

Multi-Platform Open Annuity Application Form

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Multi-Platform Open Annuity Form

To London & Colonial Assurance PLC:

I hereby apply for a Multi-Platform Open Annuity contract on the basis of the following information:

Please answer all questions in full.

The illustration reference this application relates to is

1. Your Personal Details

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
	Other (please specify) <input type="text"/>			
First name	<input type="text"/>			
Middle name(s)	<input type="text"/>			
Surname	<input type="text"/>			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Address line one	<input type="text"/>			
Address line two	<input type="text"/>			
Town	<input type="text"/>			
County	<input type="text"/>			
Country / Postcode	<input type="text"/>		<input type="text"/>	
Marital status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Civil Partner <input type="checkbox"/>	
	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>	
Email Address (required for policy set up)	<input type="text"/>			
Contact Number	<input type="text"/>			
National Insurance number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are you resident in the US for tax purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Are you a US citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Would you like to receive automatic notification of the status of your policy by SMS or Email?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If 'Yes' please select either 'SMS' or 'Email' and ensure you have given us your email address above to set up the updates	SMS <input type="checkbox"/>	Email <input type="checkbox"/>		
If you wish to receive SMS updates, please enter your mobile number in the box opposite	<input type="text"/>			
	You can adjust your update preferences when your policy goes live by logging on to our website			

2. Professional Adviser Details

(company stamp if available)

Full name of Firm:	
Main business address:	
Telephone:	
Email:	
Authorisation Body (eg FCA):	
Authorisation No:	

Advice given at point of sale to client ☐

Advice not given at point of sale to client ☐ (If ticked application cannot proceed)

I/We certify that the evidence obtained to verify the identity of the customer meets the standard evidence set out within the guidance issued by the Joint Money Laundering Steering Group. Upon request I/we will supply evidence of the same to London & Colonial.

Signed

(on behalf of the Professional Adviser)

Print name

3. Remuneration Basis

Please state the remuneration level that you wish us to pay to your Professional Adviser. Please state gross amounts and include VAT where applicable.

Initial: % OR £

(Based on the purchase premium and payable at outset)

Annual: % OR £

(Payable annually in advance on each anniversary based on the fund value at the time)

4. Annuity Payment Details

Amount of income required <i>(Please tick either minimum or maximum or alternatively enter a specified amount between the minimum and maximum)</i>	Minimum	<input type="checkbox"/>		
	Maximum	<input type="checkbox"/>		
	Specified amount	£ <input type="text"/>		
Frequency of payments	Annually	<input type="checkbox"/>	Half-yearly	<input type="checkbox"/>
	Quarterly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>
	Basis of payment			
	In advance *	<input type="checkbox"/>	In arrears	<input type="checkbox"/>

The due dates of income payments under the policy, whether in advance or arrears, will relate to the commencement date of the policy.

Do you require us to use enhanced rates ☐ Yes ☐ No

If 'Yes', please provide the 3 enhanced conventional annuity rates / quotes

Do you require us to use Smoker Rates ☐ Yes ☐ No

If 'Yes', please provide details of smoker type and quantity smoked per day

* Please note that we are required to set up your income payments with a month 1 tax code basis until we receive the correct tax code from HMRC. If you choose to have your income paid annually in advance then you may pay too much tax on this payment. To reclaim any overpaid tax you will need either to reclaim the overpaid tax via your self assessment return after the end of the tax year or to request us to make an ad hoc income payment once the correct tax code has been received from HMRC.

5. Bank / Building Society

Please complete details of the account to which you wish your annuity payments to be made

Name of Bank / Building Society	<input type="text"/>						
Address line one	<input type="text"/>						
Address line two	<input type="text"/>						
Town	<input type="text"/>						
County	<input type="text"/>						
Country / Postcode	<input type="text"/>	<input type="text"/>					
Name of account to be credited	<input type="text"/>						
Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sort code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IBAN (for non UK accounts)	<input type="text"/>						

All payments will be made electronically in GBP - we do not make payments by cheque

6. Taxation

UK Pay As You Earn (PAYE) tax is applied. Please enclose your P45.

