



GROUP PENSION PLAN

Member Application Form

Thank you for applying for your Talisman Group Pension Plan. You'll need to complete this application form to apply for your plan which will form part of your employer's group pension plan with Royal London.

Important information

Please read this section carefully before completing this application form.

- Please use BLOCK CAPITALS and black ink when filling in your answers.
- This form is to apply for a new plan only. If you wish to increase the payments to an existing plan, please complete an additional investment form (73A1119). All our application forms are available from our website: royallondon.com.
- Your Talisman Group Pension Plan is written under the provisions of the pensions Schemes Act 1993 and Part 4 of Finance Act 2004 (as amended).
- Please note that throughout this form we'll use the term 'employer', which includes any other sponsor of the group pension plan with Royal London.
- If we receive a payment before we are satisfied that we have all the information we need to apply it, we will not invest the payment for the first 30 days. If after 30 days we have not received all the information we need to apply it, we will invest your payment as detailed in the policy conditions.
- If any of your personal circumstances change once you've completed this form and before your plan starts, you must tell us.
- You should keep a copy of this application form and any additional forms you send to us. When you take out your plan, you'll receive a copy of the policy conditions for your plan. If you would like to see a copy of the policy conditions now, you can request a copy from us at any time.
- Your completed form should be sent to us at **Royal London, PO Box 296, Wilmslow, Cheshire SK9 1WJ.**

1 Checklist

This section should be completed before returning this application form.

Please use the checklist below to let us know what additional documentation you are enclosing with this form. Any missing documentation may result in a delay.

The following document is required:

Illustration showing the details and terms you wish to proceed on

The following documents may be required:

Transfer discharge form or letter of authority

(You'll need to supply this if you're applying any transfer payments to the plan.)

Block transfer form

(You'll need to supply this if any transfer payments you are paying into the plan are part of a block transfer.)

Pension Sharing or Earmarking Order and Decree Absolute or Decree of Divorce

(You'll need to supply this if any transfer payments you are paying into the plan are as a result of a Pension Sharing Order or subject to an Earmarking Order.)

Other (please specify)

2 Plan details

Please complete this section with details of your employer's group pension plan.

Name of your employer's group pension plan or sponsor's group pension plan

Scheme number of the group pension plan

3 Your details

Please complete this section with your personal details.

Part A: Your details

Title Mr Mrs Miss Ms Other (please specify)

Forename(s)

Surname

Date of birth

Sex Male Female

Marital status Single Married Divorced Separated Widowed
Civil partnership Civil partnership dissolved Surviving civil partner

National Insurance number

What is your chosen retirement age or date? Age or date

Address

 Postcode

Contact telephone number

If you're under 18 years of age (16 in Scotland), please enter the name and address of your legal guardian.

Name

Address

 Postcode

Part B: Your employment details

What is your current employment status? Employed Self-employed Other

If 'Other', which of the following applies? (tick one box only)

I care for one or more children aged under 16 I care for a person age 16 or over

I am in full-time education I am unemployed

None of the above

If employed, name and address of current employer:

Name

Address
 Postcode

3 Your details continued

Otherwise, please give us the name and address of the group pension plan sponsor.

Name

Address

Postcode

(Group pension plan sponsor includes such organisations as companies, partnerships and affinity groups).

4 Payments

Please complete this section with the payment details for your plan.

Part A: Your earnings

Only insert your yearly earnings if you want to make regular payments that are a percentage of your earnings.

What are your yearly earnings? £

Part B: Your other pension plans

Have you previously triggered the money purchase annual allowance (MPAA)? Yes No

If 'Yes', when was this triggered? (DDMMYYYY)

You can find out more information about the MPAA within the [key features document for your employer's Talisman Group Pension Plan](#).

Part C: Regular payments

Please note the gross amount of regular payments should be entered.

