

**This form is to be used for Self-directed clients only.**

Please use this form if you want to set up a new Cofunds Pension Account by making a single or regular contribution, and/or by transferring an existing pension to us that you're not currently taking an income from.

If you want to set up a new Cofunds Pension Account by transferring an existing pension from which you are taking benefits, please use a **Drawdown Transfer Application Form**.

**Please complete this form using black ink and BLOCK CAPITALS and return, together with enclosures, to:  
Aegon Cofunds Administration, PO Box 17491, Edinburgh, EH12 1PB**

## HOW TO COMPLETE THIS FORM

**If you have any queries or require help completing this form please speak to your intermediary.**

### **Section 1: Your Details**

**Please ensure you complete this section.**

### **Section 2: Transfer Request**

You only need to complete and sign this section if you want to transfer an existing pension to us that you're not currently taking an income from.

### **Section 3: Contribution Request**

You only need to complete this section if you want to set up any single or regular payments (including any made by third parties).

### **Section 4: Intermediary Charges**

Your intermediary will pre-populate this information. **Please ensure you read and sign this section.**

### **Section 5: Expression of Wish**

Please complete this section if you wish to set up any death benefits for your Cofunds Pension Account and you're not already taking an income.

### **Section 6: Declaration**

**Please ensure you read and sign this section.**

## INTERMEDIARY DETAILS (For intermediary use only)

Intermediary name

Firm name

# Section 1: Your Details

## 1 Your Details

Investor number (if you have one)

Country of residence

Nationality

Full forename(s)

Middle name

Surname

Email address

Contact telephone number

National Insurance Number   /   /   /   /

You should be able to find your National Insurance Number on a payslip, form P45 or P60, a letter from HM Revenue & Customs, a letter from the DWP, or pension order book.

We can only accept applications from residents of the United Kingdom who are not citizens of the United States of America. Please read the following sentence and confirm by ticking the box if applicable. If you can't confirm and tick the box, please complete the **Individual Self-Certification form** that can be found via the Aegon website.

For tax purposes, are you resident anywhere other than the UK?

- No
- Yes – download and complete the Individual self-certification form on our website and attach to this form

### Source of wealth

Please tick one of the following which best describes the origin of your personal wealth. This information is required for anti-money laundering purposes.

- Income from employment
- Income from savings/investments
- Gift
- Lottery and other gambling winnings
- Inheritance
- Property sale
- Divorce settlement
- Income from a lifetime annuity
- Pension income from registered pension scheme(s)
- Other, please specify

Current permanent residential address

Postcode

Previous address if you have changed address in the last two years

Postcode

Male  Female  Date of birth   /   /

If you are either married or in a registered civil partnership, please confirm the date of birth of your spouse. This will be used to produce your annual illustration.

Spouse's/registered civil partner's date of birth   /   /

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

### Source of funds

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

- Transfers from a registered pension scheme
- Personal contributions
- Contributions from your employer\*
- Pension sharing order
- Contributions from another third party\*
- Other, please specify

\*Please state their name and relationship to the investor

(Please also enclose an identity verification form for the employer/third party.)

### Gross annual earnings

- £0 - £14,999  £15,000 - £29,999  £30,000 - £59,999  £60,000 - £99,999  £100,000 - £149,999  £150,000 +

Please enter, in the box opposite, 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. Please note: if this field is left blank we will assume you intend to start taking benefits at age 75.

Anticipated retirement age

## YOUR STATUS

Occupation

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

Employed. If you have ticked this box, please provide your employer's details below.

Employer name

Employer address

Postcode

Unemployed

Receiving a pension chargeable to tax

Caring for a person aged 16 or over

Caring for one or more children under the age of 16 years

In full-time education

Self-employed. If trading under a different name, please provide details below.

Other. If you have ticked this box, please provide further details below.

## Section 2: Transfer Request

Please complete this section if you want to transfer an existing pension to us that you're not currently taking an income from.  
If you wish to transfer more than two schemes please complete an additional Transfer Request Form.

### 1 First Scheme to be Transferred (Scheme 1)

#### 1A. SCHEME DETAILS

Full name of transferring scheme

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

Is the transferring scheme a defined benefits pension scheme, for example, a final salary scheme? Yes  No

If no, does the transferring scheme include:

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

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

If yes to any question, please confirm that a suitably authorised financial adviser recommended that you transfer the pension scheme. Yes  No

We will not accept the transfer unless you have received such advice.

