



Flexible Pension Annuity New Policy – Application Form for Individuals



London & Colonial Assurance PCC Plc ('LCA') is a Gibraltar registered company and is incorporated under the Gibraltar Insurance Companies Act as a Protected Cell Company ('PCC'). LCA is regulated by the Gibraltar Financial Services Commission (permission number: 5191) and is part of STM Group Plc, a multi-jurisdictional financial services group listed on AIM, a market operated by the London Stock Exchange.

The Flexible Pension Annuity ('FPA') is provided by LCA.

In order to administer the Annuity, LCA collects, holds and shares personal data. The security and safety of your data is very important to LCA. A copy of our Privacy Notice can be found on our website: info.stmgrouplc.com/privacy-notice

Application Checklist

Fully completed all relevant sections of this Flexible Pension Annuity Application Form for Individuals ('the Application Form') in block capitals

Provided verification of bank account which will receive the FPA Annuity payments (as outlined in Section 3 of this Application Form)

Completed the relevant International Tax Compliance Questionnaire(s)

Please confirm:

- a. The purpose of the business relationship with LCA
- b. The expected duration of the business relationship with LCA
- c. The level of the assets to be administered
- d. The expected size of transactions and their regularity

Certified true copies of the following documentation:

- a. 1 x Proof of Identity. Passport copy or if none, a government issued ID card which must contain an MRZ code, be current, clear and legible.
- b. 1 x Proof of Address from the following list showing the same residential address as that provided on this Application Form:
1. Utility or Tax Bill; (this must not be more than 3 months old. Mobile phone bills are not acceptable)
 2. Bank statement; (this must not be more than 3 months old)
 3. Mortgage statement from a recognised lender; (this must not be more than 3 months old)
 4. Deeds or rental contract; or
 5. Original letter from a lawyer or an approved introducer confirming the address of the individual.

Where it is not possible to provide any of the documents mentioned above, LCA reserves the right to accept an Employer's letter verifying the address. This must be on letter headed paper with the signatory name and position clearly stated. The individual should also submit an explanation as to why the documents cannot be provided

Who Can Certify Documents?

Where copies of original documents are provided they must be properly certified (and have been certified within the last three months) using the correct wording, and be certified by the correct person, as detailed below:

Certified to be a true copy of the original as seen by me.

Where the document contains a photograph, I certify that this is a true likeness of the person in the photograph.

Full Name: (of the person certifying) Company: (of the person certifying)

Tel. Number: (of the person certifying) Date: (the date the certification was made)

Position: (of the person certifying) Signature: (the signature of the person certifying)

The person certifying the document must be a professional person with verifiable credentials and should not be:

- Related to you
- Living at the same address
- In a relationship with you

The signed Application Form together with the documentation listed above together with the relevant source of funds evidence should be scanned and emailed to LCA@stmgrouplc.com.

Once LCA confirm that all the relevant documentation has been included, the originals can be mailed to: London & Colonial Assurance PCC Plc, 3rd Floor, 55 Line Wall Road, Gibraltar GX11 1AA.

Section 1. Annuitant's/Applicant's Details

This Application Form should be read in conjunction with the Flexible Pension Annuity Key Features for this product which, together with the policy documentation, set out the terms and conditions of the contract. If you have any questions while completing this Application Form, please speak to your Financial Adviser.

Title:

Surname:

Forename(s):

Email:

Gender:

Male

Female

Please tick here to confirm you are a UK tax resident

Residential Address:

Nationality:

Date of Birth:

Postcode:

Phone:

Country:

National Insurance Number*:

If you are also tax resident in another country, please state the country and Tax ID Number

*If you have lost or do not have a National Insurance number then please obtain one from UK HMRC here: www.gov.uk/lost-national-insurance-number

Section 2. Premium Details and Source of Funds

Please provide details of the amount(s) of money that you, the Annuitant, would like to crystallise (under Benefit Crystallisation Event 4) from your existing pension scheme(s) and use to purchase an FPA. Any Pension Commencement Lump Sum ('PCLS') which you may be entitled to receive from your existing pension scheme(s) will be arranged by your existing pension provider(s) and LCA is only able to receive funds that will be used to purchase a Flexible Pension Annuity.

