## Pension Annuity (Open Market Option)

# Supplementary application form for occupational pension scheme trustees



### Please fill in this form using black ink and BLOCK CAPITALS.

Please send this completed form along with the main Pension Annuity application form and our other requirements to:

Aviva	For adviser use only		
Annuity Contact Centre	Your name		
Colegate Business Centre PO Box 520	Your telephone number		
Norwich	Your email address		
NR1 3WG	Aviva Account Number		
	prin	nted at the bottom of each page of the illustration	
		e provide data as to whether advice was given	
	on the sale of this product.		
	Was financial advice given?	Yes No	
Additional information needed to	set up the plan		
1. Member's full name			
2. Scheme name			
3. Pension scheme tax reference number (F	PSTR) (this is allocated by HMRC)		
If the scheme is an existing scheme as at 5 been allocated this number, please give th	April 2006 and has not		
number instead.	e existing si approvar		
4. Scheme administrator(s)		Full name(s)	
		Address	
		Post code	
5. Who is to be the planholder of the Pens	ion Annuity?	Annuitant Trustees	
If trustees:	due : :	No Yes	
Are the trustees the same as the scheme as If no, please give their details.	aministrator(s)?	Full name(s) of trustees	
in no, please give their details.			
		Address	
		Post code	

6. Type of arrangement	Defined benefits Money purchase
If money purchase:	
Does this include additional voluntary contributions?	No Yes
7. Effective date of benefit crystallisation event	
8. Is a specific start date required for the Pension Annuity?	No
	Yes Start date
If no, the start date will be the date that Aviva receives the fully completed application or the total payments, whichever is the later.	
If yes, and the total payment is received after the chosen start date, a backdating fee may be payable.	
9. Where a dependant's pension is to be provided on the member's death	
Do your scheme rules allow for the wife / husband / civil partner of the member at the <b>start date</b> to be a dependant on the member's death?	No Yes
10. Type of pension to be provided	Scheme pension Lifetime Annuity
A defined benefits arrangement must provide a scheme pension.	
11. Where a scheme pension is to be provided:	
a. Do you want Aviva to issue a yearly statement to the member on behalf of the scheme administrator?	No Yes
If yes, please give the member's cumulative total percentage of the standard lifetime allowance crystallised by benefit crystallisation events in respect of:	· · %
<ul> <li>your scheme; and</li> <li>any scheme from which a transfer value was received.</li> </ul>	
This is the information we will include on the yearly statement. You will need to keep us up to date with any changes – for example, if the member starts another scheme pension under your scheme.	
b. Amount of tax-free cash sum taken with the scheme pension.	f
We only need this if the dependant's pension payable on the member's death can be more than the member's pension. We need it to check the maximum dependant's pension allowed if the member dies after age 75.	
c. Relevant valuation factor (RVF) for valuing scheme pensions.	20:1 Non-standard RVF of :1 agreed with HMRC
If it's non-standard, please tell us the pension increase limit permitted each year by HMRC without triggering a lifetime allowance test.	.     % each year
12. Where a lifetime annuity is to be provided:	
a. What is the percentage of the standard lifetime allowance crystallised by the purchase of this lifetime annuity (including any related dependant's annuity) and any related lump sum?	· · %
b. Please give the member's cumulative total percentage of the standard lifetime allowance crystallised by benefit crystallisation events in respect of:	Same as a. above or %
<ul> <li>your scheme; and</li> <li>any scheme from which a transfer value was received.</li> </ul>	
13. For money purchase arrangements:	
Total pension fund	£
Has any tax-free cash already been paid?	No Yes

