

# Customer Application Form

Individual Stakeholder Pension Plan

For OFFICE Use Only	
Agency Number <input type="text"/>	Referral Type <input type="checkbox"/>
Vantive Lead ID <input type="text"/>	Introducer Code (if different from above) <input type="text"/>
Campaign Code <input type="text"/>	SB Code <input type="text"/>
Branch Sort Code <input type="text"/>	

## Application Checklist

### You're only a few short steps away from a more secure future.

It couldn't be easier to apply for a Stakeholder pension – just follow these simple steps and tick off each stage as you go. You can use the notes printed throughout the application form to help you.

1. Please complete your personal details and permanent address on the application form. Remember to have your National Insurance Number to hand before you start.
2. Complete all boxes in the application form.
3. Regular, monthly payments are usually made by Direct Debit.  
If you would like to make payments by another method, please contact us for more details.
4. Before you complete the section 'Your Choice of Funds', please read the product information carefully.  
If you would prefer not to select a fund, all payments will be invested automatically into the Consensus Fund.
5. Please make sure you have completed and signed this application form before you return it to us.
6. Don't forget to complete the Nomination Section at the back of this form.
7. Please return the application form and Direct Debit mandate to Scottish Widows.

If you have any queries as to whether this product is suitable for you, please contact Scottish Widows helpdesk on 08457 678910.

We may record and monitor calls to help us improve our service.

### Checklist

Have you entered all your details, including your National Insurance Number?

Have you completed the Direct Debit?

Have you chosen your fund(s)?

Have you signed your application?

Have you completed the Nomination Section?

If making a single payment by cheque, have you enclosed a cheque made payable to Scottish Widows?

Please ensure that the cheque has the account holder's name on it. If the cheque does not, please ensure that the Bank or Building Society certifies the cheque to confirm whose account it has come from, this will involve them printing the account holders name on the cheque and adding their stamp.

**Please ensure that you have completed everything required in the Checklist as we will need to return any incomplete applications.**

Policy No.   
(Internal use only)

**WARNING:** You must not make false statements when filling in this application; it is a serious offence. The penalties are severe and you could be prosecuted.

**If the applicant is under 16 years of age or 18 years of age and not in employment, please complete our application for minors.**

If you have applied for Enhanced or Fixed Protection, making payments to any pension plan will normally mean you'll lose your protection. For further information, please seek financial advice.

## A. Eligibility

### NOTES

- (1) Habitual residence means your permanent residential address. We can only accept applications from a limited number of overseas countries. If you are not resident in the United Kingdom, please seek financial advice or contact us to confirm your eligibility.
- (2) To be eligible to make personal contributions you must be resident in the United Kingdom or otherwise entitled to tax relief on your payments.

In order to determine whether you are eligible to take out an Individual Stakeholder Pension Plan please provide the following information:

Country of habitual residence

(see note 1)

Nationality

And, if you are not resident in the United Kingdom: (see note 2)

I am a Crown employee, or the husband, wife or registered civil partner of a Crown employee, who has general earnings from overseas Crown employment. (please tick box if applicable)

or

I have earnings which are chargeable to United Kingdom Income tax. (please tick box if applicable)

## B. Your details

1. Your title

2. Your surname

3. Your first name(s)

- (3) This should be your permanent residential address. We will send all correspondence to this address. Please ensure the postcode is provided.

4. Your address (see note 3)

- (4) Sending personal information by email is not secure. Only include your email address if you agree to Scottish Widows sending you emails.

Postcode

- (5) A birth certificate should be sent to us with this application. If you have changed your surname, for example, through marriage or a registered civil partnership, a copy of the appropriate certificate should also be sent.

5. Country

- (6) If you have income from more than one category, the category that is your main source of income will apply.

6. Your phone number (incl code)

7. Your email address (see note 4)

8. Your date of birth (see note 5)

9. Are you: Male  Female

10. Marital status Single

Married/in a registered civil partnership

Separated

Divorced/registered civil partnership dissolved

Widowed/a surviving registered civil partner

11. Employment status (see note 6)

Are you: employed  self employed

A Pensioner  other

## B. Your details (cont'd)

(7) Your National Insurance Number can be found on a payslip or a P60, or on a tax return. If you have a National Insurance Number, it is essential that you provide it. Without a National Insurance Number, we are unable to accept contributions and cannot process your application. If you cannot find your National Insurance Number please phone the HM Revenue & Customs Enquiry helpline – 0845 915 7006.

