

# For Financial Adviser use only.

## How to apply for Hartford Platinum.

### The following pages contain four forms:

- Adviser checklist.
- Application form for Hartford Platinum.
- Confirmation of verification of identity.
- Transfer request form(s) where applicable.

### Instructions:

1. Complete the application form.
2. Ensure that you have proof of your client's payment (if applicable) to Hartford Life Limited.
3. Complete the 'Confirmation of Verification of Identity' form(s).
4. Complete the 'Adviser firm details and business terms' section of the adviser checklist.
5. If your client is taking tax free cash or income immediately, please request an Income Withdrawal Application Form and ensure it is completed and returned with this form.
6. Using the list of required documents at the top of the adviser checklist, confirm that your submission is in good order. Please ensure that you complete the adviser checklist.
7. Post all of the documents to The Hartford in the envelope provided to:  
The Hartford, Customer Service Team, Level 29, One Canada Square, Canary Wharf, London E14 5AA.

If you need any assistance or further information please call our Sales Support Team on 0800 028 6767.

### **Adviser checklist** *(to be submitted with the completed forms).*

#### **The following documents are required to submit an application:**

Tick

- Application form for membership of the Hartford Life Limited Personal Pension Plan
- Pre-sale illustration reference number (or attach a copy of the illustration)   
**In the event of any variation, the content of this application form will supersede the detail on the illustration.**
- Payment to Hartford Life Limited or proof of payment (where applicable)  
**The minimum amount to be invested is £10,000 unless immediate benefits are being taken in which case the minimum investment is £50,000. The minimum additional investment to an existing plan is £5,000.**
- Discharge forms and details of Transferring Pension Scheme (if applicable)
- Confirmation of Verification of Identification for all parties (e.g. applicant, employer, trustee, third party payer)
- Income Withdrawal Application Form (if applicable), separate form available on request. To be completed if tax free cash (PCLS) or regular income is required.

Please complete the total sum of gross contributions to be invested in the plan £   
(estimated total if full details not yet known)



## Adviser firm details and business terms.

### Adviser firm details.

FSA registration number (FRN)\*

Agency A/C No.

Adviser name

Advising firm name

Adviser address

Town/City

Postcode

Telephone

E-mail address

Original policy documentation to be sent to (tick one only):      Financial Adviser       Client

**Note: a copy of the policy documentation is sent to the Financial Adviser in all cases.**

Adviser signature or firm stamp

### Business terms.

NOTE: Total Initial Commission (Reduced Allocation plus Funded) can be no greater than 6%

	Guaranteed Investment	Non-Guaranteed Investment
<b>Reduced Allocation Initial Commission</b> (maximum 6%) Choose either % or monetary amount	£ <input type="text"/> <input type="text"/> %	£ <input type="text"/> <input type="text"/> %
<b>Funded Initial Commission</b> (maximum 3%) Funded initial commission available in steps of 0.5%	<input type="text"/> %	<input type="text"/> %

In the event that a Pension Commencement Lump Sum (PLCS) is to be paid immediately, the initial commission is payable on the payment net of PCLS.

<b>Trail Commission</b> (payable from month 2) (maximum 1%) Trail commission available in steps of 0.05%	<input type="text"/> %	<input type="text"/> %
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Maximum Funded Commission in conjunction with the Hartford Guaranteed Retirement Income Plan

Funded Initial	Trail
3%	0.5%
2.5%	0.6%
2%	0.7%
1.5%	0.8%
1%	0.9%
0.5%	1.0%

Maximum combined funded initial and trail commission in conjunction with the Hartford Guaranteed Retirement Income Plan equivalent to an annual plan charge of 1.1%.

\* If you are a member of a network, please supply the FRN number of your network.

# Application form for Hartford Platinum Personal Pension Plan.

(Please complete this Application Form using BLOCK CAPITALS).