[illegible]

Income tax will be deducted from all income payments in accordance with the UK PAYE arrangements. In the absence of a P45 we must apply an emergency tax code on a month 1 basis until we receive a tax code from HMRC.

The Professional Adviser/client will need to notify us if and when the client has received a revised tax code. If the Professional Adviser believes the member will be given a revised tax code then this gives them the option of asking us to hold the annuitants payment until a revised tax code is received.

7. Guarantee Period

Unless you advise us to the contrary we will automatically apply a 10 year guarantee period to your annuity free of charge without affecting your income levels. The guarantee is that the contract will last for a minimum period of up to 10 years even if you die before the end of this period. There is no guarantee of the value of the investments underlying the annuity or of the amount of income payable. Please see our Guarantee Leaflet for full details. Please provide details of the person to whom you wish the income to be paid in the event of your death during the guarantee period:

- ☐ The nominated second life detailed on Form D attached
- ☐ To my estate to be distributed in accordance with my will.
- OR
- ☐ I do not want or I am not entitled to have a 10 year guarantee period

8. Platforms

Please select your chosen platform provider from our current platform panel below:

- | | | | |
|--------------------------|---------------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Ascentric | <input type="checkbox"/> | AXA Elevate |
| <input type="checkbox"/> | Brewin Dolphin | <input type="checkbox"/> | Cofunds |
| <input type="checkbox"/> | Investec | <input type="checkbox"/> | James Brearley |
| <input type="checkbox"/> | Platform One | <input type="checkbox"/> | Skandia UK |
| <input type="checkbox"/> | Stocktrade | <input type="checkbox"/> | TAM Asset Management (SR) |
| <input type="checkbox"/> | TAM Asset Management (Standard) | <input type="checkbox"/> | Transact |
| <input type="checkbox"/> | True Potential | | |

Account number if already set up

We review our platform panel frequently. If your preferred platform provider is not listed in the options above we may already be looking to add them. In this instance please contact us.

8. Platforms (continued)

Disinvestment Instruction

In order to process automatic payment of your policy income, or to take automatic payment to cover the policy fees, please select one of the following options for how you would like us to proceed. Platform charges may apply for some or all of these options below, details can be found from your chosen platform provider. We will automatically carry out disinvestment instructions on your behalf based on your choice below.

- ☐ Disinvest equally across all funds* i.e. 10 funds = 10% of amount required from each fund
- ☐ Disinvest proportionally from each fund* i.e. 1 fund makes up 35% of portfolio then 35% of amount required taken from that fund
- ☐ Take from the largest fund on the platform
- ☐ Take from the platform cash account first then any remainder equally across all funds*
- ☐ Take from the platform cash account first then any remainder proportionally from each fund*
- ☐ Take from the platform cash account first then from the largest fund on the platform

* Some platform providers charge a fee for disinvesting from each individual fund. This can amount to a large fee when disinvesting across a large number of funds.

9. Platform Trading

I request London & Colonial Assurance PLC to appoint the following appropriately authorised person or organisation to act as Platform Trader in relation to the annuity and the underlying investments.

Who will do the trading on the platform? ☐ Professional Adviser ☐ Investment Manager / DFM*

*If you have selected Investment Manager / Discretionary Fund Manager please indicate the name and address of the firm in the boxes below

Name of company	<input type="text"/>	
Address line one	<input type="text"/>	
Address line two	<input type="text"/>	
Town	<input type="text"/>	
County	<input type="text"/>	
Country / Postcode	<input type="text"/>	<input type="text"/>
Contact name	<input type="text"/>	
Contact number	<input type="text"/>	
E-mail address	<input type="text"/>	

The Platform Trader MUST complete the agreement in Form A attached.

