

COFUNDS PENSION ACCOUNT DRAWDOWN TRANSFER APPLICATION FORM

for new clients

Also available on the Aegon website:

Cofunds Pension Account Drawdown Transfer Request Form - transfer a scheme from which you are taking benefits through capped or flexi-access drawdown to an **existing** Cofunds Pension Account.

Cofunds Pension Account Flexi-access Drawdown Form - take drawdown income or a tax-free lump sum from an existing plan through flexi-access drawdown.

The Cofunds Pension Account is provided by Suffolk Life.

We recommend that you complete this form in conjunction with your adviser.

This form must be completed when you wish to apply for a new Cofunds Pension Account by transferring a scheme from which you are already taking benefits through either capped or flexi-access drawdown.

It is not intended for annuity purchase.

Please talk to your adviser about setting up sell down options before completing this form.



Please complete this form and return it to:
**Aegon Cofunds Administration, PO Box 17491,
Edinburgh, EH12 1PB**

Before applying you should make sure you have read the following documents which form part of the agreement:

- Key Features of the Cofunds Pension Account
- Terms and conditions of the Cofunds Pension Account
- Charges Sheet
- Personal Illustration
- Suffolk Life Privacy Information Notice (for investors)

In addition to these you will need to read these important documents:

- Aegon Platform terms and conditions
- The Fund Key Features
- Key Investor Information Documents
- The Aegon Platform Key Information Document

These documents set out the terms of business of Aegon for holding your Cofunds Pension Account assets on the Aegon Platform and the key elements of the funds that are to be held within your pension account.

Section 1

Client details

1A. New client details

Investor number (if applicable)

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

Full forename(s)

Surname

Home telephone number Work telephone number

Country of residence

Nationality

Email address

I confirm that I'm solely UK resident for tax purposes and not a US citizen

If you can't confirm and tick the box above, please download and complete the **Individual Self-Certification Form** from the Aegon website.

Date of birth / / Male Female

National Insurance Number / / I don't have a National Insurance Number

We require evidence of your age before we can pay benefits from your pension, this will be obtained by electronic verification.

When completing date fields please use the usual **DD/MM/YYYY** format.

1B. New client address details

Permanent residential address

Postcode

Previous address
If time at current address is less than two years

Postcode

Section 1

Client details – continued

1C. Spouse's/registered civil partner's details (if applicable)

Are you married or in a registered civil partnership?

<input type="checkbox"/>	No (go to Section 1D)
<input type="checkbox"/>	Yes
Spouse's/registered civil partner's date of birth	
	/ /
Spouse's/registered civil partner's gender	
	Male <input type="checkbox"/>
	Female <input type="checkbox"/>

This information will be used to produce your annual statement.

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1D. Source of funds

Please tick one or more of the following which you intend to use to fund your Cofunds Pension Account.

<input type="checkbox"/>	Transfers from a registered pension scheme
<input type="checkbox"/>	Personal contributions
<input type="checkbox"/>	Contributions from your employer - complete below and Sections 9D, 9E and 9F for the employer
	Name
	Relationship
<input type="checkbox"/>	Lottery and other gambling winnings
<input type="checkbox"/>	Pension sharing order
<input type="checkbox"/>	Contributions from another third party - complete below and Sections 5B, 9E and 9F for the third party
	Name
	Relationship
<input type="checkbox"/>	Other, please specify

1E. Anticipated retirement age

Please enter an age from 55 to indicate when you intend to start taking benefits. This does not affect your right to begin taking benefits at any age permitted.

If this field is left blank we will assume you intend to start taking benefits at age 75.

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1F. Employment status

Occupation

Please indicate below which situation is applicable to you (tick one box only):

<input type="checkbox"/>	Employed - please provide your employer's details below.
	Employer name
	Employer address
	Postcode
<input type="checkbox"/>	Unemployed
<input type="checkbox"/>	Receiving a pension chargeable to tax
<input type="checkbox"/>	Caring for a person aged 16 or over
<input type="checkbox"/>	Caring for one or more children under the age of 16 years
<input type="checkbox"/>	In full time education
<input type="checkbox"/>	Self-employed - if trading under a different name please write it in the box below
<input type="checkbox"/>	Other - if you have ticked this box, please give details below

Section 1

Client details – continued

1G. Money Purchase Annual Allowance (MPAA)

Please confirm whether you have triggered the MPAA:

Yes No

Date of MPAA trigger / /

The MPAA from 6 April 2017 is £4,000.

Scheme where trigger occurred

Section 2

Scheme to be transferred

2A. Scheme details

Full name of transferring scheme

Type of scheme being transferred (e.g. personal pension)

Name of scheme administrator/trustee/insurance company

Scheme administrator/trustee/insurance company address

Postcode

Policy/account number (if applicable)

Transfer value

£

Please check with the current scheme provider if discharge forms are required. If so, please enclose them with this form.

Is the transferring scheme a full or partial transfer? Full Partial

Is the transferring scheme a defined benefits pension scheme, for example, a final salary scheme?

