

INVESTMENT BOND

ADDITIONAL INVESTMENT APPLICATION

Phoenix Wealth, Unit Linked Life & Pensions, PO Box 1393, Peterborough, PE2 2TP.

What is this form for?

This form is to be used by Bond owners or Trustees to make additional investments into their existing Investment Bond.

If your Investment Bond policy is in Trust, Trust Registration Service evidence will be required, if not already provided to us, before any additional investments can be made.

Remember:

- No adviser charges will be paid from the Bond in relation to this additional investment amount unless you complete and enclose an **Adviser charges payment request form**.

I have completed and enclosed an **Adviser charges payment request form**.

- If this form is being completed by an attorney on behalf of an owner, we need to see the original power of attorney.
- If you have any questions please contact us on 0345 129 9993.

Definitions

Bond and Policy – The Investment Bond can be split into a number of policies, which are treated as separate policies within their own right. When we use the word 'Bond' we are referring to the policies collectively and when we use the term 'Policy' we are referring to each individual policy that makes up your Bond.

1. BOND NUMBER

2. TRUST DETAILS (IF APPLICABLE)

Please indicate the source of the funds for this additional investment (e.g. encashment of existing investment or gift from Settlor):

3. OWNER/TRUSTEE DETAILS

Trustee's full names

| | |
|----------------|--|
| First trustee | |
| Second trustee | |
| Third trustee | |
| Fourth trustee | |

First Owner

| | | |
|---|--|--|
| Full name | | |
| Employment status (tick one of the following) | <input type="checkbox"/> Employed Occupation <input type="text"/> Employer's name <input type="text"/> <input type="checkbox"/> Self-employed <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Retired <input type="text"/> | |
| Gross annual income | £ <input type="text"/> | |
| Source of investment money (tick all that apply) | <input type="checkbox"/> Income from employment <input type="checkbox"/> Pension benefits <input type="checkbox"/> Existing investment/strategy <input type="checkbox"/> Inheritance <input type="checkbox"/> Property sale <input type="checkbox"/> Company sale <input type="checkbox"/> Gift <input type="checkbox"/> Other (please specify) <input type="text"/> | |

Second Owner

| | | |
|---|--|--|
| Full name | | |
| Employment status (tick one of the following) | <input type="checkbox"/> Employed Occupation <input type="text"/> Employer's name <input type="text"/> <input type="checkbox"/> Self-employed <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Retired <input type="text"/> | |
| Gross annual income | £ <input type="text"/> | |
| Source of investment money (tick all that apply) | <input type="checkbox"/> Income from employment <input type="checkbox"/> Pension benefits <input type="checkbox"/> Existing investment/strategy <input type="checkbox"/> Inheritance <input type="checkbox"/> Property sale <input type="checkbox"/> Company sale <input type="checkbox"/> Gift <input type="checkbox"/> Other (please specify) <input type="text"/> | |

4. TOTAL ADDITIONAL INVESTMENT

You must send us a completed **Source of wealth questionnaire** if your contributions over a rolling 12 month period either exceed £50,000, **OR** are between £10,000 - £50,000 and over 50% of the value of your current investment pot.

4.1 How much do you want to invest (minimum £1,000)?

We accept payment by BACS and CHAPS. You can also enclose a cheque with this form payable to **Phoenix Life Limited**. We will not charge you for BACS and CHAPS payments, although your bank or building society may.

Our details are as follows:

Account name – Phoenix Life Limited
 Account number – 36378739
 Sort code – 60-00-01

Please make sure your reference number is 'IB' followed by your last name or Bond number.

4.2 Which payment method are you using?

Cheque BACS CHAPS

5. INVESTMENT ALLOCATION ACROSS POLICIES

Please specify how you would like to allocate your additional investment across the existing individual policies within your Bond.

- Equal in all policies* - **go to Q6.**
- Different amounts across policies – the policy numbers entered in the table must match your existing policy numbers.

| Policy numbers* (e.g. 1, or 1-10) | Number of policies | Amount to be invested per Policy (whole % only) | Total |
|--------------------------------------|--------------------|--|-------------|
| For example: | | | |
| 1-10 | 10 | 2% | 20% |
| 11 | 1 | 10% | 10% |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | | 100% |

*Although we will attempt to split your additional investment evenly across policies, there may be cases where an even split isn't possible. Should this be the case, one of your policies will have a different investment amount from the others.

6. ADDITIONAL INVESTMENT INSTRUCTION OPTIONS

You can provide instructions for your additional investment only or to apply them to your entire Bond.

Please choose one of the following:

Option 1: apply fund investment instructions to the **entire bond**.