LCA reserves the right to request additional documentary evidence in order to comply with Gibraltar's statutory Anti-Money Laundering requirements.

Total Premium Amount: £

PENSION SCHEME 1

Name of Current Provider:

Full Name of Pension Scheme:

Existing Plan Number:

Purchase Price: £

Lifetime allowance crystallised under BCE4:

PENSION SCHEME 2

Name of Current Provider:

Full Name of Pension Scheme:

Existing Plan Number:

Purchase Price: £

Lifetime allowance crystallised under BCE4:

PENSION SCHEME 3

Name of Current Provider:

Full Name of Pension Scheme:

Existing Plan Number:

Purchase Price: £

Lifetime allowance crystallised under BCE4:

PENSION SCHEME 4

Name of Current Provider:

Full Name of Pension Scheme:

Existing Plan Number:

Purchase Price: £

Lifetime allowance crystallised under BCE4:

If you are aiming to transfer funds from more than four different pension schemes then please photocopy this page as required.

Section 3. Annuity Details and Payment Instructions

Reference number of the FPA Personal Illustration received:

Frequency of payments. Please tick the appropriate box:

Per Year

Per Half Year

Per Quarter

Per Month

Annuity Payment Amount: Date of first payment:

Please allow 7 working days for your account to be credited where the funds are held in the current account of the policy. Funds held by third party may take longer to clear.

Where do you want the annuity payments to be paid?

Payments will be made by electronic transfer. A certified copy of an up-to-date statement or an original for this bank account must be provided.

| | | | |
|---------------|----------------------|-----------------|----------------------|
| Bank Name: | <input type="text"/> | | |
| Bank Address: | <input type="text"/> | Account name: | <input type="text"/> |
| Country: | <input type="text"/> | Account number: | <input type="text"/> |
| Postcode: | <input type="text"/> | Sort Code: | <input type="text"/> |
| | | IBAN: | <input type="text"/> |
| | | SWIFT/BIC: | <input type="text"/> |

Section 4. Financial Adviser

Please confirm if advice has been given on the sale of this FPA product (*this Product): Yes No

Please provide details of the Financial Adviser who gave you the advice to purchase this Product:

| | | | |
|--------------------------------|----------------------|-------------------------------------|--|
| Financial Adviser's Full Name: | <input type="text"/> | | |
| Company Name: | <input type="text"/> | | |
| Registration Number: | <input type="text"/> | Landline: | <input type="text"/> |
| Registered Address: | <input type="text"/> | Mobile: | <input type="text"/> |
| Country: | <input type="text"/> | Signature of the Financial Adviser: | <input type="text"/> |
| Postcode: | <input type="text"/> | Date: | <input type="text"/> <input type="text"/> <input type="text"/> |
| Email: | <input type="text"/> | | |

Your Financial Adviser acts as your agent and not as an agent of LCA (see declaration on page 10).

Section 5. Investment Adviser

Please provide details of the Investment Adviser that you would like LCA to consider appointing as the Investment Adviser to this FPA Annuity Policy ('Annuity').

| | | | |
|---------------------------------|----------------------|----------------------|----------------------|
| Investment Adviser's Full Name: | <input type="text"/> | | |
| Company Name: | <input type="text"/> | | |
| Registered Address: | <input type="text"/> | Registration Number: | <input type="text"/> |
| | | Landline: | <input type="text"/> |
| | | Mobile: | <input type="text"/> |
| | | Country: | <input type="text"/> |
| Email: | <input type="text"/> | Postcode: | <input type="text"/> |

Declaration

(Please tick to confirm)

I declare that I wish to appoint the Investment Adviser named above to be the Investment Adviser of the underlying assets held within my Annuity. I request LCA to enter into any formal agreements required by the Investment Adviser to facilitate this appointment.