## Section 1 – Personal Details *(note applicants must be between 18 and 70 years of age).*

### Your Details.

Title (tick box) Mr  Mrs  Ms  Miss  Other (please specify)

Forename(s)

Surname

Date of birth    /    /      Gender (tick box) Male  Female

Marital Status (tick box) Single  Married  Widowed  Separated  Divorced   
Civil Partnership  Civil Partnership Dissolved  Surviving Civil Partner

National Insurance Number

Intended Retirement Age or Date   Tick box if you wish to take tax free cash and/or income immediately (and attach an application for Income Withdrawal)

### Your Address.

Address

Postcode

Telephone (Daytime)

Telephone (Evening)

Mobile

E-mail address

## Your Employment.

Employment Status (please tick one of the boxes below).

<input type="checkbox"/> Employed	<input type="checkbox"/> Self-Employed
<input type="checkbox"/> Retired	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Caring for a person aged 16 or over	<input type="checkbox"/> Full-time education
<input type="checkbox"/> Caring for one or more children aged under 16	<input type="checkbox"/> Other <input type="text"/>

Employer name

Contact name

Address

Postcode

Telephone

Fax

E-mail

### Eligibility.

UK Taxable earnings £  p.a.

Are you resident in the UK in the current tax year? Yes  No

Are you, your spouse or your civil partner a crown servant working overseas? Yes  No

If you have answered YES to either of these questions, or are only making a transfer payment, please proceed to the next section.

If you have answered NO to both of these questions, then you are not eligible to contribute to Hartford Platinum.

## Section 2 – Contributions.

The minimum total of initial contributions and/or transfer value(s) is £10,000.

The minimum total of initial contributions and/or transfer value(s) where immediate withdrawals are required is £50,000.

**Personal contribution** (any contribution made by you, or for you by any third party other than your employer)

Net single contribution  
Amount paid before tax relief added £  Basic rate tax relief will be added to your contribution upon investment\*

**Employer contribution**

Gross single contribution  
Amount paid gross £

\* Generally Contributions to all pension arrangements are limited to 100% of your UK taxable earnings in any one year and should not exceed the amount of earnings quoted above.

Overall gross contributions, both employer and personal, are restricted to the "Annual Allowance" currently £225,000 p.a. Please see table below for details of future "Annual Allowance" restrictions.

Tax Year	Annual Allowance
2008/09	£235,000
2009/10	£245,000
2010/11	£255,000

The Annual Allowance limit does not apply to contributions made during the year in which all benefits are being taken from the plan. These allowances may be subject to change.

Note: We will accept Protected Rights transfer values but NOT ongoing contracted out "minimum payments", otherwise known as rebates.

## Payment Methods.

Cheque (attach with application)

Cheques should be made payable to "Hartford Life Limited", and must be in £ sterling

Building society cheque / bank draft (or similar)\* (attach with application)

**Payment should be to "Hartford Life Limited" in £ sterling. The Building society cheque / bank draft MUST also state the account number and full name of the account holder from which the payment is being drawn.**

Electronic payment\* (attach payment advice)

If you are paying electronically **YOU MUST** instruct your bank to pay the sterling amount to:

Bank name	Citibank NA (London)
	CITIGB2L
Sort code	18-50-08
Account name	Hartford Life Limited
Account number	11039628

\* For payment by building society draft (or similar) or electronic payment, the following details are required to verify the incoming payment

Bank name	<input type="text"/>
Branch address	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/> <input type="text"/>
Branch sort code	<input type="text"/> <input type="text"/> --- <input type="text"/> <input type="text"/> --- <input type="text"/> <input type="text"/>
Account name(s)	<input type="text"/>
Account number	<input type="text"/>

### Section 3 – Transfer Request Form.

Please provide details of any benefits that you wish to transfer into Hartford Platinum from existing pension plans that you hold.

The Hartford will make contact with your Provider and arrange for the monies to be transferred.

If you have a completed discharge form from the transferring scheme provider, please include it with this application.