Option 2: apply fund investment instructions to the **additional investment only**.

Regardless of whether you select option 1 or 2, your instructions will be applied only to the policies specified in Q5.

7. FUND ALLOCATION INSTRUCTION OPTIONS

Within the policies specified in Q5 you can provide new, or use your existing, fund allocation instructions. Please indicate which by selecting one of the following options.

If you have switched funds or changed your allocation since your original investment you must select Option 2 or 3.

Option 1: apply original fund allocation.

- Your additional investment will be allocated to the funds within your chosen policies proportionately, according to your original fund allocation instructions on those policies. **Go to Q10.**

Option 2: specify a new fund allocation using a Simplified strategy.

- Your additional investment will be allocated subject to the new fund allocation. The fund allocation will apply equally across all policies listed in Q5. **Go to Q8.**

Option 3: specify a new fund allocation using a Differentiated strategy.

- Your additional investment will be allocated subject to new fund allocations. The fund allocations will apply, subject to your instructions, differently across the policies listed in Q5. **Go to Q9.**

8. SIMPLIFIED STRATEGY FUND ALLOCATION

Only complete this section if you want to apply a new fund allocation equally to all the policies listed in Q5.

8.1 Investment choices

Please confirm if you want to apply **either** Portfolio Rebalancing or Drip-feeding to your policies. If not, please go to Q8.2.

Portfolio rebalancing

| | |
|-------------------|--|
| Start Date | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (must be between the 1st and 28th) |
| Frequency | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Annually |

Drip-feeding

| | |
|------------------|--|
| Duration | <input type="text"/> Year(s) <input type="text"/> Month(s) (must be between one month and 10 years) |
| Frequency | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Annually |

You can tell us in writing to stop Portfolio Rebalancing and Drip-feeding.

The first Drip-feeding switch will take place at your chosen frequency after the date that this additional investment is added to your Bond.

8.2 Fund choices

Indicate your selected funds and the percentage you wish to be invested per fund at outset – please refer to the **Investment Bond fund list**. If you have selected Drip-feeding, please also complete the third column to indicate the investment allocation required as an end position after the Drip-feeding period has finished.

If you need more space to list your fund choices, please use a photocopy of this page and attach it securely to this form.

| Fund name | % at start (whole % only) | % at end of Drip-feeding (if applicable, whole % only) |
|--------------|------------------------------|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL | 100% | 100% |

9. DIFFERENTIATED STRATEGY FUND ALLOCATION

Only complete this section if you want to apply new fund allocations differently across the policies listed in Q5.

9.1 Investment options

A Differentiated strategy lets you group policies into policy ranges so you can provide specific instructions for each policy range. In the tables please confirm:

- How you would like to group your policies into policy ranges. The policy numbers must correspond with those in Q5.
- If you want to apply **either** Portfolio rebalancing **or** Drip-feeding to each policy range. If you don't want to apply either then leave blank. The first Drip-feeding switch will take place at your chosen frequency after the start date of your Bond.

You must also complete the fund choices tables.

Policy range A

| | |
|------------------------|--|
| Policy numbers: | |
|------------------------|--|

Portfolio rebalancing

| | |
|-------------------|--|
| Start Date | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (must be between the 1st and 28th) |
| Frequency | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Annually |

Drip-feeding

| | |
|------------------|--|
| Duration | <input type="text"/> Year(s) <input type="text"/> Month(s) (must be between one month and 10 years) |
| Frequency | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Annually |

Policy range B

| | |
|------------------------|--|
| Policy numbers: | |
|------------------------|--|

Portfolio rebalancing

| | |
|-------------------|--|
| Start Date | <input type="text"/> / <input type="text"/> / <input type="text"/> (must be between the 1st and 28th) |
| Frequency | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Annually |

Drip-feeding

| | |
|------------------|--|
| Duration | <input type="text"/> Year(s) <input type="text"/> Month(s) (must be between one month and 10 years) |
| Frequency | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Annually |

Policy range C

| | |
|------------------------|--|
| Policy numbers: | |
|------------------------|--|

Portfolio rebalancing

| | |
|-------------------|--|
| Start Date | <input type="text"/> / <input type="text"/> / <input type="text"/> (must be between the 1st and 28th) |
| Frequency | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Annually |

Drip-feeding

| | |
|------------------|--|
| Duration | <input type="text"/> Year(s) <input type="text"/> Month(s) (must be between one month and 10 years) |
| Frequency | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Annually |

9.2 Fund choices

Please list your selected funds and the percentage you wish to be invested in each fund – please refer to the **Investment Bond fund list**.