I declare that I have delegated investment decisions to the Investment Adviser, who has complete discretionary authority, without having to consult me first, to make all investment decisions to buy or sell assets, hold cash or other investments. I authorise LCA to act upon the investment instructions of the Investment Adviser as if the Investment Adviser were the Applicant/Annuitant.

Signature of the Applicant:

Date:

| | | |
|-----|-------|------|
| Day | Month | Year |
|-----|-------|------|

For completion by the Investment Adviser

I confirm that I hold the appropriate authorisation to provide ongoing investment advice to the Applicant

Signature of the Investment Adviser:

Date:

| | | |
|-----|-------|------|
| Day | Month | Year |
|-----|-------|------|

Section 6. Discretionary Fund Manager (if applicable)

Please provide details of the Discretionary Fund Manager ('DFM') that you would like LCA to consider appointing to this FPA Annuity Policy ('Annuity').

| | | | |
|---|----------------------|----------------------|----------------------|
| Discretionary Fund Manager's ('the Manager') Full Name: | <input type="text"/> | | |
| Registration Number: | <input type="text"/> | Country: | <input type="text"/> |
| Registered Address: | <input type="text"/> | Mobile: | <input type="text"/> |
| | | Fax: | <input type="text"/> |
| | | Landline: | <input type="text"/> |
| Email: | | <input type="text"/> | Postcode: |

Declaration

(Please tick to confirm)

I declare that I wish for the underlying assets held within my Annuity to be placed in a discretionary account, which will be managed on a discretionary basis by the Manager.

I acknowledge that these investments are held in the name of LCA and therefore I request LCA to enter formal agreement(s) appointing the Manager.

Section 7. Investment Manager/Platform (if applicable)

Please provide details of the Investment Manager/Platform that you would like LCA to consider appointing to this FPA Annuity Policy ('Annuity').

| | | | | | |
|---|----------------------|----------------------|----------------------|---------|----------------------|
| Investment Manager's Full Name/Platform Name: | <input type="text"/> | | | | |
| Registration Number: | <input type="text"/> | Country: | <input type="text"/> | | |
| Registered Address: | <input type="text"/> | | | | |
| | | | | Mobile: | <input type="text"/> |
| | | | | Fax: | <input type="text"/> |
| | Landline: | <input type="text"/> | | | |
| Email: | <input type="text"/> | Postcode: | <input type="text"/> | | |

Declaration

I acknowledge that the underlying assets held within my Annuity are held in the name of LCA and therefore I request LCA to enter formal agreement(s) appointing the Investment Manager/Platform named above.

Section 8. Product Charges and other Fees

LCA Charges

Establishment Charge: %

Annual Management Charge: %

Financial Adviser Fees (if applicable)

Initial Fee: £ or % Please tick to confirm this fee is to be paid by the DFM/Platform and not by LCA

Yearly Renewal Fee: £ or % Please tick to confirm this fee is to be paid by the DFM/Platform and not by LCA

Investment Adviser Fees (if applicable)

Initial Fee: £ or % Please tick to confirm this fee is to be paid by the DFM/Platform and not by LCA

Annual Renewal Fee: £ or % Please tick to confirm this fee is to be paid by the DFM/Platform and not by LCA

The yearly renewal fees will be deducted yearly on each anniversary of the commencement date. LCA's Annual Management Charge will be deducted on the commencement date and yearly on each anniversary of the commencement date thereafter. All charges will be deducted from the Portfolio unless otherwise advised.

Section 9. Investment Instructions

Please give full details below of your initial asset selection.

