

OPEN
PENSION

APPLICATION FORM

Take control of your pension



LONDON &
COLONIAL

INNOVATION YOU CAN TRUST

defaqto

2012



SIPP

To London & Colonial Services Limited (London & Colonial):

I hereby apply for a London & Colonial Open Pension contract on the basis of the following information:

Please answer all questions in full.

1. Your Personal Details

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	<input type="text"/>			
Middle name(s)	<input type="text"/>			
Surname	<input type="text"/>			
Gender	Male <input type="checkbox"/>	Female <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"/>		
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"/>	
National Insurance number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Intended retirement age*	<input type="text"/>			
Contact telephone number (optional)	<input type="text"/>			
E-mail address (optional)	<input type="text"/>			

*We will assume a retirement age of 65 if field left blank

2. Employment Status

<input type="checkbox"/> Employed	<input type="checkbox"/> Caring for one or more person under 16
<input type="checkbox"/> Pensioner	<input type="checkbox"/> Caring for a person aged 16 or over
<input type="checkbox"/> Self employed	<input type="checkbox"/> In full-time education
<input type="checkbox"/> Child (under 16)	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Other <input type="text"/>	
<input type="text"/>	

3. Independent Financial Adviser Details

(IFA stamp if available)

IFA contact	
E-mail address	
Name of Firm	
FSA Authorisation No.	
Correspondence Address	

Advice given at point of sale to client

Advice not given at point of sale to client If ticked please ask the client to sign Form G in the appendix

I/We certify that the evidence obtained to verify the identity of the customer meets the standard evidence set out within the guidance issued by the Joint Money Laundering Steering Group. Upon request I/we will supply evidence of the same to London & Colonial.

Signed

(on behalf of the IFA)

4. Remuneration Basis

Please state the level of remuneration that you wish us to pay to your IFA

Initial: % OR £

(Based on the payments initially received and payable at outset)

Annual: % OR £

(Payable annually in advance on each anniversary based on the fund value at the time)

Additional Transfers: % OR £

(if applicable)

Additional Single Contributions: % OR £

(if applicable)

5. Investments

Until the instructions on the investments of your Open Pension take effect, contributions and any cash transfers will be held in the Open Pension bank account.

Do you wish to manage the fund yourself? Yes No

If yes, please provide initial investment instructions on Form C in the appendix.

Do you want us to act on instructions received from your financial adviser? Yes No

Do you also want to appoint an investment manager? Yes No

If yes, please indicate the name and address of the investment manager you wish us to appoint

The appointment of the investment manager will be subject to the agreement of the Scheme Administrator.

If the initial agreement will be on an execution only basis and the desired initial investments are known then please provide details using Form C in the appendix.

6. Declarations

If my application is accepted, I undertake to be bound in all respects by the rules of the Open Pension in force from time to time.

I hereby request London & Colonial to accept investment instructions from my financial adviser indicated in section 3 or from the investment manager indicated in Section 5.

I understand that the total contributions to any registered pension schemes to which I am entitled to tax relief will not exceed the higher of:

- 1) £3,600 or
- 2) My Relevant UK Earnings for that tax year

continued...

6. Declarations (continued)

I agree that I will inform London & Colonial if an event occurs as a result of which I will no longer be entitled to relief for my contributions. I will inform London & Colonial of such an event no later than:

- 1) the 5 April in the tax year in which the event referred to occurs; and
- 2) 30 days after the occurrence of the relevant event

I agree that I will inform London & Colonial within 30 days in writing if:

- 1) There is a change in my residency status
- 2) There is any change in my name or permanent residential address

I consent to London & Colonial obtaining details from the Scheme Administrator/Scheme Trustee or insurance company or other pension provider of any scheme, arrangement or contract of which I am or have been a member and authorise the giving of such details to London & Colonial.

I understand that London & Colonial will store and process my personal information in accordance with the UK Data Protection Act 1998, wherever the information is held and processed.

I consent to London & Colonial using any personal information supplied on this application or obtained from any third party to be used for the administration of my Open Pension.

I authorise London & Colonial to pass my personal information to:

- 1) Any professional financial or investment adviser(s) which I have nominated on this application form or in any associated correspondence; and
- 2) Any necessary third party in connection with administering my Open Pension
- 3) Any regulatory authorities or to any other third parties under pensions regulations and/or to comply with any other legal requirements

I consent to London & Colonial obtaining any relevant pensions or related details from any source. This includes any professional financial or investment adviser, scheme practitioner, administrator, trustee, insurance company or any other pension provider of any scheme, arrangement or contract in which I have ever had any benefit entitlement. I also authorise the holders of this information to supply it to London & Colonial, when requested to do so

I consent to London & Colonial providing any relevant information related to my Open Pension to any other pension scheme trustees, administrators, practitioners, insurers or pension providers when required to do so

I understand that London & Colonial will perform electronic searches on me to verify my identity for Anti Money Laundering purposes as and when may be required.

