

Income Drawdown Plan

Application form

Thank you for choosing a LFS Income Drawdown Plan. If you need help completing this application form, please speak to your financial adviser or contact us on **0345 055 0606** between 9am-5pm Monday to Friday. Calls may be monitored or recorded for quality and security purposes.

Important Information – Please read before completing this application.

To apply for an Income Drawdown Plan you must:

- have received advice from a regulated financial adviser, who has recommended this Plan.
- have read and accepted the Plan **Key Features** and **Terms and Conditions** documents.

Both you and your financial adviser are required to fill in this form. We will only accept applications submitted by your financial adviser.

We will provide you with a personal illustration before you complete this application form. If you have not received one, please contact us.

To protect you and us from financial crime, we need you to verify your identity, address and age, even if you are an existing customer. You will need to provide us with two forms of documentation, see section 14. These must be either certified copies or originals, depending on the document requested.

Please use **BLOCK CAPITALS** and black ink to fill in this form. If you make a mistake, please initial any changes you make.

1. YOUR DETAILS

Mr/Mrs/Miss/Ms/Other	<input type="text"/>	Surname	<input type="text"/>
First name(s)	<input type="text"/>		
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
National Insurance Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Permanent address	<input type="text"/>		
		Postcode	<input type="text"/>
Telephone number	<input type="text"/>		
Mobile number (optional)	<input type="text"/>		
Email address (optional)	<input type="text"/>		

2. FINANCIAL ADVISER DETAILS – TO BE COMPLETED BY YOUR FINANCIAL ADVISER

Company name	<input type="text"/>
Principal FCA Firm Registration Number (FRN)	<input type="text"/>
Company address	<input type="text"/>
	Postcode
Agency number (if known)	<input type="text"/>
Full name of financial adviser	<input type="text"/>
FCA Individual Registration Number (IRN)	<input type="text"/>
Job title	<input type="text"/>
Telephone number	<input type="text"/>
Fax number	<input type="text"/>
Email address	<input type="text"/>

We will email you regarding any queries we have with this application and to provide updates.

3. ADVISER DECLARATION – TO BE COMPLETED BY YOUR FINANCIAL ADVISER

I declare that advice has been given to my client and this plan recommended. Yes No

Adviser Signature	<input type="text"/>
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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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Your Agency Name and Address Stamp	<input type="text"/>
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4. PLAN INSTRUCTIONS

Please detail all the Pension Plans (including LFS Plans) you wish to place into drawdown. If you are transferring funds from other providers, you will also need to fill in a pension transfer form for every transfer you wish to make. A transfer form is attached to this application form and additional forms are available at pensions.linkfundsolutions.co.uk or you can contact us.

Name of Pension Plan to transfer funds from	Plan number to transfer funds from	Estimated transfer value (include tax-free cash)	Tax-free cash?		If Yes, what percentage tax-free cash do you want to take from your transfer value (maximum 25%)
			Yes	No	
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %

The maximum tax-free cash you can take is 25%. The cash lump sum will be paid upfront.

If you do not take the maximum available tax-free cash when you first move your pension funds into drawdown, you will not be able to take it at a later date.

5. INCOME PAYMENTS

In drawdown you can take regular income, ad-hoc income payments or no income at all. You do not need to make a decision now. You can contact us at a later date when you want to arrange this.

Do you require a regular income, or an ad-hoc income payment now? Yes No. If no, proceed to Section 6.

How much gross income do you want? £

How would you like your income paid? Monthly Quarterly Annually Initial ad-hoc payment

If quarterly, annually or ad-hoc, please state the month and year in which you would like payments to start. M M Y Y Y Y

Please note: We make income payments on the 1st of the month, or the previous working day if payment date is a non-working day. We require 13 working days from receipt of all requirements, to set up your first drawdown payment. All income payments are paid by BACS. Income payments are taxed as earned income through PAYE.

If you have a P45 which has been issued in the current tax year you will need to supply this to us.

6. YOUR BANK DETAILS

Name of account holder(s)

Name of bank

Account number

Sort code - -

Address of bank

Postcode

7. INVESTMENT CHOICE – WHERE DO YOU WANT YOUR PENSION SAVINGS TO BE INVESTED?

You can choose to invest into one of our drawdown portfolios. You must invest the full value of your Plan into one portfolio, you cannot partially invest.

You can find details of the portfolios and their funds in the Guide to LF Investment Funds and Guide to Investment Risk. Each portfolio and fund has its own aims and risks. You should consult with your financial adviser as they will be able to help you make your choice.