If you are transferring Protected Rights from a personal pension please include a completed HMRC form CA1544.

The minimum transfer total value accepted into the plan is £10,000.

In order to commence income withdrawal (immediately or in future), £50,000 is required.

Please note that the amount transferred may be different to the amount specified below.

Plan / Scheme Name	<input type="text"/>
Pension Provider / Scheme Administrator	<input type="text"/>
Contact	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/> <input type="text"/>
Telephone	<input type="text"/>
Fax	<input type="text"/>
E-mail	<input type="text"/>
Policy number or member reference	<input type="text"/>

	Uncrystallised *	Crystallised *
Non Protected Rights transfer	£ <input type="text"/>	£ <input type="text"/>
Protected Rights transfer	£ <input type="text"/>	£ <input type="text"/>
Estimated total transfer value	£ <input type="text"/>	£ <input type="text"/>

\*Crystallised transfers relate to those from which a tax free lump sum has already been paid, even if no income is currently being taken. If a crystallised transfer exists, please indicate when the tax free lump sum was taken.

	On or before 5th April 2006	<input type="checkbox"/>	On or after 6th April 2006	<input type="checkbox"/>
What type of arrangement is the transferring scheme?	Occupational	<input type="checkbox"/>	Personal	<input type="checkbox"/>
	Registered with HMRC	<input type="checkbox"/>	Qualifying Overseas	<input type="checkbox"/>

Note: Occupational arrangements include Statutory and AVC Schemes. Personal arrangements include FSAVCs, Section 32 and old Retirement Annuity Contracts.

### Authorisation & Request to Transfer.

To: The Trustees of the Plan / Scheme Name

I hereby request that you transfer my accrued benefits under the above pension scheme to the Hartford Life Limited Personal Pension Plan. I also authorise you to deal directly with Hartford Life Limited in all matters relating to the transfer of my benefits held with you.

Signed:	<input type="text"/>
Name:	<input type="text"/>
Date:	<input type="text"/>



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Contact	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/> <input type="text"/>
Telephone	<input type="text"/>
Fax	<input type="text"/>
E-mail	<input type="text"/>
Policy number or member reference	<input type="text"/>

	Uncrystallised *	Crystallised *
Non Protected Rights transfer	£ <input type="text"/>	£ <input type="text"/>
Protected Rights transfer	£ <input type="text"/>	£ <input type="text"/>
Estimated total transfer value	£ <input type="text"/>	£ <input type="text"/>

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What type of arrangement is the transferring scheme?	Occupational	<input type="checkbox"/>	Personal	<input type="checkbox"/>
	Registered with HMRC	<input type="checkbox"/>	Qualifying Overseas	<input type="checkbox"/>

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Signed:	<input type="text"/>
Name:	<input type="text"/>
Date:	<input type="text"/>



### Section 3 – Transfer Request Form.

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The Hartford will make contact with your Provider and arrange for the monies to be transferred.

If you have a completed discharge form from the transferring scheme provider, please include it with this application.

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The minimum transfer total value accepted into the plan is £10,000.

In order to commence income withdrawal (immediately or in future), £50,000 is required.

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Pension Provider / Scheme Administrator	<input type="text"/>
Contact	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/> <input type="text"/>
Telephone	<input type="text"/>
Fax	<input type="text"/>
E-mail	<input type="text"/>
Policy number or member reference	<input type="text"/>

	Uncrystallised *	Crystallised *
Non Protected Rights transfer	£ <input type="text"/>	£ <input type="text"/>
Protected Rights transfer	£ <input type="text"/>	£ <input type="text"/>
Estimated total transfer value	£ <input type="text"/>	£ <input type="text"/>

\*Crystallised transfers relate to those from which a tax free lump sum has already been paid, even if no income is currently being taken. If a crystallised transfer exists, please indicate when the tax free lump sum was taken.

