ReAssure

Financial adviser stamp

Financial adviser agency number

Please enter your business postcode

Are you enclosing a cheque with this application?

Yes ◯ No ◯

ADDING A SINGLE CONTRIBUTION TO YOUR PENSION

This application contains technical and legal terms with which you may not be familiar. You should therefore complete it with the help of your financial adviser.

This form is used to make an additional single contribution into a:

- Personal Pension (PP1-4 & PPS)
- Free Standing Pension (FS1-4)

There are separate forms for paying regular contributions and making transfers in from other pension arrangements.

Please use BLOCK CAPITALS only and blue or black ink.

Please ensure any amendments or corrections are initialled by the applicant.

All references to ReAssure in this application mean ReAssure Life Limited.

IMPORTANT: KEY FEATURES REFERENCE.

Please enter the reference number as shown at the top of your Key Features Illustration. If you do not, we may not be able to process your application.

Key Features Illustration reference

Date D D M M Y Y Y Y

Please enter the number of the plan you wish to make contributions to:

Plan Number P P OR F S

A YOUR PERSONAL DETAILS

If you are under 16 or between 16 and 18 and not in employment, this application must be completed by your legal guardian.

Member's Name

Contact number

E-mail address

Legal guardian's name

Permanent residential address
(only complete this if your address has changed)

Postcode

B MAKING A SINGLE CONTRIBUTION

Single contribution†	Gross	Net*
Employer**	£ .	
Personal – including third-party payments other than those from your employer* *(payable net of basic rate income tax)*		£ .
Total	£ .	£ .

Minimum single contribution – £500 gross.

Please note: If this is the first contribution to the policy (other than transfer payments on contracting-out rebates), the first pension input period will automatically end on the first 5 April which follows payment of the first contribution.

† *All cheques must be made payable to ReAssure Life Limited. If payments are being paid by a third party by cheque, please complete the third party payer details in section D.*

* *The net contribution must be based on current basic rate income tax applicable to the year in which the contribution is received. This net amount may vary in future, if basic rate income tax is altered.*

** *Employer contributions apply to personal pension plans only and cannot be paid into Free Standing Pensions. All employer's contributions are payable gross. Where employer's contributions are being made, or where your employer is acting as a co-ordinator for the payment of contributions, your employer must complete section G.*

C INVESTMENT INSTRUCTIONS

Please enter your fund choice below for this investment.

If you do not enter complete investment instructions, ReAssure will allocate part or all of the investment as appropriate to the RLL Deposit Fund.

We do not provide advice on the selection of funds. Your financial adviser will be able to help you choose the funds most suitable for you.

You can have a minimum of 1% in any fund (whole percentages only) and up to 99 funds in total. Your fund choice must total 100%.

Fund manager	Full fund name	Whole %
	Total	100%

If you require more space for your fund choice, please use the **investment instruction continuation sheet** and attach it to this application.

ReAssure offers a Phased Investment and Portfolio Rebalancing Service. Full details of these are available in the Phased Fund Choice leaflet or from your financial adviser.

Please note that any Portfolio Rebalancing currently in place will be cancelled as a result of this application. If you want this service to continue you must complete a new portfolio rebalancing instruction.

D THIRD-PARTY PAYER DETAILS

Please complete this section where a third party other than your employer is making payments by cheque on your behalf.

If you or your employer are not the payer, please provide the full name, date of birth, address and telephone number of the payer.
The payer's personal information may be made available to a third party by electronic or other means for the purpose of verifying identity in accordance with Money Laundering Regulations.
In some circumstances the policyholder may be the only person permitted to pay contributions. Please contact ReAssure if you have any queries about this.

Title (3) Mr ◯ Mrs ◯ Miss ◯ Other

Full forename(s)

Surname

Address

Postcode

Date of birth D D M M Y Y Y Y

Telephone number

E FINANCIAL ADVICE

Have you been given advice about this application by your financial adviser? Yes ◯ No ◯

If **Yes**, no fees will be paid from your plan to your financial adviser for this transaction. Any fees you agree to pay your financial adviser for the advice received will need to be arranged separately – go to section F.

If **No**, do you wish commission to be paid to your financial adviser for this transaction? Yes ◯ No ◯

If **No**, go to section F.

If **Yes**, then refer to the table below to find details of the maximum commission payable for your plan and select the option you require.

Plan numbers starting with:	Option 1	Option 2	Option 3
PP1 , PPS or FS1	Up to 4% Initial Commission	N/A	N/A
PP2, PP3 or PP4 FS2, FS3 or FS4		Up to 3.10% Initial Commission + 0.25% Fund-Based Commission	Up to 2.25% Initial Commission + 0.50% Fund-Based Commission

Please complete ONE of the following:

These are the maximum rates of commission payable.

If you do not require maximum initial commission, please enter the rate or amount you require. Please note that fund based commission cannot be changed.

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◯ **Option 1** Maximum initial commission of 4.00% *(no fund based commission)* . % or £

◯ **Option 2** Maximum initial commission of 3.10% plus 0.25% a year fund based commission *(not applicable for plans starting with PP1, PPS or FS1)* . % or £

◯ **Option 3** Maximum initial commission of 2.25% plus 0.50% a year fund based commission *(not applicable for plans starting with PP1, PPS or FS1)* . % or £

Please note that ReAssure does not pay remuneration to financial advisers for plans opened in their own names, or the names of their employees, directors, officers, close relatives or individuals we believe should fall within the FCA definition of such individuals. Financial advisers should refer to our Terms of Business with them for further information.

F DECLARATION AND APPLICATION

You must complete this section.

