



GROUP PERSONAL PENSION PLAN & GROUP STAKEHOLDER PENSION PLAN

Group Life Assurance application form

You'll need to complete this application form to apply a group life assurance scheme to your group pension plan with Royal London.

1 Important information

Please read this section carefully before completing this application form.

- Please use BLOCK CAPITALS and black ink when completing this form.
- You should complete this form if you are applying for a group life assurance scheme to run alongside your group pension plan.
- Once we have set up your group life assurance scheme, we will return the Deed of Trust section to you along with a copy of the scheme rules which you need to keep in a safe place.
- If more than one employer is included in this group life assurance scheme, a Form of Covenant should be completed by each additional employer, you can request a copy of this form from us.
- You should keep a copy of this application form and any additional forms you submit to us.

2 Your group life assurance scheme details

Please complete this section with the details of your group life assurance scheme.

Name of your group pension plan

Name of your group life assurance scheme

(Note: this will be the name as shown in Clause 1 of the Deed of Trust.)

Your group life assurance scheme's Tax Reference number (PSTR)

Date of your group life assurance scheme's registration with HMRC

Please confirm the name of the category or categories of membership under your group pension plan that may qualify for the group life assurance benefits. If there are more than 2 categories, please provide the details on a separate piece of paper which should be signed, dated and attached to this form.

Group pension plan categories	Name of category
Category 0	<input type="text"/>
Category 1	<input type="text"/>

What is the minimum age required to qualify for group life assurance benefits? (years)

What is the maximum age required to qualify for group life assurance benefits? (years)

What is the minimum length of service necessary to qualify for group life assurance benefits? (months)

What is the expected number of initial entrants for group life assurance benefits?

When will members join the group life assurance scheme?

At the group life assurance scheme's renewal date Immediately they become eligible At your discretion

What level of group life assurance benefits are being provided?

Multiple of member's pensionable earnings Lump sum amount

Please confirm the details for the level of group life assurance benefits being provided?

If the benefits are being applied as a multiple of the member's pensionable earnings, are they linked to the member's annual rate of basic salary at the date of his/her death? Yes No

If no, please detail the salary definition the benefit should be linked to?

Please confirm if either of the following two statements apply to any of the members who are joining your group pension plan and who would otherwise have qualified for the group life assurance benefits. If they do, please tick the box and provide the names of the members on a separate piece of paper which should be signed, dated and attached to this application form.

- The member has been absent from active employment due to illness or injury for a total of ten days or more within the three months before joining your group pension plan.
- The member is joining your group pension plan now, but does not want to be covered for the group life assurance benefits until a later date.

3 Notes on completing the Deed of Trust

Both the employer and the trustees should read this section before completing and signing the Deed of Trust.

1. Insert the date on which the Deed of Trust is completed and signed (i.e. the day, month and year).
2. Insert the name of the employer who is setting up the group life assurance scheme followed by the appropriate statement from (a), (b) or (c) below.
 - (a) If the employer is a limited company, insert the employer's name followed by "whose registered office is situated at..." and then complete the company's registered address.
 - (b) If the employer is a partnership, insert the names of the partners followed by "carrying on the business in partnership under the style of..." followed by the trading name of the partnership and its address. After the words ("the employer"), add in "which expression will include the partner or partners thereof for the time being".
 - (c) If the employer is a sole trader, insert the full name of the individual concerned and their business address. The employer can choose whether they wish to include their trading name.
3. Insert the name of the group life assurance scheme (e.g. "The ABC Limited Group Life Assurance Scheme").
4. This should be the commencement date of the group life assurance scheme. The commencement date should not be before the date of the Deed of Trust but it should be on or before the date the first payment is made to Royal London.
5. Insert the names and addresses of the trustees to be appointed to this group life assurance scheme.
6. Where witnesses are required, there must be one witness to each signature. The same individual may witness more than one signature. Anyone who is already involved with this Deed (i.e. employer or trustee) cannot act as a witness to any of the other trustee's signatures.

Employer status	Method of signing
Company	This section must be signed by the authorised signatories as per the Company's Articles of Association, or by one director plus a witness.
Partnership	This section must be signed by the partners who are authorised and/or required to sign in terms of their partnership agreement plus witness(es). If the employer is resident in Scotland, the firm name must also be signed by one of the partners.
Sole trader	This section must be signed by the individual, plus a witness.
Charity, club or other unincorporated body	This section must be signed by the authorised signatory/signatories required in terms of its Constitution plus a witness.

4 Deed of Trust

Both the employer and the trustees must complete this section.