(8) This is the age from which you want your pension to become payable. This must normally be between the ages of 55 and 75. You may be able to choose an earlier age if your type of work has a lower retirement age approved by HM Revenue and Customs.

12. If other, please indicate which of the following applies to you.

- Are you:
- |   |                          |                        |                          |
|---|--------------------------|------------------------|--------------------------|
| caring for one or more children aged under 16 | <input type="checkbox"/> | in full time education | <input type="checkbox"/> |
| caring for a person aged 16 or over           | <input type="checkbox"/> | unemployed             | <input type="checkbox"/> |
| other   | <input type="text"/>     |                        |                          |

13. If you are employed, please give your employer's name and address

  
  


Postcode

14. Please tick this box  if you are eligible now or at the end of a specified 'waiting period' to join your employer's pension scheme but have declined to join/or will not join at the end of the waiting period. Please also tick this box if you have left your current employer's pension scheme to take out this policy.

15. Your National Insurance Number (see note 7)

If you do not have, and have never been given, a National Insurance Number, please tick this box

16. Selected pension age (see note 8)

(9) The amount of tax relief you can receive is subject to an upper limit set by the Government. In each tax year, relief is only available on payments which do not exceed the higher of 100% of your UK taxable earnings (less basic rate tax), and £3,600 gross. If payments to this plan, and any other pension plans you have, when added to the basic rate tax relief received, exceed this limit, the excess will not be eligible for tax relief.

(10) We will add basic rate tax relief to the amount you pay. This figure includes any payments made on your behalf by anyone other than your employer. The minimum you can pay is £20 net.

The single payment must be paid by cheque, payable to Scottish Widows. When writing a cheque, it will help to prevent fraud if you include additional information on the Payee Line, especially if you are not personally paying the cheque in, for example you may be sending the cheque by post.

When writing a cheque to Scottish Widows you should include your name and policy number on the Payee Line. For example "Scottish Widows re: your name, your reference policy number xxxxyz". Remember to draw a line through unused space on the cheque so extra numbers or names cannot be added.

(11) This is the actual amount your employer will pay to us. The minimum your employer can pay is £20 gross.

(12) If the regular premiums are a set amount, not a percentage of salary, we can increase them automatically each year.

(13) Where this application is to join through your employer's Stakeholder pension arrangement, the amount and payment date will be set by them. To comply with the late payment rules set by The Pensions Regulator, payments which are made through your employer's bank account must reach Scottish Widows by the 19th of the month following the deduction from salary.

For all other cases please choose a payment date up to the 28th of the month.

## C. Payments

Currently, you can pay up to £3,600 gross into your plan in each tax year, and receive tax relief on your payments. If you want to pay more than this and still receive tax relief on your payments, the maximum you can pay in each tax year is 100% of your UK taxable earnings (less basic rate tax) in the tax year. A tax year runs from 6 April in one year to 5 April in the next year. (see note 9)

### Regular payments

- (a) How do you want to pay regular payments? Monthly  Yearly
- (b) How much do you want to pay? (see note 10) £  (NET of tax) or  
 % of salary (NET of tax)
- (c) How much is your employer to pay? £  (GROSS) or  
 (if applicable) (see note 11)  % of salary (GROSS)  
 Salary
- Yours** **Your employer's**
- (d) Do you want regular payments to be indexed each year? (see note 12) Yes  No  Yes  No
- If Yes, by how much?
- In line with National Average Earnings
- In line with Retail Prices Index
- At a fixed percentage (between 5% and 20%) of  %  %
- (e) When do you want to start paying? (DD MM YYYY) (see note 13)

If the start date of your plan is less than 21 days after the date we receive your application, we may collect both the first and second payments on the due date of the second payment.

### Single Payments

- (a) How much do you want to pay? (see note 10) £  NET
- (b) How much is your employer to pay? £  GROSS  
 (if applicable) (see note 11)

## D. Your choice of funds

Fund selection is a very important decision. Please refer to our “Funds Guide” for full details of the funds and any risks associated with them. We can change the selection of funds that we make available. There may be restrictions on the amount you can invest in certain funds. Please contact us for details of any restrictions which apply.