10. Declaration

- I declare to the best of my knowledge and belief, that the statements made in this application are true and complete.
- I agree to the payment of the fees set out in Section 3 and that these should be paid to my Professional Adviser (as detailed in page 2) until further notice.
- I agree that this information together with all other information provided to you in connection with this application shall be the basis of the contract.
- I confirm that I have read and agree to be bound by the terms and conditions contained in the Policy and Key Features documents.
- I understand that London & Colonial Services Limited on behalf of London & Colonial Assurance PLC (LCA) will store and process my personal information in accordance with the UK Data Protection Act 1998, wherever the information is held and processed. LCA is resident in Gibraltar and is registered as Data Controllers with the Gibraltar Data Protection Commissioner.
- I understand that I must have an appropriately authorised firm to act as an investment adviser at all times. I would like LCA to appoint the firm indicated in section 9 to perform this function until further notice.
- I understand that LCA will perform electronic searches on me to verify my identity for Anti Money Laundering purposes as and when may be required.
- I agree that my personal information may be used for the administration of my annuity.
- In respect of my annuity, I authorise LCA to pass my personal information to:
 - Any professional financial or investment adviser(s) which I have appointed on this Application Form or in any associated correspondence; and
 - Any necessary third party in connection with administering my annuity.
- In respect of my annuity, I authorise LCA to pass my personal information to:
 - Any professional financial or investment adviser(s) which I have appointed on this Application Form or in any associated correspondence; and
 - Any necessary third party in connection with administering my annuity.

continued overleaf...

- In respect of my annuity, I consent to LCA obtaining any relevant pensions or related details from any source. This includes any professional financial or investment adviser, scheme practitioner, administrator, trustee, insurance company or any other pension provider of any scheme, arrangement or contract in which I have ever had any benefit entitlement.
- I also authorise the holders of this information to supply it to LCA, when requested to do so.
- I consent to LCA providing any relevant information related to my annuity to my other pension scheme trustees, administrators, practitioners, insurers or pension providers when required to do so.
- I understand that LCA may be required to pass my personal details to any regulatory authorities or to any other third parties under pensions regulations and/or to comply with any other legal requirements.
- I hereby agree to be responsible for any, claims, losses, costs, charges or expenses which may be raised against LCA or incurred by LCA in consequence of LCA acting on instructions received by facsimile or email from the address stated on this application form and/or provided by me. I understand that email is not a secure method of communication and confidential or sensitive information will not be transmitted to me in this format by LCA unless requested by me.
- I understand that these statements apply to the details contained in this form, to any other information provided in association with this Application and to any data which LCA creates, receives or processes in future in relation to my annuity.
- I understand that the recipient(s) of any income payments during the guarantee period as indicated in Section 7 will be responsible for all investment decisions during the guarantee period.
- This declaration is, to the best of my knowledge, correct.

To be signed by the annuitant or the annuitant's attorney

(if being signed by an attorney please enclose the appropriate power of attorney):

Signed

Print name

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

11. Professional Adviser Checklist

Please check that the following items in this form have all been signed

- Professional Adviser signatures, Section 2,
- Client signatures, Section 10, and Form A & B

Please tick

☐☐

Please enclose the following documents fully completed and signed or indicate if to follow

Application documents

Enc. To follow on (date)

Form A - Platform Trader Agreement

☐

Form B - Open Market Option Request (*one for each source*)
completed and signed by the annuitant

☐

Power of attorney where applicable

☐

Pre Sales Illustration

☐

Proof of age

Annuitant's birth certificate or birth certificate verification form

☐

Annuitant's original marriage certificate or marriage certificate
verification form (*if applicable*)

☐

Any change of name documentation (*if applicable*)

☐

General

Annuitant's original P45

☐

Please: POST the original application and enclosures to:

London & Colonial, 38 - 42 Perrymount Road, Haywards Heath, West Sussex RH16 3DN.

12. Index of Additional Forms

Form A: Platform Trader Agreement – if Professional Adviser is to also act as the “investment adviser”

(Required to effect the Multi-Platform Open Annuity)

Form B: Open Market Option form (UK Registered Pension Scheme)

(please photocopy for additional sources as required)

In addition to forms A and B we recommend completion of forms C, D and E but they are not essential and their absence will not delay acceptance or commencement of the Annuity.

