



LONDON &
COLONIAL

INNOVATION YOU CAN TRUST

NEW OPEN ANNUITY - FORM D - PERSONAL DETAILS OF NOMINATED SECOND LIFE

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
	Other (please specify) <input type="text"/>			
First name(s) (in full)	<input type="text"/>			
Surname	<input type="text"/>			
Previous name(s)	<input type="text"/>			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
National Insurance number	<input type="text"/>			
Marital status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Civil Partner <input type="checkbox"/>	
	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>	
Address line one	<input type="text"/>			
Address line two	<input type="text"/>			
Town	<input type="text"/>			
County	<input type="text"/>			
Country / Postcode	<input type="text"/>	<input type="text"/>		
Contact telephone number	<input type="text"/>			
E-mail address (optional)	<input type="text"/>			
Relationship to annuitant	Spouse <input type="checkbox"/>	Civil partner <input type="checkbox"/>		
	Financial dependant <input type="checkbox"/>	Other dependant <input type="checkbox"/>		
Member Name	<input type="text"/>	Policy Number	<input type="text"/>	
Signed	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>