	On or before 5th April 2006	<input type="checkbox"/>	On or after 6th April 2006	<input type="checkbox"/>
What type of arrangement is the transferring scheme?	Occupational	<input type="checkbox"/>	Personal	<input type="checkbox"/>
	Registered with HMRC	<input type="checkbox"/>	Qualifying Overseas	<input type="checkbox"/>

Note: Occupational arrangements include Statutory and AVC Schemes. Personal arrangements include FSAVCs, Section 32 and old Retirement Annuity Contracts.

### Authorisation & Request to Transfer.

To: The Trustees of the Plan / Scheme Name

I hereby request that you transfer my accrued benefits under the above pension scheme to the Hartford Life Limited Personal Pension Plan. I also authorise you to deal directly with Hartford Life Limited in all matters relating to the transfer of my benefits held with you.

Signed:	<input type="text"/>
Name:	<input type="text"/>
Date:	<input type="text"/>

Should you require additional Transfer forms please copy this page and submit additional forms with this application. Alternatively additional copies are available on our website: [www.thehartford.co.uk](http://www.thehartford.co.uk)

'The Hartford' refers to The Hartford Financial Services Group, Inc., the parent company of the family of Hartford companies, and its affiliates, offering financial services products in selected jurisdictions, including Hartford Life Limited (no. 242197) incorporated in the Republic of Ireland with limited liability. Registered and Head Office: Swords Business Campus, Swords, Co. Dublin. Hartford Life Limited is authorised by the Irish Financial Regulator and regulated by the Financial Services Authority for the conduct of UK business. UK Branch: Level 29, One Canada Square, Canary Wharf, London E14 5AA. Registered in England and Wales with registered number (Co No. FC25647; Branch No. BR007928). HLLHP/122106/0907

## Section 4 – Hartford Guaranteed Retirement Income Plan.

Do you wish to select the Hartford Guaranteed Retirement Income Plan? (please tick)

Yes

No

If NO, go to Section 5

If YES, please complete the following.

Note: All percentages in this section should be a whole number (i.e. 33% not 33.33%)

### For contributions or transfer payments (Non-Protected Rights).

(a) What percentage or amount of your investment is to be invested in the Hartford Guaranteed Retirement Income Plan? (Please complete one or the other).

Enter 0 – 100 %

%

**OR** Enter Amount £

(b) Do you want to select the Hartford Guaranteed Retirement Income Plan Dependant Continuation option? (please tick)

Yes

No

If the Dependant Continuation option is selected, please ensure that dependant details are completed below.

### For Protected Rights transfers.

(a) What percentage or amount of your investment is to be invested in the Hartford Guaranteed Retirement Income Plan? (please complete one or the other).

Enter 0 – 100 %

%

**OR** Enter Amount £

Note: Protected Rights with the Hartford Guaranteed Retirement Income Plan will automatically receive the Dependant Continuation option. Please ensure dependant details are completed below.

### Your Dependant Details (required if you are going to choose the Dependant Continuation option for the Hartford Guaranteed Retirement Income Plan).

Title (tick box) Mr  Mrs  Ms  Miss  Other (please specify)

Forename(s)

Surname

Date of birth

Gender (tick box)

Male

Female

Relationship (tick box)

Married

Civil Partner

Partner

Other (please specify below)

National Insurance Number

Do you or the dependant named above hold any other policies with Hartford Life Limited? (please tick)

Yes

No

If YES, please provide policy numbers of any existing Hartford Life Limited plans

1)

2)

3)

Please note that there is a limit on the total amount of investment in Hartford products which can be covered by guarantees offered by Hartford Life Limited. Currently this limit is £1,500,000.

The total guaranteed amount above, combined with any other Hartford Life existing investments, must not exceed this limit.

## Section 5 – Investment.

Please indicate below the investment funds you require. You can alter the funds selected between your guaranteed and non-guaranteed investments. Please see our Hartford Platinum client brochure for full details of the funds available and which sector they fall under.