Form C: Annuitant's death benefit nomination form

(not required to effect the Multi-Platform Open Annuity)

Form D: Annuitant's second life nomination form *(if applicable)*

(not required to effect the Multi-Platform Open Annuity)

Form E: Charity Nomination form

(not required to effect the Multi-Platform Open Annuity)

FORM A - Platform Trader Agreement

THIS AGREEMENT is made on the day of Two thousand and

BETWEEN

- 1 London and Colonial Assurance Plc ("London & Colonial") whose registered office is at 57/63 Line Wall Road, Gibraltar of the first part and
- 2 The individual referred to in Schedule 1 (the "Policyholder") of the second part and
- 3 The party referred to in Schedule 2 (the "Platform Trader") of the third part

WHEREAS

- (a) London & Colonial has issued a Multi-Platform Open Annuity policy (the "Policy") to the Policyholder.
- (b) Under the provisions of the Policy and having regard to appropriate independent advice the Policyholder is allowed to choose the underlying investments of the Fund from those made available by their chosen platform provider (hereinafter referred to as the "Platform").
- (c) The Policyholder has appointed the Platform Trader to provide the Policyholder with advice, in accordance with separate terms of business agreed between them, as to the assets to be held within the Fund.
- (d) The Policyholder wishes London & Colonial to appoint the Platform Trader for the purpose of carrying out investment transactions with the Fund held on the Platform.

AGREEMENT

It is hereby agreed as follows:

1 Definitions

The words and expressions defined below shall have the same meanings throughout this Agreement

"Permitted Investments" means the assets that London & Colonial have determined may be held within the Fund from time to time, details of which have been provided to the Policyholder and the Platform Trader and which may be varied from time to time as London & Colonial may decide to be appropriate or necessary.

"Fund" means the fund maintained by London & Colonial for the benefit of the Policyholder representing the value of the assets allocated to that fund.

"Investment Transactions" means all matters relating to and including the purchase and sale of the assets of the Fund.

Where the context so admits, references to any gender shall include any other gender and the singular shall include the plural and vice versa and references to legislation and regulations shall be taken to include all replacement legislation and regulations.

continued overleaf...

2 Platform Trader appointment

- 2.1 London & Colonial hereby appoints the Platform Trader for the purpose of carrying out Investment Transactions in accordance with and subject to the terms, undertakings and procedures set out herein.
- 2.2 The Platform Trader hereby accepts the appointment described in paragraph 1.1 and confirms that it is authorised under the Financial Services & Markets Act 2000 for this purpose.

3 Duties and responsibilities of the Platform Trader

- 3.1 The Platform Trader acknowledges that although the assets are those of London & Colonial, the Investment Transactions shall be those requested by or made upon the basis agreed with the Policyholder who shall be treated for these purposes as a retail client as defined by the UK Financial Conduct Authority (FCA).
- 3.2 The Platform Trader undertakes to ensure that all assets purchased on behalf of London & Colonial will fall within the list of Permitted Investments.
- 3.3 No payments shall be instructed other than payments towards investments held or to be held for the benefit of the Fund or payments to an account in the name of London & Colonial.
- 3.4 The Platform Trader confirms that no transaction will be entered into where the full liability relating to that transaction is not known at the date the transaction is effective and also that no transaction will be entered into where the full liability will not be covered by the cash already held on the Platform or from the proceeds of the sale of any other investments already held on the Platform.
- 3.5 The Policy is part of London & Colonial's Pension Business Fund and London & Colonial has received advice that it is entitled to receive any interest on a gross basis. London & Colonial does not itself advise upon or make tax reclaim submissions in respect of tax deducted at source and the Platform Trader agrees to make the necessary arrangements, where appropriate, for London & Colonial to receive interest on a gross basis and/or to reclaim tax deducted at source.