Please note:

- Any assets which have not previously been accepted by LCA may be subject to an asset acceptance process.
- If any of the investment instructions are unclear, LCA will not make the investments until the information has been clarified.
- If no investment instructions are given on this Application Form then LCA shall hold any funds in cash until such time as LCA receives valid investment instructions.
- Sufficient cash should be held in the cash account to cover 1st year charges and income payments.

| Amount to Invest | | Asset Details | | |
|------------------|-------------------------|-------------------------------------|------------|--------------------|
| Cash Amount | % of The Premium Amount | SEDOL, ISIN or FPI Mirror Fund Code | Asset Name | Base Currency Unit |
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Section 10. Open Market Option Request

To be completed by the Applicant.

Full Name:

National Insurance Number: Date of Birth: Day Month Year

Existing Pension Scheme or Existing Policy details

Name of Existing Pension Scheme/Existing Policy:

Policy/Ref Number(s):

Estimated Amount of Purchase Price: £

Administrator's Name:

Address:

Town: County:

Country: Postcode:

Contact Name:

Telephone Number: Date of Birth: Day Month Year

Applicant's/Scheme Member's Full Name:

Would you like to transfer any assets of the scheme to purchase your FPA Annuity Policy in specie?

Yes

No

(If yes, please provide details of the assets to be transferred in specie).

I wish to exercise the open market option and request that the value of my benefits be used to purchase a Flexible Pension Annuity from London & Colonial Assurance PCC Plc.

I authorise and instruct you to crystallise sums and assets from the Existing Pension Scheme(s)/Existing Policy/Existing Policies (as named on this Open Market Option Request) directly to London & Colonial Assurance PCC Plc and to provide any instructions and/or discharge required by any relevant third party to do so.

I agree that your compliance with this request shall be a full and complete discharge of your liabilities to provide benefits under your Registered Pension Scheme.

Applicant's/Scheme Member's Signature:

Date: Day Month Year

Section 11. Declaration, General Principles and Signature

This declaration is to be read, signed and dated by the Applicant. By signing this Application, the Applicant declares and understands the following:

- a. The Applicant is applying for The London & Colonial Assurance PCC Plc Flexible Pension Annuity ('FPA') on the Standard Terms and Conditions ('Terms and Conditions') and confirms that to the best of his/her knowledge and belief all of the above statements are true and complete and shall, together with such Terms and Conditions and any nomination forms, form the basis of the contract between the Applicant and LCA.
- b. The Applicant confirms that he/she has read and understood the Terms and Conditions and the FPA Key Features, and he/she understands the charges that will be levied. The Applicant also confirms that the charging structure for this product has been discussed and the Applicant agrees to the fees as set out on the FPA Illustration.
- c. LCA is not providing any advice as to the UK or other tax implications of investing in this product.
- d. LCA does not give any warranty as to the performance or profitability of the assets that are purchased by the Annuity fund and, accordingly, LCA shall not be liable for any loss or depreciation in the value of the assets, whether such loss or depreciation may result from a fall in the value of any investment or from any other cause (but excluding any loss arising from negligence, wilful default or fraud by LCA).
- e. Any shares in companies to which this product is directly or indirectly linked will be held by LCA solely as an investment and, accordingly, LCA will not normally undertake any responsibility for the day-to-day management of any such company.
- f. The Applicant confirms that to the best of his/her knowledge and belief that he/she is not subject to any taxation, exchange control or legislation that would make this Application unlawful.
- g. The Applicant understands and agrees that the contract he/she is applying to enter into with LCA will be subject to Gibraltar law and that the terms of the contract will be in the English language.
- h. With reference to this Application, the Applicant may request that LCA considers the appointment of the Investment Adviser suggested in Section 5, subject to the terms and conditions as set out in the Investment Adviser Agreement. This appointment will not commence until a fully completed Investment Adviser Appointment Form has been received and duly acknowledged by LCA.
- i. The contract could be invalidated by any failure to disclose facts which might influence LCA's assessment of this Application prior to acceptance. If the Applicant has any doubt as to whether a fact is relevant then it should be disclosed.
- j. The Applicant understands that LCA shall not be responsible for any loss or liability caused to this product resulting from advice given by or negligence of the named Investment Adviser or for the investment return produced by this product.
- k. The Applicant authorises LCA to debit the Annuity fund on each anniversary of the commencement date with the charges and fees that have been agreed.
- l. The Applicant acknowledges that the Financial Adviser (FA) has entered into an agreement which sets out the basis upon which LCA is prepared to accept applications submitted by the FA on his/her behalf. This agreement categorically states that the FA acts as the agent of the Applicant and not as the agent of LCA. The Applicant acknowledges that the FA has no authority to act as the agent of LCA or to state, suggest, or imply that he/she has such authority.
- m. The Applicant consents to LCA performing electronic searches on him/her to verify his/her identity for Anti-Money Laundering purposes as and when may be required.
- n. The Applicant agrees that he/she will inform LCA within 30 days in writing if there is any change in his/her name or permanent residential address.
- o. The Applicant consents to LCA using any personal information supplied on this Application or obtained from any third party to be used for the administration of The London & Colonial Assurance PCC Plc Flexible Pension Annuity.
- p. The Applicant authorises LCA to pass his/her personal information to:
 1. Any professional financial or investment adviser(s) which the Applicant has nominated on this Application Form or in any associated correspondence; and
 2. Any necessary third party in connection with administering this Annuity;
 3. Any regulatory authorities or to any other third parties under pensions regulations and/or to comply with any other legal requirements;
 4. Other companies within STM Group Plc.
- q. The Applicant consents to LCA providing any relevant information related to The London & Colonial Assurance PCC Plc Flexible Pension Annuity to any other pension scheme trustees, administrators, practitioners, insurers or pension providers when required to do so.

