

Cofunds Pension Account Data Capture Form

The Cofunds Pension Account is provided by Suffolk Life

This form is for your internal use only – DO NOT send to Aegon or Suffolk Life.

Use this form to gather details from your client in order to create an online Cofunds Pension Account application.

Note: Not all fields will directly apply to your client, therefore please ensure you only gather details relevant to their application.

1 Adviser Charges

Initial advice charge

£ or %

Ongoing advice charge

Charge model name

% of AUM % or tiered percentage rate % or fixed amount £ per month

(please enter the highest percentage rate that applies)

2 Client Details (Please complete this section in full)

2.1. PERSONAL

Product number

Mr/Mrs/Ms/Miss/Other - please specify

Full forename(s)

Surname

Nationality

Country of residence

Gender Male Female

Date of birth / /

National Insurance Number - -
e.g. SK 76 83 27 D

Expected retirement age years

Marital status Single Married Civil Partnership

If married or in a registered civil partnership enter spouse's/registered civil partner's date of birth / /

Spouse's/registered civil partner's gender Male Female

2.2. CLIENT CONTACT DETAILS

Address

Postcode

Home phone number
Work phone number

Has your client changed their address in the last TWO years?

YES – Fill in the right hand fields

NO – Continue to Section 2.2a

Address

Postcode

2.2a Is the client's correspondence address the same as their residential one?

YES – Continue to Section 2.3

NO – Fill in the right hand fields

Address

Postcode

Home phone number
Work phone number
Email address

3 Client Verification (Continued)

3.2. SOURCE OF FUNDS

Current occupation

Gross Annual Earnings

0 - £14,999

£15,000 - £29,999

£30,000 - £59,999

£60,000 - £99,999

£100,000 - £149,999

£150,000 +

Source of wealth:

Income from employment

Income from savings/investments

Gift

Lottery and other gambling winnings

Inheritance

Property sale

Divorce settlement

Pensions income from registered pension scheme

Income from lifetime annuity

Other – Specify

3.3. EVIDENCE OF AGE

Does your client intend to take benefits from their plan within the next 12 months?

YES – They must provide evidence of age – Continue to Section 3.3a

NO – Continue to Section 4

3.3a Evidence of age

Birth certificate details

The following details must replicate those found on the client's birth certificate

Client name

Client place of birth

Date of registration

Did your client change his/her name upon Marriage/Civil Partnership?

YES – Provide details below that replicate those on the Marriage/Civil Partnership certificate

NO – Continue to Section 4

Registration district

Parish (if applicable)

Entry number

Name of Registrar/official witness

4 Transfers

4.1. TRANSFER 1

Will transfers be made into your client's plan?

YES – Please complete all relevant details in this section

NO – Continue to Section 5

4.1a Scheme transfer questions

If you are not sure, please check with your client's current scheme

Is the scheme a defined benefits scheme?

YES

NO

Does the scheme contain Guaranteed Annuity Rates?

YES

NO

Does the scheme contain any other safeguarded benefits that provide a guarantee or promise such as Guaranteed Minimum Pension (GMP) or guaranteed growth rates?

YES

NO

If the answer to any of the above three questions is yes, please confirm that a suitably authorised financial adviser recommended the scheme transfer in Section 4.1c below. Aegon and Suffolk Life are unable to accept non-advised safeguarded benefits transfers.

If the answer to all of the above three questions is no, please confirm whether the scheme is:

Occupational

Personal

If the scheme is occupational, please confirm if a suitably authorised financial adviser recommended the scheme transfer in Section 4.1c below.

4.1b Scheme details

Full name of scheme to be transferred

Type of scheme to be transferred (e.g. personal pension, executive pension plan, etc)

Estimated transfer value

Name of scheme provider

Policy number

Scheme administrator

Address

Postcode

Telephone number

On what basis is the transfer being effected?

Cash only – Continue to the 'Scheme administrator address' field later in this section

or

Stock (In specie) – Please confirm below how details of the investment to be transferred will be provided

I will enclose a portfolio valuation (including SEDOL numbers) with the application

I want to provide information about the investments in this application online – please provide details below

Please note that in order to process your client's Cofunds Pension Account a signed discharge form will need to be sent in with the completed application form. You should check with your current pension provider to see if they use Origo systems for pension transfers and whether they require a discharge form to be sent in with the completed application form.

