

Canada Life application for lifetime annuity

**HARGREAVES
LANSDOWN**

Trustee/Administrator section

Member information

Member name: _____ Quotation number: _____

Scheme information

Name of scheme or arrangement: _____

Name and address of administrator or insurer:

Email address of administrator or insurer: _____

Pension scheme tax reference number: _____ R _____

Transfer details

Is this: Open Market Option or Transfer to Canada Life Personal Pension Scheme

Is the transfer being made as part of a block transfer? Yes or No

For Open Market Options only

What is the percentage of the standard lifetime allowance used up by this benefit? (Based on the gross pension fund including any tax free cash taken): _____ %

In whose name will the policy be issued? Annuitant or Trustee

Please state name of Trustee: _____

Is there a required start date for the annuity? Yes or No Start date: ___ / ___ / _____

(see www.gov.uk/hmrc-internal-manuals/pensions-tax-manual)

Note: If a start date is specified, a backdating fee may apply. If no date is specified, the annuity will start immediately upon receipt of funds and required information. As agreed with Hargreaves Lansdown, if a specified start date is required, the income quoted is to be held if the purchase price is received within 14 days of the original quote and all outstanding requirements are received within eight weeks.

Transfer/Purchase amount

What is the total transfer value or purchase amount? £ _____

Has any tax-free cash already been paid? Yes or No If Yes, how much? £ _____

Divorce

If the member has been divorced, is there an earmarking/attachment order in force? (Not applicable if this application relates to a pension credit)

Yes or No If Yes, please supply a copy of the order with this application.

Payment method

How is the payment being made? (Bank transfers are preferred).

Cheque Bank transfer on date: ___ / ___ / _____

Account name: Canada Life General Premium Account

Sort code: 60-17-49, Account Number: 13486497.

Please use the 9 digit quotation number as a reference.

Declaration- to be read and signed by the trustees or administrator of the originating scheme

I/we hereby apply to Canada Life Limited ("Canada Life") to issue a policy in the manner and on the basis specified in this application and on the accepted Personal Example chosen by the first annuitant in the member's section of this application.

The accepted Personal Example is that selected by the first annuitant on page 1 of this application unless I/we have selected an alternative Personal Example whose reference has been completed below:

E _____

I/we understand that payment of the Annuity will begin if and when Canada Life accepts this application.

I/we declare that these benefits comply with the rules of the registered pension scheme the benefits arise from.

I/we hereby declare that, to the best of my/our knowledge and belief, the statements in this application are complete and true and I/we have checked any answers completed on my/our behalf. I/we will inform Canada Life of any change to any details provided occurring before acceptance of this application and understand that failure to do so may result in a reduction in the amount of income paid to the annuitant or the second annuitant from the commencement of the policy.

I/we understand that the following shall constitute the entire contract or respective contracts between me/us and Canada Life:

- a) This application form (comprised of the member's section and the trustees'/scheme administrators' section);
- b) The latest accepted Personal Example (please note that this may be the Personal Example referred to above or a Personal Example issued after receipt of this application); and, if the policy is to be issued in the name of the trustee,
- c) The policy provisions, the policy schedule, and any endorsements.

I/we understand that the contract will be subject to, and governed by, the laws of England and Wales.

I/we agree to accept the policy applied for subject to its terms and conditions.

I/we understand that the policy cannot be cancelled or exchanged for a lump sum payment or any other benefits.

On behalf of the trustees or administrator of the originating scheme or contract:

Signed: _____

Date: ___ / ___ / _____

Once completed, please email this form to retirementsservice@hl.co.uk.

Name and address of signatory if different from overleaf:

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