I understand that these statements apply to the details contained in this form, to any other information provided in association with this Application and to any data which London & Colonial creates, receives or processes in the future in relation to my Open Pension.

I hereby agree to be responsible for any, claims, losses, costs, charges or expenses which may be raised against London & Colonial or incurred by London & Colonial in consequence of London & Colonial acting on instructions received by facsimile or email from the address stated on this application form and/or provided by me. I understand that email is not a secure method of communication and confidential or sensitive information will not be transmitted in this format by London & Colonial unless I agree otherwise.

I request and consent to the payment of the transfer value(s) from my previous scheme(s), as indicated on Form F to the Open Pension. I understand that after such payment neither I nor my spouse, civil partner or dependants will have any entitlement to benefits under the scheme(s) indicated on Form F to which the transfer payment relates.

The following declarations apply to flexible drawdown

I confirm that if I have applied for flexible drawdown then I have met the required flexible drawdown conditions;

If London & Colonial is accepting a transfer from another registered pension where the arrangement is already in flexible drawdown, I confirm that the declaration previously made was accepted by the scheme administrator of the registered pension scheme under which the arrangement was made.

I hereby agree that this application shall be the basis of the proposed contract to provide benefits under the scheme.

I declare that to the best of my knowledge and belief, the particulars & declarations made in this application are correct and complete.

To be signed by the Member or the Member's attorney

(if being signed by an attorney please enclose the appropriate power of attorney):

Signed

Print name

Date

D	D	M	M	Y	Y	Y	Y
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7. IFA Checklist

What signatures are required?

Please tick

IFA signature

Section 3, page 3

Client signatures

Section 6, page 6 & Forms B & E and/or Form F & G as appropriate

Index of Appendix

Form A

Applicant's death benefit nomination form

(not required to effect the Open Pension)

Form B

Contribution form *(if applicable)*

(please also complete Form E for regular contributions)

Form C

Initial investment instructions

(not required to effect the Open Pension)

Form D

Benefit payment form *(if applicable)*

(If already receiving or about to commence pension payments)

Enclose P45 *(if appropriate)*

Form E

Standing order instruction *(for regular contributions)*

(please photocopy for each payee as required)

Form F

Transfer request form *(if applicable)*

(please photocopy for additional sources as required)

Form G

Non advised supplemental declaration

FORM A - Nomination of Death Beneficiaries

You may request that the benefits would be divided between two or more persons. The proportion of the benefits that the member would wish each person to receive should be entered in the third column. This nomination can be changed by submitting a replacement nomination form to us at anytime.

In the event of my death I would like any sums payable under the Open Pension to be paid to the following person or persons in the manner shown below.

I understand that in exercising your discretion in the disposal of the benefits you will not be bound by my nominations but you will bear them in mind.

Lump sum death benefit payments*

Full name and address of beneficiary	Relationship to you	%

* There is a 55% tax charge on all crystallised lump sum payments. There is also a 55% tax charge on uncrystallised lump sum payments in the event of the members death after age 75. Uncrystallised lump sum payments where the member dies before age 75 do not incur this tax charge.

FORM B - Contribution Form

1. Regular contributions (if applicable) - Please complete a standing order instruction (Form E)

	Name	Amount	Frequency (<i>please circle</i>)	
Personal (<i>from your account</i>)		£	Monthly Half-yearly	Quarterly Annual
Personal (<i>deducted from salary</i>) (<i>complete section 4</i>)		£	Monthly Half-yearly	Quarterly Annual
Employer (<i>complete section 4</i>)		£	Monthly Half-yearly	Quarterly Annual
Third party (<i>complete section 5</i>)		£	Monthly Half-yearly	Quarterly Annual

2. Single contributions

	Name	Amount
Personal (<i>from your account</i>)		£
Personal (<i>deducted from salary</i>) (<i>complete section 4</i>)		£
Employer (<i>complete section 4</i>)		£
Third party (<i>complete section 5</i>)		£

3. Source of Wealth

Occupation / nature of business	<input type="text"/>
Annual earnings / net annual turnover	£ <input type="text"/>
Source of funds for the investments	<input type="text"/>
(<i>e.g. a UK bank account</i>)	<input type="text"/>

4. Employer's Declaration (*if applicable*)

I/We confirm that:

- I/We will deduct the necessary employee contributions from the Applicant's salary after tax and National Insurance have been deducted as they become due and send this to London & Colonial.
- I/We understand that failure to provide information that prevents London & Colonial from monitoring the payment of contributions must be reported to The Pensions Regulator.
- I/We agree to pay the contributions detailed above until further notice and will inform London & Colonial of any changes to the amounts due.
- I/We agree to advise London & Colonial immediately if any member is to leave our employment. Unless otherwise agreed in writing, we confirm that employer contributions will only be paid in respect of people currently employed and will cease if the member leaves employment.
- I/We understand that London & Colonial will aim to verify the identity of the company electronically to satisfy anti-money laundering regulations. In the event that London & Colonial are unable to do this, they will request documentary evidence as an alternative. London & Colonial will delay applications until sufficient identification has been provided.