Please confirm the authorised firm and individual who gave you the advice:

Regulated firm FCA number

Individual's name

Regulated firm name

Name of scheme administrator/trustee/insurance company

Scheme administrator/trustee/insurance company address

Policy/account number (if applicable)

Transfer value £

Postcode

Before we can request the transfer, we will need a signed declaration from the adviser named above, confirming that they did recommend you to transfer the scheme to us.

#### 1B. ASSETS TO BE TRANSFERRED

Please select one of the options below:

The transfer payment will comprise only cash

Other assets are to be transferred as investments (i.e. transferring investments without selling them).

Please ensure that the current scheme administrator permits this. An **Investment Transfer Schedule**, must be completed in full unless a full current fund valuation containing all the information requested on the schedule is provided.

Where an investment transfer is required, please tick below as appropriate:

A completed **Investment Transfer Schedule** is enclosed

A full valuation of the funds is enclosed; including SEDOL codes

All details requested on the **Investment Transfer Schedule** must be provided before we can request the transfer. Any investments that are not allowable must either be sold before we proceed with the transfer or remain with the current scheme.

### 2 Declaration (Scheme 1)

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.

Intermediary firm name

Regulated firm FCA number

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.

**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 above 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 above, 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 above, 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 above, 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.

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

Client name

Client signature

Date

## Section 2: Transfer Request (continued)

### 3 Second Scheme to be Transferred (Scheme 2)

#### 3A. SCHEME DETAILS

Full name of transferring scheme

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

Is the transferring scheme a defined benefits pension scheme, for example, a final salary scheme? Yes  No

If no, does the transferring scheme include:  
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

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

If yes to any question, please confirm that a suitably authorised financial adviser recommended that you transfer the pension scheme. Yes  No

We will not accept the transfer unless you have received such advice.

Please confirm the authorised firm and individual who gave you the advice:

Regulated firm FCA number

Individual's name

Regulated firm name

Name of scheme administrator/trustee/insurance company

Policy/account number (if applicable)

Transfer value £

Scheme administrator/trustee/insurance company address

Postcode

Before we can request the transfer, we will need a signed declaration from the adviser named above, confirming that they did recommend you to transfer the scheme to us.

#### 3B. ASSETS TO BE TRANSFERRED

Please select one of the options below:

The transfer payment will comprise only cash

Other assets are to be transferred as investments (i.e. transferring investments without selling them).

Please ensure that the current scheme administrator permits this. An **Investment Transfer Schedule**, must be completed in full unless a full current fund valuation containing all the information requested on the schedule is provided.

Where an investment transfer is required, please tick below as appropriate:

A completed **Investment Transfer Schedule** is enclosed

A full valuation of the funds is enclosed; including SEDOL codes

All details requested on the **Investment Transfer Schedule** must be provided before we can request the transfer. Any investments that are not allowable must either be sold before we proceed with the transfer or remain with the current scheme.

### 4 Declaration (Scheme 2)

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.

Intermediary firm name

Regulated firm FCA number

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.

**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 above 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 above, 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 above, 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 above, 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.

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

Client name

Client signature

Date

## Section 3: Contribution Request

Please complete this section if you want to set up any single or regular payments (including any made by third parties).

### 1 Personal Contributions

Name of individual making contribution(s), if different from the main applicant

Net single contribution  £  Product cash facility  OR Cheque (payable to Cofunds Limited, with your product number (if you have one), National Insurance Number and name written on back)

Net regular contribution  £  Please complete a **Direct Debit Instruction** on page 11.

Please note that regular contributions can only be made monthly on the first day of every month. If a contribution is being made by an individual other than yourself, and we have not previously verified their identity, we will require your intermediary to complete a **Confirmation of Verification of Identity for a Private Individual**.

### 2 Employer Contributions

Your employer's contribution intentions, are for illustrative purposes only. The actual contributions may be more or less.

Gross single contribution  £  Please make cheque payable to Cofunds Limited, with your product number and name written on the back.

Gross regular contribution  £  Please complete a **Direct Debit Instruction** on page 11.