Choose either:

Fund name	Risk attitude	Select only one (please tick)
Drawdown Portfolio 1	Low	<input type="checkbox"/>
Drawdown Portfolio 2	Low-Medium	<input type="checkbox"/>
Drawdown Portfolio 3	Medium	<input type="checkbox"/>
Drawdown Portfolio 4	Medium-High	<input type="checkbox"/>
Drawdown Portfolio 5	High	<input type="checkbox"/>

Please note: Lifestyle profiles and capped drawdown portfolios are not suitable for this Plan.

At age 75, your savings will be automatically moved into Drawdown Portfolio 1 to reduce the impact of any sudden market movements. Do you wish to opt-out of this automatic switch? (You can contact us to change your mind at any time.)

Yes No

8. MONEY PURCHASE ANNUAL ALLOWANCE – MUST BE COMPLETED BY ALL APPLICANTS

HMRC has rules in place to limit the amount you can contribute into your pension(s). This is known as the Money Purchase Annual Allowance (MPAA). The MPAA will only be triggered after the first taxable income payment is made, after 5 April 2015. Taking tax-free cash has no effect on your contribution allowance.

Have you triggered a reduction in your MPAA allowance with any of your pension providers? Yes No

Your pension providers should have notified you if you have triggered a reduction in your allowance. If you are unsure which events trigger a reduction, you should consult with your financial adviser. Further details can also be found in the **Key Features**.

9. LIFETIME ALLOWANCE ON YOUR PENSION SAVINGS – MUST BE COMPLETED BY YOU. WE CANNOT SET UP YOUR PLAN UNTIL THIS HAS BEEN COMPLETED.

There is a maximum amount of pension savings you can build up over time before you are liable to pay tax. This is called your Lifetime Allowance. The Lifetime Allowance (LTA) on pension savings is currently £1 million for 2016-17.

Does the value of your total pension savings with all providers and any benefits you are taking exceed this limit, or do you think it could be near the limit? Do not ignore the potential impact of growth on your savings.

Yes No If Yes, you must read the **Important note**.

Important note: If the answer is 'Yes' you should speak to your financial adviser. You could be liable for a Lifetime Allowance tax charge on your pension savings, if you have not applied for pension protection and you progress with this application. If you progress, you will need to complete an LTA form which is available on request or from your financial adviser, or can be found at pensions.linkfundsolutions.co.uk. HMRC can impose a fine if you make a false declaration about your LTA. Please enclose the LTA form with your application.

10. HMRC PENSION PROTECTION

Have you registered with HMRC to protect your pension savings from a Lifetime Allowance tax charge?

Yes No If Yes, you must read the **Important note**.

Important note: If 'Yes', please provide us with a certified copy of your Protection Certificate.

11. PAYMENTS OF BENEFITS ON DEATH – YOU MUST COMPLETE THIS SECTION IN ALL CIRCUMSTANCES

After your death, the remaining value of your Plan can be used to provide benefits to one or more beneficiaries, or in certain circumstances, to provide a lump sum for a charity. You should read the Terms and Conditions and Key Features for full details on death benefits and potential tax implications before you complete this section.

Please fill in the details of who you would like to receive your death benefits. Please make sure that the total of your chosen beneficiaries adds up to 100%.

The value of your funds will be paid out in accordance with the Rules of the LF Personal Pension Trust. Although LFS will take into account your wishes, we are not legally bound to follow them. If you wish to change these details later, you should write to LFS, quoting your Plan number and revised information.

EITHER

Beneficiary 1

Full name	<input type="text"/>
Permanent address	<input type="text"/>
	Postcode
Relationship to you (if any)	<input type="text"/>
Percentage of fund	<input type="text"/> %

Beneficiary 1

Full name	<input type="text"/>
Permanent address	<input type="text"/>
	Postcode
Relationship to you (if any)	<input type="text"/>
Percentage of fund	<input type="text"/> %

Please use a continuation sheet for more beneficiaries if required.

OR

You can choose a Registered Charity. You can only choose a charity if you have no wife, husband, civil partner or other dependants at the time of your death. Please see the **Key Features** for more details.

Name of organisation	<input type="text"/>
Permanent address	<input type="text"/>
	Postcode
Registered charity number	<input type="text"/>
Percentage of fund	<input type="text"/> %

Please use a continuation sheet for more beneficiaries if required.

12. HOW DO YOU WANT TO PAY YOUR FINANCIAL ADVISER?

If you have agreed that adviser charges will be deducted against the value of your Plan, your instructions will be applied after your tax-free cash has been deducted. You do not need to complete this section if your financial adviser is not charging you or you have agreed to pay them directly.

By signing the declaration in Section 15, you are agreeing to the charge(s), documented by you below, being deducted from your funds.