The amount taken from your employer's payroll will be less than the gross amount. This is because the payment that you are asked to enter below is the gross amount, made up of your net payment and tax relief which we'll claim from HM Revenue & Customs on your behalf. If you're a higher rate taxpayer, you'll need to claim your additional tax relief through your tax return. All payments made by employers must be made gross of tax.

(a) Expected first payment date (dd/mm/yyyy)

The date of the first payment cannot be before the date of entry into the scheme.

(b) Regular payments

Your payments % of earnings or £ per month (gross)

Your employer's payments % of earnings or £ per month (gross)

(c) Tiered payments

Are your payments to follow a tiered payment structure? Yes No

If 'Yes', are you aware of the contractual increases contained in the tiered payment structure? Yes No

Please note that the actual amount of payments currently payable should be infilled at part (b).

Do you want to make payments in addition to those payable under the tiered payment structure? Yes No

If 'Yes', the rates are % of earnings or £ per month (gross)

4 Payments continued

Part D: Single payments

If a single payment is to be made to your plan, how much do you and/or your employer wish to pay?

Your single payment £ (gross) Your employer's single payment £ (gross)

Single payments can be paid by cheque which must be payable to 'Royal London'. If you're paying a single payment to your plan, please ensure that you write your name and date of birth clearly on the back of the cheque. The amount that you complete on your cheque should be for the net amount. This is because the payment that you've entered above is the gross amount, made up of your net payment and tax relief which we'll claim from HM Revenue & Customs on your behalf. If you're a higher rate taxpayer, you'll need to claim your additional tax relief through your tax return. Any single payment made by employers must be made gross of tax.

Part E: Transfer payment

We can only accept transfer payments from a Registered Pension Scheme.

Please advise how many transfer payments are being paid to your plan

If you're applying more than one transfer payment to your plan, please tick this box. You'll also need to photocopy this page and complete it with the details of any additional transfer payments you wish to make. You'll need to sign and date the additional page and attach it to this application form.

Name of the transferring scheme	<input type="text"/>
Provider's name & address	<input type="text"/> <input type="text"/>
	<input type="text"/> Postcode <input type="text"/>
Provider's telephone number	<input type="text"/>
Plan number of transferring scheme	<input type="text"/>
Total estimated transfer payment	£ <input type="text"/>

Are the benefits being transferred as part of a Block Transfer?

If 'Yes', you'll also need to complete a [Block transfer form](#).

Yes No

Is your transfer payment as a result of a Pension Sharing Order?

Yes No

If 'Yes' is your transfer payment from any crystallised benefits?

If 'Yes' we cannot accept these benefits. If 'No' please enclose the original or a certified copy of the Pension Sharing Order together with either the Decree Absolute (England & Wales) or the Decree of Divorce (Scotland).

Yes No

Is your transfer payment subject to an Earmarking Order?

If 'Yes' please enclose the original or certified copy of the court order together with either the Decree Absolute (England & Wales) or the Decree of Divorce (Scotland).

Yes No

Please note that if your transfer payment has come from a company pension scheme or a statutory pension scheme, we will only accept the transfer if it has been equalised in terms of Article 141 of the Treaty of Rome.

5 Investment choice

Please complete this section with your investment choice.

Details of all investment choices are available on our website at royallondon.com.

You should tick one option only below and then complete the relevant part.

I would like to:

Invest in individual funds from the Fund Range Please now complete Part A only

Invest in a Retirement Investment Strategy Please now complete Part B only

Part A: Fund Range

Please fill in the name of the fund manager, the name of the fund and the percentage amounts for each payment type in the table below – regular payments (RP), single payments (SP) and transfer payments (TV).

Please ensure you use the full names of the funds as used in the fund information section on our website at royallondon.com.

Fund Manager	Fund Name	RP %	SP %	TV %
Total		100%	100%	100%

Part B: Retirement Investment Strategies

Please select one of the following Retirement Investment Strategies:

Balanced Retirement Investment Strategy

Opportunity Retirement Investment Strategy

Cautious Retirement Investment Strategy

6 Payment of benefits on death

Please read this section carefully before choosing your option.

