Payable	<input type="text"/>	%
	Amount of Commission Sacrificed	<input type="text"/>	%
	Actual Commission Payable	<input type="text"/>	% (Please ensure this is filled in)

Adviser agreement for AIG Life to contact the applicant by telephone to resolve minor issues concerning the setting up and ongoing administration of the policies being applied for in this application. Yes No

If yes please provide the applicant’s contact telephone number.

Money Laundering Regulations: I confirm that I have satisfied myself as to the identity of the Plan Holder (and Spouse / Civil Partner) as outlined under the Financial Services and Markets Act 2000 and the name(s) and address(es) stated on the Application Form are correct to the best of my knowledge and belief.

Adviser’s Name	<input type="text"/>		
Adviser’s Signature	<input type="text"/>	Date	<input type="text" value="DD / MM / YYYY"/>

AIG Life is a trading style of American Life Insurance Company (ALICO), a company limited by shares, registered in England, No.FC2696 Registered Office ALICO House, 22 Addiscombe Road, Croydon, CR9 5AZ. American Life Insurance Company is authorised and regulated by the Financial Services Authority. ALICO is a member company of the American International Group, Inc (AIG). AIG, world leaders in insurance and financial services, is the leading international insurance organisation with operations in more than 130 countries and jurisdictions. AIG Life may monitor calls to maintain and improve the quality of its service.

Living Time Limited is an appointed representative of American Life Insurance Company (ALICO). Living Time Limited is registered in England with company number 04750947 and has its registered office at 1 Conduit Street, London W1S 2XA.

LT055 Comp 4432 June 06

