

The Personal Range

Individual Stakeholder Pension

Your application to join



FRIENDS PROVIDENT

The Personal Range – Individual Stakeholder Pension

Your application to join

Important: Only complete this form when you have read the Key Features information and illustration.

Please use BLOCK CAPITALS and tick the appropriate boxes.

We can send you a copy of the completed application and/or a copy of the full terms and conditions of the scheme if you ask us to.

The completed application form is required by Friends Provident.

Your details

Your title	<input type="checkbox"/> Mr	<input type="checkbox"/>	<input type="checkbox"/> Mrs	<input type="checkbox"/>	<input type="checkbox"/> Miss	<input type="checkbox"/>	<input type="checkbox"/> Other Please Specify	<input type="text"/>
Your surname	<input type="text"/>							
Your forename(s)	<input type="text"/>							
Your permanent home address	<input type="text"/>							
	<input type="text"/>							
	Town				County			
Your postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your gender	<input type="checkbox"/> Male	<input type="checkbox"/>	<input type="checkbox"/> Female	<input type="checkbox"/>				
Your date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your daytime telephone number	<input type="text"/>							
Your evening telephone number	<input type="text"/>							
Your national insurance no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

We cannot accept your application without this number. You can normally find your national insurance number on your payslip or tax code notice; it should be in the format AB123456C (the final character should be A, B, C or D). Temporary numbers in the format TN999999M or 99Y999999 are not acceptable.

Age when you wish to retire (selected retirement age) (Age 55 - 75)

If you do not enter your choice in this box, the account will have a selected retirement age of 65.

Note: You may choose any age between 50 and 75 if your date of birth is 5 April 1960 or earlier.

Which of the following most appropriately describes you? Please tick **one** box only. If more than one applies, specify the most applicable.

I am	An employee	<input type="checkbox"/>	A pensioner	<input type="checkbox"/>	Caring for one or more children aged under 16	<input type="checkbox"/>
	Self employed	<input type="checkbox"/>	In full time education	<input type="checkbox"/>	Caring for one person aged 16 or more	<input type="checkbox"/>
	Unemployed	<input type="checkbox"/>	A child under age 16	<input type="checkbox"/>	None of these	<input type="checkbox"/>

If you are employed, please complete the rest of this section. Otherwise, go to Payment Details (next section).

Name of your employer	<input type="text"/>
Address of your workplace	<input type="text"/>
	<input type="text"/>
	Town
	County
Postcode	<input type="text"/>

Payment details

Regular payments

	Monthly amount	The first payment date
Your own payments	<input type="text" value="£"/>	<input type="text"/>
	(before we add on UK basic rate tax relief)	

Your employer's payments (if applicable)	<input type="text" value="£"/>	<input type="text"/>
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Single payments (if applicable) – cheques should be payable to Friends Provident (Minimum £20 for any single payment)

	Amount
Your own single payment	<input type="text" value="£"/>
	(Enter the amount written on your cheque - we will add on UK basic rate tax relief.)

Your employer's single payment (if applicable)	<input type="text" value="£"/>
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Important: Your own payments to all registered pension schemes in any tax year should not be more than £3,600 or 100% of your UK taxable earnings.

Investment choice (do not complete if you have an existing Personal Range account)

You do not have to make any choices about investments. If you do not make a choice, your payments will be invested as described in the Key Features leaflet.

You may select the funds you wish your payments to be invested in. You may not choose more than 10 funds, or 8 funds if you choose a Lifestyle Investment Programme.

Fund	% of payment	Fund	% of payment
<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>	<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>	<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>	<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>	<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>	<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>

Please use whole percentages only and make sure that the total is 100%.

Would you like to choose a Lifestyle Investment Programme?

If Yes, how many years from your selected retirement age do you want a Lifestyle Investment Programme to start?

<input type="text" value="10 Year"/> <input type="text"/>	<input type="text" value="5 Year"/> <input type="text"/>	<input type="text" value="3 Year"/> <input type="text"/>
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Nomination form (this is optional but you are strongly encouraged to complete it)

To: Friends Provident

I understand that any cash sum death benefit arising from my policy will be distributed at the absolute discretion of Friends Provident, but I would like you to consider the persons or bodies listed below as the possible recipients. I understand that in exercising your discretion you will not be bound by this nomination.

Name of suggested beneficiary	Address	Relationship to you	Proportion of benefit

NB: This nomination can be revoked or amended upon written request at any time.

Your signature

Date

Your name
(please print)

Your declaration

Important: It is a serious offence to make false statements. If you do so you may be prosecuted. The penalties are severe.

