

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 Retirement Wealth Account (Phoenix Wealth pension funds only option), The Personal Pension or The Section 32.

Please confirm how you want to invest this contribution (choose one option):

- I am starting a regular contribution and I want to invest it in the same way as my current pension pot.
- I am increasing a regular contribution and want to continue investing in the same way as my existing regular contributions.
- I am starting a regular contribution, or increasing a regular contribution, and want to give new investment instructions. Please also complete the **Phoenix Wealth – Investment Instruction for Phoenix Wealth Pension Funds only** form.

1. DETAILS

Your full name	
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"/> <input type="text"/>
Email	
Plan/policy number (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Illustration reference number (As shown on your illustration)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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

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:

Net amount £

Changing an existing contribution:

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 meet this date, contributions will start as soon as possible after this date.

Is this contribution being made by a third party on your behalf? No Yes – the third party must sign section 5 and complete an **Individual Verification Certificate**

3. FINANCIAL ADVISER DECLARATION

We will only pay an adviser charge if section 3, 4 and 5 are completed.

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:

/ /

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"/>

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

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).	%

You can spread the initial adviser charge taken from regular contributions; this is known as Spread Initial Adviser Charge (SIAC). SIAC will be deducted monthly, regardless of the frequency of your contribution. You can only have one SIAC on an Employee regular contribution and one on your Employer regular contribution at any one time. Payment of the SIAC must stop at least one month before your selected retirement age.

Do you wish to spread the charge taken from regular contributions? Yes No

If yes, over how many months

Which day of the month you wish the charge to be deducted from your policy (between 1st and 28th)

For new regular contributions, the first deduction will take place on the day selected that immediately follows actual receipt of the first premium. This may be more than one month after the start date of the regular contribution where the direct debit cannot be set up in time for the first payment to be collected on the requested contribution due day.

If you increase your regular contribution and want to increase the amount of an existing SIAC, we will cancel the existing charge and replace it with the new charge you have entered. You must include any outstanding SIAC payments in the amount above as we will not automatically carry over any existing charge.

4.2 Ongoing adviser charge

Please complete this section if you have agreed with your financial adviser to pay a regular payment for ongoing advice or services you receive in relation to this plan/policy.

Total payment to be made from my plan/policy (select one of the following)

Percentage of fund value	%
Specific amount each year	
Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly
What date between the 1st and 28th would you like the first payment to be taken from your plan/policy?	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

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, 1 Wythall Green Way, Wythall, Birmingham, B47 6WG.

Signature:

Date:



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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	<div style="display: flex; align-items: center; justify-content: center;"><div style="border: 1px solid #ccc; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid #ccc; width: 20px; height: 20px; margin-right: 5px;"></div>/<div style="border: 1px solid #ccc; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid #ccc; width: 20px; height: 20px; margin-right: 5px;"></div>/<div style="border: 1px solid #ccc; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid #ccc; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid #ccc; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div></div>
Signature	
Date	<div style="display: flex; align-items: center; justify-content: center;"><div style="border: 1px solid #ccc; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid #ccc; width: 20px; height: 20px; margin-right: 5px;"></div>/<div style="border: 1px solid #ccc; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid #ccc; width: 20px; height: 20px; margin-right: 5px;"></div>/<div style="border: 1px solid #ccc; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid #ccc; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid #ccc; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div></div>

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

To: the Manager bank/building society

Address

Postcode

Name(s) of Account Holder(s)

Bank/Building society account number

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Branch Sort Code

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Originator's Identification Number

6	5	6	4	7	1
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Reference Number

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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

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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.