Yes

No – does the transferring scheme include:

If you are not sure, please check with your current scheme.

Guaranteed Annuity Rates Yes No

Any other safeguarded benefits that provide a guarantee or promise such as Guaranteed Minimum Pension (GMP) or guaranteed growth rates Yes No

I confirm that a suitably authorised financial adviser recommended that I transfer the scheme. We will not accept this transfer unless you have received a recommendation from a suitably authorised financial adviser to transfer the scheme.

If the adviser/intermediary named in Section 9 gave this advice they will be required to sign and complete Section 9. If they didn't give this advice but you would still like to transfer the scheme you are required to seek transfer advice from an authorised adviser who should confirm their recommendation to transfer by completing Appendix I.

2B. Transfer state

Are the funds in this scheme:

Your own

Inherited from a deceased person – if so, are you:

A dependant

A nominee

A successor

Both - If both, please complete a separate copy of Section 2 for each arrangement being transferred.

Section 2

Scheme to be transferred – continued

Is this scheme:

<input checked="" type="checkbox"/>	Partial drawdown – state below whether the scheme is in flexi-access or capped drawdown and complete Section 3.
	Value of plan in drawdown £
	Value of plan not in drawdown £
<input checked="" type="checkbox"/>	Flexi-access drawdown
<input checked="" type="checkbox"/>	Capped drawdown – we also require the following information about the scheme you are transferring:
	Reference date / / / /
	Maximum permitted income £
	Taxable income taken to date in the current reference year £
	Switch to flexi-access drawdown upon transfer to the Cofunds Pension Account? Yes <input type="checkbox"/> No <input type="checkbox"/>

i If you take income from members' flexi-access drawdown, the money purchase annual allowance (MPAA) will start to apply to you if it does not already. This means that contributions to your money purchase pensions will be limited to £4,000.

If yes, and if in Section 9 your adviser has confirmed you have not received advice on switching to flexi-access drawdown, it is important that you consider the risks that may be associated with taking retirement benefits. We strongly advise you to seek financial advice before proceeding, especially if you're unsure how your current or future needs may influence your decision. Please complete the risk questions in Section 8.

2C. Assets to be transferred

<input checked="" type="checkbox"/>	The transfer payment will comprise only cash
<input checked="" type="checkbox"/>	Assets are to be transferred as investments. Please ensure that the current scheme administrator permits this. Please include one of the below:
<input checked="" type="checkbox"/>	A full fund list including the number of units and SEDOL codes is enclosed
<input checked="" type="checkbox"/>	A completed Cofunds Pension Account Investment Transfer Schedule is enclosed

i Any funds that are not available in the Cofunds Pension Account must either be sold before the transfer is made or remain with the current scheme.

2D. Transfer Request Declaration

Please note: it is a serious offence to make false statements. The penalties are severe. False statements could lead to prosecution.

Please read and sign the declaration below to authorise the transfer(s):

I declare that to the best of my knowledge and belief the statements made in this section (whether in my handwriting or not) are correct and complete.

I hereby consent to Suffolk Life obtaining details from the administrator/trustee or insurance company or other pension provider of any scheme, contract or arrangement of which I am or have been a member in connection with the transfer, and authorise the giving of such details to Suffolk Life.

I also consent to my intermediary obtaining the same details.

While Suffolk Life will request transfers in a timely manner, I understand that Suffolk Life is not responsible for the timely completion of the transfer.

I understand that Suffolk Life will not request any in specie transfer until all of the information requested in the Investment Transfer Schedule has been provided.

I wish for the pension scheme benefits detailed above to be transferred to my Cofunds Pension Account.

I understand that a drawdown arrangement can only be transferred in full and not in part.

Declaration to the administrator of the transferring scheme(s):

I authorise and instruct you to transfer funds from the plan(s) as listed above directly to Suffolk Life. Where you have asked me to give you any original policy document(s) in return for the transfer of funds and I am unable to do so, I promise to accept responsibility for any claims, losses and expenses of any nature which you may incur as a result of having made the transfer(s) listed above.

I authorise you to release all necessary information to Suffolk Life to enable the transfer of funds to Suffolk Life.

I authorise you to obtain from, and release to, the financial intermediary named in Section 9 any additional information that may be required to enable the transfer of funds.

If an employer is paying contributions to any of the plans as listed in Section 2, I authorise you release to that employer any relevant information in connection with the transfer of funds from the relevant plan(s).

Until this application is accepted and complete, Suffolk Life's responsibility is limited to the return of the total payment(s) to the administrator of the transferring scheme(s).

Where the payment(s) made to Suffolk Life represent(s) all of the funds under the plan(s) listed in Section 2, then payment made as requested will discharge the administrator of the transferring scheme of all claims and responsibilities in respect of the plan(s) listed.

Where the payment(s) made to Suffolk Life represent(s) part of the funds under the plan(s) listed in Section 2, then the administrator of the transferring scheme will be discharged of all claims and responsibilities only in respect of the part of the plan(s) represented by the payment(s).