4 General

- 4.1 All costs, expenses and charges in respect of Investment Transactions shall be borne by the Fund and shall not be recoverable from any other assets or resources of London & Colonial.
- 4.2 London & Colonial shall carry no responsibility for the selection or performance of investments made in connection with the Fund, this being a matter between the Policyholder and the Platform Trader.
- 4.3 It is acknowledged by all parties to this Agreement that London & Colonial shall have the overriding right to veto any Investment Transaction that in its opinion would be contrary to any statutory provision or regulation that applies to the Policy or that would be contrary to any of the provisions in this Agreement.

5 Termination of this Agreement

- 5.1 This Agreement may be terminated by any of the parties to this Agreement at any time by notice in writing to the other parties.
- 5.2 The parties shall be released from their respective obligations in the event of national emergency, war, prohibitive governmental regulation or if any other cause beyond the control of the parties renders performance of this Agreement impossible. In any such event all moneys due to the Parties shall be paid immediately or as soon as is reasonably practicable in the circumstances of force majeure then prevailing and the Parties shall not be obliged to continue to provide the services required.

continued overleaf...

- 5.3 If this Agreement is terminated London & Colonial will not permit any further Investment Transactions to take place in relation to the Fund or its assets until a new Platform Trader is appointed.
- 5.4 London & Colonial will not accept any liability or loss in respect of the assets within the Fund that are incurred due to a Platform Trader not being appointed by the Policyholder.
- 5.6 London & Colonial will be entitled to sell all the assets of the Fund and place the proceeds in a cash account if a new Agreement has not been executed within one month of this Agreement being terminated.

6 Communications

- 6.1 If London & Colonial needs to provide another party to this Agreement with any document or any kind of notice it must be delivered to that party personally or posted to the last address shown for that party in London & Colonial's records.
- 6.2 If the Policyholder or the Platform Trader needs to give London & Colonial any notices, information or requests, they must be given in writing and must be sent by post or otherwise delivered to us either at our Head Office in Gibraltar or to our administration office at 38-42 Perrymount Road, Haywards Heath, West Sussex RH16 3DN or to such other place as we may from time to time tell you.

7 Law

- 7.1 This Agreement is to be governed by and interpreted in accordance with the laws of Gibraltar and the non-exclusive jurisdiction of the Courts in Gibraltar in relation to any claim, dispute or difference that may arise in connection herewith.

Signed

For and on behalf of London & Colonial

Signed

For and on behalf of the Platform Trader

Signed

The Policyholder

Schedule 1 - The Policyholder

Full name	<input type="text"/>
Address line one	<input type="text"/>
Address line two	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Country / Postcode	<input type="text"/> <input type="text"/>

Schedule 2 - The Platform Trader

Contact name	<input type="text"/>
Company name	<input type="text"/>
Address line one	<input type="text"/>
Address line two	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Country / Postcode	<input type="text"/> <input type="text"/>
FSA number	<input type="text"/>

Please return this form to:

London & Colonial
38-42 Perrymount Road
Haywards Heath
West Sussex
RH16 3DN

London and Colonial Assurance Plc
Registered Office: 57/63 Line Wall Road, Gibraltar

London and Colonial is authorised by the Gibraltar Financial Services Commission

Form B - Open Market Option Request

To be completed by the Scheme Member / Policyholder

1) Transferring Scheme or Policy details

Name of transferring Scheme / Policy	<input type="text"/>
Policy / Ref number(s)	<input type="text"/>
Estimated amount of transfer value	£ <input type="text"/>
Administrator's name	<input type="text"/>
Address line one	<input type="text"/>
Address line two	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Country / Postcode	<input type="text"/> <input type="text"/>
Telephone number	<input type="text"/>
Contact name	<input type="text"/>

2) Policyholder / Scheme Member

Full name	<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
National Insurance 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"/>
Would you like to transfer any assets of the transferring scheme to your annuity in specie?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
(*Please provide a list of assets separately)	

I wish to exercise the open market option and request that the value of my benefits be used to purchase a Multi-Platform Open Annuity from London & Colonial Assurance PLC.

