

# INDIVIDUAL REGULAR CONTRIBUTION

# FOR SELF-INVESTED PLANS

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

| When to use this form   |                                    |  |  |  |
|---|------------------------------------|--|--|--|
| You must complete this form if you, regular contribution to your Retireme   |                                    | ner than your employer, want to make, or increase an existing,                                       |  |  |
| Please confirm how you want to  | invest this contribution (cho      | ose one option):   |  |  |
| I am starting a regular contribu  | ution and I want to invest it in t | he 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. |                                    |  |  |  |
|   |                                    | ontribution, and want to give new investment instructions.  struction for Self-invested plans form.  |  |  |
| 1. DETAILS  |                                    |  |  |  |
| Your full name  |                                    |  |  |  |
| Tel number  |                                    |  |  |  |
| Email   |                                    |  |  |  |
| Plan number<br>(if applicable)  |                                    |  |  |  |
| Illustration reference number (As shown on your illustration)   |                                    |  |  |  |
| Current gross annual income   | £                                  |  |  |  |
| Which one of the following best describes your status?  | Employed  Self-employed            | Caring for one or more children under the age of 16 years  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  | tribution: |  |  |
|--|---|------------|--|--|
| Net amount f   | 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 star   | /<br>t as soon as possible after this date.                               |            |  |  |
|  | the third party must sign section plete an <b>Individual Verification</b> |            |  |  |
| 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   |   |            |  |  |
| 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, please refer to the 'Adviser payments' section of your **Terms & Conditions**.

If you no longer wish to pay for adviser charges through your plan, 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).   | %  |  |  |
| (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 ge. |  |  |
| Do you wish to spread the charge taken from regular confuser, over how many months   | ributions? Yes No  |  |  |
| Which day of the month you wish the charge to be deducted from your plan (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. |  |  |  |
|  | 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 to pay for   | or ongoing advice or services you have received.   |  |  |
| Do you want to:  |  |  |  |
| Start a regular payment for the first time   |  |  |  |
| Amend an existing regular payment  |  |  |  |
| Total payment to be made (select one of the following)   |  |  |  |
| Percentage of fund value   | %  |  |  |
| Specific amount each year  |  |  |  |
| Frequency Monthly Q  | uarterly Half-yearly Yearly  |  |  |
|  | by you select above. For example, if you tick 'Yearly', we will make tructions. If you tick 'Monthly', we will make first payment the actions.   |  |  |
| If you would like the payment to be made on a different day of it must be between the 1st-28th.  | of the month the payment is due, please confirm here   |  |  |

#### 5. MEMBER DECLARATION

For your own benefit and protection you should read your plan's Terms & Conditions 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 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 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 as set out in this form.
- I have read and agreed to the **Terms & Conditions** in relation to adviser charges to be taken through my plan.

## I understand:

- This instruction is subject to the Terms & Conditions of my plan.
- The adviser charges will be deducted from my plan, when there is sufficient value in my plan to cover the payment in full.
- It is my responsibility and the responsibility of my financial adviser and/or investment deals manager to ensure that there are sufficient funds in the cash account to pay adviser charges as they fall due. Where there are insufficient funds, PLL will follow the disinvestment strategy as set out in my application form, or in the absence of this, the disinvestment strategy as set out in the **Terms & Conditions**.
- If HMRC advises that any adviser charges paid from the plan 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.
- I can cancel this instruction to pay adviser charges from my plan 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, cancel my application for the plan 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 b certificate completed on your behal | ehalf of the member you must sign below. We must also receive an <b>Individual verification</b> f. |
| I confirm:  |  |
| • I agree to pay the amount indicate                                      | ed in this form to Phoenix Wealth Trustee Services Limited   |
| I am subject to the Financial Crim  | e wording above.   |
| Full name   |  |
| Date of birth   |  |

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 2.JB.

**Signature** 

Date

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,

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



### Member/third party

PE2 2TQ

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

| Name and full postal address of your bank or building society      | Originator's Identification Number   |
|--|--|
| To: the Manager bank/buildin                                       | g society 6 9 3 9 5 1  |
| Address  | Reference Number   |
| Postcode   | Instruction to your bank or building society   |
| Name(s) of Account Holder(s)  Bank/Building society account number | 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) |
| Branch Sort Code   |  |
|  | Date / / / / / / / / / / / / / / / / / / /   |
| <b>_</b> 0   | 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



- 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.