Please note that regular contributions can only be made monthly on the first day of every month. We will require the completion of an **Employer's Contribution Authority** in respect of any employer regular contribution detailed above. If a contribution is being made by an employer and we have not previously verified their identity, we will require your intermediary to complete a **Confirmation of Verification of Identity for a Non-Private Individual**.

### 3 Investment Strategy

Please indicate here your new investment strategy. This investment strategy will apply to all money invested into your Cofunds Pension Account. If you wish to amend your investment strategy please complete an Investment strategy form.

If you wish to invest in further funds please complete a supplementary sheet and attach it to this application.

Please note: if your intermediary has agreed exclusive share classes with a Fund Manager for your selected funds, we'll always invest in that exclusive share class and not the share class you've selected below.

Fund manager, fund name and share class	Sedol code (this is shown in your Key Investor Information Documents (KIIDs))	Amount to be invested Min £50 per fund <sup>1</sup>
(example) World Equity Z Fund		£
		£
		£
		£
		£
		£
		£
		£
Product cash facility		£
<b>TOTAL INVESTMENT AMOUNT</b>		£

<sup>1</sup> You must ensure that sufficient money is available in your Product Cash Facility for your investment strategy. Please refer to the relevant Cofunds Pension Account supplement for more information.

### 4 Income

Please indicate here where you would like income generated from income producing funds to be paid. In the absence of any instruction, any income generated will be reinvested or will follow your previous instruction.

If you have selected the option to 'Reinvest' this will only be applied to the commission-free share class funds you hold.

Reinvest OR  Paid into your product cash facility

### 5 Pension Input Period

A Pension Input Period is the period over which contributions made to this plan are tested against the Annual Allowance. Unless you tell us otherwise the Pension Input Period for your Cofunds Pension Account will be from 6 April to 5 April each year.

### 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

## Section 4: Intermediary Charges

Your intermediary will pre-populate this information. Please ensure you read and sign this section.

### 1 Service Charge (To be completed by the intermediary)

This section is used to agree a Service Charge allowing payments to be made to you, the intermediary. Please ensure the charge model applies to the client it is being assigned to.

#### 1A. SERVICE CHARGE

Service Charge model name

Annual Service Charge\* %

\*If you have a tiered Service Charge you should enter the highest priced tier.

#### Intermediary charges

- I authorise Suffolk Life to pay my intermediary (detailed on page 1) the above intermediary charges. I understand that an intermediary charge will be paid from the cash facility of my pension.
- I confirm that any intermediary charges are genuinely commercial arrangements between myself and my intermediary and only relate to pensions services provided.

Client signature

X

Date

## Section 5: Expression of Wish

You should complete this form to tell us who you wish to receive benefits from your plan if you die.

If you wish to name more beneficiaries than the spaces allow for, please continue on a separate sheet and attach it to this form.

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

### 1 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 2 or 3 of this expression of wish, 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.

### 2 Details of Beneficiaries

Percentages in this section should add up to 100%

#### Beneficiary 1

Who is the beneficiary?  Individual  Trust  Charity

Beneficiary/trust name
Name of trustees (if applicable)
Address
Postcode

Date of birth/trust (if applicable)  /  /   
D D M M Y Y Y Y

Registered charity number (if applicable)
---

Percentage of fund payable to beneficiary  %

#### Beneficiary 2

Who is the beneficiary?  Individual  Trust  Charity

Beneficiary/trust name
Name of trustees (if applicable)
Address
Postcode

Date of birth/trust (if applicable)  /  /   
D D M M Y Y Y Y

Registered charity number (if applicable)
---

Percentage of fund payable to beneficiary  %

#### Beneficiary 3

Who is the beneficiary?  Individual  Trust  Charity

Beneficiary/trust name
Name of trustees (if applicable)
Address
Postcode

Date of birth/trust (if applicable)  /  /   
D D M M Y Y Y Y

Registered charity number (if applicable)
---

Percentage of fund payable to beneficiary  %

#### Beneficiary 4

Who is the beneficiary?  Individual  Trust  Charity

Beneficiary/trust name
Name of trustees (if applicable)
Address
Postcode

Date of birth/trust (if applicable)  /  /   
D D M M Y Y Y Y

Registered charity number (if applicable)
---

Percentage of fund payable to beneficiary  %

## Section 5: Expression of Wish (Continued)

### 3 Alternative Beneficiaries

Please only complete this section if you wish to name alternative beneficiaries where all of the beneficiaries you name in Section 2 in this expression of wish 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 this section should add up to 100%.