Note: There are certain restrictions applicable to your fund selection in conjunction with the Hartford Guaranteed Retirement Income Plan. Namely, you can invest a maximum of:

- up to 100% of your investment can be invested in Balanced Funds
- up to 75% of your remaining investment can be invested in Equity Funds
- up to 20% of your investment can be allocated to Property Funds.

For further details please:

- Refer to our client brochure
- Phone The Hartford Sales Support Team on 0800 028 6767

Note: All percentages should be a whole number (i.e, 33% not 33.33%)

If you have chosen to have a fully guaranteed or non-guaranteed plan, please use the appropriate column only.

Investment Selection	Investment Percentage		Investment Selection	Investment Percentage	
	Guaranteed Investment	Non-Guaranteed Investment		Guaranteed Investment	Non-Guaranteed Investment
<b>Balanced Funds</b>					
Hartford Platinum Income Portfolio	%	%	Hartford European Balanced	%	%
Hartford Platinum Rising Income Portfolio	%	%	HLL Gartmore Cautious Managed	%	%
Hartford Platinum Cautious Managed Portfolio	%	%	HLL Invesco Perpetual Distribution	%	%
Hartford Platinum Growth Portfolio	%	%	HLL Investec Cautious Managed	%	%
Hartford Balanced Managed	%	%	HLL Investec Managed Distribution	%	%
Hartford Cautious Managed	%	%	HLL JPMorgan Cautious Total Return	%	%
Hartford Defensive Managed	%	%	HLL New Star Managed Distribution	%	%
HLL Artemis High Income	%	%			
<b>Equity Funds</b>					
Hartford Platinum Adventurous Growth Portfolio	%	%	HLL Invesco Perpetual High Income	%	%
Hartford Global Equity	%	%	HLL Invesco Perpetual Income	%	%
Hartford UK Equity	%	%	HLL Invesco Perpetual UK Growth	%	%
HLL Artemis Capital	%	%	HLL Investec American	%	%
HLL Artemis European Growth	%	%	HLL Investec Global Free Enterprise	%	%
HLL Artemis Global Growth	%	%	HLL Investec UK Blue Chip	%	%
HLL Artemis Income	%	%	HLL Investec UK Smaller Companies	%	%
HLL Artemis UK Growth	%	%	HLL Investec UK Special Situations	%	%
HLL Artemis UK Smaller Companies	%	%	HLL JPMorgan Europe	%	%
HLL Artemis UK Special Situations	%	%	HLL JPMorgan European Dynamic	%	%
HLL Fidelity American	%	%	HLL JPMorgan European Smaller Companies	%	%
HLL Fidelity European	%	%	HLL JPMorgan Global Equity Income	%	%
HLL Fidelity Global Special Situations	%	%	HLL JPMorgan Japan	%	%
HLL Fidelity South East Asia	%	%	HLL JPMorgan Premier Equity Growth	%	%
HLL Fidelity Special Situations	%	%	HLL JPMorgan US	%	%
HLL Fidelity UK Aggressive Growth	%	%	HLL Jupiter Ecology	%	%
HLL Fidelity WealthBuilder	%	%	HLL Jupiter Environmental Income	%	%
HLL Gartmore European Selected Opportunities	%	%	HLL Jupiter Financial Opportunities	%	%
HLL Gartmore UK Focus	%	%	HLL Jupiter High Income	%	%
HLL Gartmore US Opportunities	%	%	HLL Jupiter Income	%	%
HLL Invesco Perpetual Asian	%	%	HLL Jupiter UK Growth	%	%
HLL Invesco Perpetual Global Smaller Companies	%	%	HLL Merrill Lynch UK	%	%