I authorise London & Colonial to request and receive information on my policies.

I agree that your compliance with this request shall be a full and complete discharge of your liabilities to provide benefits under your Registered Pension Scheme.

Signed	<input type="text"/>
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"/>

FORM C - Nomination of Death Beneficiaries

You may request that any of your pension fund remaining on your death is divided between one or more persons. Please state each person's name and address in the first column and the desired percentage proportion of your available fund in the third column. This nomination can be changed by submitting a replacement nomination form to us at any time.

In the event of my death I would like any sums payable under my Multi-Platform Open Annuity to be paid to the following person or persons in the manner shown below.

I understand that in exercising your discretion in the disposal of the benefits you will not be bound by my nominations but you will bear them in mind.

Full name and address of beneficiary	Relationship to you	%
	Total: (Must add up to 100%)	100 %

We recommend that you review your nomination(s) regularly, particularly if either your circumstances, or those of your beneficiaries, change. Upon notification of your death, we will refer to the most recent signed nomination received by us.

Charity nomination - Please fill in Form E - Charity Nomination Form

FORM D - Personal Details of Nominated Second Life

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
	Other (please specify) <input type="text"/>			
First name(s) (in full)	<input type="text"/>			
Surname	<input type="text"/>			
Previous name(s)	<input type="text"/>			
Gender	Male <input type="checkbox"/>		Female <input type="checkbox"/>	
Date of birth	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>
	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
National Insurance 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"/>
Marital status	Single <input type="checkbox"/>		Married <input type="checkbox"/>	
	Separated <input type="checkbox"/>		Divorced <input type="checkbox"/>	
			Civil Partner <input type="checkbox"/>	
			Widowed <input type="checkbox"/>	
Address line one	<input type="text"/>			
Address line two	<input type="text"/>			
Town	<input type="text"/>			
County	<input type="text"/>			
Country / Postcode	<input type="text"/>		<input type="text"/>	
Contact telephone number	<input type="text"/>			
E-mail address *	<input type="text"/>			
Relationship to annuitant	Spouse <input type="checkbox"/>		Civil partner <input type="checkbox"/>	
	Financial dependant <input type="checkbox"/>		Other dependant <input type="checkbox"/>	

* Optional

FORM E - Charity Nomination Form

To London & Colonial Assurance PLC

Policy number (if known)

From (full name)

On termination of this policy, in the event that it is not possible to pay any nominated beneficiaries I would like the value at that date less fees or expenses (if any) to be paid to the following Charity or Charities in the manner shown below.

I understand that London & Colonial cannot be bound by my nomination(s) but will endeavour to follow it where possible.