Declaration to Suffolk Life and the administrator of the transferring scheme(s):

I promise to accept responsibility in respect of any claims, losses and expenses that Suffolk Life and the administrator of the transferring scheme may incur as a result of any incorrect information provided by me or of any failure on my part to comply with any aspect of this transfer form.

Client signature

Date / /

Client name

Section 3

Income payment details

3A. How do you wish to take benefits from your Cofunds Pension Account?

Initial gross annual income required Whole fund Nil Other, please specify amount £ each year

Type of income payment Single Regular

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

Month of first income payment /

All income payments will be made on the last business day of the month. We will continue to pay the same amount of taxable income in future years until you inform us otherwise.

i When you first begin to take income, your payments may be subject to an emergency tax code. This may result in you initially paying too much, or too little tax to HMRC. We can only accept tax code notifications from HMRC directly, or from an original P45.

3B. Options for making **single** income payments

To make a single income payment from a Cofunds Pension Account you must ensure that you have enough money available within the Cofunds Pension Account before submitting this request. You may have to manually sell funds before submitting this request otherwise we may not be able to process your request.

3C. Options for making **regular** income payments

I confirm that I have an active sell down option

For more information about setting up a sell down option, please see the Aegon Platform terms and conditions.

i You will only see a record of sell downs in your annual statement.

3D. Personal bank account to receive income payments

Please indicate below (completing one box only) which bank account you require benefits to be paid.

BACS, Faster Payments or CHAPS Transfer to your nominated bank account

Bank or Building Society name

Address

Postcode

Name(s) of account holder(s)

Branch Sort Code / /

Bank/Building Society Account Number

Building Society Roll Number

i We are only able to make payments to a personal account in your own name, including joint accounts. In addition, payment may only be made to a UK bank account or to an account that can accept BACS, Faster Payments or CHAPS payments. Please speak to your bank if you have any questions as to whether your account is suitable.

i Income payments will always be paid by BACS.

A full valuation of the fund is enclosed including SEDOL codes.



i A SEDOL code is required in order to identify the exact investment to be transferred. Many investments have similar names and as such we are unable to proceed solely on a fund name.

4A. Investment details

If a full fund valuation from the current scheme administrator is submitted in place of this schedule, it must contain all of the information requested here. Where full information is not provided as part of a valuation or via this schedule, we will need to request this again and the transfer could be delayed. Once we receive the completed schedule we will check the acceptance of the investments within the Cofunds Pension Account before requesting the transfer from the current provider. If any investment is not acceptable, we will contact you to discuss how to proceed.

i Only investments that are currently available on the Aegon Platform can be transferred to your client's Cofunds Pension Account.

Full name of scheme to be transferred

Full name of investment (example) World Equity Z Fund	SEDOL number (example) 0157735	Where investment is currently held (example) Plan Manager	Number of units/shares held

Please continue on a separate sheet if required.

Section 5

Contribution request

This section must be completed when you are: (please tick all the applicable option(s) below)

<input checked="" type="checkbox"/>	Making a one-off single contribution; or
<input checked="" type="checkbox"/>	Starting a regular contribution

Please use an **Investment strategy instruction** form to tell us how you want to invest your contributions

5A. Contributions

Personal contributions that are within 100% of relevant UK taxable earnings will receive tax relief at basic rate (higher and additional rate tax reclaimable via self assessment where appropriate) and count towards the annual allowance for the tax year in question. For further information see notes below.

Name of individual making contribution(s)

Who's funding the pension? Client Employer (complete and enclose a separate **Cofunds Pension Account Employers Contribution Authority**)
 Third party (complete Section 5B)

	Personal (net) ¹	Employer (gross)	Third party (net) ¹
Single contributions (Cheque)	£	£	£
Single contributions Aegon General Investment Account cash facility	£	N/A	N/A
Total regular contributions, including existing contributions	£	£	£

Cheques must be made payable to **Cofunds Limited**. For a Building Society cheque or banker's draft your name must appear on the front of the cheque, or on the back of the cheque accompanied by the Building Society's or Bank's official stamp and signature.

Please complete a copy of the **Cofunds Pension Account Investment by Direct Debit form** in Section 6 for each regular contribution. If there is not sufficient time to set up the Direct Debit instruction, payments will commence the following month.

¹ Net contributions are subject to tax relief which can take between 6 and 11 weeks to reach the product cash facility.

Aegon must receive this form and the completed Direct Debit instruction 9 working days before the collection date of the 1st of the month.

5B. Third party details (if required)

Customer number (if applicable)

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

Full forename(s)

Surname

Permanent residential address

Postcode

Relationship to applicant

Date of birth / / Male Female

If this section is completed then the third party must be verified in Sections 9D, 9E and 9F if not previously verified.

If the individual has changed address in the last three months please provide their previous address and postcode on a separate sheet of paper securely stapled to this form.