It's important that you regularly review who you've nominated to receive the benefits from your plan in the event of your death, especially if your circumstances change. When you complete this form, you need to ensure that you tell us the names of everyone who you want us to consider as a beneficiary.

Completing this section

Firstly you'll need to decide how you want your pension benefits to be paid out – there are normally two options for you to choose from:

Option 1 – At our discretion (as the scheme administrator)

If you choose this option, you'll need to tell us who you want us to consider paying the benefits to. In most circumstances we'll follow your wishes. However it's important to understand that under this option we are not bound to follow your wishes. We may decide to pay your benefits to a different person or persons if your personal circumstances at the time of your death make this an appropriate course of action. If you choose this option, any benefits we pay will not be subject to any inheritance tax.

If you choose this option, you can change who you have nominated at any time by writing to us, however, you can't choose Option 2 below at a later date. **If you have previously chosen this option and told us who you want to nominate, you'll only be able to use this form to change who you've nominated under Option 1.**

Option 2 – At my direction

If you choose this option, we're legally obliged to carry out your wishes and pay your benefits to whoever you have directed us to pay these to. If you choose this option, any benefits we pay may be subject to inheritance tax so you may wish to discuss this with a financial adviser first.

If you choose this option, you can change who you have directed us to pay the benefits to at any time by writing to us. You can also change your mind and choose Option 1 at a later date.

Paying benefits on death

When we're notified of your death, we'll explain to your beneficiaries the different ways in which the benefits can be paid to them.

If you want us to consider giving one or more of your nominated beneficiaries the option of using the amount available for beneficiary flexi-access drawdown, it's important that you tell us this when completing the table below. You should speak to your financial adviser to find out more information about why you may want to consider this option.

Remember that when you're choosing your nominations, you can only choose who you want your benefits to be paid to on your death - you can't choose who any remaining benefits may be paid to when those beneficiaries subsequently die.

Choosing your option

Please tick one box below to confirm how you would like your benefits to be paid out and then complete the table below:

Option 1 – At the discretion of the scheme administrator

Option 2 – At my direction

Full name	Connection to me	Proportion %	Is this person to be considered for beneficiary flexi-access drawdown?
			Yes/No
			Yes/No
			Yes/No
			Yes/No
			Yes/No
			Yes/No
			Yes/No
Total	N/A	100%	N/A

If you would like to list more names than there's space for, please tick the box and provide the details on a separate piece of paper which should be signed, dated and attached to this form.

7 Financial adviser's details

Your financial adviser should complete this section.

Financial adviser's agency	<input type="text"/>
Financial adviser's name	<input type="text"/>
Financial adviser's telephone number	<input type="text"/>
Financial adviser's email address	<input type="text"/>
Financial adviser's FCA reference no.	<input type="text"/>
Financial adviser's Royal London agency number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

8 Privacy notice

Please read this section carefully.

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.

9 Declaration

Please read the declaration and then sign and date this form. If there is anything you do not understand you should speak to your financial adviser or Royal London.