Signed

Position

Name (*block capitals*)

Employer

5. Third party Declaration – for Third party contributions ONLY

I/We confirm that:

- I/We agree to pay the contributions detailed above until further notice and will inform London & Colonial of any changes to the amounts due.
- I/We understand that London & Colonial will aim to verify the identity of the third party electronically to satisfy anti-money laundering regulations. In the event that London & Colonial are unable to do this, they will request documentary evidence as an alternative. London & Colonial will delay applications until sufficient identification has been provided.

Signed	<input type="text"/>
Full name (<i>block capitals</i>)	<input type="text"/>
Capacity	<input type="text"/>
Date of birth (<i>if individual</i>)	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Name of company (<i>if applicable</i>)	<input type="text"/>
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"/>

6. Payment Method

Single contribution	<input type="checkbox"/> Cheque
	<input type="checkbox"/> Contribution In Specie
	<i>(please provide asset details separately)</i>
Regular contributions	<input type="checkbox"/> Standing Order instruction (<i>Form E</i>)

7. Start date for regular contributions

<input type="checkbox"/> ASAP	OR	Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
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Please complete a standing order instruction (Form E) for each regular payment.

FORM C - Initial investment instructions

For property, loans or unquoted share purchases, please complete the associated application form available from our website or on request.

How would you like us to purchase your initial investments?

L&C default execution only stockbroker (*terms & conditions and a dealing charge will apply*)

Your stockbroker - Please provide contact details below:

An investment platform such as Cofunds / Skandia (*please indicate which platform below*)

Directly with the Fund providers or Unit Trust / OEIC companies. *

** If you select this option, then please let us have the application forms for the specific funds you have selected. Please only complete the fund information on the forms and arrange for your financial adviser to complete their details in the relevant section. Please ensure you leave the account holder and address details blank as we will purchase and hold these investments on your behalf.*

Amount to be invested

Please either enter the individual amounts below or if you have entered % amounts below then let us know

the total monetary amount you wish us to invest: £

Fund / asset to be purchased	Code	% / £
1		
2		
3		
4		
5		
6		
7		
8		
	Total	

Investment Payments

All payments will be made by BACS transfer. If you require same day payment by CHAPS, please tick the following box *Please note, a £12 charge will apply if you select this option*

Trustee cash deposits

Unless you instruct us otherwise we will hold all cash received in a designated account with the scheme bankers. We are happy to place your funds on deposit with other institutions as an investment and would ask that you let us have the contact details of the institution and the basis and amount of the deposit. Banks often have different types of accounts and we would ask that you be specific. Please note we apply an annual administration fee for each account not held with our nominated scheme bankers. Please see our fee basis for further details.

Bank name	<input type="text"/>	Deposit Amount	£ <input type="text"/>
Bank address	<input type="text"/>	Bank contact name	<input type="text"/>
	<input type="text"/>	Bank telephone no.	<input type="text"/>
	<input type="text"/>	Interest rate	<input type="text"/>
	<input type="text"/>	Term of deposit	<input type="text"/>

FORM D - Benefit Payment form

Please confirm if the value of all the pensions you have already taken is below the Lifetime Allowance (please tick the appropriate boxes)

- 1) The total value of all benefits taken is less than the Lifetime Allowance (currently £1.8m).
- 2) The total value of all benefits taken is more than the Lifetime Allowance, or is within 20% of that amount.
- 3) I have a personal Lifetime Allowance, enhanced protection or a protected early retirement age.

Please state below your income requirements

Pension Commencement Lump Sum	<input type="checkbox"/> Maximum available	OR
	<input type="checkbox"/> Specified amount	£ <input type="text"/>
Capped Drawdown Income	<input type="checkbox"/> Maximum available	OR
	<input type="checkbox"/> Minimum available	OR
	<input type="checkbox"/> Specified amount	£ <input type="text"/>
Flexible Drawdown Income	<input type="checkbox"/> Specified amount	£ <input type="text"/>

Frequency *(please tick one)*

Please indicate how often you wish your income to be paid. Please note that we apply a fee where income is paid more frequently than annually. Please see our fee basis for further details.

