

INDIVIDUAL REGULAR CONTRIBUTION

FOR PHOENIX WEALTH PENSION FUNDS ONLY

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 someone on your behalf other than your employer, want to make, or increase an existing,

regular contribution to your Retirer Section 32.	ment Wealth Account (Phoenix	Wealth pension funds only option), The Personal Pension or The
Please confirm how you want to	o invest this contribution (ch	oose one option):
I am starting a regular contri	bution and I want to invest it in	the same way as my current pension pot.
I am increasing a regular cor	ntribution and want to continue	investing in the same way as my existing regular contributions.
		ontribution, and want to give new investment instructions. nstruction for Phoenix Wealth Pension Funds only form.
1. DETAILS		
Your full name		
Tel number		
Email		
Plan/policy number (if applicable)		
Illustration reference number (As shown on your illustration)		
Current gross annual income	f	
Which one of the following best describes your status?	Employed	Caring for one or more children under the age of 16 years
	Self-employed	Caring for a person aged 16 years or over
	Retired	Unemployed
	In full-time education	Other

2. CONTRIBUTIONS

Please complete this section to confirm the net amount of your contribution as we will add basic tax relief. You must also complete the Direct Debit mandate.

Setting up a new contribution:		Changing an existing con	itribution:
Net amount £		Current net amount	£
		Increase net amount	£
		New total amount	£
Regular contribution payable	Annually	Monthly	
Start date* of regular contributions *If we don't receive this form in time to mee		/ as soon as possible after this date.	
Is this contribution being made by a third party on your behalf?	NIO I	the third party must sign section lete an Individual Verificatio n	
3. FINANCIAL ADVISER DE We will only pay an adviser charge		oomploted	
	e ii Section 3, 4 and 5 are t	completed.	
Confirmation of advice given	hio forms?		
Did you give advice in relation to t Yes – restricted Y		No	
Has your client opted out of, or de his employer contributes, in favou	r of making contributions t		personal pension scheme to which ne?
Financial adviser's signature:		Date:	
×			
Name			
Name of your firm			
FCA number			
Tel number			
Email			

Note for advisers

Phoenix Wealth doesn't knowingly make unauthorised payments. For an adviser charge to be authorised by HM Revenue & Customs (HMRC) it must:

- Be made as a result of genuinely commercial remuneration arrangements between the member(s) and their adviser for the pension advice given by the adviser to the member(s), and the agreed amount of remuneration is appropriate in relation to the service the adviser has provided in respect of the advice given.
- Any adviser fee must solely relate to advice given in respect of this pension scheme.

By accepting the adviser charges you are confirming that both of these statements apply in relation to them.

4. ADVISER CHARGES PAYMENT REQUEST

Please complete this section as you have agreed with your financial adviser. For details of how adviser charges can be facilitated through your plan/policy, please refer to the 'Adviser payments' section of your **Terms & Conditions/Policy Provisions**.

If you no longer wish to pay for adviser charges through your plan/policy, you can cancel this instruction by writing to us at any time.

4.1 Initial adviser charge

Frequency

your plan/policy?

What date between the 1st and 28th would you like the first payment to be taken from

Please complete this section if you have agreed to pay an initial charge for advice you received in relation to this contribution. It can be either a fixed amount or a percentage:

Fixed Amount	%
Percentage of all annualised regular contributions	
We will defer the initial adviser charge payment until sufficient contributions have been received to cover the charge in full unless you spread the charge (see the box below).	%
(SIAC). SIAC will be deducted monthly, regardless of the	ar contributions; this is known as Spread Initial Adviser Charge frequency of your contribution. You can only have one SIAC on an regular contribution at any one time. Payment of the SIAC must age.
Do you wish to spread the charge taken from regular cont	rributions? Yes No
If yes, over how many months	
Which day of the month you wish the charge to be deduc	ted from your policy (between 1st and 28th)
	place on the day selected that immediately follows actual receipt fter the start date of the regular contribution where the direct debit ted on the requested contribution due day.
, , ,	ase the amount of an existing SIAC, we will cancel the existing ed. You must include any outstanding SIAC payments in the existing charge.
4.2 Ongoing adviser charge Please complete this section if you have agreed with you advice or services you receive in relation to this plan/po	ur financial adviser to pay a regular payment for ongoing licy.
Total payment to be made from my plan/policy (select one of	the following)
Percentage of fund value	%
Specific amount each year	

Quarterly

Half-yearly

Yearly

Future payments will be made on the same day of the month at the frequency you have specified.