1. This is my application to join the Friends Provident Pensions Limited Stakeholder Pension Scheme. I apply to enter into a contract to provide me with benefits in line with this form under the scheme rules. I agree to be bound by the rules of the scheme. I understand I can ask for a copy of the rules.
 2. I have read over the replies to all the questions in this application. To the best of my knowledge and belief, all information given is correct and complete and the declaration in 4 below about payments is correct.
 3. I agree to Friends Provident seeking information and obtaining details from the administrator/trustees (and/or relevant insurance company) of any scheme, arrangement or contract of which I am, or have been, a member. Where applicable, I authorise my employer to deduct my payments to the scheme from my pay and to supply information to Friends Provident to allow for the collection of these payments.
 4. To the best of my knowledge and belief, my total payments to all registered pension schemes in any tax year will not be more than £3,600 or 100% of my UK taxable earnings. I understand this is the level of payments I can get tax relief on and that Friends Provident will refund anything more than this.
 5. I understand that I am entitled to tax relief on my payments so long as I am under age 75 and one or more of the following apply:
 - I have earnings chargeable to UK tax.
 - I am resident in the UK.
 - I was both resident in the UK when I joined the scheme and I was resident in the UK at some time during the last five tax years.
 - I have earnings as a Crown Servant (e.g. a member of the armed services, diplomat, etc.) working overseas.
 - I am the husband, wife or civil partner of a Crown Servant working overseas.
 6. I understand that Friends Provident will stop collecting payments if I am no longer entitled to tax relief on them, and will refund any payments that are not tax relievable. I agree to notify Friends Provident by 5 April, or within 30 days (whichever is the later), if I am no longer entitled to tax relief on my payments.
 7. I understand that it is my responsibility to tell HM Revenue & Customs if payments from me in any year exceed the annual allowance.
 8. I understand that, unless I have told you to use another start date, my membership will start when you accept this application and receive my first payment.
 9. I agree Friends Provident Pensions Limited (Friends Provident) will use the information I give (as well as information about me relating to any existing policy I have with a Friends Provident Group* company) for administration, underwriting, claims, research and statistical purposes. I agree Friends Provident may pass information to my financial adviser, to other Friends Provident Group* companies and to reinsurers and any agency appointed by Friends Provident for the above purposes. (These agencies may be located in countries outside the UK that do not have laws to protect your information. Details of the companies and countries involved in your case will be provided on request. Friends Provident will remain responsible for making sure that the information is held securely.)
 10. I also agree Friends Provident may pass the information to third parties for the prevention of crime or detection of fraud, enabling assets to be rightfully claimed or where required by law or regulation.
 11. I would like Friends Provident to use the information I have supplied to let me know about other products and services in the Friends Provident Group* that may interest me.
- * The Friends Provident Group means Friends Provident Group plc and any other company in which it has directly or indirectly a material shareholding.

To improve the quality of our service telephone calls may be recorded or monitored.

Your signature

Date

Friends Provident agrees to administer the scheme in accordance with the scheme rules.

For monthly payments please now complete the appropriate direct debit(s)



FRIENDS PROVIDENT

Instruction to Bank or Building Society to pay Applicant's payments by Direct Debit



Please fill in the whole form and send it to:

FRIENDS PROVIDENT
PO BOX 1550
MILFORD, SALISBURY
WILTSHIRE SP1 2TW
Tel: 0870 607 1352

1 Name and full postal address of your Bank or Building Society branch

To: The Manager	Bank or Building Society
Address	
Postcode	

2 Name(s) of account holder(s)

Banks and Building Societies may not accept Direct Debit Instructions for some types of account.

Originator's Identification Number

9 9 0 4 5 7

3 Branch sort code (from the top right hand corner of your cheque)

 - -

4 Bank or Building Society account number

5 Friends Provident reference number

6 Instruction to your Bank or Building Society

Please pay Friends Provident Direct Debits from the account detailed on this Instruction subject to the safeguards assured by The Direct Debit Guarantee. I understand that this Instruction may remain with Friends Provident and if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date



FRIENDS PROVIDENT

Instruction to Bank or Building Society to pay Employer's payments by Direct Debit



Please fill in the whole form and send it to:

FRIENDS PROVIDENT
PO BOX 1550
MILFORD, SALISBURY
WILTSHIRE SP1 2TW
Tel: 0870 607 1352

1 Name and full postal address of your Bank or Building Society branch

To: The Manager	Bank or Building Society
Address	
Postcode	

2 Name(s) of account holder(s)

Banks and Building Societies may not accept Direct Debit Instructions for some types of account.

Originator's Identification Number

9 9 0 4 5 7

3 Branch sort code (from the top right hand corner of your cheque)

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4 Bank or Building Society account number

5 Friends Provident reference number

6 Instruction to your Bank or Building Society

Please pay Friends Provident Direct Debits from the account detailed on this Instruction subject to the safeguards assured by The Direct Debit Guarantee. I understand that this Instruction may remain with Friends Provident and if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

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 take part in the direct debit scheme. The efficiency and security of the scheme is monitored and protected by your own bank or building society.
- If the amounts to be paid or the payment dates change, Friends Provident will notify you 10 days in advance of collection or as otherwise agreed.
- If an error is made by Friends Provident or your bank or building society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a direct debit at any time by writing to your bank or building society. Please also send a copy of your letter to us.



IFA Submission form

Important: This section must be completed fully to ensure the correct terms are set up. Please refer to your local area office.

Adviser name

Address

Postcode

Tel

Email

Agency number /

Non advised sale If not ticked we will assume advice was given

Please indicate other applications enclosed for this client

Transfer payment
 Single payment
 Contracting out

Please either enclose a copy of the illustration (including the back page) or indicate the type of commission () and terms required for the payment types being submitted.

• If you are applying for Contracting out, Regular and/or Single Payments, the amc selected MUST be the same.

	Commission Basis	amc %	Additional amc/FBRC in years 1 to 10
FBRC only	<input type="checkbox"/>	<input type="text"/> % (0.71% to 1.00%)	<input type="text"/> % (0 to 0.50%)
Nil	<input type="checkbox"/>	0.7%	0%

