

TRUSTEE INVESTMENT PLAN

INCREMENT FORM

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

When to use this form

This Increment Form should be used by pension scheme Trustees who have invested in a Phoenix Wealth Trustee Investment Plan (TIP), and want to add single or regular contributions to their plan.

Adviser payments

No adviser charges will be paid from the plan on additional single contributions, or new regular contributions unless you complete and enclose an **Adviser charges payment request form**.

If you are increasing an existing regular contribution, any existing adviser charge on the plan paid as a percentage of fund value will apply to the increased regular contribution. If you wish to make any other change to adviser charges on regular contributions then you will need to complete and enclose another **Adviser charges payment request form**.

I have completed and enclosed an **Adviser charges payment request form**.

Before 2013 you may have agreed to pay your financial adviser from your plan through Flexible Adviser Remuneration (FAR). Any existing FAR arrangement will continue unless you instruct us otherwise, but cannot be increased.

1. YOUR DETAILS

Existing Phoenix Wealth TIP policy number	<input type="text"/>
Name of Scheme	<input type="text"/>

SIPP Member details (if applicable)

Surname	<input type="text"/>
Forename(s)	<input type="text"/>
Permanent home address (inc postcode)	<input type="text"/>
	<input type="text"/>

2. YOUR CONTRIBUTIONS

Please confirm your contribution amount.

Additional single contribution:

You can make a payment by:

- **Cheque:** Payable to Phoenix Life Limited

- **Electronic payment:**

- Account name: Phoenix Life Limited

- Sort code: 60-00-01

- Account number: 09509658

If you are making a new, or changing an existing, regular contribution, you will need to complete the standing order (Q4).

Existing regular contribution:

Additional regular contribution:

Total regular contribution:

3. INVESTMENT ALLOCATION OPTIONS

Please complete this section to confirm how you would like your contribution to be invested. Your instructions won't be carried out until all outstanding requirements have been fully satisfied.

I wish to allocate contributions in accordance with my existing investment instructions.
(This increment will automatically be rebalanced if your TIP has Portfolio Rebalancing in place).

I wish to allocate my contributions in accordance with the new investment instructions in this section.

Please indicate your selected funds and the percentage you would like allocated to each. All fund choices must be expressed as a full percentage. These instructions apply to single contributions contained in this form and to the total regular contributions where regular contributions are being added or increased.

3.1 For single payments

Fund name	%
	TOTAL 100%

3.2 For regular payments

Please specify the funds you wish to invest in and the percentage you would like allocated to each

Fund name	%
	TOTAL 100%

If you wish to amend your investment allocation on existing investments, then please confirm to us in writing or complete an **Investment Allocation & Portfolio Rebalancing Form** (ask your financial adviser for a copy, or call us on 0345 129 9993).

4. STANDING ORDER

Only complete this section if you are making a new, or changing an existing, regular contribution. This standing order instruction replaces any previous instruction using the same reference.

Bank/building society name	
Bank/building society address (including postcode)	
Account/roll 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sort code	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Name of account holder	
Amount to be debited from account	
In words	
Commencing	<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="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly
Any special instructions please supply details	

Please make the following payments on my/our behalf and debit my/our account number as above and continue such payments until further notice from me/us in writing. Please provide authority – use **BLOCK LETTERS**.

Full name (inc title)	
Permanent home address (including postcode)	
Signature	✕
Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

For Phoenix Life Limited use only

Account to be credited

Phoenix Life Limited	
Account number:	09509658
Ref/plan number:	

Bank to which payment is to be made:

National Westminster Bank Plc., Lombard Street Office, 21 Lombard Street, London EC3P 3AR. Code number 60-00-01

5. FINANCIAL ADVISER DETAILS

This section must be completed by the financial adviser.

Financial adviser name	
FCA Individual reference number (The FCA Individual Reference number can be found at www.fsa.gov.uk/register/home.do)	
Company name	
FCA authorisation number	
Network FCA number (if applicable)	
Telephone number	
Company/network address inc postcode (detail your registered individual local office address)	
Position	
Email address	
Phoenix Wealth agency number	

6. SPECIAL INSTRUCTIONS

7. FINANCIAL ADVISER DECLARATION

This section must be completed by the financial adviser.

Failure to fully complete this section will delay the processing of the application.

We confirm that we will act as the adviser to this plan.

During our time as adviser to this plan, we will remain authorised and comply with the rules of the appropriate regulatory body(ies). We will notify Phoenix Wealth immediately if there are changes to our authorisation, including any disciplinary action taken against us.

Did you give advice in relation to this application?

Yes No

If "Yes", on what basis:

Restricted Independent

7.1 Adviser charges

Will you receive adviser charges through the plan?

Yes No

If "Yes", we will only pay an adviser charge if we have received a completed **Adviser charges payment request form**.

If "No", you and your client can change your mind at any time by sending us a completed **Adviser charges payment request form**.

I confirm that all the information contained is accurate and complete.

Financial adviser's signature:

Date:

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8. TRUSTEE DECLARATION

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

- 1) I/We, the Trustee(s) of the pension scheme or SIPP stated in this application (the "Scheme"), want to make an increment to the Trustee Investment Plan detailed in this form, in accordance with my/our instructions above.
- 2) I/We request that the contribution(s) be allocated as indicated and that the allocation date will be the date the monies are received at Phoenix Wealth, Unit Linked Life & Pension, PO Box 1393, Peterborough, PE2 2TP unless a later date is stated below.

Please insert allocation date required (if applicable)

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Data protection

Phoenix Life 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 Life 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 the appropriate box below your signature. Otherwise we will assume that you are happy to receive this information and to be contacted in this way for the time being. 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.

For self-invested personal pensions (SIPPs)

For and on behalf of the SIPP Trustee

Trustee/Authorised Signatory*	First Trustee	Second Trustee
Signature	×	×
Full Name		
Date	□□ / □□ / □□□□	□□ / □□ / □□□□

Please tick this box if you do not wish us to send you information about other products and services.

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For occupational pension schemes

Trustee/Authorised Signatory*	First Trustee	Second Trustee
Signature	×	×
Full Name		
Date	□□ / □□ / □□□□	□□ / □□ / □□□□

Please tick this box if you do not wish us to send you information about other products and services.

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*Please attach written evidence of the authority of the Trustee/Authorised Signatory.

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.

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