

Cofunds Pension Account Provided by Curtis Banks

Use this form to apply for a new CPA plan.

Should you wish to immediately go in to drawdown, you will also need to complete and return a separate flexi-access drawdown application form.

If you wish to apply for a new Cofunds Pension Account by transferring a scheme from which you are already taking benefits, please complete the Cofunds Pension Account Drawdown Transfer Application Form instead.

By signing this application form you are agreeing to enter into a contract with Curtis Banks as the provider of the Cofunds Pension Account. This is a legally binding document between you and Curtis Banks.

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
- Personal illustration
- Cofunds Pension Account Charges Sheet (for advised investors)
- Curtis Banks Privacy Information Notice (for investors)

In addition to these you will need to read:

- Aegon Platform terms and conditions
- The Fund Key Features
- Key Investor Information Documents
- The Aegon Platform key information document

These 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 and hence are important documents.

The Cofunds Pension Account is provided by Curtis Banks Pensions (Curtis Banks), a trading name of Suffolk Life Pensions Limited (Suffolk Life). Registered address: 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) under 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. 03965289. Authorised and regulated by the Financial Conduct Authority (FCA) under FCA Registration No. 194734.

1 Adviser/Intermediary Details (For adviser/intermediary use only)

Adviser/Intermediary name	Regulator's reference number for individual
Firm name	Regulator's reference number for company
Address	Telephone
	Fax
Postcode	Email address

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

Name of principal or network	Telephone
Regulator's reference number for principal or network	Fax
Did you advise your client specifically to set up the Cofunds Pension Account? Yes <input type="checkbox"/> No <input type="checkbox"/>	Email address

2 Client Details

Illustration reference

Please insert the illustration number. You must have been provided with an illustration from us before completing this form. If you haven't, we will not be able to process this application. Please speak to your intermediary to request an illustration.

Country of residence	Mr/Mrs/Miss/Ms/Other – please specify
Nationality	First Name
Current Permanent Residential Address	Middle Name
	Surname
Postcode	Previous address if you have changed address in the last two years
	Postcode

National Insurance number ____/____/____/____/____

Male Female Date of birth ____/____/____
D D / M M / Y Y Y Y

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 it to this form.

Occupation	Home telephone number
	Work telephone number
	Email address

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

Retirement age

If you are either married or in a registered civil partnership, please confirm the date of birth of your spouse. If no date of birth is specified, we shall assume that you are not either married or in a registered civil partnership.

Spouse's/registered civil partner's date of birth ____/____/____
D D / M M / Y Y Y Y

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

2.1 CLIENT STATUS

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

<input type="checkbox"/> Employed	<input type="checkbox"/> In full time education
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Self employed. If trading under a different name, please write it in the box below.
<input type="checkbox"/> Receiving a pension chargeable to tax	<input type="checkbox"/> Other. If you have ticked this box, please provide further details below.
<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	

TRANSFER REQUEST

This section must be completed if you are transferring a plan, from which you are not taking benefits, to your Cofunds Pension Account.

A separate copy of this section must be completed where more than three schemes are being transferred.

3 FIRST SCHEME TO BE TRANSFERRED

3.1 SCHEME DETAILS

Full name of transferring scheme	<input type="text"/>
Type of scheme being transferred (e.g. personal pension)	<input type="text"/>
Name of scheme administrator/ trustee/insurance company	<input type="text"/>
Scheme administrator/trustee/ insurance company address	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
HM Revenue & Customs reference number	<input type="text"/>
Policy/account number (if applicable)	<input type="text"/>
Transfer value	£ <input type="text"/>

i Please check with the current scheme provider if discharge forms are required. If so, please enclose them with this form. Not enclosing these may result in a delay to the transfer.

Is the transferring scheme a full or partial transfer?

<input checked="" type="checkbox"/>	Full
<input checked="" type="checkbox"/>	Partial – Amount transferred: £ <input type="text"/> or <input type="text"/> %

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

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

<input checked="" type="checkbox"/>	Yes	
<input checked="" type="checkbox"/>	No – does the transferring scheme include:	
Guaranteed Annuity Rates	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any other safeguarded benefits that provide a guarantee or promise such as Guaranteed Minimum Pension (GMP) or guaranteed growth rates	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input checked="" type="checkbox"/>	If yes to any question, 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.	

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 1 gave this advice they will be required to sign and complete Section 7.

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.