We recommend that all employers and trustees consult with their legal advisers before signing this Deed.

This Deed is made the (see note 1) day of in the year (see note 2)

by
 (the "employer")

Considering that:

The employer has decided to establish a group life assurance scheme (the "scheme") to provide benefits which are authorised payments as defined in Part 4 of Finance Act 2004 for various employees of the employer and of such associated employers as may be admitted to participation in the scheme and which have agreed in writing to be bound by the rules mentioned in clause 4 below (the "rules") as far as these are applicable to that employer.

Now this Deed provides as follows:

1. The scheme constituted by this Deed shall be called (see note 3)
and will commence on the (see note 4) day of in the year
2. The employer appoints (see note 5)

(the "trustees") as the first trustees of the scheme in terms of the rules. By signing this Deed the trustees accept office.
3. The trustees shall receive, hold and apply the contributions that are to be made under the scheme and the funds created by these contributions under the trusts declared in this Deed.
4. The scheme shall be administered in accordance with the provisions of the rules annexed to this Deed and all valid amendments made to these.
5. The employer agrees to be bound by the rules applicable to it.
6. The trusts declared by this Deed are irrevocable.
7. The scheme is governed by the Law of Scotland or England and Wales according to whether the employer is resident in Scotland or outside Scotland.

IN WITNESS WHEREOF this document is executed as a deed on the day and year first above written.

Signed and delivered by the employer (see note 6)

Signature 1 **Signature 2**

Signed and delivered by the trustees.

Witness signature 1	<input type="text"/>	Witness signature 2	<input type="text"/>
Name	<input type="text"/>	Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Occupation	<input type="text"/>	Occupation	<input type="text"/>

5 Privacy notice

Please read this section.

We, The Royal London Mutual Insurance Society Limited will use the personal information, including any sensitive personal information, supplied on this form and information we obtain from other sources, such as your financial adviser, your doctor or an identity authentication agency for providing and developing our products and services, customer services, legal and regulatory reasons, marketing, research and analysis and verifying your identity and crime prevention.

We'll retain your personal information which we'll keep for a reasonable period after your plan has ended. In order for us to carry out business effectively information may also be passed to other companies in the Royal London Group, legal and regulatory bodies, auditors, legal and financial advisers, other financial institutions, professional advisers, identity authentication and fraud prevention agencies, underwriters, reinsurers and medical agencies, authorised agents and third party service providers. We may contact you by mail, phone, fax, email or other electronic messaging with further offers, promotions and information about our products and services that may be of interest to you. By providing us with the information on this form you consent to being contacted by these methods for these purposes. Please tick this box if you do not wish to receive this information.

Your personal data may be processed in countries outside the European Economic Area. This processing will 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 Data Protection Act 1998. We may carry out an electronic check to verify your identity. We will use a reputable reference agency who will access a range of data sources including information from the Electoral Register to carry out identity checks. Although we will retain a record of this search, we will not share this information outside of the Royal London Group.

We may monitor and record phone calls and retain these for the purposes of training and quality assurance, and to ensure we have an accurate record of your instructions. Under the terms of the Data Protection Act 1998, you are entitled to ask for a copy of the information we hold on you, and to have any inaccuracies in your information corrected. We are allowed to charge a fee for this. If you have any questions about how we will use your personal information please contact the Data Protection Officer, Royal London House, Alderley Road, Wilmslow, Cheshire, SK9 1PF.

6 Employer's declaration

Please read this section carefully, then sign and date it.

Declaration

We apply to set up a group life assurance scheme to run alongside our group pension plan.

We agree to supply Royal London, the scheme administrators, with the information needed so that members can join this group life assurance scheme.

Signed for and on behalf of the employer

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Name

7 Trustees' proposal and authority

The Trustees should read this section carefully, complete the authority details, then sign and date it.

A) Proposal

As the trustees of the scheme, we request The Royal London Mutual Insurance Society Limited to issue to us with a policy which secures benefits for the members of the group life assurance scheme and agree that this application and any statement made or to be made in connection with the group life assurance scheme by us or by an employer participating in the said scheme shall form the basis of the contract proposed.

B) Authority

Please provide the contact details of the person responsible for the day to day administration of the group life assurance scheme.

Contact name

Position

Address

Postcode

Signed for and on behalf of the trustees

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Name



Royal London
1 Thistle Street, Edinburgh EH2 1DG
royallondon.com

All literature about products that carry the Royal London brand is available in large print format on request to the Marketing Department at Royal London, St Andrew House, 1 Thistle Street, Edinburgh EH2 1DG.

All of our printed products are produced on stock which is from FSC® certified forests.

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