

EMPLOYER CONTRIBUTION

When to use this form

You must complete this form if your employer is deducting contributions from your earnings or making a single and/or regular contribution, or increasing an existing regular contribution. If you have a:

- Phoenix Wealth Pension Funds only plan please write to Phoenix Wealth, Unit Linked Life & Pensions, PO Box 1393, Peterborough, PE2 2TP.
- Retirement Wealth Account - Self-invested plan please write to Phoenix Wealth, Self Invested Pensions, PO Box 1394, Peterborough, PE2 2TQ.

You must also 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.

PLEASE CONFIRM HOW YOU WANT TO INVEST THE CONTRIBUTIONS FROM YOUR EMPLOYER:

Single contributions

For Phoenix Wealth Pension Funds only plans:

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.

Payments can be made by:

- Cheque Payable to Phoenix Life Limited
- Electronic payment Account Name: Phoenix Life Limited
Sort Code: 60-00-01
Account Number: 36378739 (Use your plan/policy number as the payment ref)

For Self-invested plans:

I want to provide new investment instructions. Please complete the **Phoenix Wealth – Investment instruction for self-invested plans** form.

I will provide investment instructions at a later date. Until we receive your instructions on the **Phoenix Wealth – Investment instruction for self-invested plans** form we will invest single contributions in your cash account.

Payments can be made by:

- Cheque Payable to Phoenix Wealth Trustee Services Limited
- Electronic payment Account Name: Phoenix Wealth Trustee Services Ltd
Sort Code: 60-00-01
Account Number: 39405605 (Use your plan/policy number as the payment ref)

Regular contributions – must be paid by direct debit (choose one option)

My employer is starting a regular contribution and I want to invest it in the same way as my current pension pot.

My employer is increasing a regular contribution and I want to continue investing in the same way as my existing regular contributions.

My employer is starting a regular contribution, or increasing a regular contribution, and I want to give new investment instructions. Please also complete the investment form that relates to your type of plan:

- **Phoenix Wealth – Investment instruction for Phoenix Wealth Pension Funds only**
- **Phoenix Wealth – Investment instruction for self-invested plans**

1. DETAILS

| | |
|---|---|
| Your full name | |
| Tel number | <input type="text"/> |
| Email | |
| Policy number (if applicable) | <input type="text"/> |
| Illustration reference number (As shown on your illustration) | <input type="text"/> |
| Current gross annual income | £ <input type="text"/> |
| Which one of the following best describes your status? | <input type="checkbox"/> Employed <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"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> In full-time education <input type="checkbox"/> Other |

2. CONTRIBUTIONS

Your employer must fill in this section. Your adviser will also need to complete the Corporate verification certificate.

As the employer, you should fill in and sign this section if:

- a) you are contributing to this employee’s pension Plan; and/or
- b) you are deducting this employee’s contributions from his/her earnings and then paying them to us.

It is your legal responsibility to provide us with a ‘record of payments due’ before you pay a contribution to us. This ‘record’ should list the contributions you expect to pay up until the member’s expected pension age or earlier date where notified. To help you, we have designed this section so that it can be used as the first ‘record of payments due’. We will use this to check the payments we actually receive from you against the amounts shown on the record.

Contributions must be paid to us by the ‘due date’. This is the day you are due to make employer contributions or within 19 days from the end of the calendar month you deducted contributions from the employee’s earnings.

2.1 Employer contributions (including salary sacrifice)

Please indicate the level of contribution (including salary sacrifice) you, the employer, intend to make:

Single contributions – please make cheques payable based on our instructions on the first page

Gross amount £

Regular contributions – please complete the relevant direct debit mandate on the final page

Setting up a new contribution:

Gross amount £

Changing an existing contribution:

| | |
|------------------|---|
| Current amount | £ |
| Increase amount | £ |
| New total amount | £ |