5C. Client Tax Status

Please indicate below which of the following applies to you:

<input checked="" type="checkbox"/>	You are a relevant UK individual A relevant UK individual is one who: <ul style="list-style-type: none"> • Has relevant UK earnings chargeable to income tax for the year; • Is resident in the UK at some time during the tax year; • Has general earnings for the tax year from overseas Crown employment subject to UK tax (as defined by Section 28 of the Income Tax (Earnings and Pensions) Act 2003); or • Is the spouse of an individual who has general earnings for the tax year from overseas Crown employment subject to UK tax (as defined by Section 28 of the Income Tax (Earnings and Pensions) Act 2003).
<input checked="" type="checkbox"/>	You are a non-relevant UK individual You are entitled to contribute any amount, but you will not be entitled to receive any tax relief on your contributions.

Personal contributions that are in excess of 100% of relevant UK taxable earnings do not receive tax relief and do not count towards the annual allowance for the tax year in question.

5D. Notes

All contributions must be made in Sterling.

Under current pensions legislation there are penalties if you, your employer and any other third party contribute together more than the annual allowance to all of your pensions unless you can carry forward any annual allowance that you have not used from the previous three tax years. You will need to have been a member of a registered pension scheme in a tax year that you are carrying forward any unused annual allowance from. It will be your responsibility to calculate the amount available to carry forward and we will apply for tax relief on the full amount of any personal contributions made by you or any other third party than your employer, unless you notify us to the contrary.

If you have already taken benefits under flexible drawdown from any pension scheme, including your CPA, then you cannot make further contributions. Similarly if contributions are made in a tax year then you cannot enter flexible drawdown in that tax year. Please speak to your adviser for more information.

For employer contributions to receive tax relief, they must be 'wholly and exclusively for the purposes of trade' as defined by ICTA 1988. HMRC have issued guidance for employers to help define this, including pages on the online RPSM.

Tax relief on personal net contributions

All relievable personal contributions must be made net of basic rate tax, which Suffolk Life will reclaim from HM Revenue & Customs and add to your Cofunds Pension Account. This can take up to 11 weeks.

Please note that you are required to inform us in writing if the aggregate of all contributions made for your benefit is more than 100% of your earnings to this and any other pension scheme you may have in a single tax year.

Pension input periods

The pension input period for the Cofunds Pension Account will end on 5 April each year.

Electronic transfers

Personal and employer regular contributions cannot be accepted electronically into the Cofunds Pension Account and should be made by Direct Debit. For single contributions, please contact us to confirm the bank details to which payments should be sent. Aegon require confirmation of the bank details from which payments will be made before contributions can be processed.

Section 6

Investment by Direct Debit

This form must be completed when setting up or amending a regular contribution to a Cofunds Pension Account. If both you and your employer intend to make regular contributions, please use an additional Direct Debit instruction.

Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form using a ballpoint pen and send it to:

Aegon Cofunds Administration
PO Box 17491
Edinburgh
EH12 1PB

Name(s) of account holder(s) or name of corporate bank account

Banks and Building Societies may not accept Direct Debit instructions from some types of account.

Branch sort code

			/				/		
--	--	--	---	--	--	--	---	--	--

Bank/Building Society account number

--	--	--	--	--	--	--	--	--	--	--	--

Name and full postal address of your Bank or Building Society

To the Manager of	Bank or Building Society
Address	
Postcode	

Service User No.

3 8 8 5 5 1



Reference Number

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Instruction to your Bank or Building Society

Please pay Suffolk Life Trustees 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 Suffolk Life Trustees Limited and, if so, details will be passed electronically to my Bank/ Building Society.

Signed

X

Date

		/			/				
--	--	---	--	--	---	--	--	--	--

Signed

--

Date

		/			/				
--	--	---	--	--	---	--	--	--	--

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 Cofunds Limited will notify you five working days in advance of your account being debited or as otherwise agreed. If you request Cofunds 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 Cofunds Limited or your Bank or Building Society, you're entitled to a full and immediate refund of the amount paid from your Bank or Building Society
 - If you receive a refund you're not entitled to, you must pay it back when Cofunds 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 Cofunds.



This Guarantee should be detached and retained by the payer. i

Section 7

Expression of wish

7A. Who should receive benefits?

You should complete this section to tell us who you wish to receive benefits from your plan if you die.
Please confirm how you would like your beneficiaries to be updated:

<input type="checkbox"/>	I would like the beneficiaries below to apply to all of my pension funds.
<input type="checkbox"/>	I would like the beneficiaries below to apply to my drawdown funds only.

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Please refer to the Terms and Conditions of the Aegon Platform for your plan details of the different ways death benefits may be received.

7B. Declaration

Please read the declaration before entering details of beneficiaries.