Monthly

5. MEMBER DECLARATION

For your own benefit and protection you should read your plan/policy's Terms & Conditions or Policy Provisions carefully 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.

General

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.
- 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.

For contributions

- I understand that I can only make tax relievable member contributions to my plan/policy and that any non tax relievable member contributions will be refunded.
- I declare that the total contribution to be paid by me or on my behalf to my plan/policy together with any other registered
 pension scheme in any tax year will not exceed the greater of:
 - the 'basic amount' and
 - the amount of my relevant UK earnings that is chargeable to income tax for the relevant tax year.
- I will write to let you know, by the following 5 April if any event occurs as a result of which I am no longer entitled to tax relief on my contributions. (If the change happens after 8 March, you have 30 days to write to us.)
- 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.
- I declare that contributions will cease by my 75th birthday.
- I confirm that I have earnings on which UK tax may have to be paid or I am a relevant UK individual.
- 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.

For adviser charges

I confirm:

- My financial adviser has provided me with information on adviser charges and I have agreed with my financial adviser to pay the adviser charges.
- I authorise Phoenix Life Limited (PLL) to facilitate the charges through my plan/policy as set out in this form.
- I have read and agreed to the Terms & Conditions/Policy Provisions in relation to adviser charges to be taken through my plan/policy.

I understand:

- This instruction is subject to the Terms & Conditions/Policy Provisions of my plan/policy.
- The adviser charges will be deducted from my plan/policy, when there is sufficient value in my plan/policy to cover the
 payment in full.
- If HMRC advises that any adviser charges paid from the plan/policy are inappropriate, I may incur a tax liability for an
 'unauthorised payment'.
- I should contact my financial adviser and/or investment deals manager in the first instance to discuss any adviser charges that I disagree should have been applied to my plan/policy.
- I can cancel this instruction to pay adviser charges from my policy at any time by writing to the address shown on the front page of this form.
- Until PLL receives written notification to cancel this instruction it will continue to make the payments set out in this form to the financial adviser named in section 3.
- If I change financial adviser, cancel payment of any adviser charges from my plan/policy, cancel my application for the plan/policy within the cancellation period or in any situation where it is not reasonably possible for PLL to facilitate a payment, it will be my responsibility to settle any outstanding or future adviser charges due with my financial adviser.

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:
×	

Third party contributions

If you are making a contribution on behalf of the member you must sign below. We must also receive an **Individual verification certificate** completed on your behalf.

I confirm:

- I agree to pay the amount indicated in this form to Phoenix Life Limited
- I am subject to the Financial Crime wording above.

Full name	
Date of birth	
Signature	×
Date	

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.

PH0009 | November 2025

Please complete this direct debit mandate if you are making a regular contribution to an **Phoenix Wealth Pension Funds only plan/policy.**

Phoenix Life Limited

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

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



Member/third party

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		Origin	nator	's Ide	entific	ation	Nu	mbe	r										
To: the Manager	bank/building society	6	5	6	4	7		l											
Address		Refer	ence	Nun	nber														_
																			L
Postcode		Instruction to your bank or building society																	
Name(s) of Account Holder(s)			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.																
Bank/Building society account number		Signature(s)																	
Branch Sort Code		Date / / / / / / / / / / / / / / / / / / /																	
		Banks of acc			ding s	ociet	ties	may	not	acce	pt Di	rect	Debi	t inst	ructio	ons fo	or sor	ne ty	ре

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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 Wealth Trustee Services Limited/Phoenix Life Limited will
 notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Phoenix Wealth Trustee Services Limited/
 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 Wealth Trustee Services Limited/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 Wealth Trustee Services Limited/Phoenix Lifeh 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.

