



TALISMAN PERSONAL PENSION PLAN

Retirement Options Income Drawdown Application Form

You'll need to complete this application form if you have a Talisman Income Drawdown Plan and you would like to start/change income payments or make a full withdrawal from your plan.

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 application form if you have a Talisman Income Drawdown Plan and you would like to:
 - take a one-off income payment from your plan;
 - start or change the level of income you receive from your plan;
 - fully withdraw your retirement savings from your plan.
- It's important that you discuss your options with your financial adviser before you make a decision. If you decide to fully withdraw your retirement savings from your plan as a cash lump sum, you can't change your mind once the payment has been made.
- You should answer each question fully and accurately with your financial adviser. You should remember that your adviser is acting on your behalf not only by providing you with advice, but also regarding the completion of this form. If you need any further help completing this form you can contact us on **0345 60 50 050** (Mon – Fri, 8am – 6pm).
- Once you have started to receive income from your plan further payments may only be made into this plan in strictly limited circumstances. Please contact us if you need more information.
- You should keep a copy of this application form and any additional forms you send to us.
- Your completed form should be sent to us at **PO Box 296, Wilmslow, Cheshire, SK9 1WJ**. If you're returning your application form in an A4 window envelope, then you should read the additional instructions on the back page of the form.

2 Checklist

Please complete this section before returning this application form

You'll need to enclose the following documentation with your application form:

Evidence of your age. For example, your original birth certificate or a certified copy of your passport or photo driving licence.

If you can ensure that all the relevant documentation is submitted with your application form, this will allow us to process your application as soon as possible and make any payments without any delay.

3 Your details

Please complete this section with your personal details

Name

Plan number

If there has been a change to any of your personal details, for example your address or your employment status has changed and you've not previously told us, please complete the table below and we'll update your details.

Type of change	Details of change

Is your plan subject to an Earmarking Order? Yes No

If 'Yes', please enclose the original or a certified copy of the court order and Decree Absolute (England & Wales) or Decree of Divorce (Scotland) unless you have already provided us with a copy of these documents.

4 Income drawdown details

You'll need to complete the relevant part of this section to let us know how you would like to take your retirement savings from your plan.

Please tick the relevant box below. Would you like to:

- Take a one-off income payment from your plan? Please complete Part A
- Start taking income payments from your plan or change the level of income payments you're currently taking from your plan? Please complete Part B
- Fully withdraw your retirement savings from your plan as a cash lump sum? Please complete Part C

Before you make a decision you should discuss your options (including the tax implications of these) with your financial adviser. Before we can pay your income payments, you'll need to ensure there is sufficient value in your plan to cover your chosen level of income.

Part A: You'll need to complete this part if you would like to take a one-off income payment from your plan.

If you would like to take a 'one-off' income payment, how much would you like?

(Please tell us the amount you would like to receive before tax.)

£

4 Income drawdown details continued

Part B: You'll need to complete this part if you would like to start taking, or change the level of, regular income from your plan.

Flexi-access drawdown

If you're already using flexi-access drawdown or you would like to start using this, you'll need to answer the questions below.

If you're already using capped drawdown and you would like to increase your income payments to more than the Government Actuary's Department (GAD) maximums, please tick this box. You'll need to answer the questions below and we'll automatically convert your plan to flexi-access drawdown.

When would you like your income payments to start?

On what date would you like to receive your regular income payments?

(You can choose between the 1st, 8th, 15th and 22nd only.)

How much regular income would you like to receive each year?

(Please tell us the amount you would like to receive before tax.)

How frequently would you like to receive your regular income? Please tick **one** box only.

Monthly

Quarterly

Half-yearly

Yearly

Capped drawdown

You'll need to complete these questions if you're already using capped drawdown and you would like to change your income payments but remain within the withdrawal limits set by the Government Actuary's Department (GAD).