The investment fund(s) chosen will remain in place until your selected pension age unless further instructions are received.

### You can complete either section a or section b.

If you **do not** make a selection in section a or b below, the payments will be invested in our default fund (the Consensus Fund). We will also automatically switch the plan value approximately 75% into the Pension Protector Fund and 25% into the Cash Fund over the five years before the selected pension age.

Automatic Switching will not take place if your selected pension age is within 5 years of the start of the plan.

Please tick this box if you **do not** want the investment to be switched approximately 75% into the Pension Protector Fund and 25% into the Cash Fund over the five years before the selected pension date.

### (a) Scottish Widows Growth Portfolio Fund selection

To be completed **ONLY** if you wish to select a Scottish Widows Growth Portfolio Fund.

Please select **one** of the following funds:

	Please tick as appropriate	Each payment invested
Balanced Growth Portfolio Fund		100%
Strategic Growth Portfolio Fund		100%
Stockmarket Growth Portfolio Fund		100%

### Lifestyle Switching

You can select the following lifestyle switching option to accompany the Growth Portfolio Fund. There are two stages:

1. Initially 100% of each payment will be invested into the selected Growth Portfolio Fund.
2. From the date 5 years before the selected pension date until the selected pension date we will:
  - invest approximately 75% of each payment into the Pension Protector Fund and 25% into the Cash Fund;
  - switch a proportion of the value of the plan each month and invest the amount switched, 75% into the Pension Protector Fund and 25% into the Cash Fund. The proportion in the first month is 1/60th, the proportion in the second month is 1/59th, and so on.

To select this option, please tick this box . (see note 14)

(14) The final fund split may not be exactly 75% Pension Protector Fund and 25% Cash Fund due to stockmarket movements.



## E. Declaration – IMPORTANT – Please complete

### SCOTTISH WIDOWS' STAKEHOLDER PENSION SCHEME (the Scheme)

Scottish Widows has set up the above Scheme by Deed Poll.

As the administrator of the Scheme, Scottish Widows agrees to run the Scheme according to the Rules of the Scheme. Each policy will consist of one or more Arrangements made for providing benefits under the Rules of the Scheme.

I apply to become a member of the Scheme and:

- (a) I understand that Scottish Widows will administer my policy according to the Deed Poll, which established the Scheme; the Rules of the Scheme; and the Policy Provisions.
- (b) I declare that:
- (i) I am eligible to join the scheme as I meet the specified condition in section A or I have otherwise confirmed my eligibility to the satisfaction of Scottish Widows;
  - (ii) for the purposes of obtaining tax relief, total contributions paid by me, or by another individual on my behalf, to the Scheme, and any other registered pension schemes of which I am a member, will not in any tax year, exceed the higher of the basic amount (currently £3,600 gross), and 100% of my relevant UK earnings less basic rate tax.
  - (iii) contributions paid by me, or by another individual on my behalf, which are paid net of basic rate tax, will change if the basic rate of tax changes, to maintain the then total contribution to the Scheme.
  - (iv) I will inform Scottish Widows if I am no longer entitled to receive tax relief on my contributions to the Scheme. I will do so by the later of:
    - 5 April in the tax year in which I ceased to be entitled to tax relief; and
    - 30 days after the date I ceased to be entitled to tax relief.
  - (v) I will inform Scottish Widows within 30 days if:
    - my employment status, or my employer, should change from that indicated in this application, or
    - I stop residing in the United Kingdom.
  - (vi) to the best of my knowledge and belief, all the statements I have made in this application, whether in my own handwriting or not, are correct and complete. I have not kept back any material information.
- (c) I agree that all payments will be invested in one Arrangement.
- (d) I agree that a copy of this application can be treated as the original.
- (e) I have received the 'Important Notes for Applications' document. For your own benefit and protection, please read each of the statements in that document before you sign this application. Scottish Widows will rely on them when administering your contract. If you do not understand any point, please let us know.
- (f) Unless part (g) (iv) applies, I authorise Scottish Widows to deduct from the account detailed in my application, the contributions specified in the application, and any increases to those contributions that I have either agreed to pay, or subsequently agree to pay.
- (g) If I am applying through my employer:
- (i) I authorise them to appoint and/or alter the financial adviser for the policy.
  - (ii) For as long as I remain in my employer's service, I authorise Scottish Widows to provide my employer with any information required by them for the administration of this policy, including any information I request via my employer, but excluding: medical information; personal bank details and those for any third party payments; and information regarding any arrangements made by me for the payment of death benefits from the policy.
  - (iii) I authorise my employer, its agents and any agent of mine acting in connection with the policy, to pass to Scottish Widows, any information concerning me that Scottish Widows may require to process the application made on my behalf.
  - (iv) I authorise my employer to deduct, from my salary, any contributions due by me under the Scheme, and thereafter for them to be sent to Scottish Widows to be applied under the policy, until instructed otherwise.
- (h) If I am transferring benefits currently held as GMP or section 9(2B) rights in the transferring scheme, I confirm that I have acknowledged in writing to the transferring scheme that:
- I have received a statement from Scottish Widows showing the benefits to be awarded in respect of the transfer payment
  - I accept that the benefits to be provided by Scottish Widows may be in a different form and of a different amount to those which would have been payable by the transferring scheme and
  - I accept that there is no statutory requirement on Scottish Widows to provide for survivor's benefits out of the transfer payment.
- (i) I also acknowledge that Scottish Widows is not accepting liability to provide benefits in the form of GMP or section 9(2B) rights.

