

# LONDON & COLONIAL FLEXIBLE PENSION ANNUITY

## ADDITIONAL PREMIUM APPLICATION FORM



**PLEASE COMPLETE ALL SECTIONS  
FULLY IN BLOCK CAPITALS**

The London & Colonial Flexible Pension Annuity ('FPA') is provided by London & Colonial Assurance PCC Plc ('LCA'). LCA is a Gibraltar registered company and is incorporated under the Gibraltar Insurance Companies Act as a Protected Cell Company (PCC). LCA is licensed and regulated by the Gibraltar Financial Services Commission and is part of STM Group Plc, a multi-jurisdictional financial services group listed on AIM, a market operated by the London Stock Exchange.

The security and safety of your data is very important to LCA. A copy of LCA's Privacy Notice can be found on our website:

[info.stmgroupplc.com/privacy-notice](http://info.stmgroupplc.com/privacy-notice)

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### SECTION 1. Additional Premium Details

This Additional Premium Application Form, together with the Key Features and the policy documentation issued to you at the outset of the Policy by London & Colonial Assurance PCC Plc ('LCA'), sets out the terms and conditions of the contract.

If you have difficulty completing this form please consult your Intermediary.

Policyholder's Name:			
Policy Number: (To which additional premium is to be applied)			
Date of Birth :	Day	Month	Year
Email Address:			
Additional Premium Amount:	£		

### SECTION 2. Independent Financial Adviser

Please confirm if advice has been given on this transaction:

Yes

No

Independent Financial Adviser details **(to be completed by your Adviser)**:

Name:			
Company Name:			
Signature of the Independent Financial Adviser:		Date:	Day
			Month
			Year

**Please note that we can only accept applications where financial advice has been given by your appointed Independent Financial Adviser**

### SECTION 3. Payment Instructions

Payments should be sent electronically to the following account:

Bank Name:	NatWest Gibraltar	Account Name:	London & Colonial Assurance PCC Plc		
Bank Address:	57 Line Wall Road Gibraltar	Account Number:	47675829		
		Sort Code:	60	60	60
		IBAN Number:	GI 40 NWBK0 606060 47675829		
Postcode:	GX11 1AA	BIC:	RBOSGIGI		
Reference:					

All payments made to London & Colonial Assurance PCC Plc must originate from a bank / building society account in the name of the Pension Scheme Provider.

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### SECTION 4. Source of Wealth

Please provide details of the amount of money that you, the Annuitant, would like transferred to LCA from your existing pension scheme(s). Any tax-free cash which you may be entitled to receive from your existing pension scheme(s) will be arranged by your existing pension scheme(s) and LCA is only able to receive Premiums that will be used to purchase a Flexible Pension Annuity.

LCA reserves the right to request additional documentary evidence in order to comply with Gibraltar's statutory Anti-Money Laundering requirements.

#### PENSION SCHEME 1

Name of Current Provider:	
Full Name of Pension Scheme:	
Existing Plan Number:	
Premium Amount:	£

#### PENSION SCHEME 2

Name of Current Provider:	
Full Name of Pension Scheme:	
Existing Plan Number:	
Premium Amount:	£

If you are aiming to transfer funds from more than two different pension schemes then please photocopy this page as required.

### SECTION 5. Source of Funds

The premium payment must come from an account held in the name of the pension scheme trustee.

If you are making multiple payments, please photocopy the page, attach the details and the reason why multiple payments are being made with this Application Form and tick here

Payment Amount:	£	Bank Account Holder:	
Bank Account Number / IBAN:			
Sort Code:		SWIFT or BIC code:	
ABA Number:		Branch Code for non-UK Banks:	
Bank Name:			
Bank Address:			

- Accounts within the UK, Jersey, Guernsey, Isle of Man or Gibraltar require a bank account number and sort code.
- Premium payments made from banks outside the UK require a SWIFT or Bank Identifier Code (BIC), and an International bank account number (IBAN).

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### SECTION 6. Who Can Certify Documents

Where copies of original documents are provided they must be properly certified (and have been certified within the last three months) using the correct wording, and be certified by the correct person, as detailed below:

Certified to be a true copy of the original as seen by me.  
Where the document contains a photograph, I certify that this is a true likeness of the person in the photograph.  
Name: ..... (of the person certifying)  
Tel. number: ..... (of the person certifying)  
Position: ..... (of the person certifying)  
Company: ..... (of the person certifying)  
Date: ..... (the date the certification was made)  
Signature: ..... (the signature of the person certifying)

THE PERSON CERTIFYING THE DOCUMENT MUST BE A PROFESSIONAL PERSON WITH VERIFIABLE CREDENTIALS AND SHOULD NOT BE:

- Related to you
- Living at the same address
- In a relationship with you

### SECTION 7. Signature

I wish to invest the additional premium specified in Section 1 in my Policy in accordance with the existing Policy terms and conditions and confirm that to the best of my knowledge and belief all of the statements within this Application Form are true and complete and shall form, together with such terms and conditions and any nomination form, the basis of the contract between me and LCA.

I confirm that I have read and understood the Key Features for the Policy and understand the charges that will be levied.

I confirm that to the best of my knowledge and belief I am not subject to any taxation, exchange control or legislation that would make this Application unlawful.

I understand that the additional premium will conclude at the same time as the original premium. The establishment charge remains at % and the annual management charge remains at % and will be calculated on the total fund value which includes the additional premium.

I acknowledge that my Independent Financial Adviser has entered into an agreement which sets out the basis upon which LCA is prepared to accept applications submitted by the Independent Financial Adviser on my behalf. This agreement categorically states that the Independent Financial Adviser acts as my agent, and not the agent of LCA. I acknowledge that my Independent Financial Adviser, or any other, has no authority to act as the agent of LCA or to state, suggest, or imply that they have such authority.

#### Policyholder

Name: .....  
(BLOCK CAPITALS)

Date: Day ..... Month ..... Year .....

Signature: .....

The signed Additional Premium Application Form together with the Source of Wealth and Source of Funds documentation should be scanned and emailed to [Gibraltar@londoncolonial.com](mailto:Gibraltar@londoncolonial.com).

Once LCA confirm that all the relevant documentation has been included, the originals can be mailed to:

London & Colonial Assurance PCC Plc, Montagu Pavilion, 8-10 Queensway, Gibraltar.



PART OF



GIBALTAR COMPANY REGISTRATION NUMBER: 80650  
LONDON & COLONIAL ASSURANCE PCC PLC IS A GIBALTAR REGISTERED COMPANY, AND IS INCORPORATED UNDER THE GIBALTAR INSURANCE COMPANIES ACT AS A PROTECTED CELL COMPANY. LONDON & COLONIAL ASSURANCE PCC PLC IS LICENSED AND REGULATED BY THE GIBALTAR FINANCIAL SERVICES COMMISSION. REGISTERED OFFICE: MONTAGU PAVILION, 8-10 QUEENSWAY, GIBALTAR, GX11 1AA

POSTAL ADDRESS:  
LONDON & COLONIAL ASSURANCE PCC PLC  
ROCKWOOD HOUSE  
9-17 PERRYMOUNT ROAD  
HAYWARDS HEATH  
WEST SUSSEX, RH16 3TW  
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