#### Beneficiary 1

Who is the beneficiary?  Individual  Trust  Charity

Beneficiary/trust name

Name of trustees (if applicable)

Address

Postcode

Date of birth/trust (if applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_  
D D M M Y Y Y Y

Registered charity number (if applicable)

Percentage of fund payable to beneficiary

%

#### Beneficiary 2

Who is the beneficiary?  Individual  Trust  Charity

Beneficiary/trust name

Name of trustees (if applicable)

Address

Postcode

Date of birth/trust (if applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_  
D D M M Y Y Y Y

Registered charity number (if applicable)

Percentage of fund payable to beneficiary

%

#### Beneficiary 3

Who is the beneficiary?  Individual  Trust  Charity

Beneficiary/trust name

Name of trustees (if applicable)

Address

Postcode

Date of birth/trust (if applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_  
D D M M Y Y Y Y

Registered charity number (if applicable)

Percentage of fund payable to beneficiary

%

#### Beneficiary 4

Who is the beneficiary?  Individual  Trust  Charity

Beneficiary/trust name

Name of trustees (if applicable)

Address

Postcode

Date of birth/trust (if applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_  
D D M M Y Y Y Y

Registered charity number (if applicable)

Percentage of fund payable to beneficiary

%



## Section 6: Declaration

### 1 Data Protection Statement (important please read)

#### Important please read: Data Protection

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/](https://customerdashboard.aegon.co.uk/site-info/privacy-and-cookie-policy/)

### 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.

### 2 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 understand that the commencement of my plan may be delayed or rejected if this application form is not complete in all respects.

You may undertake a search with a reference agency for the purposes of verifying my identity. To do so, the reference agency may check the details I supply against any particulars on any database (public or otherwise) to which they have access. They may also use my details in the future to assist other companies for verification purposes. A record of the search will be retained as an identity search.

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, Aegon Platform terms and conditions, Cofunds Pension Account Charges Sheet, Suffolk Life Privacy Information Notice and a personal illustration. If you do not understand any point then please ask your intermediary or us for further information.

I confirm that I have viewed and read the Fund Key Features, or relevant fund specific information for the investment fund(s) I've chosen, and the Platform Key Information Document.

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

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

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

#### Declaration to Suffolk Life

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

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 intermediary.

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 accept that Suffolk Life is not responsible for checking whether I have triggered the money purchase annual allowance before accepting contributions in excess of the limit, which is currently £4,000.

I confirm that I am a UK resident.

I agree to the use of my information as set out above.

I understand that this declaration, once complete, will be submitted to Aegon together with the application form completed by my intermediary, 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 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 intermediary. 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 Cofunds 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 Cofunds in relation to my pension.

I consent to information regarding my Cofunds Pension Account (including my personal data) being disclosed to my intermediary 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;
- There is a change in my permanent residential address;
- I lose or give up the right to enhanced or fixed protection.

If I am not intending to immediately take benefits from all of my plan:

- I contribute on aggregate more than 100% of my relevant UK earnings to this and any other registered pension scheme in any tax year;
- I cease to have relevant UK earnings;
- I begin to have relevant UK earnings again; or
- There is a change in my employment status.

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

Client name

Client signature 

Date



## Cofunds Pension Account Direct Debit Instruction

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 and full postal address of your Bank or Building Society

To the Manager	Bank or Building Society
Address	
Postcode	

Name(s) of Account Holder(s)

Bank/Building Society Account Number

Branch Sort Code

 -  - 

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

Service User No.

3 8 8 5 5 1

Reference Number

**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.

Signature

X

Date

Signature

X

Date

This is not part of the instruction to your Bank or Building Society and must be detached by Suffolk Life (the scheme administrator) before submission to the paying bank.

I am a Cofunds Pension Account member and have enclosed full details of my contribution.

I am an employer and have enclosed a completed **Employer's Contribution Authority form**.

Signature	X	Date
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**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 accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit Suffolk Life Trustees Limited will notify you five working days in advance of your account being debited or as otherwise agreed. If you request Suffolk Life Trustees 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 Suffolk Life Trustees 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 Suffolk Life Trustees 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.



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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