3.2 ASSETS TO BE TRANSFERRED

<input checked="" type="checkbox"/>	The transfer payment will comprise only cash
<input checked="" type="checkbox"/>	Other assets are to be transferred as investments (i.e. transferring investments without selling them). 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 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.

4 SECOND SCHEME TO BE TRANSFERRED

4.1 SCHEME DETAILS

Full name of transferring scheme	<input type="text"/>
Type of scheme being transferred (e.g. personal pension)	<input type="text"/>
Name of scheme administrator/trustee/insurance company	<input type="text"/>
Scheme administrator/trustee/insurance company address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
HM Revenue & Customs reference number	<input type="text"/>
Policy/account number (if applicable)	<input type="text"/>
Transfer value	£ <input type="text"/>

i Please check with the current scheme provider if discharge forms are required. If so, please enclose them with this form. Not enclosing this may result in a delay to the transfer.

Is the transferring scheme a full or partial transfer?

<input checked="" type="checkbox"/>	Full			
<input checked="" type="checkbox"/>	Partial – Amount transferred:	£ <input type="text"/>	or	<input type="text"/> %

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

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

<input checked="" type="checkbox"/>	Yes				
<input checked="" type="checkbox"/>	No – does the transferring scheme include:				
	Guaranteed Annuity Rates	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Any other safeguarded benefits that provide a guarantee or promise such as Guaranteed Minimum Pension (GMP) or guaranteed growth rates	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	If yes to any question, 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 1 gave this advice they will be required to sign and complete Section 7. 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.

4.2 ASSETS TO BE TRANSFERRED

<input checked="" type="checkbox"/>	The transfer payment will comprise only cash
<input checked="" type="checkbox"/>	Other assets are to be transferred as investments (i.e. transferring investments without selling them). 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 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.

5 THIRD SCHEME TO BE TRANSFERRED

5.1 SCHEME DETAILS

Full name of transferring scheme	<input type="text"/>
Type of scheme being transferred (e.g. personal pension)	<input type="text"/>
Name of scheme administrator/ trustee/insurance company	<input type="text"/>
Scheme administrator/trustee/ insurance company address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Postcode
	<input type="text"/>
HM Revenue & Customs reference number	<input type="text"/>
Policy/account number (if applicable)	<input type="text"/>
Transfer value	£ <input type="text"/>

Please check with the current scheme provider if discharge forms are required. If so, please enclose them with this form. Not enclosing this may result in a delay to the transfer.

Is the transferring scheme a full or partial transfer?

<input checked="" type="checkbox"/>	Full			
<input checked="" type="checkbox"/>	Partial – Amount transferred:	£ <input type="text"/>	or	<input type="text"/> %

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

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

<input checked="" type="checkbox"/>	Yes				
<input checked="" type="checkbox"/>	No – does the transferring scheme include:				
	Guaranteed Annuity Rates	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Any other safeguarded benefits that provide a guarantee or promise such as Guaranteed Minimum Pension (GMP) or guaranteed growth rates	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<input checked="" type="checkbox"/>	If yes to any question, 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 1 gave this advice they will be required to sign and complete Section 7. 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.

5.2 ASSETS TO BE TRANSFERRED

<input checked="" type="checkbox"/>	The transfer payment will comprise only cash
<input checked="" type="checkbox"/>	Other assets are to be transferred as investments (i.e. transferring investments without selling them). 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 Investment Transfer Schedule is enclosed

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.

6 CONTRIBUTIONS

This section is to be used to make single contributions and/or start regular contributions into a Cofunds Pension Account. Please complete an Investment strategy instruction to amend your fund choices.

6.1 MONEY PURCHASE ANNUAL ALLOWANCE (MPAA)

Please confirm whether you have triggered the 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.

I have not triggered the MPAA	<input type="checkbox"/>
I have triggered the MPAA	<input type="checkbox"/>
Date of MPAA trigger	<input type="text"/> / <input type="text"/> / <input type="text"/>
Scheme where trigger occurred	<input type="text"/>

6.2 FUNDING THE PENSION (TICK ALL THAT APPLY)

Who's funding the pension? Client Employer (please complete Section 6.4 & 6.6) Third party (please complete Section 6.5 & 6.7)

	Personal (net) ¹	Employer (gross)	Third party (net) ¹
Single contributions (Cheque)	£	£	£
Single contributions from Aegon General Investment Account cash facility	£	N/A	N/A
Regular contributions	£	£	£

For regular contributions, you'll also need to complete the Direct Debit form in Appendix II

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

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.

