

FAMILY SUNTRUST

APPLICATION TO JOIN A SCHEME

Phoenix Wealth, Self Invested Pensions, PO Box 1394, Peterborough, PE2 2TQ.

When to use this form

This form should be completed by a new Participant joining a Family Suntrust Scheme. In addition:

- If a contribution is to be made please complete the Family Suntrust – Contribution application form
- If a transfer payment is to be made please complete the Family Suntrust – Transfer payment authority form
- If benefits are to be taken please complete the Family Suntrust – Flexi-access drawdown pension form.

Application to join

Family Suntrust Scheme (the 'Scheme')

1. APPLICANT DETAILS

1.1 Title (such as Mr, Mrs, Dr)	
1.2 Last name	
1.2a Forename(s)	
1.3 Maiden name	
1.4 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
1.5 Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.6 Place of birth	
1.7 National Insurance number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.8 Do you normally live in the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If you answer no, the Scheme Administrator cannot accept this application)
1.9 Permanent address (inc postcode)	<div></div> <div></div> <div></div>
1.10 Email address	
1.11 Telephone number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

1.12 If you are a member which one of the following best describes your status?	<input type="checkbox"/> Employed	<input type="checkbox"/> Other:	
	<input type="checkbox"/> Pensioner	<input type="checkbox"/> Caring for one or more children under the age of 16 years	
	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Caring for a person aged 16 years or over	
	<input type="checkbox"/> Child under 16	<input type="checkbox"/> In full-time education	
		<input type="checkbox"/> Unemployed	
		<input type="checkbox"/> Other	
1.13 If employed, what is your:	(i) job title?		
	(ii) employer's name?		
1.14 Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Civil partner		
1.15 Please tick the relevant box(es) if you have any form of HM Revenue & Customs protection	<input type="checkbox"/> enhanced protection	<input type="checkbox"/> fixed protection 2012	<input type="checkbox"/> individual protection 2014
	<input type="checkbox"/> primary protection	<input type="checkbox"/> fixed protection 2014	<input type="checkbox"/> individual protection 2016
		<input type="checkbox"/> fixed protection 2016	
1.16 At what age do you intend to take benefits?	<input type="text"/> <input type="text"/>		

2. DEATH BENEFIT INSTRUCTIONS

Please use this section to indicate how your share of the Pooled Fund should be dealt with when you die.

You should speak to the Financial Adviser before completing this section as there may be a liability to inheritance tax.

There are two options as to how death benefits can be dealt with.

Allocation – Members only

You can 'allocate' your pension benefits to a spouse/civil partner. They will have the choice as to how they want take their benefits. An allocation is binding so we will act based on your instructions.

Complete this table if you want to make an allocation.

Beneficiary's full name	Relationship to you (delete as appropriate)	Date of birth	Proportion of remaining fund
	<input type="checkbox"/> Spouse <input type="checkbox"/> Civil partner	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	%

Expression of wish

You can nominate anyone as a beneficiary through an expression of wish. Unlike an allocation, how your pension fund is used and who receives it will be applied at our discretion taking into account your wishes.

Complete this table if you want to make an expression of wish.

Beneficiary's full name	Relationship to you	Date of birth	Proportion of remaining fund (optional)
		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	%
		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	%
		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	%
		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	%

Notes:

- Any allocation takes precedence over an expression of wish.
- You can change or remove the allocation or expression of wish at any time by giving us instructions in writing.

3. FINANCIAL ADVISER DECLARATION

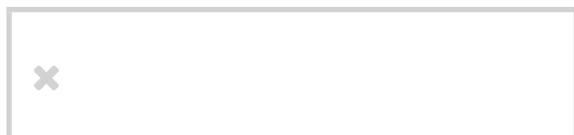
We will only accept this application if you have given advice.

Confirmation of advice given

Please confirm the basis of the advice you have given:

☐ Restricted ☐ Independent

Signature:



Date:

/

/

Your full name	
Name of your firm	
FCA number	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>

4. DECLARATION AND CONSENT

Important: please remember that if you miss out or are wrong about any material facts this could affect payment of your benefits and might mean that your participation in the Scheme is invalid and that the Scheme Administrator will not pay the relevant benefit. Material facts are those that may influence whether we accept your application. If you are in any doubt about whether a particular fact is relevant then you should tell the Scheme Administrator about it.

For your own benefit and protection you should read the **Family Suntrust – Terms & conditions** and the **Family Suntrust – Guide to fees** before signing this declaration and consent. If you do not understand any point, please speak to the Financial Adviser.