- On my death, I wish the scheme administrator to pay any benefits from my plan(s) to the beneficiaries, and in the proportion set out below.
- I accept that this is only an expression of my wishes. I understand that whilst the scheme administrator will pay due consideration to those wishes, they have absolute discretion as to the beneficiary(ies) and to the proportions of benefits paid to each beneficiary unless otherwise provided by law.
- I understand that if the scheme administrator chooses a beneficiary who has not been named in sections 7C or 7D, drawdown income would normally only be available in limited circumstances. Therefore, in addition to the above named beneficiaries, in order to allow the administrator to pay drawdown income to as wide a range of beneficiaries as possible and for the purposes of the relevant tax legislation, I nominate any individual who is eligible to receive a lump sum on my death under the rules of the scheme.
- I understand that I can change the beneficiaries at any time and that the scheme administrator will refer to the last completed form held.

7C. Details of Beneficiaries

If you wish to name more beneficiaries than the spaces allow for, please continue on a separate sheet and attach it to this form.
The percentages in Section 7C should add up to 100%.

Individuals

Individual 1

Name

Address

Postcode

Date of birth / /

Percentage of fund payable to beneficiary %

Individual 2

Name

Address

Postcode

Date of birth / /

Percentage of fund payable to beneficiary %

Individual 3

Name

Address

Postcode

Date of birth / /

Percentage of fund payable to beneficiary %

Individual 4

Name

Address

Postcode

Date of birth / /

Percentage of fund payable to beneficiary %

Trusts

Trust 1

Name of trust

Name of trustees

Address where trust is held

Postcode

Date of trust / /

Percentage of fund payable to beneficiary %

Trust 2

Name of trust

Name of trustees

Address where trust is held

Postcode

Date of trust / /

Percentage of fund payable to beneficiary %

Charity**Charity 1**

Name of Charity

Address

Postcode

Percentage of fund payable to beneficiary %

Charity 2

Name of Charity

Address

Postcode

Percentage of fund payable to beneficiary %

7D. Alternative Beneficiaries

Please only complete this section if you wish to name alternative beneficiaries where all of the beneficiaries you name in Section 7C either:

- a. die before you; or
 b. do not wish to receive benefits from your plan (for example, for tax planning purposes).
 The percentages in Section 7D should add up to 100%.

Individuals**Individual 1**

Name

Address

Postcode

Date of birth / /

Percentage of fund payable to beneficiary %

Individual 2

Name

Address

Postcode

Date of birth / /

Percentage of fund payable to beneficiary %

Individual 3

Name

Address

Postcode

Date of birth / /

Percentage of fund payable to beneficiary %

Individual 4

Name

Address

Postcode

Date of birth / /

Percentage of fund payable to beneficiary %

Trusts**Trust 1**

Name of trust

Name of trustees

Address where trust is held

Postcode

Date of trust / /

Percentage of fund payable to beneficiary %

Trust 2

Name of trust

Name of trustees

Address where trust is held

Postcode

Date of trust / /

Percentage of fund payable to beneficiary %

Charity**Charity 1**

Name of Charity

Address

Postcode

Percentage of fund payable to beneficiary %

Charity 2

Name of Charity

Address

Postcode

Percentage of fund payable to beneficiary %

Section 8

Risk questions for capped drawdown to flexi-access drawdown switches

Please complete this section if you have not sought financial advice in entering flexi-access drawdown. The Financial Conduct Authority requires us to make sure you have considered the potential risks of accessing your pension benefits. We are required to ask questions about your circumstances, so that we can provide warnings about the risks which might apply to you.

Once we have received your answers to the below questions, we will send you a statement highlighting the potential risks. If you still wish to proceed, you will need to sign and return the declaration on the statement, to confirm that you've read and understand the risk warnings and wish to proceed.

Pensions guidance

Pension Wise is a free, impartial service from the government which offers guidance about your pension options. Pension Wise offers face-to-face and telephone appointments. They also have a website www.pensionwise.gov.uk. Have you received guidance from Pension Wise?

<input type="checkbox"/>	Yes	Date Pension Wise service accessed:			/			/					
<input type="checkbox"/>	No												

Investment scams

Some investment scams encourage people to withdraw money from their pensions in order to invest elsewhere. The schemes can appear very genuine, but you risk losing some or all of your money. Are you aware of how to protect yourself from investment scams?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No/unsure

Debt

Are you aware that money taken from your pension could be available to creditors in respect of any unpaid debts you might have?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Benefits

Are you aware that taking money from your pension could affect your entitlement to means-tested benefits?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Ongoing income

Any money taken from your pension now will reduce the amount that may be available to you in the future. Are you expecting this pension to provide you with income for the rest of your life?

<input type="checkbox"/>	Yes/unsure
<input type="checkbox"/>	No

Contributions

The annual allowance is the maximum amount that you, or anyone on your behalf, can contribute to your pensions each year without incurring a tax charge. It is currently £40,000. If you take income whilst in flexi-access drawdown, your annual allowance for money purchase pensions, such as your Cofunds Pension Account, will reduce to £4,000. Are you, or anyone on your behalf, likely to contribute more than £4,000 to money purchase pensions in the future?

