

THE EXECUTIVE PENSION

CONTRIBUTION

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

When to use this form

You must complete this form if you or your employer is making a single or regular contribution, or increasing an existing regular contribution.

Please confirm how you want to invest the contributions:

Single contributions - must be paid by cheque

- ☐ I want to provide new investment instructions. Please complete the **Phoenix Wealth – Investment instruction for Phoenix Wealth Pension Funds only** form.
- ☐ I will provide investment instructions at a later date. Until we receive your instructions on the **Phoenix Wealth – Investment instruction for Phoenix Wealth Pension Funds only** form we will invest single contributions in the Phoenix Wealth Money Market fund.

Member single contributions will be collected by the employer. Cheques for member and employer contributions must be made payable to Phoenix Life Limited.

Regular contributions

- ☐ This is an increase to a regular contribution and I want to continue investing in the same way as my existing regular contributions.
- ☐ This is a new regular contribution, or an increase to a regular contribution, and I want to give new investment instructions. Please also complete the **Phoenix Wealth – Investment instruction for Phoenix Wealth Pension Funds only** form.

- Member regular contributions will be collected by the employer and paid by Direct Debit from their account.
- If your employer is making a regular contribution for the first time they must complete the Direct Debit mandate.

1. DETAILS

Your full name	
Policy number	
Illustration reference number (As shown on your illustration)	

2. CONTRIBUTIONS

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 pension pot.

2.1 Employer contributions

Please indicate the level of contributions your employer intends to make.

Gross single contributions

Amount	£
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Gross regular contributions

Setting up a new contribution:	
Amount	£
Changing an existing contribution:	
Current amount	£
Increase amount	£
New total amount	£
Regular contribution payable	☐ Annually ☐ Monthly
Start date* (between 1st and 28th of month)	/ /

2.2 Your contributions

Please indicate the level of contributions you intend to make.

Gross single contributions

Amount	£
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Gross regular contributions

Setting up a new contribution:	
Amount	£
Changing an existing contribution:	
Current amount	£
Increase amount	£
New total amount	£
Regular contribution payable	☐ Annually ☐ Monthly
Start date* (between 1st and 28th of month)	/ /

*If we don't receive this form in time to meet this date, contributions will start as soon as possible after this date.

3. EMPLOYER DECLARATION

In respect of Private Limited and Public Limited Companies, Phoenix Life Limited will perform checks in accordance with money laundering regulations.

If you are a partnership or sole trader, each individual will need to complete a copy of the Identity Verification Certificate in this form.

If you are making regular contributions for the first time, you must complete the Direct Debit mandate.

- I/We agree to pay the amounts indicated above to Phoenix Life Limited and authorise the payments of any regular employer and member contributions by Direct Debit from the account details provided.
- I/We understand and agree that I/we will report all employer contributions in accordance with The Pensions Regulator requirements.

Name of employer	
Address (inc postcode)	
Type of organisation	☐ Public Limited Company ☐ Sole trader ☐ Partnership ☐ Private Limited Company ☐ Trust ☐ Registered charity
Signed by or on behalf of the employer	×
Date	/ /
Name	
Position in company	

4. FINANCIAL ADVISER DECLARATION

Confirmation of advice given

Did you give advice in relation to this application?

☐ Yes – restricted ☐ Yes – independent ☐ No

Has your client opted out of, or declined to join, an occupational pension scheme or group personal pension scheme to which his employer contributes, in favour of making contributions to this Plan?

☐ Yes ☐ No

Financial adviser's signature	×
Date	/ /
Your name	
Name of your firm	
FCA number	

5. MEMBER DECLARATION

For your own benefit and protection you should read the Policy Provisions before signing this declaration. If you do not understand any point, please ask for further information.

It is a serious offence to make false statements. The penalties are severe and could lead to prosecution.

- 1) I apply to vary contributions to The Executive Pension detailed at section 2 of this form.
- 2) I authorise the deduction of my contributions by my employer (if applicable) from my salary.
- 3) I understand that member contributions are made gross and are not eligible for tax relief at source.
- 4) I declare that I have seen and agree to abide by the Policy Provisions governing the operation of The Executive Pension.
- 5) I confirm, to the best of my knowledge and belief, the statements made in this form, including those not in my handwriting, are correct and complete.
- 6) I confirm that my financial adviser has provided me with all the relevant supporting documentation available and that I have been able to make an informed decision based on my personal circumstances.

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, 10 Brindleyplace, Birmingham, B1 2JB.

Signature:

Date:

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6. TRUSTEE(S) DECLARATION

As the plan is issued to the trustees of your pension scheme, they must sign this declaration.

- I/We agree that the contributions detailed in section 2 of this application form can be made to the plan.

Name	Signature 	Date / /
Name	Signature 	Date / /

7. CORPORATE VERIFICATION CERTIFICATE

If you are a partnership or sole trader, each individual will need to complete an Identity Verification Certificate.

Corporate and Other Non-Personal Entity Introduction by an FCA-regulated firm

7.1 Details of Customer (see explanatory notes)

Full name	
Type of entity (corporate, trust, etc)	
Location of business (full operating address including post code)	
Registered office in country of incorporation	
Registered number, if any (or appropriate)	
Relevant company registry or regulated market listing authority	
Names and dates of birth (if known) of directors (or equivalent)	
Names and dates of birth (if known) of principal beneficial owners (25% and over)	

7.2 Confirmation

I/we confirm that:

a) the information in section 7.1 above was obtained by me/us in relation to the customer

b) the evidence I/we have obtained to verify the identity of the customer:

☐ meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG

☐ or exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation).

Signature:

×

Date:

/

/

Name	
Position	

7.3 Details of introducing firm (or sole trader)

Full name of regulated firm (or sole trader)	
FCA Reference number	

Explanatory notes

- 1) "Relevant company registry" includes other registers, such as those maintained by charity commissions (or equivalent) or chambers of commerce.
- 2) This form cannot be used to verify the identity of any customer that falls into one of the following categories:
 - those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification;
 - those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering Regulations; or
 - those whose identity has been verified using the source of funds as evidence.
- 3) This confirmation must carry an original signature, or an electronic equivalent.

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

Employer

Please fill in the form using a ball point pen and return it with your completed application 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

Branch Sort Code

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



Originator's Identification Number

Reference Number

Instruction to your bank or building society

Please pay Phoenix Life 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 Phoenix Life 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, Phoenix Life Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Phoenix Life 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 Phoenix Life 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 Phoenix Life 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.



Phoenix Life Limited, trading as Phoenix Wealth, is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Phoenix Life Limited is registered in England and Wales No. 1016269 and has its registered office at: 10 Brindleyplace, Birmingham, B1 2JB.