Investment Selection	Investment Percentage		Investment Selection	Investment Percentage	
	Guaranteed Investment	Non-Guaranteed Investment		Guaranteed Investment	Non-Guaranteed Investment
<b>Equity Funds continued.</b>					
HLL Merrill Lynch UK Dynamic	%	%	HLL Schroder European	%	%
HLL Merrill Lynch UK Smaller Companies	%	%	HLL Schroder Global Equity Income	%	%
HLL Merrill Lynch UK Special Situations	%	%	HLL Schroder Income	%	%
HLL Merrill Lynch US Dynamic	%	%	HLL Schroder Income Maximiser	%	%
HLL New Star European Growth	%	%	HLL Schroder Tokyo	%	%
HLL New Star Higher Income	%	%	HLL Schroder UK Alpha Plus	%	%
HLL New Star UK Alpha	%	%	HLL Schroder UK Mid 250	%	%
HLL New Star UK Growth	%	%	HLL Schroder UK Smaller Companies	%	%
HLL New Star UK Special Situations	%	%	HLL Schroder US Small & Mid Cap	%	%
<b>Property Funds</b>					
HLL New Star Property	%	%	HLL Norwich Property Trust	%	%
<b>Cash &amp; Fixed Income Funds</b>					
Hartford Global Bond	%	%	HLL Investec Target Return	%	%
Hartford UK Corporate Bond	%	%	HLL New Star Extra High Yield Bond	%	%
Hartford UK Gilt	%	%	HLL New Star High Yield Bond	%	%
HLL Fidelity MoneyBuilder Income	%	%	HLL New Star Sterling Bond	%	%
HLL Invesco Gilt	%	%	HLL Schroder Gilt & Fixed Interest	%	%
HLL Invesco Perpetual Corporate Bond	%	%	HLL BGI Cash	%	%
HLL Invesco Perpetual Global Bond	%	%			

Please ensure that your total percentage (%) figure for both Guaranteed and Non-Guaranteed investments adds up to **100%**. **100%** **100%**

Any Protected Rights, will be invested in the proportions stated above unless you advise us separately

Do you want to have your selection of funds to automatically rebalance annually? Yes  No   
 (Portfolio funds of funds automatically rebalance quarterly)

## Section 6 – Nomination of Beneficiaries

Please provide details of the person(s) or trust (if any) who you would like to receive benefits in the event of your death.

Providing us with these details will enable us to ensure that any benefits payable on your death are made as quickly as possible.

Note: All percentages in this section should be a whole number (i.e. 33% not 33.33%)

### Death Benefits

	Beneficiary 1				Beneficiary 2			
Title (tick)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>
Surname	<input type="text"/>				<input type="text"/>			
Forename(s)	<input type="text"/>				<input type="text"/>			
Address	<input type="text"/>				<input type="text"/>			
	<input type="text"/>				<input type="text"/>			
Town/City	<input type="text"/>				<input type="text"/>			
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>				<input type="text"/>			
Proportion of Benefit	<input type="text"/> %				<input type="text"/> %			

## Section 6 – Nomination of Beneficiaries continued

### Death Benefits

	Beneficiary 3	Beneficiary 4
Title (tick)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
Surname	<input type="text"/>	<input type="text"/>
Forename(s)	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Town/City	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>
Proportion of Benefit	<input type="text"/> %	<input type="text"/> %

*Important Note: All benefits are paid at the discretion of the Scheme Administrator of the Hartford Life Limited Personal Pension Plan. The Scheme Administrator will always take account of your nominated beneficiaries when making any payment and will usually make payments in accordance with your wishes.*

## Section 7 – Declarations and consent

Important – By signing this Application you are entering a legally binding contract with Hartford Life Limited in its role as Scheme Administrator. It is, therefore, important that you read these terms before you sign the declaration below.

If you are making a contribution to Hartford Platinum and you have registered for enhanced protection, **your enhanced protection will be lost.**

Hartford Life Limited will administer the Scheme in accordance with the rules of the Scheme.