Your signature

Date (DD MM YYYY)

A copy of the completed application, Scheme Rules and Policy Provisions is available from Scottish Widows.

If your employer is making payments, they should also sign the 'Declaration by Employer' overleaf.

### MARKETING OPT-OUT

If you would prefer not to receive details of other products and services, please tick this box . Other Lloyds Banking Group companies will not make marketing approaches to you unless you already have a relationship with them.

Our policy on Data Protection is included in the additional sheet 'Important Notes for Applicants'.

**E. Declaration – IMPORTANT – Please complete (cont'd)**

Declaration by Employer

I/We agree, subject to acceptance of the employee's Application for membership of the Scottish Widows Stakeholder Pension Scheme and for the policy or policies to secure benefits thereunder, to pay either of the payments (including any automatic increases to regular payments) shown in Section C of the application.

Signature

Date (DD MM YYYY)

Position of Signatory

For and on behalf of the employer

A copy of the completed application, Scheme Rules and Policy Provisions is available from Scottish Widows.

**F. Nomination Form – IMPORTANT – Please complete**

To: Scottish Widows

PLEASE USE BLOCK CAPITALS

Your name

Your date of birth (DD MM YYYY)

Your postcode

Your plan number (if known)

I wish to nominate the person/persons listed below to receive any lump sum death benefit which becomes payable under my stakeholder plan. I understand that, in exercising discretion in applying the benefits, Scottish Widows as Scheme Administrator will not be bound by this expression of my wishes.

Please consider the following person/persons to receive lump sum death benefits in the percentages shown.

Full name	Relationship (if any)	Percentage of benefits

If your circumstances change after submitting this form and you would like to change the nominated beneficiaries please send a new form, which is available from us on request.

Signed

Date (DD MM YYYY)

For further information on placing any lump sum death benefit under trust, please tick this box  and we will send you a Scottish Widows Pension Trust form.

**Note:** The Scottish Widows Pension Trust form has been drafted primarily for use by personal pension and stakeholder pension plan holders who are UK resident. We strongly advise that planholders take legal advice before completing any trust form in respect of their plan, to ensure that their wishes are properly given effect to. This is particularly relevant where the planholder is not domiciled in the UK.

# Direct Debit Instruction

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

Scottish Widows  
 15 Dalkeith Road  
 Edinburgh  
 EH16 5BU

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

Name(s) of Account Holder(s)

Originator's Identification Number

8	3	7	0	5	2
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Bank/Building Society account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Reference Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Branch Sort Code

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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Instruction to your Bank or Building Society

Please pay Scottish Widows plc 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 Scottish Widows plc and, if so, details will be passed electronically to my Bank/Building Society.

Name and full postal address of your Bank or Building Society:

To the Manager

Bank/Building Society

Signature(s)

Address




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"/>
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(DD MM YYYY)

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Banks and Building Societies may not accept instructions for some types of account.

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 Scottish Widows plc will notify you 14 working days in advance of your account being debited or as otherwise agreed. If you request Scottish Widows plc 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 Scottish Widows plc 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 Scottish Widows plc 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.







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