<input type="checkbox"/>	Yes/unsure
<input type="checkbox"/>	No

Further investment

If you withdraw money from your pension to invest elsewhere, the charges on the new investments may differ from the charges applicable to your pension. The new investments are also likely to be subject to income tax and capital gains tax, whereas investments in your pension are exempt from these charges. If you plan to invest your money elsewhere, do you understand the difference in charges and how this could affect the value?

<input type="checkbox"/>	Yes/not applicable
<input type="checkbox"/>	No/unsure

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Please note that this exercise is only intended to highlight potential risks to you - your answers won't affect your options.

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We will not be able to process your retirement benefits until we have received this signed declaration. We can accept scanned copies by fax 0370 414 8000 or by email retire@suffolklife.co.uk.

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Means tested benefits include, housing benefit, council tax deductions, income support, Universal Credit, income-based jobseeker's allowance and any benefit that pays for long term care.

Shopping around

There are several ways in which you can access your pension savings. Different products, with different options and charges, are available from various providers. We recommend that you research the options available to you. Are you happy that you've researched your options and have made an informed choice?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No/unsure

Beneficiaries

When you die, the remaining money in your pension can pass to beneficiaries, such as a spouse or other family members. Any money you take from your pension will reduce the amount which may be available to them on your death. Are you relying on this pension to provide for your beneficiaries when you die?

<input type="checkbox"/>	Yes/unsure
<input type="checkbox"/>	No

Contact details

We may need to contact you if we have any questions on the information you have given. Please provide us with your email address and a contact telephone number and your preferred hours of contact (during our opening hours).

Email address	
Mobile telephone number	
Home telephone number	
Preferred hours of contact	

Section 9

Adviser details (for adviser use only)

9A. Adviser details

Firm Name	<input type="text"/>
Intermediary Name	<input type="text"/>
Regulator's reference number for organisation	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Regulator's reference number for individual	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Telephone number	<input type="text"/>
Fax number	<input type="text"/>
Email address	<input type="text"/>

i
This section should be completed by a regulated UK adviser if advice has been given on scheme transfers.

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Please complete this section, in full, if you are not the client's current adviser as known to Aegon.

If the regulated organisation is an appointed representative or part of a network, please give details below.

Name of principal or network	<input type="text"/>
Regulator's reference number for principal or network	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

9B. Advice given

Did you advise your client specifically to set up the Cofunds Pension Account?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you advise your client on the suitability of transferring any employer-sponsored schemes to the Cofunds Pension Account?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you advise your client to transfer any safeguarded benefits to the Cofunds Pension Account?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If applicable please could you confirm whether you have provided advice to your client on taking benefits.

<input checked="" type="checkbox"/>	I have provided advice to my client on taking benefits.
<input checked="" type="checkbox"/>	I have not provided advice to my client on taking benefits but I have explained the risks of taking benefits.

If your client is switching from capped to flexi-access drawdown please tick of the below:

<input checked="" type="checkbox"/>	I have provided advice to my client on switching from capped drawdown to flexi-access drawdown.
<input checked="" type="checkbox"/>	I have not provided advice to my client on switching from capped drawdown to flexi-access drawdown but I have explained the risks of taking benefits.

9C. Declaration

- I certify that I have verified the identity of the client, detailed in this application, having:
 - seen the original documents;
 - checked that any requiring a signature were pre-signed; and
 - confirmed that any associated photograph of the investor bore a true likeness to the applicant.
- I agree to receive details of my client's Cofunds Pension Account by post, fax, via email and/or the Suffolk Life secure portal.
- I confirm that my/our client is aged over 18 years.
- I confirm that any amendments made by myself will be initialled and dated.
- I am an FCA authorised individual.
- I understand that Suffolk Life will hold my title, full name, business email address, contact details and Financial Services reference number and all communications to and from me on Suffolk Life's systems for legitimate interest in the effective administration of my client's Cofunds Pension Account.
- I confirm that I have supplied my client with the documents listed in Section 11B.

i
You should also read the Suffolk Life Privacy Information Notice (for advisers). This can be found on Suffolk Life's website www.suffolklife.co.uk

9D. Confirmation of Verification of Identity (CVI) - details of non-private individual

Type of employer	Public company (quoted) <input type="checkbox"/>	Public company (unquoted) <input type="checkbox"/>	Private limited company <input type="checkbox"/>	Partnership <input type="checkbox"/>
	Charity <input type="checkbox"/>	Club <input type="checkbox"/>	Society <input type="checkbox"/>	Trust <input type="checkbox"/>
Employer name	<input type="text"/>			
Registered address	<input type="text"/>			
	<input type="text"/>			
	Postcode <input type="text"/>			
Registered number (if applicable)	<input type="text"/>			
Operating address	<input type="text"/>			
	<input type="text"/>			
	Postcode <input type="text"/>			
Relevant company registry or regulated market listing authority	<input type="text"/>			

i
Where a third party is involved, e.g. a payer of contributions who is different from the customer, the identity of that person must also be verified in Section 5B, and confirmation provided in Section 9E and 9F.

i
This section of the form cannot be used to verify the identity of any client that falls into one of the following categories: those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification; those who have been subject to Simplified Due Diligence under the Money Laundering Regulations; or those whose identity has been verified using the source of funds as evidence.