### Declaration and Consent by Applicant

- I understand that completion of this Application does not guarantee acceptance.
- By applying for membership of the Hartford Life Limited Personal Pension Plan (referred to throughout the document as the “Scheme”) I agree that the Trustee of the Scheme, on behalf of the Scheme Administrator, should effect a Hartford Platinum plan issued by Hartford Life Limited in respect of my membership of the Scheme.
- I declare that all the information contained in this Application and any other accompanying documentation is both true and correct.
- I agree to be bound by the rules of the Scheme.
- I understand that my benefits under the Scheme cannot be surrendered, assigned or commuted for lump sum benefits, except where permitted by legislation.
- I understand that, if I am making contributions to the Scheme, I must be a relevant UK individual. Personal contributions, to all pension plans, over £3,600 gross in any tax year are restricted to 100% of my relevant UK earnings. And in any event overall contributions made by me, or on my behalf, must not exceed my annual allowance (as detailed in section 2). I can report any overpayment to HM Revenue & Customs (HMRC) through my self-assessment tax return.
- I understand that I will be unable to draw a regular income from this Plan until the value of my Plan exceeds £50,000 or £37,500 if 25% Pension Commencement Lump Sum has been taken.
- This Application may be used as an application for tax relief at source. If false information is provided I understand that I may be prosecuted by HMRC.
- I declare that the statements in the Application and all other declarations relating to it are true and complete.
- I confirm all selections and authorisations in sections 5 and 6.
- I understand that a copy of the Scheme Rules, the Hartford Platinum Terms and Conditions and the Hartford Life Limited forms completed by me will be available upon request.

## Section 7 – Declarations and consent continued

- I understand that Hartford Life Limited may undertake a search with third party companies who provide identity verification services for the purpose of verifying my identity and the details I have submitted as part of this Application. To do so, the third party companies may check the details I supply against any database (public or otherwise) to which they have access. They may also use my details in future to assist other companies for verification purposes. A record of the search will be retained.
- I confirm that I have received the document entitled “Key Features of Hartford Platinum”.
- I agree that my membership information, including valuations and historical copies of documents issued to me or my current or past Financial Advisers will be available to me and my current Financial Adviser via the Hartford Life Limited extranet.
- I authorise my financial adviser to forward my instructions, regarding the Scheme under it, to the Scheme Administrator. I further authorise the Scheme Administrator to accept such instructions.
- I authorise my financial adviser to provide Hartford Life Limited with any information it requests (including documentary evidence) in respect of transfers I have requested to be made to Hartford Life Limited.
- I instruct Hartford Life Limited to pay commission to my Financial Adviser in accordance with the terms of business agreed between me and my Financial Adviser and as shown on my personal illustration, which will be confirmed by Hartford Life Limited in the illustration contained with the policy documents which I will be provided with.
- I understand, that if requested, I must produce my Plan Schedule, Policy Statements and Plan Terms and Conditions to exercise the rights under the Plan or when benefits are to be paid.
- I understand that my personal representative is required to inform you of my death.

### Data Protection

- I understand that the personal information I provide to Hartford Life Limited will be processed in accordance with the UK Data Protection Act 1998. I agree that my personal information may be used by Hartford Life Limited for the administration of my pension and for business analysis, and may be passed within the Hartford Group of Companies for those reasons. In addition, by signing below, I also agree to Hartford Life Limited passing those details to:
  - (a) such professional adviser(s) as notified to Hartford Life Limited by me;
  - (b) such other third parties as may be necessary in conjunction with the establishment, provision, servicing and administration of my pension; and,
  - (c) regulatory authorities or third parties as may be required by law.
- I understand that my personal information may be transferred outside the European Economic Area (EEA) to countries whose data protection laws differ from those of the EEA. In this case, however, Hartford Life Limited undertakes to ensure that all responsible measures will be taken to ensure the integrity and security of my personal data.
- The details I have supplied will not be used to provide me with information about other products or services.
- I agree that my scheme membership information, including valuations, will be available to me and my Financial Adviser via the Hartford Life Limited extranet.
- I agree that you may contact the Department of Work and Pensions (DWP) on my behalf in order to obtain an estimate of my expected State Pensions entitlement to include with my Annual Statement.