14.	For defined benefit arrangements:		
	ision earned before 6 April 1997	f	
Per	ision earned after 5 April 1997	f	
Per	nsion earned after 5 April 2005	f	
15.	Guaranteed minimum pension (GMP)		
	Date contracted-out employment ceased		
	Amount of GMP:	At start date of plan	At State pension age
up	to 5 April 1988	£ p.a.	£ p.a.
fro	m 6 April 1988	f	f
		p.a.	p.a.
c. R	ate of revaluation	4% 4.5% 5% 6.25%	
		7% 7.5% 8.5% 4.75%	
No	tes _		
•	If the annuitant is to be the planholder of the Pension Annuity	Not applicable Enclosed	To follow
	(see section 5), we require: - the relevant form which confirms the amount of the GMP, and		We won't set up
	<ul> <li>the form which transfers liability to Aviva.</li> </ul>		the plan until this is received.
•	If the trustees are to be the planholder and we later find out that		
•	the GMP details are incorrect, we may re-write the plan. We may charge you for this.		
	Maximum pensions s section is only to be completed if the pension will increase by		
	re than 3% each year. your scheme rules restrict pensions in line with HMRC's maximum		
	provable pension limits which applied prior to 6 April 2006?	No Yes	
lf y	es, please complete the following:		
a.	Member's maximum approvable pension (before tax-free cash and after deduction of any retained benefits)	f p.a.	
b.	Pension equivalent of any tax-free cash taken. (For a post 1989 member, the pension equivalent should be calculated using a	f p.a.	
	commutation factor of 12:1.)		
c.	When calculating the pension equivalent of the tax-free cash sum, were pension increases taken into account?	No Yes	
d.	Dependant's maximum approvable pension	f p.a.	
e.	Are there any benefits being provided elsewhere in respect of	No Yes	
	this employment which <b>do not</b> increase in payment? If yes, please state:		
	i. single life pension	f p.a.	
		· · · · · · · · · · · · · · · · · · ·	
	ii. dependant's pension	f p.a.	
f.	Are there any benefits being provided elsewhere in respect of this employment which <b>do</b> increase in payment?	No Yes	
	If yes, please state:		
	i. single life pension	£ p.a.	
	ii. dependant's pension	f p.a.	

#### Notes

If we are unable to pay part or all of a pension increase then:

- If the trustees are to be the planholder of the Pension Annuity (see section 5), we will hold the excess pension as a credit. Any excess pension held which cannot be paid at the next pension increase date will be returned to the trustees.
- If the annuitant is to be the planholder, we will hold the excess pension as a credit and pay it as and when the maximum limit allows.
   If we are holding any excess pension as a credit when the annuitant dies, we will aim to use it to provide a pension to a dependant. If there is not a dependant, the credit will be retained by Aviva.

#### Payment

Enclosed To follow

Please make your cheque payable to Aviva.

For Direct Credits pay: Aviva Annuity; Sort code 40-02-50, Account number 41241125, Bank Address: HSBC Bank, 18 London Street, Norwich, NR2 1LG. Please use the policy number as the reference.

#### Declaration

This is to be completed by the trustees of an occupational scheme in all cases, regardless of whether the policy is in the name of the trustees or the annuitant.

- We request Aviva to set up the plan(s) in the manner and on the basis of this application and the accepted illustration(s) as shown. Aviva will confirm the actual amounts payable in the plan document.
- We declare that to the best of our knowledge and belief the information given in this application is correct. We agree to immediately notify Aviva of any changes to the information given before the plan comes into force.
- We understand that Aviva may deduct income tax from the pension payments.
- We will be solely responsible for any additional tax charges or any penalties which arise if the information provided in this application is incorrect or if we have failed to comply with any aspect of this application.
- In addition, we promise to accept responsibility in respect of any claims, losses and expenses that Aviva and the ceding scheme(s) may incur as a result of any incorrect information provided by us in this application or of any failure on our part to comply with any aspect of this application.
- We consent to Aviva using the information supplied on this application to administer the plan and acknowledge that the plan may be processed by any company within the Aviva group, by reinsurers, or by third parties who provide services to Aviva. It may be transferred to any country, including those outside the European Economic Area, for any of these purposes. Any information may be disclosed in confidence to regulatory bodies, your insurance intermediary (including third parties providing services to them) and to other Aviva group companies. Aviva group may also use information for marketing activities such as market research or contacting you by post, telephone, e-mail, fax or other means regarding your insurance, investment, and financial needs.
- We understand you may undertake a search with third party companies who provide identity verification services for the purposes of verifying our identities and the details we have submitted as part of this application. To do so the third party companies may check the details we supply against any particulars on any database (public or otherwise) to which they have access. They may also use our details in the future to assist other companies for verification purposes. A record of the search will be retained.

Authorised signatory for the trustees of the scheme		Date		
The authorised signatory must				

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