In consideration of LCA agreeing to accept instructions from the Applicant by email and fax ('the instructions') without requiring written confirmation bearing actual signatures, before acting on the instructions the Applicant confirms that: LCA is hereby authorised to act on the instructions which LCA believes emanate from the Applicant and LCA shall not be liable for acting in good faith on instructions which emanate from unauthorised individuals.

The Applicant hereby requests that the amount(s) shown in Section 2 be invested as an initial premium for this product and requests LCA to issue the Annuity in the Applicant's name.

The Applicant hereby declares that the advice for this product was given in the UK and that, to the best of their knowledge and belief, the statements made in this Application and any related documents are true, consistent and complete and that no material facts have been concealed.

Annuitant/Applicant

Full Name:
(BLOCK CAPITALS)

Signature:

Date:

Day

Month

Year

Section 12. Queries, Complaints and Contact Details

For further information, or if you wish to complain about any aspect of the service you have received, please contact:

Managing Director

London & Colonial Assurance PCC Plc

3rd Floor

55 Line Wall Road

Gibraltar

GX11 1AA

Email: LCA@stmgroup.online

Telephone: (UK): 0044 (0)2036 406843, (Gibraltar): 00350 200 75812

Should you remain unhappy with LCA's resolution of your complaint, you have a right to pursue your claim through the Gibraltar Courts.



Postal Address:
London & Colonial Assurance PCC Plc
3rd Floor
55 Line Wall Road
Gibraltar, GX11 1AA
T (UK): 0044 (0)2036 406843
T (Gibraltar): 00350 200 75812
www.londoncolonial.com
LCA@stmgroup.online

Gibraltar Company Registration Number: 80650
London & Colonial Assurance PCC Plc is a Gibraltar registered company, and is incorporated under the Gibraltar Insurance Companies Act as a Protected Cell Company. London & Colonial Assurance PCC Plc is regulated by The Gibraltar Financial Services Commission - Permission Number: 5191. Registered Office: 3rd Floor, 55 Line Wall Road, Gibraltar, GX11 1AA