Amount	SEDOL number	Full name of investment	Number of units/ shares held	Where is the investment currently held
£				
£				
£				

4.1c Transfer advice

Has your client received appropriate advice on the suitability of the transfer?

NO – Aegon and Suffolk Life are unable to accept **non-advised safeguarded benefits transfers**

YES – From my firm

YES – From a different adviser firm – enter firm details below

Firm name

FCA reference no for company (FRN)

Individual's name

4 Transfers (Continued)

4.2. TRANSFER 2

Will transfers be made into your client's plan?

- YES** – Please complete all relevant details in this section
- NO** – Continue to Section 5

4.2a Scheme transfer questions

If you are not sure, please check with your client's current scheme

Is the scheme a defined benefits scheme?

- YES**
- NO**

Does the scheme contain Guaranteed Annuity Rates?

- YES**
- NO**

Does the scheme contain any other safeguarded benefits that provide a guarantee or promise such as Guaranteed Minimum Pension (GMP) or guaranteed growth rates?

- YES**
- NO**

If the answer to any of the above three questions is yes, please confirm that a suitably authorised financial adviser recommended the scheme transfer in Section 4.2c below. Aegon and Suffolk Life are unable to accept non-advised safeguarded benefits transfers.

If the answer to all of the above three questions is no, please confirm whether the scheme is:

- Occupational Personal

If the scheme is occupational, please confirm if a suitably authorised financial adviser recommended the scheme transfer in Section 4.2c below.

4.2b Scheme details

Full name of scheme to be transferred

Type of scheme to be transferred (e.g. personal pension, executive pension plan, etc)

Estimated transfer value

Name of scheme provider

Policy number

Scheme administrator

Address

Postcode

Telephone number

On what basis is the transfer being effected?

- Cash only** – Continue to the 'Scheme administrator address' field later in this section
- or
- Stock (In specie)** – Please confirm below how details of the investment to be transferred will be provided

- I will enclose a portfolio valuation (including SEDOL numbers) with the application
- I want to provide information about the investments in this application online – please provide details below

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Amount	SEDOL number	Full name of investment	Number of units/ shares held	Where is the investment currently held
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£				

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Has your client received appropriate advice on the suitability of the transfer?

- NO** – Aegon and Suffolk Life are unable to accept **non-advised safeguarded benefits transfers**
- YES** – From my firm
- YES** – From a different adviser firm – enter firm details below

Firm name

FCA reference no for company (FRN)

Individual's name

4 Transfers (Continued)

4.3. TRANSFER 3

Will transfers be made into your client's plan?

YES – Please complete all relevant details in this section

NO – Continue to Section 5

4.3a Scheme transfer questions

If you are not sure, please check with your client's current scheme

Is the scheme a defined benefits scheme?

YES

NO

Does the scheme contain Guaranteed Annuity Rates?

YES

NO

Does the scheme contain any other safeguarded benefits that provide a guarantee or promise such as Guaranteed Minimum Pension (GMP) or guaranteed growth rates?

YES

NO

If the answer to any of the above three questions is yes, please confirm that a suitably authorised financial adviser recommended the scheme transfer in Section 4.3c below. Aegon and Suffolk Life are unable to accept non-advised safeguarded benefits transfers.

If the answer to all of the above three questions is no, please confirm whether the scheme is:

Occupational

Personal

If the scheme is occupational, please confirm if a suitably authorised financial adviser recommended the scheme transfer in Section 4.3c below.

4.3b Scheme details

Full name of scheme to be transferred

Type of scheme to be transferred (e.g. personal pension, executive pension plan, etc)

Estimated transfer value

Name of scheme provider

Policy number

Scheme administrator

Address

Postcode

Telephone number

On what basis is the transfer being effected?

Cash only – Continue to the 'Scheme administrator address' field later in this section

or

Stock (In specie) – Please confirm below how details of the investment to be transferred will be provided

I will enclose a portfolio valuation (including SEDOL numbers) with the application

I want to provide information about the investments in this application online – please provide details below

Please note that in order to process your client's Cofunds Pension Account a signed discharge form will need to be sent in with the completed application form. You should check with your current pension provider to see if they use Origo systems for pension transfers and whether they require a discharge form to be sent in with the completed application form.