Names of directors, or equivalent (and dates of birth, if known)

Full name	<input type="text"/>
Date of birth (if known)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Full name	<input type="text"/>
Date of birth (if known)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Full name	<input type="text"/>
Date of birth (if known)	<input type="text"/> / <input type="text"/> / <input type="text"/>

Names of principal beneficial owners with a shareholding of over 25% (and dates of birth, if known)

Full name	<input type="text"/>
Date of birth (if known)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Full name	<input type="text"/>
Date of birth (if known)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Full name	<input type="text"/>
Date of birth (if known)	<input type="text"/> / <input type="text"/> / <input type="text"/>

9E. Confirmation of Verification of Identity (CVI)

I/We confirm that the names, addresses and dates of birth contained in this application for the **client, employer and third party payer (if relevant)** have been verified by me/us, and that the evidence I/we obtained:

Meets the standard evidence in the Joint Money Laundering Steering Group guidance for the UK financial services sector	<input type="checkbox"/>
Exceeds the standard evidence - where the client is a Politically Exposed Person (written details of the further verification evidence taken are attached to this application)	<input type="checkbox"/>

9F. Adviser confirmation

Signed	<input type="text" value="X"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name	<input type="text"/>	FCA Reference Number (Firm)	<input type="text"/>
Position	<input type="text"/>		

Section 10

Adviser charging (for adviser use only)

10A. Initial charge

I authorise Cofunds to pay my adviser an initial advice charge, if applicable, of:

£

or

%

10B. Ongoing charge

All information entered below must be consistent with the charge your adviser will assign you to.

Charge model name

Annual percentage rate

%

or Tiered percentage rate

%

or Monthly fee amount

£

Any Ongoing Advice Charge will be taken monthly in arrears from the product cash facility. For example, if you wish to charge £50 per month, please enter £600 as the ongoing amount.

If you have selected to charge a tiered percentage rate please enter the highest applicable percentage rate that applies to the charge.

Section 11

Client declaration

11A. Data Protection Statement - important please read

Suffolk Life takes your privacy very seriously. Suffolk Life uses the personal information collected through this form, from any other information that you provide to them, and personal information they collect from third parties ('your information') for the reasons and purposes set out in the Suffolk Life Privacy Information Notice (for investors).

Disclosures: Suffolk Life may need to transfer your information to countries outside the European Economic Area in order to provide our services to you.

Suffolk Life may disclose your information to other companies within the Curtis Banks group of companies (of which Suffolk Life are a part), banks, investment managers and fund providers that are appointed to act for your Cofunds Pension Account, regulatory bodies, law enforcement agencies, the current and future owners of our business and suppliers Suffolk Life engages to process data on their behalf.

To protect you and Suffolk Life from financial crime, Suffolk Life may need to confirm your data from time to time. They may do this by using reference agencies to search sources of information about you (an identity search). This will not affect your credit rating. If this search fails, we may ask you for documents to confirm your identity.

Access: You have the right to ask for a copy of your information. To obtain a copy of your information, please write to Suffolk Life, 153 Princes Street, Ipswich, IP1 1QJ.

Consent: We would like your consent to provide you with relevant information about the products and services within the Curtis Banks Group, and to share informative, relevant and education updates such as changes to pension legislation and regulation.

Please tick the box if you agree to receive this information.

You can find information on how Aegon, the platform provider, use and share your client's personal information, including how long they keep it and details of their rights at customerdashboard.aegon.co.uk/site-info/privacy-and-cookie-policy/

11B. Declaration

I request that the benefits described in or arising from this application be provided for me under the Cofunds Pension Account as part of the Suffolk Life Appropriate SIPP Scheme and in consideration of its acceptance I undertake to be bound by the rules of the scheme in force from time to time. A copy of the scheme rules is available on request.

I declare that to the best of my knowledge and belief, once my application is made, the statements made in it (whether in my handwriting or not) are correct and complete.

I am aged over 18 years at the point I apply for the Cofunds Pension Account.

I confirm that I have received the Key Features of the Cofunds Pension Account, Terms and conditions of the Cofunds Pension Account, Terms and Conditions of the Aegon Platform, Cofunds Pension Account Charges Sheet, Suffolk Life Privacy Information Notice and a personal illustration.

I confirm that I have viewed and agree to be legally bound by the Aegon Platform terms and conditions.

I confirm that I have viewed the Fund Key Features and the Aegon Platform Key Information Document.

I accept that Aegon or Suffolk Life will correspond with the adviser who submits my application unless I give written notice to change that adviser.

I confirm that I will contact Aegon to amend my application if needed.

I confirm that I am not a citizen of the United States of America.

I authorise Suffolk Life and Aegon to accept investment and all other instructions in relation to my pension from my adviser.

