



STAKEHOLDER PENSION PLAN

Application form

Thank you for choosing an Individual Stakeholder Pension Plan with Royal London. You'll need to complete this application to apply for 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.
- Your Individual Stakeholder Pension Plan will be written under the provisions of the Pension Schemes Act 1993, Part 4 of the Finance Act 2004 (as amended) and Part 1 of the Welfare Reform and Pensions Act 1999.
- You should only complete this form if you're applying for a new Individual Stakeholder Pension Plan. If you want to apply for any other type of plan you'll need to complete one of our other application forms. You can contact your financial adviser or Royal London for copies of our other application forms.
- If we receive a contribution before we are satisfied that we have all the information we need to apply it, we will not invest your contribution 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 contribution in our default investment option.
- 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).
- If any of your personal circumstances change once you've completed this form and before your plan starts, you must tell us.
- If you're aged 55 or over and you want to take a cash lump sum from your plan, you'll need to complete our **Cash lump sum application form (2TA1405)**.
- 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 **Individual Stakeholder Pension Plan booklet** detailing the terms and conditions of your plan. If you would like to see a copy of the Plan booklet now, you can request a copy from us at any time.
- Your completed form should be sent to us at **PO Box 296, Wilmslow, Cheshire, SK9 1WJ**. If you're returning your form in an A4 window envelope, then you'll need to read the additional instructions on the back page of this form.

2 Checklist

This section should be completed to tell us the relevant documentation you're enclosing with your application form.

Illustration showing the details and the terms you wish to proceed on.
Alternatively, please tell us the illustration reference number in the box provided.

Transfer discharge form or letter of authority.
(You'll need to supply this if you're applying any transfer payments to your plan)

Money laundering – Customer identity verification form.
(Please refer to section 11).

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 without any delay.

3 Your details

This section should be completed by all applicants.

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

Home address

 Postcode

Contact telephone number

Email address

Name of legal guardian
(if you are under age 18, or under age 16 in Scotland).

Address of legal guardian

 Postcode

4 Employment details

This section should be completed by all applicants.

Which statement below describes you best? Please tick one box only.

Employed	<input type="checkbox"/>	Child under 16	<input type="checkbox"/>	In full-time education	<input type="checkbox"/>
Self-employed	<input type="checkbox"/>	Caring for one or more children under 16	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
Pensioner	<input type="checkbox"/>	Caring for a person aged 16 or over	<input type="checkbox"/>	Other	<input type="checkbox"/>

You only need to complete the rest of this section if your employer is contributing to your plan.

Please tell us the name and address of your employer if you are employed, or the name and address of your business if you're self-employed.

Name

Address

Postcode

5 Contributions

The relevant parts of this section should be completed by all applicants to tell us what contributions are being made.

Part A: 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?

You can find out more information about the MPAA within your [Individual Stakeholder key features document](#).

Part C: Regular contributions

What date do you want to start/increase your contributions from?
(You can choose between the 1st and the 28th of the month.)

Please note if regular contributions are being made to your plan you'll also need to complete the Direct Debit Instruction on the following page. The first contribution we collect from your bank account will be at a later date than the date specified above. We'll then collect all future contributions on your chosen date in each subsequent month or year as appropriate.

What contributions do you/your employer want to make to your plan?

	Monetary amount	% of your earnings	Yearly earnings
Your contribution (gross amount)*	£ <input type="text"/>	or <input type="text"/> %	£ <input type="text"/>
Your employer's contribution (gross amount)	£ <input type="text"/>	or <input type="text"/> %	

* The amount we'll deduct from your bank account will be the net amount. This is because the contribution 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 an intermediate rate (Scottish taxpayers only), higher rate or additional rate taxpayer, you could be entitled to claim more tax relief through a self-assessment tax return or by contacting your local tax office. All contributions made by employers must be made gross of tax.

If you're making contributions to your plan as a monetary amount, please tick to let us know if the contributions are to remain level or increase? Please tick one box only.

Remain level Increase by RPI Increase automatically by % (max. 10%)

5 Contributions continued

How will the regular contributions be made? Please tick one box only.

Monthly by Direct Debit Yearly by Direct Debit

Please ensure that you complete, sign and date the **Direct Debit Instruction** below, before returning this application form. If your employer is contributing to your plan, please ensure that they complete the Direct Debit Instruction. Your financial adviser must also ensure that suitable customer identity verification for your employer is provided with this application form.

The Royal London Mutual Insurance Society Limited

Instruction to your bank or building society to pay by Direct Debit



Please complete all of this form.

Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
Postcode	

Name(s) of account holder(s)

Bank/building society account number

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Branch sort code

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Service user number

9	9	0	1	3	6
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Reference (internal use only)

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Instruction to your bank or building society

Please pay The Royal London Mutual Insurance Society Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with The Royal London Mutual Insurance Society Limited and, if so, details will be passed electronically to my bank/building society.

Signature(s)
Date

Banks and building societies may not accept Direct Debit Instructions for some types of account.

This Guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit The Royal London Mutual Insurance Society Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request The Royal London Mutual Insurance Society Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by The Royal London Mutual Insurance Society Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
 - If you receive a refund you are not entitled to, you must pay it back when The Royal London Mutual Insurance Society Limited asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Part D: Single contributions

Your single contribution (gross amount) £

Your employer's single contribution (gross amount) £

Single contributions can be paid by cheque which must be payable to "Royal London". If you're paying a single contribution to your plan, please ensure that you write your name and date of birth clearly on the back of the cheque. Your cheque should be made out for the net amount. This is because the contribution 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 tax payer you'll need to claim your additional tax relief through your tax return. Any single contribution made by employers must be made gross of tax.

5 Contributions continued

Part E: Transfer payments

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

If you are transferring more than three plans, please photocopy this page for any additional plans, complete and attach it to this form. Tick this box if you are attaching additional sheets (these should be signed and dated).

If any transfer payment is coming from a company pension scheme or a statutory pension scheme, we'll only accept the transfer if it's been equalised in terms of Article 141 of the Treaty of Rome.

Transfer payment 1

Name of the transferring scheme

Provider's name & address

Postcode

Provider's telephone number

Plan number of transferring scheme Transfer value £

Does this represent the full transfer value in the transferring scheme? Yes No

Is your transfer payment coming from a Defined Benefits scheme (sometimes known as a Final Salary scheme)? Yes No

Is your transfer payment being transferred as part of a Block transfer? If 'Yes', please complete a [Block transfer form \(65A32\)](#). 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 a certified copy of the court order together with either the Decree Absolute (England & Wales) or the Decree of Divorce (Scotland). Yes No

5 Contributions continued

Transfer payment 2

Name of the transferring scheme

Provider's name & address

Postcode

Provider's telephone number

Plan number of transferring scheme Transfer value £

Does this represent the full transfer value in the transferring scheme? Yes No

Is your transfer payment coming from a Defined Benefits scheme (sometimes known as a Final Salary scheme)? Yes No

Is your transfer payment being transferred as part of a Block transfer? If 'Yes', please complete a [Block transfer form \(65A32\)](#). 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 a certified copy of the court order together with either the Decree Absolute (England & Wales) or the Decree of Divorce (Scotland). Yes No

Transfer payment 3

Name of the transferring scheme

Provider's name & address

Postcode

Provider's telephone number

Plan number of transferring scheme Transfer value £

Does this represent the full transfer value in the transferring scheme? Yes No

Is your transfer payment coming from a Defined Benefits scheme (sometimes known as a Final Salary scheme)? Yes No

Is your transfer payment being transferred as part of a Block transfer? If 'Yes', please complete a [Block transfer form \(65A32\)](#). 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 a certified copy of the court order together with either the Decree Absolute (England & Wales) or the Decree of Divorce (Scotland). Yes No

6 Investment choice

This section should be completed by all applicants.

You can find full details about all of your investment options in the [Pension investment options guide](#) and at royallondon.com/pensioninvestments

Please choose which investment option you would like your plan to invest in. You should complete **one** part only.

Part A: Managed Lifestyle Strategy

Please tick this box if you would like your plan to be invested in the Managed Lifestyle Strategy.

Part B: Fund range

Please enter the name of the fund you would like your plan invested in and whether the funds are to rebalance on a regular basis.

If you want your funds to rebalance, please tick **one** box below to confirm the rebalancing frequency and then complete the 'Fund name' and the 'Rebalancing' columns in the table. If you select rebalancing, the investment split must be the same across all contributions (i.e. regular contributions (RC), single contributions (SC) and transfer payments (TV)).

Monthly Quarterly Half-yearly Yearly

If you do not want your funds to rebalance, you should leave the 'Rebalancing' column blank in the table below. Please make sure the figures add up to 100%.

Fund name	Rebalancing (all contributions) %	RC %	SC %	TV %
Total	100%	100%	100%	100%

If you would like to invest in more than 10 funds, please tick this box and complete the Fund range table in section 12.

7 Payment of benefits on death

Please complete this section to advise how your benefits should be paid out in the event of your death.

If you die before taking all the benefits under your plan, the value of your plan will be paid out in the accordance with the rules of The Royal London Stakeholder Pension Scheme (No2).

Please read the options below and then complete the relevant table to confirm your choice.

Option 1 – At the discretion of the scheme administrator

I would like you to use your discretion when distributing the benefits within my plan and consider paying the value of my plan to the person or persons named within the table below. If I would like my pension benefits to be paid to a separate trust, I'll provide you with the details of the trust and the trustees that I would like you to consider paying the value of my plan to.

I understand that although you'll take account of my wishes, you are not bound to follow them. I also understand that if I choose this option, I can change who I've nominated by writing to you, but I **cannot** change my mind and choose option 2 at a later date.

Full name/Name of organisation	Relationship to me	Proportion (%)
Total		100%

Please note if you choose this option, any payments we make will normally be paid free of inheritance tax.