Amount	SEDOL number	Full name of investment	Number of units/ shares held	Where is the investment currently held
£				
£				
£				

4.1c Transfer advice

Has your client received appropriate advice on the suitability of the transfer?

NO – Aegon and Suffolk Life are unable to accept **non-advised safeguarded benefits transfers**

YES – From my firm

YES – From a different adviser firm – enter firm details below

Firm name

FCA reference no for company (FRN)

Individual's name

5 Contributions

Will contributions be made into your client's plan?

YES – Select the contribution type below

NO – Continue to Section 6

MONEY PURCHASE ANNUAL ALLOWANCE (MPAA)

The MPAA is an allowance which may apply to your money purchase pension contributions. The MPAA is triggered by accessing any of your pensions in certain ways, such as receiving income in flexi-access drawdown or from a flexible annuity. The MPAA from 6 April 2017 is £4,000.

If you have triggered the MPAA, your scheme administrator or insurance company will have provided you with a statement confirming this.

Please confirm whether you have triggered the MPAA:

I have not triggered the MPAA

I have triggered the MPAA:

Date of MPAA trigger

Scheme where trigger occurred

5.1. CONTRIBUTION 1

Type of contribution:

Personal contribution (net)

Employer contribution (gross)

Third party contribution (net)

Personal Contribution (gross)

Employer name (if applicable)

Third party name (if applicable)

Is the contribution to be single or regular?

Single – Only complete the below fields before progressing to Section 6

Contribution amount

£ .

Contribution method

Cheque Product cash facility

Monthly – Complete the following fields regarding your clients regular contribution

Contribution amount

£ . per month

Start date of regular contribution

/
M M Y Y Y Y

NOTE: If your client wishes to start their contribution on the first day of the next month, we will endeavour to start their Direct Debit. If we are unable to do this, your client's contribution will start on the first working day of the following month.

Contact name for employer (if applicable)

Bank or Building Society

Address

Postcode

Name(s) of account holders

Account Number

Sort Code

 - -

Building Society Roll Number

5.2. CONTRIBUTION 2

Type of contribution:

Personal contribution (net)

Employer contribution (gross)

Third Party contribution (net)

Personal contribution (gross)

Employer name (if applicable)

Third party name (if applicable)

Is the contribution to be single or regular?

Single – Only complete the below fields before progressing to Section 6

Contribution amount

£ .

Contribution method

Cheque Product cash facility

Monthly – Complete the following fields regarding your clients regular contribution

Contribution amount

£ . per month

Start date of regular contribution

/
M M Y Y Y Y

NOTE: If your client wishes to start their contribution on the first day of the next month, we will endeavour to start their Direct Debit. If we are unable to do this, your client's contribution will start on the first working day of the following month.

Contact name for employer (if applicable)

Bank or Building Society

Address

Postcode

Name(s) of account holders

Account Number

Sort Code

 - -

Building Society Roll Number

For an additional contribution complete Section 5.3 on the next page.

5 Contributions (Continued)

5.3. CONTRIBUTION 3

Type of contribution:

Personal contribution (net)
 Employer contribution (gross)
 Third party contribution (net)

Personal contribution (gross)

Employer name (if applicable)

Third party name (if applicable)

Contact name for employer (if applicable)

Bank or Building Society

Is the contribution to be single or regular?
 Single – Only complete the below fields before progressing to Section 6

Contribution amount £ .

Contribution method Cheque Product cash facility

Address

Postcode

Monthly – Complete the following fields regarding your clients regular contribution

Contribution amount £ . per month

Start date of regular contribution / / / / /
M M Y Y Y Y

Name(s) of account holders

Account Number Sort Code - -

Building Society Roll Number

NOTE: If your client wishes to start their contribution on the first day of the next month, we will endeavour to start their Direct Debit. If we are unable to do this, your client's contribution will start on the first working day of the following month.

6 Flexi-access Drawdown Requirements

6.1. LIFETIME ALLOWANCE

Before taking retirement benefits from your pension, we are required to test the value of your pension against the lifetime allowance. We will not pay any benefits unless this section is completed and any documents required are received. Please tick the relevant boxes and give details as appropriate, including details of your Cofunds Pension Account and all other schemes. It is suggested that you complete this section in conjunction with your adviser. Please note that this section does not apply if you are 75 or older.

