

# Individual Pensions

## Additional investment application form

For personal contributions only (not employer contributions)

Reference CCTI

### This form can be used to:

- increase regular contributions
- add an additional single contribution.

### This form is for use with the following products:

- FutureProof Individual Pension Plan
- Personal Pension Plan (Series 3)
- Personal Pension Account (Series 1 and 2)
- FutureProof Individual Stakeholder Plan.

Please complete in **CAPITAL LETTERS** and  where appropriate. Give careful consideration to your answers and to the Declaration before signing it.

If this form is being used to add an additional single contribution to the plan or to enable a third party to make a contribution on your behalf, we will require an identity verification certificate to be completed for each party, unless this has previously been provided.

Name and address of your financial adviser (if you have one)

If you don't have a financial adviser, please tick

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## Personal details

Your pension account/plan number

Your full name

Date of birth (DD/MM/YYYY)

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Permanent residential address

Postcode

Daytime telephone number

Nationality (list all if more than one held)

Country of residence (if other than UK)

Occupation

### For internal use only

Work manager number

Plan number

Local office number

Financial adviser number

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## Increasing regular contributions and adding an additional single contribution

### Please note:

- If you:
  - have relevant UK earnings that are chargeable to income tax for the tax year, or
  - you are resident in the UK at some time during the tax year, or
  - you have, or your husband, wife or civil partner has, earnings for the tax year from overseas Crown employment that are subject to UK tax,

then in that tax year, you can normally get tax relief on the total contributions (excluding employer contributions, transfers and contracted-out contributions) being paid to all registered pension schemes of which you are a member, up to (including any tax relief due) the higher of the basic amount (currently £3,600) or your relevant UK earnings. You do not get tax relief on any amount that exceeds this.

- You should also note that Clerical Medical will only accept contributions that you can get tax relief on, and that you are responsible for monitoring the amount you pay to all registered pension schemes of which you are a member.
- You must tell us immediately and stop your payments if you pay more than the amount you can get tax relief on.
- Your personal contributions must be made net of basic rate tax. HM Revenue & Customs (HMRC) will add basic rate tax relief to your net contributions. We'll invest the total (gross) contribution in your plan.
- Regular contributions and adjustments to them will be made by direct debit.

### i. Increasing regular contributions

- If you've previously chosen for the amount you contribute to increase automatically via an increase option, this will apply to the new total contribution from the next renewal date.
- If you have any increase option or waiver of contributions benefit that applies to current regular contributions it will also apply to the increase in contributions (if we require you to answer further health questions we will notify you in due course).
- For monthly contribution plans, the changes will take effect on the same day of the month as the plan renewal date.
- For annual contribution plans, the changes will take effect from the next renewal date, unless you tell us below.
- Your request to increase your contributions won't be processed until the starting date you have requested below (if any). This means that the increase in contributions will usually be collected with the contribution next following that date.
- You can find what minimum additional contribution you can make on our website at [www.clericalmedical.co.uk](http://www.clericalmedical.co.uk).

Please state the **gross** amount (ie to include the amount added by HMRC, equal to the basic rate of income tax). The table below will assist:

Gross (including tax relief)	Net (amount that you pay)
£62.50	£50
£50	£40
£125	£100
£100	£80
£3,600	£2,880

If you would like to work out the gross amount yourself, this easy calculation will assist:

Net amount divided by 0.80 = Gross amount

Gross amount multiplied by 0.80 = Net amount

The above figures and calculation assume you're a basic rate taxpayer. If you're a higher rate taxpayer, you will need to reclaim the additional tax via your tax return.

These figures are based on a basic rate of income tax of 20%.

	Amount of increase*	New total contributions (gross)**
Your personal contribution	£ <input type="text"/>	£ <input type="text"/>

\*Excluding automatic increases via the increase option.

\*\*Including automatic increases via the increase option.

When do you want the amended regular contributions to start (if other than the next renewal date)? (MM/YYYY)

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Contribution frequency

Annually

Monthly

## ii. Additional single contributions

Your personal additional pension contribution (gross) £

Single contributions should be paid by cheque.

