



OPEN PENSION APPLICATION FORM



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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are you resident in the US for tax purposes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Are you a US citizen?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
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. Professional Adviser Details

Full name of Firm:	Company stamp if available
Name of adviser	
Main business address:	
Telephone:	
Email:	
Authorisation Body (eg FCA):	
Authorisation No:	

The above Firm is:

Directly Authorised by the FCA	<input type="checkbox"/>
Member of the IN-Partnership Network	<input type="checkbox"/>
Member of another network*	<input type="checkbox"/>

Advice given at point of sale to client that takes account of the intended underlying investment strategy

Advice given at point of sale to client but does NOT take account of the intended underlying investment strategy

Advice not given at point of sale to client*

**If ticked please ask the client to sign Form G - Non advised supplemental declaration 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 Professional Adviser)

4. Remuneration Basis

Please state the level of remuneration that you wish us to pay to your Professional Adviser. Please state gross amounts and include VAT where applicable.

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.

All investment 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*

Do you wish to manage the fund yourself? Yes No

If you tick 'Yes' we will contact you for all investment and disinvestment instructions. Please provide initial investment instructions on Form C in the appendix.

Do you want us to act on instructions from your Professional Adviser? Yes No

If you tick 'Yes' we will contact your adviser for all investment and disinvestment instructions.

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 Professional 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.

6. Declarations (continued)

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

7. Professional Adviser Checklist

What signatures are required?		<i>Please tick</i>
Adviser signature	Section 3	<input type="checkbox"/>
Client signatures	Section 6 & Forms B & E and/or Form F & G as appropriate	<input type="checkbox"/>

Index of Appendix

Form A	Applicant's death benefit nomination form <i>(not required to effect the Open Pension)</i>
Form B	Contribution form <i>(if applicable)</i> <i>(please also complete Form E for regular contributions)</i>
Form C	Initial investment instructions <i>(not required to effect the Open Pension)</i>
Form D	Benefit payment form <i>(if applicable)</i> <i>(If already receiving or about to commence pension payments)</i> Enclose P45 <i>(if appropriate)</i>
Form E	Standing order instruction <i>(for regular contributions)</i> <i>(please photocopy for each payee as required)</i>
Form F	Transfer request form <i>(if applicable)</i> <i>(please photocopy for additional sources as required)</i>
Form G	Non advised supplemental declaration

FORM A - Nomination of Death Beneficiaries

You may request that any of your pension fund remaining on your death is divided between two or more persons. Please state each person's name and address in the first column and the desired percentage proportion of your available fund in the third column. This nomination can be changed by submitting a replacement nomination form to us at any time.

In the event of my death I would like any sums payable under my 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.

Full name and address of beneficiary	Relationship to you	%
My Estate (can be 0%)		_____ %
	Total: (Must add up to 100%)	100 %

We recommend that you review your nomination(s) regularly, particularly if either your circumstances, or those of your beneficiaries, change. Upon notification of your death, we will refer to the most recent signed nomination received by us.

FORM B - Contribution Form

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

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

2. Single contributions

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

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"/>
(e.g. a UK bank account)	<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	<input type="text"/>	Position	<input type="text"/>
Name (block capitals)	<input type="text"/>	Employer	<input type="text"/>

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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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"/> Electronic Transfer
	<input type="checkbox"/> Cheque
	<input type="checkbox"/> Contribution In Specie
	<i>(please provide asset details separately)</i>
Regular contributions	<input type="checkbox"/> Electronic Transfer
	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
-------------------------------	----	------	---

Please complete a standing order instruction (Form E) for each regular payment.

FORM C - Initial investment instructions

For property, loans, unregulated investments or unquoted share purchases, please complete the associated application form available from our website or on request. For investment payment information please see section 5.

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 Professional 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	% / £
1	
2	
3	
4	
5	
6	
7	
8	
	Total:

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 £1.5m).
- 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 Maximum available OR
 Specified amount £

Capped Drawdown Income Maximum available OR
 Minimum available OR
 Specified amount £

Flexible Drawdown Income Specified amount £

Frequency (please tick one)

Please indicate how often you wish your income to be paid.

- Monthly Quarterly
6-monthly Annually

Start date of payments (dd/mm/yyyy)

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

Address

Account Name

Sort Code / Account number

Reference (if any)

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

Source of Income 1	Details of person responsible for making the income payment
Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Total income payable in the current tax year	£ <input type="text"/>
First income payment received in tax year	ending 5th April, <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Source of Income 2	Details of person responsible for making the income payment
Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Total income payable in the current tax year	£ <input type="text"/>
First income payment received in tax year	ending 5th April, <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Source of Income 3	Details of person responsible for making the income payment
Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Total income payable in the current tax year	£ <input type="text"/>
First income payment received in tax year	ending 5th April, <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Source of Income 4	Details of person responsible for making the income payment
Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Total income payable in the current tax year	£ <input type="text"/>
First income payment received in tax year	ending 5th April, <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

Address

Post Code:

Account Name

Sort Code / Account Number

- 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

£

Amount in words

Frequency (*monthly, quarterly, annually, etc.*)

Date (*1st, 2nd, etc.*)

- 2 Please make a first payment of:

£

On

Account holder signature

Date

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

Name of Organisation

London & Colonial

Bank Name

Address

Sort Code / Swift Number

Account Number / IBAN

Reference (*if any*)

Please photocopy this page for additional regular payments

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 a list of assets separately

I authorise London & Colonial to obtain information on my pension. 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

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 Professional Adviser 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 FCA 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



Please POST the original application and enclosures to:

**ProsperSIPP LLP
4 Ravenswood Crescent
West Wickham
Kent BN4 0JJ**

t: 0207 357 9090

38-42

West Sussex

RH16 3DN

London & Colonial Holdings Limited, London & Colonial Services Limited, London & Colonial Central Services Limited and London & Colonial Trustees Limited are registered in England and Wales. Registered numbers 4093489, 2966313, 7966194, 2275364 respectively. Registered office at 38-42 Perry Mount Road, Haywards Heath, West Sussex RH16 3DN. London & Colonial Services Limited is authorised and regulated by the Financial Conduct Authority. London & Colonial Assurance plc and London & Colonial (Trustee Services) Limited are registered in Gibraltar. Registered numbers 80650 and 102550 respectively. Registered office PO Box 199, 57-63 Line Wall Road, Gibraltar. London & Colonial Assurance plc and London & Colonial (Trustee Services) Limited are authorised by the Gibraltar Financial Services Commission.