I accept that an additional arrangement under my plan is set up to allow the continuation of drawdown income. Each separate Crystallised Arrangement transferred in must be maintained separately and will incur its own set of drawdown fees as stated in the Charges Sheet.

I confirm that my total gross contributions to all registered pension schemes in respect of which I am entitled to tax relief will not exceed the higher of £3,600 or 100% of my relevant UK earnings.

I confirm that I am a UK resident.

Signature

X

Date

/

/

I have read the Data Protection Statement on page 17.

I understand that this declaration, once complete, will be submitted to Aegon together with the application form completed by my adviser, documents which will together constitute my application to Suffolk Life Pensions Limited as administrator of the Cofunds Pension Account.

I understand that the contract between myself and Suffolk Life Pensions Limited will be effective once Suffolk Life Pensions Limited have established my Cofunds Pension Account plan and have issued a Confirmation Schedule to me.

I have supplied the information necessary to submit my application for a Cofunds Pension Account through my appointed financial adviser. I understand that:

- Suffolk Life will send a Confirmation Schedule containing this information and send it to me in order for me to check its accuracy;
- I have a period of 30 days from the date I receive the Confirmation Schedule to advise Aegon of any errors or omissions. Once the 30 day period has passed, the Confirmation Schedule will be deemed accurate;
- I will notify Aegon if I do not receive the Confirmation Schedule once my Cofunds Pension Account has been established. This will be received shortly after I receive the cancellation notice;
- I can at any time request confirmation of the details held by Suffolk Life or Aegon in relation to my pension.

I consent to information regarding my Cofunds Pension Account (including my personal data) being disclosed to my adviser orally, in writing (including by email) or via the Aegon Platform.

I undertake to inform Suffolk Life in writing (within 30 days) if:

- I cease to be a UK resident or change my country of residency;
- I contribute on aggregate more than 100% of my earnings to this and any other pension scheme in any tax year;
- I cease to have relevant earnings;
- I begin to have relevant earnings again;
- There is a change in my employment status;
- There is a change in my permanent residential address;
- I apply for an enhanced lifetime allowance in respect of a pension credit or overseas transfer;
- I lose or give up the right to enhanced or fixed protection.

I undertake to cease making contributions once I reach age 75.

11C. Benefits payable on death

I wish Suffolk Life to pay any death benefits to the beneficiaries and in the proportions set out in my application form.

I accept that this is only an expression of my wish and I understand that whilst Suffolk Life will pay due consideration to that wish they have absolute discretion as to beneficiaries and to the proportion of benefits paid to each beneficiary unless otherwise provided by law.

I understand that I can change this expression of wish at any time and that Suffolk Life will refer to the latest completed form held.

11D. HM Revenue & Customs warning

As an application for a Cofunds Pension Account is also used as an application for tax relief at source, it is a serious offence to make false statements. The penalties are severe. False statements could lead to prosecution. A copy of this application is available from the scheme administrator.

Adviser details

Intermediary name	<input type="text"/>
Firm name	<input type="text"/>
Regulator's reference number for organisation	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Regulator's reference number for individual	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
	Postcode
Telephone number	<input type="text"/>
Fax number	<input type="text"/>
Email address	<input type="text"/>

i Please complete this section, in full, if you are not the client's current adviser as known to Aegon.

i This section **must** be completed by a suitably authorised UK adviser if advice has been given in **all cases** on converting to flexi-access drawdown and/or scheme transfers, if relevant.

If the regulated organisation is an appointed representative or part of a network, please give details below.

Name of principal or network	<input type="text"/>
Regulator's reference number for principal or network	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Declaration (to be completed and signed if the client has stated they have sought advice containing safeguarded benefits)

Please confirm whether you have provided advice to your client on scheme transfers into and/or taking benefits from the Cofunds Pension Account:

<input checked="" type="checkbox"/>	I have provided advice to my client on converting to flexi-access drawdown.
<input checked="" type="checkbox"/>	I have not provided advice to my client on converting to flexi-access drawdown but I have explained the risks of drawdown.
<input checked="" type="checkbox"/>	I confirm that I have recommended the client (as named in Section 1) to transfer his/her pension scheme(s) containing safeguarded benefits to the Cofunds Pension Account.

Name	<input type="text"/>		
Position in organisation	<input type="text"/>		
Adviser signature	<input type="text"/>	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"/>

The Cofunds Pension Account is provided by Suffolk Life Pensions Limited (Suffolk Life) 153 Princes Street, Ipswich, Suffolk IP1 1QJ. Registered in England and Wales number 1180742. Suffolk Life is authorised and regulated by the Financial Conduct Authority (FCA). FCA registration number 116298.

All assets held in the Cofunds Pension Account are legally owned by Suffolk Life Trustees Limited and are held on the Aegon Platform provided by Cofunds Limited (Cofunds). Registered address: Level 43, The Leadenhall Building, 122 Leadenhall Street, London, EC3V 4AB. Registered in England and Wales No. 3965289. Authorised and regulated by the Financial Conduct Authority (FCA) under FCA Registration No. 194734.

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