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

6 CONTRIBUTIONS (CONTINUED)

6.3 REGULAR CONTRIBUTION DETAILS (IF REQUIRED)

The details entered on this form will apply until further notice. Regular contributions can only be taken monthly on the first working day of every month.

First collection month /

6.4 EMPLOYER DETAILS (IF REQUIRED)

Type of employer
 Public company (quoted) Public company (unquoted) Private limited company Partnership
 Charity Club Society Trust

Employer name

Registered address

Postcode

Registered number (if applicable)

Operating address

Postcode

Relevant company registry or regulated market listing authority

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

Full name

Date of birth (if known) / /

Full name

Date of birth (if known) / /

Full name

Date of birth (if known) / /

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

Full name

Date of birth (if known) / /

Full name

Date of birth (if known) / /

Full name

Date of birth (if known) / /

6.5 THIRD PARTY DETAILS (IF REQUIRED)

Customer number (if applicable) 3

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 employer must be verified in Section 7.3 and sign Section 6.6 if making regular contributions and not previously verified. Otherwise, we only require the employer's name and registered address.

This section cannot be used to verify the identity of any customer 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.

Relevant company registry includes other registers, such as those maintained by charity commissions (or equivalent) or chambers of commerce.

If there are no principal beneficial owners with a shareholding of over 25%, please provide the names (and dates of birth, if known) of those individuals with a majority shareholding of 25% or less.

If this section is completed then the third party must be verified in Section 7.3 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.

6 CONTRIBUTIONS (CONTINUED)

6.6 EMPLOYERS CONTRIBUTION AUTHORITY (IF REQUIRED)

This is only required if you are providing regular contributions. An employer making regular contributions must complete & sign below.

I understand that I am obliged by the Pension Regulator to provide new Cofunds Pension Account Additional Contribution form for any amendments to regular contributions into my employee's Cofunds Pension Account or if any employer or employee details change. By signing this form I confirm I understand and accept the declaration above,

You have a duty to pay employee contributions to us by the 'payment due date'. This is the 19th of the month following the date of the deduction from pay. For example, a contribution deducted from pay on 5 May must be received by us no later than 19 June. We have a duty to report the late payment of any contribution that is of material significance to the Pensions Regulator.

An employer making regular contributions must complete and sign below.

Signed

(signature not required if sending in by email)

Date / /

Name of signatory

Position in company

6.7 THIRD PARTY CONTRIBUTION AUTHORITY

I understand that, as the third party named under Section 6.5 & 6.7, I am making this payment to the pension of the client named in Section 2.

Signed

(signature not required if sending in by email)

Date / /

Name

7 ADVISER/INTERMEDIARY DETAILS (FOR ADVISER INTERMEDIARY USE ONLY)

7.1 ADVICE GIVEN

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

i
If 'No' to safeguarded benefits, the suitably authorised financial adviser must complete Appendix I to confirm they made the recommendation, otherwise we won't be able to accept the transfer.

7.2 AUTHORISATION

I/We also confirm that:

I/we have provided my/our client with the details of the fees appropriate to their investment (if applicable).

7.3 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 checked="" 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 checked="" type="checkbox"/>

I/We also confirm that:

The money for investment is being drawn from an account in the name of the applicant given in Section 2, the employer detailed in Section 6.4 or the third party payer detailed in Section 6.5.

7.4 ADVISER DECLARATION

Signed

(signature not required if sending in by email)

Date / /

Adviser/
intermediary
name

FCA Reference
Number (**Firm**)

Firm name


Position

EXPRESSION OF WISH

This form is to tell us who you wish to receive benefits from your plan if you die.

8 DETAILS OF BENEFICIARIES

Please read the 'Benefits payable on death' within the Client declaration before entering details of beneficiaries.

The percentages in Section 8 should add up to 100%. 

8.1 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 %

8.2 TRUST

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 %

8.3 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 %

9 ALTERNATIVE BENEFICIARIES

Please only complete this section if you wish to name alternative beneficiaries where all of the beneficiaries you name in Section 8 either:

- die before you; or
- do not wish to receive benefits from your plan (for example, for tax planning purposes).

The percentages in Section 9 should add up to 100%.

7

9.1 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 %

9.2 TRUST

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 %

9.3 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 %

10 ADVISER CHARGING

Please note: all information entered below must be consistent with the charge your adviser will assign you.