Regular income options	Please tick	Percentage/amount
Maximum income available	<input type="checkbox"/>	N/A
A percentage of maximum income available (between 1% - 99%)*	<input type="checkbox"/>	%
Yearly income amount	<input type="checkbox"/>	£

*Please note you'll need to tell us the percentage of income you would like to receive and not the percentage of the GAD maximum. As an example, where the GAD maximum is 150% and you would like 110% of the GAD maximum, you'll need to input (110 divided by 150) 73.33% rather than 110% (as this is 73.33% of the maximum income available.)

When would you like your income payments to start?

On what date would you like to receive your regular income payments?

(You can choose between the 1st, 8th, 15th and 22nd only.)

How much regular income would you like to receive each year?

(Please tell us the amount you would like to receive before tax.)

How frequently would you like to receive your regular income? Please tick **one** box only.

Monthly

Quarterly

Half-yearly

Yearly

If you're using flexi-access drawdown or capped drawdown, you'll need to tell us where you would like us to take your income from. Please tick **one** option and then complete the relevant questions below.

Proportionately across your investment funds

A specific fund choice

If you've chosen to receive your income from a specific fund, please tell us the name of the investment fund

Part C: Full withdrawal

If you would like to fully withdraw your retirement savings from your plan as a cash lump sum please tick this box

5 Bank details

You'll need to complete this section to tell us where you would like your income payments to be paid to.

If you have confirmed in section 3 that your plan is subject to an Earmarking Order, you'll need to tell us the address, bank details and payee details for your ex-spouse/ex-civil partner as we'll not be able to settle any retirement benefits without this information.

Please tick this box and provide these details on a separate piece of paper which should be signed, dated and attached to this application form.

If you would like your income payments to be paid into the same bank or building society account as the most recent payment we've made to you from this plan, please tick this box.

If you would like your payments to be paid to a different bank or building society account, please complete the details below.

Name of your bank/building society	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Account name	<input type="text"/>		
Account number	<input type="text"/>	Sort code	<input type="text"/>
Roll number	<input type="text"/>		

If you would like your income payments to be paid overseas, you'll need to tell us and we'll make all payments via cheque.

6 Financial adviser's details

This section should be completed by your financial adviser

Name of adviser's firm	<input type="text"/>
Adviser's name	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>
FCA reference number	<input type="text"/>
Royal London agency number	<input type="text"/>

7 Privacy notice

This section should be read by all applicants

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.

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.

8 Declaration

You should read and sign this section. If there is anything that you do not fully understand you should speak to your financial adviser or Royal London.

I confirm this is my application to take a one-off income payment, to start or change the income payments I receive, or to take a full withdrawal from my plan.

I understand that:

- the terms of my plan are detailed within my **Policy Conditions booklet** which I received when I applied for my plan, and if I require an additional copy of this I can request a copy at any time;
- If I decide to fully withdraw my retirement savings from my plan as a cash lump sum, I can't change my mind once the payment has been made;
- If I have not already triggered the money purchase annual allowance (MPAA), I will do so if:
 - I fully withdraw my retirement savings from my plan as a cash lump sum; or
 - I take a flexi-access drawdown payment from my plan for the first time; or
 - I was using capped drawdown but I now take an income payment from my plan that exceeds the limits set by the Government Actuary's Department;
- if at any point I trigger the MPAA under any other pension plan, then it's my responsibility to inform Royal London of this within 91 days of the trigger;
- I will not be able to cash in, assign or take as a lump sum any pension bought by my plan except as allowed by Part 4 of the Finance Act 2004 (as amended).

I confirm that the information I have provided in this application form is true to the best of my knowledge and belief. I also confirm that I have read the declaration and every answer including those answers not filled in by me, is correct.

Signature

Date

Returning this form

Royal London
PO Box 296
Wilmslow
Cheshire
SK9 1WJ

Returning this form: If you are using an A4 window envelope to return your completed application form then insert the completed form into the envelope, ensuring the address to the left is clearly visible in the envelope window.



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, 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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