### Money Laundering Regulations

- I understand that Hartford Life Limited is obliged to verify the identity and address of all parties (e.g. applicants) to this Application Form. My Financial Adviser will let me know what evidence I need to supply.

### Applicant signature to Declaration and Consent

In signing this form, I also certify I am not a citizen of the United States.

Signature

Date

D	D	/	M	M	/	Y	Y	Y	Y
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**Confirmation of Verification of Identity (Private Individual).** Introduction by an FSA-Regulated firm.  
**Details of Individual (Applicant)**

Title	Mr	Mrs	Ms	Miss	Other (please specify)										
Forename(s)															
Surname															
Date of birth	D	D	/	M	M	/	Y	Y	Y	Y	Gender (tick box)	Male		Female	
Address															
Town															
County															
Postcode															
Previous Address (if changed within the last three months)															
Address															
Town															
County															
Postcode															

**Confirmation**

I/We confirm that

- (a) the above information was obtained by me/us in relation to the customer.
- (b) the evidence I/we have obtained to verify the identity of the customer:

(tick one only)

Meets the standard evidence set out within the guidance for the UK Financial Sector issued by the Joint Money Laundering Steering Group (JMLSG); or

Exceeds the standard evidence (written details of the further verification evidence taken are attached to the this confirmation).

Signed	
Name	
Position	
Date	

**Details of introducing firm (or sole trader)**

Full name of regulated firm (or sole trader)	
FSA Regulator Reference Number	

**Explanatory notes**

- 1 A separate confirmation must be completed for each customer (e.g. planholder, trustee or employer). Where a third party is involved, e.g. payer of contribution who is different from the customer, the identity of that person must also be verified, and confirmation provided.
- 2 This form cannot be used to verify the identity of any customer that falls into one of the following categories:
  - those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification;
  - those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering Regulations; or
  - those whose identity has been verified using a source of funds as evidence.
3. This confirmation must carry an original signature, or an electronic equivalent.

## Confirmation of Verification of Identity (Corporate and other Non-Personal Entity)

Introduction by an FSA-Regulated Firm

Customer type (delete as appropriate)	Limited Company / Partnership / Limited Partnership / Sole Trader / Charity / Club / Society / Local Authority / Government Department
Customer name (in full)	
Registration number (e.g. Company / Charity number)	
Regulating organisation (if applicable)	

### Operating Address (location of business)

Address		
Town		
County		
Postcode		
Registered Office in Country of Incorporation		
Address		
Town		
County		
Postcode		
Names of Directors (or equivalent)		
Names of principal beneficial owners (over 25%)		

### Confirmation

I/We confirm that

- (a) the above information was obtained by me/us in relation to the customer.  
(b) the evidence I/we have obtained to verify the identity of the customer:

(tick one only)

Meets the standard evidence set out within the guidance for the UK Financial Sector issued by the Joint Money Laundering Steering Group (JMLSG); or

Exceeds the standard evidence (written details of the further verification evidence taken are attached to the this confirmation).

Signed	
Name	
Position	
Date	

### Details of introducing firm (or sole trader)

Full name of regulated firm (or sole trader)	
FSA Regulator Reference Number	

### Explanatory notes

1. A separate confirmation must be completed for each customer (e.g. planholder, trustee or employer). Where a third party is involved, e.g. payer of contribution who is different from the customer, the identity of that person must also be verified, and confirmation provided.
2. This form cannot be used to verify the identity of any customer that falls into one of the following categories:
  - those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification;
  - those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering Regulations; or
  - those whose identity has been verified using a source of funds as evidence.
3. This confirmation must carry an original signature, or an electronic equivalent.

**FOR OFFICE USE ONLY.**

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