If you have selected Drip-feeding, please list any additional funds you wish to switch to and complete the third column to show the percentage you wish to have invested after Drip-feeding has finished.

| Policy range | Fund name | % at start (whole % only) | % at end of Drip-feeding (if applicable, whole % only) |
|--------------|-----------|------------------------------|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | 100% | 100% |

10. REGULAR WITHDRAWAL INSTRUCTIONS

Please confirm if you:

Want to start a new, or change an existing, regular withdrawal strategy. **If so go to Q10.1.**

Have an existing regular withdrawal strategy and want it to continue unchanged. **If so go to Q11.**

If your existing withdrawal strategy is based on a % of the fund value the withdrawal amount will increase as the strategy will apply to the additional contribution.

10.1 What date and frequency do you want the withdrawals to start?

Please also complete if you want to change the date or frequency of your existing withdrawals.

| | |
|-------------------|--|
| Start Date | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (must be between the 1st and 28th) |
| Frequency | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Annually |

10.2 What basis do you want your withdrawal strategy to follow?

Please also complete if you want to change your existing withdrawal strategy.

Select **one** of the following:

% of all contributions **per year.**

This is the amount you want to withdraw each year, not the amount per withdrawal. It will be paid proportionately based on the frequency chosen.

£ **per withdrawal.**

% of the fund value at the date of withdrawal, **per withdrawal.**

10.3 Please tell us your bank/building society details if you haven't previously or they have changed.

Payment must be made directly to the bank account of the bond owner(s) or trustee(s).

| | |
|---|----------------------|
| Name and address (inc postcode) | <input type="text"/> |
| Account/roll number | <input type="text"/> |
| Sort code | <input type="text"/> |
| Name of account holder | <input type="text"/> |

11. FINANCIAL ADVISER DETAILS AND DECLARATION

| | |
|---|--|
| Name | |
| FCA individual reference number | |
| Firm name | |
| FCA authorisation number | |
| Telephone number | |
| Company/network address* (detail your registered individual local office address) | |
| Position | |
| Email address | |
| Please specify if part of a network | |
| Agency number (previously issued by Phoenix Life Limited) | |

Did you give advice in relation to this application:

Yes – independent
 Yes – restricted
 No

Financial adviser's signature:

Date:

×

/

/

12. SIGNATURES

In the case of trustee applications, all trustees must sign and date this declaration (unless the powers of the Trust specifically allow otherwise).

If there are more than four trustees, all will need to sign and date this form. If you need more space, please use a photocopy of this page and attach to this form.

- 1) I/We are applying to make an additional investment into my/our existing Investment Bond.
- 2) I/We as applicant(s) confirm that I/we have received a copy of the Key Features document relevant to the Investment Bond. It is understood that a copy of this completed application and the Policy Provisions are available from Phoenix Life Limited on request.
- 3) I/We understand that I am/we are entitled to receive a copy, on request, of the personal information held by Phoenix Life Limited about me/us.
- 4) I/We understand that Phoenix Life Limited reserves the right not to accept this application, in which event my/our payment will be returned.
- 5) I/We declare the information given in this application is, to the best of my/our knowledge and belief, correct and complete.

Financial Crime (verifying your identity to prevent Fraud & Money Laundering)

To verify your identity and prevent financial crime we may use and share your information with any company within the Phoenix Group, with companies who work for us and with appropriate organisations.

We may also search, send your details to, and use information from third party verification service providers and financial crime and credit reference agencies (Third Parties). This involves checking your details against databases these Third Parties use. The Phoenix Group and these Third Parties may keep a record of the search, the results of the search, any suspicions of financial crime and the details may be used to assist other companies for verification and identification purposes. This search is not a credit check and your credit rating should be unaffected.

By signing this form you are giving your consent to these activities which will make it easier for you to do business with us and help prevent financial crime. For more information, please write to the Money Laundering Reporting Officer, 1 Wythall Green Way, Wythall, Birmingham, B47 6WG.

Owner/trustee

| | | |
|------|----------------|-----------------------------|
| Name | Signature ✕ | Date □ □ / □ □ / □ □ □ □ |
| Name | Signature ✕ | Date □ □ / □ □ / □ □ □ □ |
| Name | Signature ✕ | Date □ □ / □ □ / □ □ □ □ |
| Name | Signature ✕ | Date □ □ / □ □ / □ □ □ □ |
| Name | Signature ✕ | Date □ □ / □ □ / □ □ □ □ |
| Name | Signature ✕ | Date □ □ / □ □ / □ □ □ □ |

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