**Please note:** Cheques should be made payable to Clerical Medical Investment Group Limited. To help prevent fraud, you must also add your name and the plan number (if known). **If you don't do this, we may have to return the cheque.**

For example 'Clerical Medical Investment Group Limited – A N Other, Plan no. 123456'

You should also draw a line through any unused space on the cheque so that unauthorised people cannot add extra numbers or names.

## 3 Investment funds

We will invest your contribution(s) on the same basis as your existing instructions.

## 4 Declaration and authorisation

### Data Protection Act

The Lloyds Banking Group includes Clerical Medical Investment Group Limited and a number of other companies including Lloyds TSB, Halifax and Bank of Scotland, and their associated companies. More information on the Lloyds Banking Group can be found at [www.lloydsbankinggroup.com](http://www.lloydsbankinggroup.com)

The information you provide on the application will be used by Clerical Medical to set up and administer your investment. We may also use it for market research, statistical purposes and the prevention and detection of fraud. In cases where it is considered necessary for the prevention and detection of fraud or other financial crime, your information may be shared with other organisations. If necessary a copy of the application form and any other supporting information may be given to a reinsurance company who will share the risk with us. We will keep the information you have supplied confidential and will not share it with others without your agreement, except where the law permits, when it may be disclosed to law enforcement agencies, Ombudsmen and Regulators and except in the circumstances that follow. Your information may be shared with financial advisers or people acting on your behalf. It may also be shared with our agents and others in connection with administering your investment and services for you. In addition, it may be shared among Clerical Medical and Lloyds Banking Group companies to provide the service you applied for and to confirm and update our records and to identify other products and services which may interest you.

Under the terms of the Data Protection Act 1998 you are entitled to request a copy of the information we hold relating to you. A small charge will be payable.

We may administer the investments, any existing investments you may have with Clerical Medical and provide other services from centres in countries outside the European Economic Area (such as India and the USA) that do not always have the same standard of data protection laws as the UK. However, there will be a contract in place to ensure that your information is adequately protected, and we will remain bound by our obligations under the Data Protection Act even when your personal information is processed outside the European Economic Area.

### Money Laundering Regulations

Under current regulations we are required to verify the identity of our customers. In order to meet this requirement and for the prevention and detection of fraud, we will access information from a credit reference agency\* to confirm your identity. They will authenticate your name, address and date of birth, which involves checking the details you supply against those held on any databases that the company carrying out the checks on our behalf (or any similar company) has access to. This includes information from the Electoral Register. We will use scoring methods to authenticate your identity. Our search will not be used by lenders or insurers when assessing lending or insurance risks. We may also pass information to financial and other organisations involved in money laundering and fraud prevention to protect ourselves and our customers from theft and fraud. If you give us false or inaccurate information and we suspect fraud, we will record this and share this information with other organisations.

If you provide us with information about another person, we will treat this as confirmation that they have appointed you to act for them to consent to the processing of their personal data. This means that you have informed them of our identity and the purpose for which their personal data will be processed, namely to verify their name, address and date of birth. Where Clerical Medical receives notification affecting the legal ownership of the plan, or the appointment of an attorney under a Power of Attorney or other circumstances where there are new parties associated with the contract, the same process as set out above will apply.

**Please note that if we cannot confirm your name, address and date of birth by using a credit reference agency we may contact you to ask you to supply certain documents to verify this information.**

If you ask, we will tell you which credit reference agency we have used so you can get a copy of your details from them.

\*Please note we only use this agency to verify identity to fulfil anti-money laundering regulations and not to check credit worthiness.

**I declare that:**

All of the statements made by me in this application are correct and complete to the best of my knowledge and belief.

**I confirm any answers completed other than in my own handwriting are correct.**

**Authorisation:**

I hereby authorise Clerical Medical Investment Goup Limited to apply the above stated addition(s) and/or increase(s) in accordance with the terms and conditions of the plan of which I am a member and the instructions mentioned above.

Signature

Date

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Name in CAPITAL LETTERS

A copy of the completed form is available on request.