Charge for initial set-up of your Plan

Adviser charge for arranging set-up of your Plan £ OR % of fund value %

Ongoing financial adviser charge

Annual adviser charge £ OR % of fund value %

13. DATA PROTECTION – THIS MUST BE READ BY ALL APPLICANTS

By completing this form you consent to the processing of your personal details and other information in order to consider and process your application. If your application is successful, we will also use this information to provide services and manage our relationship with you and your financial adviser and as otherwise set out in this notice.

Your information may be disclosed to other selected third party providers for the purpose of our service provision to you and your information may be also held in or transferred to countries outside of the EEA. In this event the processing will only be carried out by experienced and reputable organisations and only on terms which safeguard the security of your data and comply with the requirements of the GDPR. By signing this application form you consent to your details being used in this way.

We may share your personal information from your application form with fraud prevention agencies. If false or inaccurate information is provided and fraud identified, details of fraud will be passed to third parties to prevent fraud and money laundering.

We will record and monitor telephone calls with you in case we need to check we have carried out your instructions correctly and to help improve our quality of service.

We would also like to keep you informed by letter or phone about products, services or additional benefits that we believe may be of interest to you. We will not give your details to other non-LFS companies for marketing purposes. If you do not wish to benefit from this, please place a cross in this box.

We would also like to keep you informed via the email address or mobile number which you may have provided earlier in this form.

May we keep you informed by email? Yes No

May we keep you informed by mobile messaging? Yes No

Under the terms of the GDPR, you are entitled to ask for a copy of the information we hold on you, and to have any inaccuracies in your information corrected. Please contact our Data Protection Officer at LFS, PO Box 1043, CHELTENHAM GL50 9JB.

14. CHECKLIST

Please check that:

- You have signed and dated the application form
- The adviser declaration has been signed and dated
- A Pension transfer form, one per transferring scheme, has been completed with signature (if applicable)
- You have enclosed a Protection Certificate (if applicable)
- You have completed a LTA declaration (if applicable)
- You have enclosed a P45 for the current tax year, if you have one and you require an income

Evidence of age & identity

We must confirm your date of birth and identity at the start of income drawdown even for existing customers. Please send us two forms of documentation, one from List A and one from List B.

This documentation must be a certified copy or an original. It can be certified by your regulated financial adviser. If you do not have documentary evidence of age and identity as specified below or you would like details of who else can certify your documentation please contact us for assistance.

List A

- Valid certified Passport
- Valid certified driving licence
- Birth certificate. If your name differs to the birth certificate you will also need either a certified marriage certificate or official proof of your name.

List B

- Valid certified driving licence
- or a certified copy, or an original from the following list of documents:**
- Bank/Building Society/credit card statement – no more than 3 months old
- Mortgage statement – no more than 12 months old
- Utility bill/statement – no more than 3 months old
- Local Authority bill – less than 12 months old and valid for current/upcoming financial year

15. DECLARATION – IMPORTANT PLEASE READ AND SIGN

For your own benefit and protection you should read the Income Drawdown Plan Key Features, Terms and Conditions, Guide to Investment Risk, Guide to LF Investment Funds and personal illustration before signing the declaration below. If you do not understand any point, you should ask your financial adviser for further information.

I declare that:

- 1. I have received advice and a recommendation to invest in drawdown from my financial adviser.
- 2. I have received, read, understood and agree to the Income Drawdown Plan Key Features, Terms and Conditions, Guide to Investment Risk, Guide to LF Investment Funds and my personal illustration.
- 3. I agree that any adviser charges as detailed in section 12 are a result of receiving advice from my financial adviser. If I wish to change or cancel these charges I will inform LFS of my new instruction 13 days prior to my next payment date.
- 4. I agree to the charges shown in my personal illustration.
- 5. I understand that if I change my financial adviser, I may be liable to pay any outstanding monies owed to my adviser for financial advice they have given me.
- 6. Any adviser charges are agreed between my financial adviser and myself. LFS will not be involved in any dispute resolution.
- 7. I understand that LFS can disclose information within this application form to my financial adviser if they request it, unless I inform LFS in writing not to do so.
- 8. I have read the Data Protection notice in section 13 and I agree that my personal data may be used for the purposes described and agreed.
- 9. I understand that, to the best of my knowledge and belief, the statements made in this application are correct and complete.
- 10. I apply for membership of the LF Personal Pension Trust and agree to be bound by its Trust Deed and Rules.

You must complete the boxes marked with crosses

Print name (in **BLOCK CAPITALS**)

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Please return your completed application form in the pre-paid envelope provided with any original or certified documentation to:
LFS
PO Box 1043
CHELTENHAM
GL50 9JB