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> 6-monthly | <input type="checkbox"/> Annually |

Start date of payments

OR on commencement of the plan *(tick)*

Please provide details of the bank account you would like us to credit your income payments to:

Bank name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Account Name	<input type="text"/>
Sort Code / Account number	<input type="text"/> <input type="text"/>
Reference (if any)	<input type="text"/>

If you have selected flexible drawdown income please provide details of Relevant Income below to satisfy the minimum income requirement (please refer to your financial adviser)

Source of Income 1

Details of person responsible for making the income payment

Name

Address

Total income payable in the current tax year

£

First income payment received in tax year

ending 5th April,

Source of Income 2

Details of person responsible for making the income payment

Name

Address

Total income payable in the current tax year

£

First income payment received in tax year

ending 5th April,

Source of Income 3

Details of person responsible for making the income payment

Name

Address

Total income payable in the current tax year

£

First income payment received in tax year

ending 5th April,

Source of Income 4

Details of person responsible for making the income payment

Name

Address

Total income payable in the current tax year

£

First income payment received in tax year

ending 5th April,

Please photocopy this page if you have any additional sources of income

FORM E - Standing Order Instruction

This form should be completed if you wish to make regular contributions to the Open Pension.

To The Manager

Bank Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Account Name	<input type="text"/>
Sort Code / Account Number	<input type="text"/>
	<input type="text"/>

- 1 Please accept this as my formal instruction, until further notice, to make the following regular payments from my account to London & Colonial Services Limited:

Amount	£ <input type="text"/>
Amount in words	<input type="text"/>
Frequency (<i>monthly, quarterly, annually, etc.</i>)	<input type="text"/>
Date (<i>1st, 2nd, etc.</i>)	<input type="text"/>

2 Please make a first payment of:

On

Account holder signature

Date

London & Colonial Services Limited account details (*for internal use only*)

Bank Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Sort Code / Account Number	<input type="text"/>
	<input type="text"/>
Reference	<input type="text"/>

Please photocopy this page for additional regular payments

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FORM F - Transfer Request Form

To: The Administrator of the Transferring Scheme or Policy

1. Transferring Scheme or Policy details

Name of Transferring Scheme or Policy	<input type="text"/>
Policy number(s)	<input type="text"/>
Estimated transfer value	£ <input type="text"/>
Administrators name	<input type="text"/>
Address line one	<input type="text"/>
Address line two	<input type="text"/>
Town	<input type="text"/>
Country / Postcode	<input type="text"/> <input type="text"/>
Telephone number	<input type="text"/>

2. Policyholder / Scheme Member

Full name	<input type="text"/>
Address line one	<input type="text"/>
Address line two	<input type="text"/>
Town	<input type="text"/>
Country / Postcode	<input type="text"/> <input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
National Insurance no.	<input type="text"/>
Transfer In Specie? *	<input type="checkbox"/> Yes <input type="checkbox"/> No

* Please provide details separately of the assets to be transferred

I wish to transfer my entitlement under the above scheme to the Sunlight Account: A Personal Pension Plan (marketed as the "Open Pension"), which is registered by HM Revenue & Customs under reference 00605757RN and ASCN A7001268C. I also understand that after such payment neither I nor my spouse, civil partner or dependants will have any entitlement to benefits under your scheme to which this transfer relates.

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

Please photocopy this page for additional transfer payments

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FORM G - Non advised supplemental declaration

Applicants not seeking independent advice

If you wish to apply for an Open Pension we strongly recommend that you seek advice from an authorised Independent Financial Advisor as to the suitability of an Open Pension for your purposes and as to the investments that you choose.

While London & Colonial is regulated by the FSA and consequently you have some degree of protection under the FSCS, this protection does not extend to the selection or performance of the investments you decide to make. However, if you have taken independent professional advice you may be further protected according to the regulation applying to your adviser.

If however you have not sought such advice and do not intend to do so before applying for an Open Pension, please sign the declaration below.

Declaration

1. I am satisfied that an Open Pension is suitable for my requirements and apart from factual information relating directly to the Open Pension, I have not sought or been given any advice from the Provider, London & Colonial Assurance Plc, or from the Trustee or Scheme Administrator, London & Colonial Services Ltd and
2. I understand and agree that neither the Provider nor the Trustee nor the Scheme Administrator has any liability to me with regard to the suitability of an Open Pension in my circumstances or with regard to the suitability of or risks associated with any of the investments that I request to be made.

Signed

Please print name

Date



APPLICATION FORM

Take control of your pension



For more information about any
London & Colonial product please contact:

London & Colonial
38-42 Perrymount Road
Haywards Heath
West Sussex
RH16 3DN

t: 0870 7566696
f: 0870 7566697
e: info@londoncolonial.com
w: www.londoncolonial.com

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