Signed

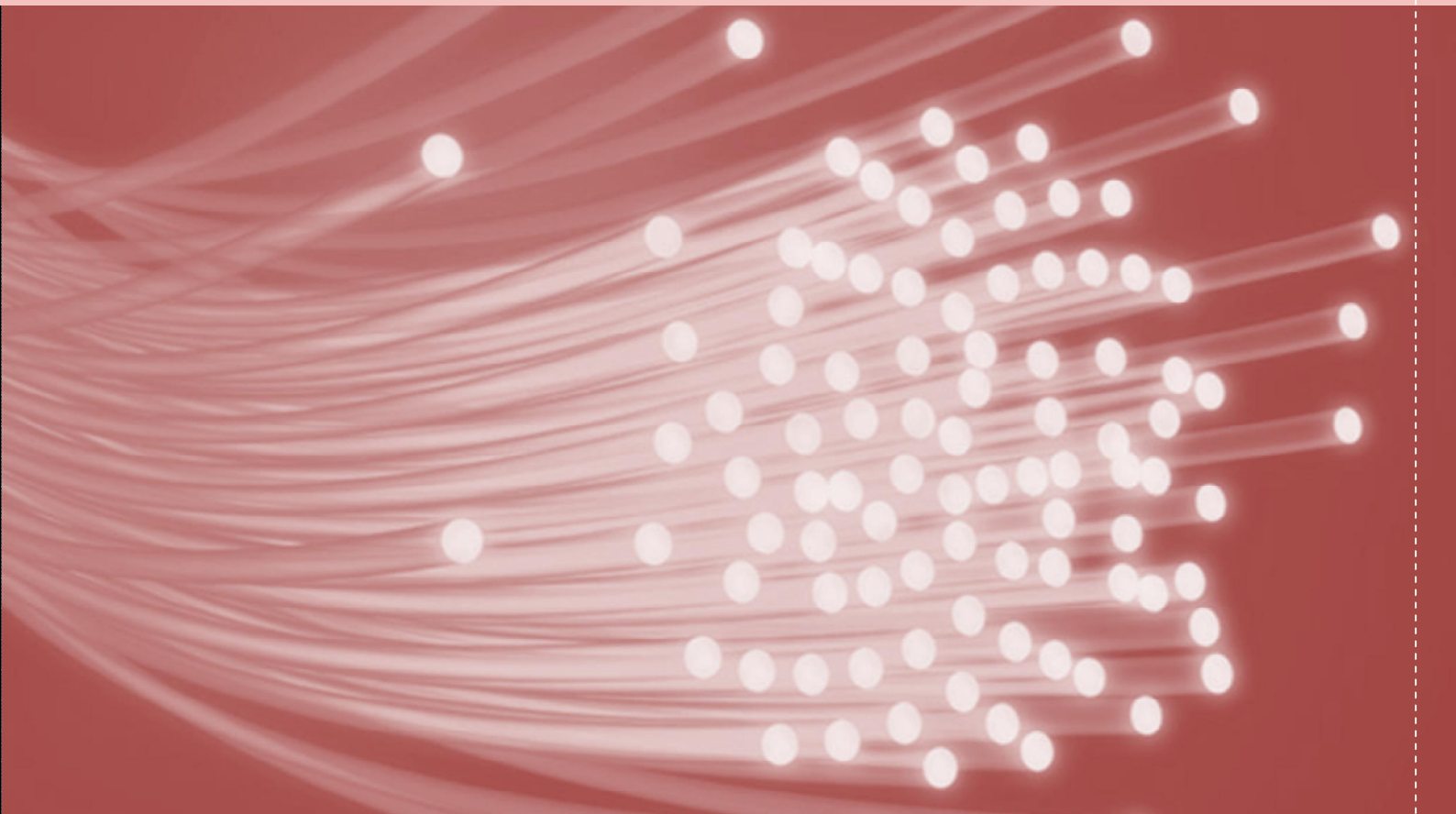
Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

In case of difficulty in completing this form please consult London & Colonial.

After completion this form should be returned to London & Colonial at 38 – 42 Perrymount Rd, Haywards Heath, West Sussex RH16 3DN for safe keeping. A form deposited in this way may at any time be withdrawn and another deposited in its place.

Full name and address of Charity(s)	%
Total: (Must add up to 100%)	100 %



For more information about any of our products please scan the QR code below or contact:

t: 0203 640 6840

f: 0203 479 5506

w: www.londoncolonial.com

e: IFASupport@londoncolonial.com



London & Colonial Holdings Limited, London & Colonial Services Limited, London & Colonial Central Services Limited and London & Colonial Trustees Limited are registered in England and Wales. Registered numbers 4093489, 2966313, 7966194, 2275364 respectively. Registered office at 38-42 Perry Mount Road, Haywards Heath, West Sussex RH16 3DN. London & Colonial Services Limited is authorised and regulated by the Financial Conduct Authority. London & Colonial Assurance plc and London & Colonial (Trustee Services) Limited are registered in Gibraltar. Registered numbers 80650 and 102550 respectively. Registered office PO Box 199, 57-63 Line Wall Road, Gibraltar. London & Colonial Assurance plc and London & Colonial (Trustee Services) Limited are authorised by the Gibraltar Financial Services Commission.