10.1 ONE-OFF

I authorise Aegon to pay my adviser an initial advice charge of: £ or %

10.2 ONGOING

Charge model name

Please note: all information entered below must be consistent with the charge your adviser will assign you to.

Ongoing advice charge of: £ or annual percentage rate % or tiered percentage rate %

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.

11 CLIENT DECLARATION

11.1 DATA PROTECTION STATEMENT

Important please read: Data Protection

Curtis Banks takes your privacy very seriously. Curtis Banks 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 Curtis Banks Privacy Information Notice (for investors).

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

Curtis Banks may disclose your information to other companies within the Curtis Banks group of companies, 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 Curtis Banks engages to process data on their behalf.

To protect you and Curtis Banks from financial crime, Curtis Banks 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 Curtis Banks, 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/

11.2 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 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, Cofunds Pension Account Terms and Conditions, Cofunds Pension Account Charges Sheet, Curtis Banks Privacy Information Notice and a personal illustration.

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

I confirm that I have received and agree to be legally bound by the Aegon Platform terms and conditions and the Terms and Conditions of the Cofunds Pension Account.

I accept that Aegon or Curtis Banks 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.

Declaration to the administrator of the transferring scheme(s)

I authorise and instruct you to transfer funds from the plan(s) as listed in the Transfers in section of my application directly to Curtis Banks. 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 in the Transfers in section of my application.

I authorise you to release all necessary information to Curtis Banks to enable the transfer of funds to Curtis Banks.

I authorise you to obtain from and release to the financial adviser named in this investor declaration form 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 the Transfers in section of my application, I authorise you release to that employer any relevant information in connection with the transfer of funds from the relevant plan(s).

Until my application is accepted and complete, Curtis Banks'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 Curtis Banks represent(s) all of the funds under the plan(s) listed in the Transfers in section of my application, 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 Curtis Banks represent(s) part of the funds under the plan(s) listed in the Transfers in section of my application, 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 Curtis Banks and the administrator of the transferring scheme(s)

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

I promise to accept responsibility in respect of any claims, losses and expenses that Curtis Banks and the administrator of the transferring scheme 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 a UK resident.

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

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

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 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 adviser, documents which will together constitute my application to Curtis Banks Pensions as administrator of the Cofunds Pension Account.

I understand that the contract between myself and Curtis Banks Pensions will be effective once Curtis Banks Pensions 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:

- Curtis Banks 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 Curtis Banks 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 secure portal.

I undertake to inform Curtis Banks 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
- and 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.

Benefits payable on death

I wish Curtis Banks 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 wishes and I understand that whilst Curtis Banks will pay due consideration to those wishes 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 if the Curtis Banks chooses a beneficiary who has not been named in sections 8 or 9, drawdown income would normally only be available in limited circumstances. Therefore in addition to the below, 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 Curtis Banks will refer to the latest completed form held.

Adviser Charging

I authorise Aegon to pay my adviser (detailed in Section 1) the amounts detailed in Section 10 I confirm that any adviser charges are genuinely commercial arrangements between myself and my adviser and only relates to pension advice and services provided.

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.

Client Signature

(signature not required if sending in by email)

Date / /

Client name

APPENDIX I – ADVISER DECLARATION

ADVISER DETAILS

Name of authorised individual

Full name of regulated organisation

Regulator's reference number for organisation

Regulator's reference number for individual

Address

Postcode

Telephone number

Fax number

Email address

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

This section should be completed by a suitably authorised UK adviser if advice has been given on transfers from schemes containing safeguarded benefits. **i**

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

Name of principal or network

Regulator's reference number for principal or network

DECLARATION (TO BE COMPLETED AND SIGNED IF THE CLIENT HAS STATED THEY HAVE SOUGHT ADVICE IN TRANSFERRING A SCHEME CONTAINING SAFEGUARDED BENEFITS)

Please confirm whether you have provided advice to your client on transferring a scheme containing safeguarded benefits into the Cofunds Pension Account:

I confirm that I have recommended the client (as named in Section 2) to transfer his/her pension scheme(s) containing safeguarded benefits to the Cofunds Pension Account.

Name

Position in organisation

Adviser signature Date / /

(signature not required if sending in by email)

The Cofunds Pension Account is provided by Curtis Banks Pensions (Curtis Banks), a trading name of Suffolk Life Pensions Limited (Suffolk Life). Registered address: 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) under 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.

COF385068 03/20