Option 2 – At my direction

I would like to direct who you should distribute the benefits within my plan to and I would like you to pay the value of my plan to the person or persons named within the table below.

I understand that if I choose this option, I can change who I've directed you to pay the benefits to by writing to you and I **can** also change my mind and choose option 1 at a later date.

Full name/Name of organisation	Relationship to me	Proportion (%)
Total		100%

Please note if you choose this option, any payments we make may be subject to inheritance tax so you may wish to discuss this with a financial adviser first.

8 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"/>

Please confirm what type of advice you are providing to your client

Independent	<input type="checkbox"/>	Restricted – Single-tied	<input type="checkbox"/>
Restricted – Whole of market	<input type="checkbox"/>	Simplified	<input type="checkbox"/>
Restricted – Multi-tied	<input type="checkbox"/>	Non-advised	<input type="checkbox"/>

9 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. 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.

10 Declaration

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

- 1 I have read this declaration and submit this form as my application for membership of The Royal London Stakeholder Pension Scheme (No2) which is managed and administered by Royal London. I understand that when my application is accepted, I will be issued with an Individual Stakeholder Pension Plan which will be offered by Royal London. I agree to be bound by the Scheme Rules.
- 2 I understand that the terms of the Individual Stakeholder Pension Plan are detailed within the **Individual Stakeholder Pension Plan booklet** and although I'll receive a copy of this booklet when my application is accepted, I can also request a copy of this at any time. I understand that I should read the Plan booklet carefully and if I have any questions, I should ask my financial adviser or 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 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 5.
- 5 I understand that if at any point I trigger the money purchase annual allowance under any other pension plan, then it's my responsibility to inform Royal London of this within 91 days of the trigger.
- 6 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).
- 7 I consent to Royal London disclosing all information in respect of my plan to my financial adviser including any subsequent adviser appointed by me from time to time in order for them to provide me with advice and services in relation to my plan. I understand that my financial adviser will have access to all information about my plan on request unless I object in writing to Royal London at Royal London House, Alderley Road, Wilmslow, Cheshire, SK9 1PF.
- 8 I understand that Royal London are entitled to treat reasonable instructions regarding my plan that they receive from my financial adviser as though such instructions came from me directly. I also understand that Royal London cannot be held responsible for any consequences of relying on these instructions.
- 9 I understand that the total contributions 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 contributions 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 confirm that I am eligible for tax relief on my contributions. If I cease to be such a person I will notify Royal London immediately.
- 10 I understand that my plan documents may be sent to my financial adviser to be passed onto me. I understand that if I do not receive my documents, I should contact my financial adviser or Royal London.
- 11 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 the transfer payment details within the application form. Any transfer payment I make will be subject to the Rules of The Royal London Stakeholder Pension Scheme (No2). 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 5 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 responsible 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 5, I authorise you 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 5 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 5 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 payments.

10 Declaration continued

My declaration 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 may incur as a result of any incorrect information provided by me in this application form 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 are under 18 (16 in Scotland) your legal guardian must sign the declaration below.

Signature

Date

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

11 Customer identity verification

This section should be completed by your financial adviser.

As an FCA regulated firm, you'll need to complete this section in accordance with who this plan is being set up for. If this plan is being set up for an individual and the contributions are being paid:

- From their own bank account, or it's a pension transfer from another pension plan, then you only need to read and sign Part B.
- By another person on their behalf, then you'll need to complete our separate **Customer identify verification form (ML2)** which you can find on our website.
- By a company, then you'll need to complete Part A and Part B below for each company contributing to the plan.

If the contributions are being paid by more than one company, then you can either attach completed photocopies of this part of this form, or you can complete our separate **Customer identify verification form**.

Please note that you cannot use this form to verify the identity of an individual if you have relied on a permitted exemption defined within the JMLSG guidance. All signatures must be original or an electronic equivalent and If necessary, we can request a copy of the evidence used to verify your client.

Part A: Company details

Please confirm the company type

Sole trader Partnership Limited liability partnership Limited company (PLC/Ltd)
 Charity Church Club Society Local authority Government department

Name of company

Type of company

VAT number (if applicable) **Registration number** (company or charity number)

Regulatory organisation (if applicable)

Business address

Postcode

Registered office in country of incorporation

Postcode

Name of director/owner	Position	% (if holding/owning more than 25%)	Customer verification form completed

11 Customer identity verification continued

Part B: Confirmation

I confirm that:

- The customer information provided within section 3 of this application is correct.
- Any details provided within Part A have been obtained by me/my company and are correct.
- The evidence I have obtained to verify the identity of the customer meets the requirements defined within the current guidance for the UK Financial Sector issued by JMLSG.

Full name of regulated firm

FCA reference number

Signed **Name**

Position **Date**

12 Additional investment details

Please complete this section with your additional investment details.

Fund range

Complete this section if you would like to invest in more than 10 funds. Please confirm the name of the additional funds and the percentage to be invested for each contribution type.

Fund name	Rebalancing (all contributions) %	RC %	SC %	TV %
Total	100%	100%	100%	100%

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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