I have not taken any benefits from any registered pension scheme – please go to Section 6.4.

I will be taking benefits from another scheme at the same time as my Cofunds Pension Account and enclose details of which scheme I am taking benefits from first. I also confirm I have sent the same information to the other scheme – please go to Section 6.2.

6.2. BENEFITS TAKEN BEFORE 6 APRIL 2006

Have you taken any retirement benefits which commenced before 6 April 2006? **Yes – please continue.** **No – please go to Section 6.3.**

If yes, have you put any other retirement benefits into payment after 5 April 2006? **Yes – please go to Section 6.2.(i)** **No – please go to Section 6.2.(ii)**

6.2.(i) If yes, please enter the date you first put retirement benefits into payment after 5 April 2006 / / / / /
D D M M Y Y Y Y

6.2.(ii) For the following, please give the details at today's date (or the date provided in Section 6.2(i) if completed).

Total maximum annual drawdown pension from your Cofunds Pension Account*	£
Total maximum annual drawdown pension from other schemes*	£
Total annual income from other pensions and annuities	£

* If any drawdown pensions have been converted to flexible or flexi-access drawdown, please give the amounts at the date of conversion. Please also give details of these below:

Date of conversion	Income limit at conversion date	Date of last income limit review before conversion
	£	
	£	
	£	

6 Flexi-access Drawdown Requirements (Continued)

6.3. BENEFITS TAKEN AFTER 5 APRIL 2006

Have you taken retirement benefits from any scheme that came into payment after 5 April 2006? Yes – please continue. No – please go to Section 6.4.

Date you took retirement benefits	Percentage of the lifetime allowance used when taking this benefit
	%
	%
	%

Your scheme administrator or insurance company will have given you a statement showing the percentage figure needed.

6.4. PROTECTION STATUS (If applicable, please enclose a copy of the relevant certificate)

I do not have a protection certificate from HMRC – please go to Section 6.5.

I have one of the following types of protection:

Fixed protection 2012 - certificate enclosed

Fixed protection 2014 - certificate enclosed

Fixed protection 2016 HMRC confirmation enclosed

Individual protection 2014 - certificate enclosed

Individual protection 2016 HMRC confirmation enclosed

I have primary protection and enclose a copy of the valid Certificate of primary protection from HMRC.

If the certificate states an amount of tax-free lump sum, please complete the following:

Date	Amount of tax-free lump sum paid from benefits taken after 5 April 2006
	£
	£
	£

I have enhanced protection and enclose a copy of the valid Certificate of enhanced protection from HMRC – please go to Section 6.6.

I have a lifetime allowance enhancement in respect of a pension credit or an overseas pension and enclose a copy of the valid certificate from HMRC.

6.5. LIFETIME ALLOWANCE CHARGE

If the total value of your retirement benefits taken, both now and previously, exceeds your personal lifetime allowance, the excess will be subject to a lifetime allowance charge.

- If benefits are taken as a lump sum, then a 55% lifetime allowance charge is payable.
- If benefits are taken as drawdown income then a 25% lifetime allowance charge is payable and the income is taxed at your marginal rate.

How will any lifetime allowance excess be taken:

Not applicable As a lifetime allowance excess lump sum As drawdown income A combination of both, as follows:
 As lump sum As drawdown income

6.6. INCOME REQUIREMENTS

Please tick below (one box only) to indicate how the client would like to take benefits from their pension drawdown fund.

Full drawdown. Please note the client will not be able to make any further contribution or receive transfers into their pension

Partial drawdown. Please note the client will be able to continue making contributions and receive transfers into their pension

6.7. IF OPTING FOR FULL DRAWDOWN

The client would like to fully drawdown their Cofunds Pension Account and take their full entitlement to a tax-free lump sum, and the following taxable income:

Initial gross annual income required Whole fund Nil Other If other, please specify amount

Type of income payment Single Regular

If regular, frequency of income Monthly Quarterly Half-yearly Yearly

Date of first income payment (month/year) /
M M Y Y Y Y

Please note that lump sum payments are paid by BACS (or Faster Payments or CHAPS if requested, please see the Charges Sheet for details of the charge) to the account detailed later in this section.