Regular contribution payable Annually Monthly

Start date* of regular contributions / /

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

2.2 Employee contributions deducted from their net earnings

| | |
|--|---|
| I will deduct contributions from the employee's earnings on or around the | <input type="text"/> of every month/week (delete as appropriate) |
| I will take the first deduction from earnings for this Plan on | <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| I will pay contributions on or around the | <input type="text"/> of every month |
| These will be contributions that will have been deducted: | <input type="checkbox"/> that month <input type="checkbox"/> the previous month |
| The first contribution will be paid on or around | <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| The employee's net monthly contribution will be | £ <input type="text"/> |

Employer declaration

I confirm that:

- to the best of my knowledge and belief all the details in this section are complete and correct;
- this section should be used as the 'record of payments due' starting from the date that the first contribution is due to be paid;
- I will tell the scheme administrator of any future changes to contributions before the due date by providing a new record;
- I will pay the employer's contributions stated in 2.1, and I understand that these contributions will be invested into a pension plan to provide retirement benefits for my employee and I have no rights, charge or lien in respect of this Plan;
- the employee's contributions stated in 2.2, are deducted from net earnings after PAYE and National Insurance are deducted;
- I understand that the scheme administrator must report late payments of contributions to The Pensions Regulator and to employees where they are likely to be of material significance to the Regulator in the exercise of its functions.

| | |
|-------------------------------|--|
| Name of employer | <input type="text"/> |
| Address (inc postcode) | <input type="text"/> <input type="text"/> |
| Type of organisation | <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Sole trader <input type="checkbox"/> Partnership <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Trust <input type="checkbox"/> Registered Charity |

Signed by or on behalf of the employer:

×

Date:

 / /

| | |
|----------------------------|----------------------|
| Name | <input type="text"/> |
| Position in company | <input type="text"/> |

3. FINANCIAL ADVISER DECLARATION

Please note: We will only pay an adviser charge if we have received a completed **Adviser charges payment request** form.

Confirmation of advice given

Did you give advice in relation to this form?

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 personal pension scheme?

Yes No

Financial adviser's signature:

Date:

/ /

| | |
|--------------------------|---|
| Your name | <input type="text"/> |
| Name of your firm | <input type="text"/> |
| FCA number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Tel 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"/> |
| Email | <input type="text"/> |

4. MEMBER DECLARATION

For your own benefit and protection you should read your plan'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.

- 1) I understand that I can only make tax relievble member contributions to my Plan and that any non tax relievble member contributions will be refunded.
- 2) I declare that the total contribution to be paid by me or on my behalf to my Plan 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.
- 3) 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.)
- 4) I confirm, to the best of my knowledge and belief, the statements made in this application, including those not in my handwriting, are correct and complete.
- 5) I declare that contributions will cease by my 75th birthday.
- 6) I confirm that I have earnings on which UK tax may have to be paid or I am a relevant UK individual.
- 7) 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, 1 Wythall Green Way, Wythall, Birmingham, B47 6WG.

Signature:

x

Date:

/

/

5. CORPORATE VERIFICATION CERTIFICATE

This section should be completed by the financial adviser.

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

5.1 Details of Customer (see explanatory notes overleaf)

| | |
|--|--|
| Full name | |
| Type of entity <small>(corporate, trust, etc)</small> | |
| Location of business <small>(full operating address including post code)</small> | |
| Registered office in country of incorporation | |
| Registered number, if any <small>(or appropriate)</small> | |
| 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) | |

5.2 Confirmation

I/we confirm that:

- a) the information in section 5.1 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 | |

5.3 Details of introducing firm (or sole trader)

| | |
|--|----------------------|
| Full name of regulated firm (or sole trader) | |
| FCA Reference number | <input type="text"/> |

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, 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 No. 1016269 and has its registered office at: 1 Wythall Green Way, Wythall, Birmingham, B47 6WG.

PH0008 | December 2022

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

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



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

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.

Please complete this direct debit mandate if you are making a regular contribution to a Self-invested plan.

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

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



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

Originator's Identification Number

Reference Number

Instruction to your bank or building society

Please pay Phoenix Wealth Trustee Services 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 Wealth Trustee Services 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 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 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.