Any omission or misstatement of a material fact in this application form could affect the payment of benefits under the arrangements comprising the pension plan. A material fact is one which is likely to influence the assessment and acceptance of this application. If you are uncertain whether a fact is material, you should give full details so that we can assess its possible significance. If you become aware of such a fact while we are considering your application, you should notify us immediately.

Declaration

I request that the changes detailed in this application are made to my plan.

a) I declare that to the best of my knowledge and belief the statements made in this application and declaration and any related documents are correct and complete and that I have not concealed any material fact.

b) I declare that the total contributions paid by me or on my behalf to any registered pension scheme on which I am entitled to tax relief do not exceed the higher of the basic amount (£3,600) or my relevant UK earnings for the tax year.

c) I agree to supply information relevant to the pension plan as shall be required by ReAssure from time to time.

d) I undertake to notify the Scheme Administrator immediately if the total contributions paid by me or on my behalf to any UK-registered pension scheme on which I am entitled to tax relief do exceed the higher of the basic amount (£3,600) or my relevant UK earnings for the tax year or if I cease to be entitled to relief at source on my contributions.

I will give notice of this by the later of:

i) 5 April in the year of assessment in which the event occurs; and

ii) the date which is 30 days after the occurrence of that event.

e) I declare that contributions made to the plan have not been and will not be funded from a tax-free cash sum from a registered pension scheme to the extent that neither myself nor ReAssure will suffer a tax liability.

f) I declare that any person paying contributions as a third party has been made aware and accepts that they have no claim to benefits arising from my membership of this pension scheme.

g) If Portfolio Rebalancing applies to my plan, I understand that:

i) my instructions will automatically be cancelled as a result of this application.

ii) a new set of Portfolio Rebalancing instructions will be required should I wish to reinstate the instructions.

h) I confirm that I have seen and read the privacy notice at www.reassure.co.uk/privacy-notice.

Legal guardian declaration

a) I understand the contributions paid to the plan may only be returned to the member in the form of benefits payable under the rules of the personal pension scheme (after age 55 except in the case of earlier incapacity).

b) I declare that I am responsible for the plan until the member reaches 18.

c) I declare that I will be responsible for ensuring that contribution limits in respect of the minor are not exceeded.

d) I agree to advise ReAssure of the national insurance number of the minor when they reach age 16.

THIS FORM ACTS AS AN APPLICATION FOR TAX RELIEF AT SOURCE ON YOUR CONTRIBUTIONS. IT IS THEREFORE A SERIOUS OFFENCE TO MAKE A FALSE STATEMENT. THE PENALTIES ARE SEVERE AND COULD LEAD TO PROSECUTION.

I confirm that I have received a Key Features Document and my financial adviser has explained the basis of their remuneration, where relevant.

Signature of applicant
(if 16 or over)

Signature of Legal Guardian

(if applicant under 18. This will be in addition to the applicant's signature where the Applicant is 16 or over, but under 18)

Date D D M M 2 0 Y Y

PLEASE ATTACH YOUR CHEQUE FOR THE SINGLE CONTRIBUTION.

The Scheme Administrator undertakes on behalf of ReAssure Life Limited to administer the Scheme in accordance with the Rules.

A copy of this completed application form and the Member's Guide are available on request.

G EMPLOYER'S SECTION (PP ONLY)

This section should be completed by the employer where the employer is making contributions (employer and/or personal) to ReAssure for the applicant's Personal Pension.

The applicant's Personal Pension is a contract between ReAssure and the employee, although either the employer, the employee, or both can contribute.

All employer contributions must be paid gross.

Employee personal contributions are based on a gross contribution which is payable net of basic rate income tax. The employer deducts these contributions from the employee's salary after tax. The net contribution will change if the basic rate of income tax changes.

Group Co-ordinator
Person dealing with correspondence

Correspondence address

Postcode

E-mail address

Telephone number

Please provide the information below.

Contributions due:

	Single contribution Gross	Net*
Employer	£ .	
Employee	£ .	£ .

** Net equivalent based on current basic rate income tax.*

Total SINGLE contribution**

£ .

*** The total contribution should equal the total of any GROSS employer contribution and any NET employee contribution.*

Full name of employer

Type of entity
(Corporate, trust, etc)

Registered office

Postcode

Registered number
(If appropriate)

Relevant company registry or regulated market listing authority ('Relevant company registry' includes other registers, such as those maintained by charity commissions (or equivalent) or chambers of commerce)

G EMPLOYER'S SECTION (CONTINUED)

Names of directors *(Or equivalent – for private companies only)*	

Names of principal beneficial owners *(Over 25% – for private companies only)*	

Employer's declaration

1. We declare that to the best of our knowledge and belief the statements made in this section and any related documents are correct and complete and that we have not concealed any material fact.
2. We understand that, although we can contribute to the Member's benefits, the contracts exist between the Member and ReAssure and that correspondence will take place between the Member and ReAssure direct.
3. We undertake to operate the Personal Pension in accordance with ReAssure's published requirements and we agree to supply relevant information in respect of the Member which ReAssure may require from time to time.
4. We understand you may make our personal information available to a third party by electronic or other means for the purpose of verifying identity in accordance with the Money Laundering Regulations.

Signed for and on behalf of the Employer	
Name	
Capacity *(Authorised Official)*	
Date	D D M M 2 0 Y Y

ReAssure
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T: 0808 171 2600

www.reassure.co.uk

ReAssure Life Limited, Registered Office: Windsor House, Telford Centre, Telford, Shropshire, TF3 4NB.
Registered in England No. 1363932.
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.
Firm reference number 110462.

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