1. I confirm that this is my application for a Talisman Group Pension Plan which will be administered by Royal London. I understand that this will form part of my employer's group pension plan or sponsor's group pension plan named in section 2 which is part of The Royal London Personal Pension Scheme (No2). I agree to be bound by the rules of this scheme.
2. I understand that I will receive a copy of the policy conditions for the Talisman Group Pension Plan which will be administered by Royal London or I can obtain a copy of the policy conditions at any time before they are issued by contacting Royal London.
3. I understand that the information I have supplied within this application form will be used to structure my investments and provide the benefits under my plan.
4. I understand that 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).
5. I authorise my employer/group pension plan sponsor to deduct payments from my salary as agreed by me and to pay them to Royal London.
6. I authorise Royal London to accept any reasonable instructions regarding my Plan from any of the following parties as if the instructions were given by me directly;
 - my employer/group pension plan sponsor
 - any financial adviser appointed by my employer/group pension plan sponsor
 - any financial adviser appointed by meand I understand that Royal London cannot be held responsible for any consequences of reasonably relying on such instructions.
7. I also authorise Royal London to disclose information concerning my plan to any of the above parties. I understand that if I have appointed my own financial adviser and I decide that I do not want my employer/group pension plan sponsor or their financial adviser to have access to information other than that which is necessary to administer my plan, I can inform Royal London of this by writing to **PO Box 296, Royal London House Wilmslow, Cheshire SK9 1WJ**.
8. I understand that my plan documents may be sent to my financial adviser, or to any financial adviser appointed by my employer/ group pension plan sponsor, to be passed on to me. I understand that if I don't receive my plan documentation or if I have any questions regarding my plan or my plan documentation, I should speak to my financial adviser or Royal London.
9. I understand that should Royal London demutualise within a period of 3 years from the later of the date it accepts this application and the date it receives the first payment under this application, I will not be entitled to any compensation for loss of membership rights in respect of the payments covered in this application.
10. I understand that the total regular and single payments I make to all of my pension plans, will not be greater than 100% of my relevant UK earnings for the relevant tax year or £3,600 if greater. Where I am making regular or single payments I confirm I am under the age of 75 and that either I am, or have been, resident in the UK in the current tax year, or I have relevant UK earnings, or I am a crown servant or a husband, wife or civil partner of a crown servant. As a result I am eligible for tax relief on my payments. If I cease to be such a person I will notify Royal London immediately.
11. I confirm that if I have taken benefits from any pension arrangement, with the current or any other pension provider, in a way which means I am subject to the money purchase annual allowance (MPAA), I have supplied the date the MPAA first applied to me in section 4.
12. I understand that 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.
13. I understand that if I wish to make a transfer payment, the payment must come from a Registered Pension Scheme and I have provided all of the details about this transfer payment within this application form. Any transfer payment I make will be subject to the rules of The Royal London Personal Pension Scheme (No 2) and by making this transfer payment, I declare the following:

My declarations to the administrator of the scheme(s) where my transfer payment is coming from:

- I authorise and instruct you to transfer funds from the plan(s) as listed in section 4 directly to Royal London. Where you have asked me to give you any original policy document(s) in return for the transfer of funds and I am unable to do so, I promise that I will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information deliberately or carelessly given by me, or on my behalf, either in this form or with respect to benefits from the plan.
- I authorise you to release all necessary information to Royal London to enable the transfer of funds to Royal London.
- I authorise you to obtain from and release to the financial adviser named in this application form any additional information that may be required to enable the transfer of funds.
- If an employer is paying contributions to any of the plans as listed in section 4, I authorise you to release to that employer any relevant information in connection with the transfer of funds from the relevant plan(s).
- Until this application is accepted and complete, Royal London's responsibility is limited to the return of the total payment(s) to the administrator of the transferring scheme(s).
- Where the payment(s) made to Royal London represent(s) all of the funds under the plan(s) listed in section 4, then payment made as requested will mean that I shall no longer be entitled to receive pension or other benefits from the plan(s) listed.
- Where the payment(s) made to Royal London represent(s) part of the funds under the plan(s) listed in section 4, then payment made as requested will mean that I shall no longer be entitled to receive pension or other benefits from that part of the plan(s) represented by the payment(s).

9 Declaration continued

My declarations to Royal London and the administrator of the scheme(s) that my transfer payment is coming from:

- I promise to accept responsibility in respect of any claims, losses and expenses that Royal London and the administrator of the transferring scheme(s) may incur as a result of any incorrect information provided by me in this application or of any failure on my part to comply with any aspect of this application.

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.

If you're under 18 (16 in Scotland), your legal guardian must sign the declaration below.

Signature

Date

It is a serious offence to make false statements in order to obtain tax relief on payments. The penalties are severe and could lead to prosecution.



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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