In connection with the Scheme

- I apply to become a Participant of the Family Suntrust Scheme ('the Scheme') named on page 1 of this application, and I agree to be bound by the Rules of the Scheme as amended from time to time and by the Family Suntrust – Terms & conditions.

I confirm that:

- I promise to be responsible for any tax charge in respect of my participation in the Scheme, which becomes due from the Scheme Administrator, the Trustee or the Provider except where such tax charge arises as a result of the negligence, wilful default or fraud of the Scheme Administrator, the Trustee or the Provider. I agree that such tax charges may be paid or recovered, at the discretion of the Scheme Administrator, by deducting the amount of the tax charge from my share of the Pooled Fund before applying the remaining share to provide any benefits. I also promise to be responsible for and pay any amount that is not recovered from my share of the Pooled Fund to the Scheme Administrator, the Trustee or the Provider, as appropriate, to meet the outstanding tax charge or as reimbursement for a tax charge which has been met.

I understand that:

- Phoenix Wealth Trustee Services Limited, part of the Phoenix Group, has been appointed as Trustee of the Scheme.
- Phoenix Wealth Services Limited has been appointed as Scheme Administrator and agrees to administer the Scheme as required by the Rules of the Scheme on behalf of the Provider, Phoenix Wealth Services Limited.
- the Scheme Administrator will pass and receive information about the Scheme to and from HM Revenue & Customs (the Revenue) and the Pensions Regulator.
- if the Revenue advises that any adviser charges paid from the Scheme are inappropriate, I may incur a tax liability for an unauthorised payment.

In connection with the investments

I understand that:

- all investment decisions, including the acceptance of any in-specie transfer payment, must be made by Unanimous Written Agreement.

In connection with new Participants to existing Schemes

I acknowledge that:

- a Unanimous Written Agreement will need to be signed by all Participants to admit new Participants.
- by completing and submitting this form, I am agreeing to the Pooled Fund arrangements.

I confirm that:

- I am aware of the arrangements and any ongoing adviser charges that are already in place for investments within the Pooled Fund and I agree with those arrangements. I instruct the Scheme Administrator to continue to deduct such adviser charges from the Scheme.

General

I understand that the Scheme Administrator:

- and I have a free choice about the law that can apply to a Scheme. The Scheme Administrator proposes to choose the law of England and Wales, and, by entering into this Scheme, I agree that the law of England and Wales applies.
- has asked specific questions that are relevant to whether it will accept this application. The Scheme Administrator will rely and act on the information provided in this form to make decisions regarding acceptance and to discharge its obligations to the Revenue.
- will regularly provide details of this Scheme to the Financial Adviser.

I confirm that:

- to the best of my knowledge and belief, the statements made in this application, including those not in my handwriting, are correct and complete.
- I will tell the Scheme Administrator immediately if there are any changes to the information I have given, or should have given in this application. I understand that failure to do so may result in the contract being declared void, and that a claim for the proceeds may not be paid.
- I am habitually resident (that is, I normally live) in the UK.

Data protection

Phoenix Wealth Services Limited, a member of the Phoenix Group, will hold and use the personal information you provide to set up and operate your Plan and for business analysis.

Your information may be sent for the above reasons to companies within the Phoenix Group in the UK and also to other companies acting on our instructions, including those outside of the European Economic Area. By signing this form you consent to the use of this personal data for the reasons set out above. You also agree to Phoenix Wealth Services Limited passing this information onto: (1) your professional adviser(s) as you notify to us from time to time; and (2) such other third parties as may be necessary in connection with the provision and operation of your Plan, including our professional advisers.

We would like to use your contact details and share them with companies within the Phoenix Group (or other carefully selected companies) to enable us and them to send you information about other products and services. You may be contacted by post, telephone or email. If you do not wish us to do this please tick this box ☐ Otherwise we will assume that you are happy to receive this information and to be contacted in this way for the time being. Personal information regarding beneficiaries will not be used for marketing purposes. You may change your mind at any time by writing to the Data Protection Officer, 1 Wythall Green Way, Wythall, Birmingham, B47 6WG.

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.

Important: in the case of a Minor, this form must be signed by the Parent/Guardian acting on their behalf and the declarations above will apply accordingly.

Signature:

Date:

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Your name if you are signing on behalf of a Minor	
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Phoenix Wealth Services Limited, trading as Phoenix Wealth, is authorised and regulated by the Financial Conduct Authority. Phoenix Wealth Services Limited is registered in England No. 02238458 and has its registered office at: 1 Wythall Green Way, Wythall, Birmingham, B47 6WG.