

Stakeholder Pension Application Form for Additional Contributions

SECTION A Personal details

Surname	<input type="text"/>	First names	<input type="text"/>	Title	<input type="text"/>	
Permanent residential address	<input type="text"/>				Postcode	<input type="text"/>
Sex	<input type="text"/>	Date of birth	<input type="text"/>	NI number	<input type="text"/>	
Marital status	<input type="text"/>	Memorable name	<input type="text"/>			
Telephone number Day	<input type="text"/>	Evening	<input type="text"/>			
Email address	<input type="text"/>					
Employment details	Employed <input type="checkbox"/>	Self-employed <input type="checkbox"/>	A child under the age of 16 at the start of the tax year <input type="checkbox"/>	A pensioner <input type="checkbox"/>		
Other	Please tick the one that is most applicable					
	i) Caring for one or more children aged under 16 <input type="checkbox"/>			iv) Unemployed <input type="checkbox"/>		
	ii) Caring for a person aged 16 or over <input type="checkbox"/>			v) Other <input type="checkbox"/>		
	iii) In full-time education <input type="checkbox"/>					
Existing Plan Number	<input type="text"/>					

SECTION B Employment details

Employed/Self-employed applicants

Occupation	<input type="text"/>				
Tax office reference number	<input type="text"/>	Tax office name	<input type="text"/>		

Employed applicants only

Her Majesty's Revenue and Customs require the following details to make sure that you qualify to make contributions to the scheme and to receive tax relief

Full name of employer	<input type="text"/>				
Permanent address of employer	<input type="text"/>				
Postcode	<input type="text"/>	Employer's telephone number	<input type="text"/>		
Actual earnings	<input type="text"/>				

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SECTION C Contribution details

At what age would you like to retire?
(if different from a previously stated age)

(a) Regular contributions:

Please indicate the total you wish to pay (Any additional contributions plus your current contribution)

	Your contribution		Your employer's contribution
When would you like your new total contribution to start?	<input type="text"/>	When would you like your new total contribution to start?	<input type="text"/>
Regular monthly contribution	£ <input type="text"/>	Regular monthly contribution	£ <input type="text"/>
Annual fixed increase (max 10%)	<input type="text"/> %	Annual fixed increase (max 10%)	<input type="text"/> %
	or RPI <input type="text"/>		or RPI <input type="text"/>
If you already have waiver of contribution benefit, would you like this to apply to any additional contributions?		Yes	No
		<input type="text"/>	<input type="text"/>

(b) Single contributions:

Your single contribution £ Your employer's single contribution £

Cheque details for single contributions

Sort code	<input type="text"/>	Account number	<input type="text"/>	Date of cheque	<input type="text"/>
Sort code	<input type="text"/>	Account number	<input type="text"/>	Date of cheque	<input type="text"/>

SECTION D Payer details

Payer details (where payments are being made on behalf of the member or by a third party)

Surname	<input type="text"/>	First names	<input type="text"/>	Title	<input type="text"/>	
Address	<input type="text"/>				Postcode	<input type="text"/>
Sex	<input type="text"/>	Date of birth	<input type="text"/>			

Guardian details (if different to payer details)

Surname	<input type="text"/>	First names	<input type="text"/>	Title	<input type="text"/>	
Address	<input type="text"/>				Postcode	<input type="text"/>
Sex	<input type="text"/>	Date of birth	<input type="text"/>			

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SECTION E Investment details

Please indicate how you would like your new total contributions to be invested by choosing one of the options below. If you do not complete this section then all your additional contributions will be invested in your existing fund choice(s).

CIS With-Profit Stakeholder Fund with Lifestyle

Refer to your key features document

Choose your own funds

Your combined choice must add up to 100%

CIS With-Profits Stakeholder Fund	<input type="text"/> %	CIS European Growth Pension Fund	<input type="text"/> %
*CIS FTSE® All-Share Index Tracker Pension Fund	<input type="text"/> %	CIS US Growth Pension Fund	<input type="text"/> %
CIS UK Growth Pension Fund	<input type="text"/> %	CIS Sustainable Leaders Pension Fund	<input type="text"/> %

There are two types (or series) of units within each fund. This is to allow for different fund charges:

If you make additional contributions to a plan set up before April 6th 2005, there is an annual management charge of 1% of the value of funds you accumulate. Otherwise there is an annual management charge of 1.5% of the value of funds you accumulate.

On the 10th anniversary of the opening of your plan, the annual management charge will fall to 1% of the value of the funds you accumulate. While you are being charged 1.5% each year, you will be invested in Series 2 units within your chosen fund(s).

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SECTION F Declarations

Declarations Please read the declarations carefully before signing this form.

I apply to increase my contributions to my CIS Stakeholder Pension Scheme. I understand that the plan is issued under the Rules of the Scheme and that The Co-operative Investments will use these Rules to make decisions about my policy. I also understand that the provisions of the Rules will override the General Terms and Conditions of this plan. A free copy of the Rules can be obtained by writing to The Co-operative Investments at Miller Street, Manchester, M60 0AL.

1 I have read the contents of this completed application. I confirm that the details given are to the best of my knowledge and belief correct and complete. I have answered the questions fully and truthfully and I have disclosed all material facts. (See page 7 for an explanation about material facts). I accept responsibility for the accuracy of these answers even if they were recorded on my behalf.

2 I understand that Co-operative Insurance must decide whether to accept this application and that it may require further information before it decides.

3 I confirm that my National Insurance number is correct, or that I do not have one, because (tick appropriate box):

- I am under age 16
- I am a citizen of a country outside the UK
- I have been a resident in the UK in the last 5 years
- Other reason. Please state reason:

4 I confirm I am under 75 and I am a relevant UK individual (tick one or more boxes to show this is the case):

- I have relevant UK earnings chargeable to income tax for this tax year
- I am or will be resident in the UK at some time during this tax year
- I was resident in the UK both at some time during the five tax years immediately before this tax year and when I originally became a member of the CIS Stakeholder Pension Scheme
- I or my spouse have general earnings from overseas Crown employment subject to UK tax for this tax year.

5 The total contributions to any and all registered pension schemes for which I am entitled to tax relief will not exceed, in any tax year, the higher of:
– the basic amount, or
– my relevant UK earnings for that tax year.

I declare that this is, to the best of my knowledge and belief, correct.

6 I understand that no pension is capable of commutation (i.e. being exchanged for money) and the pension and lump sum cannot be surrendered or assigned except in accordance with the Rules.

7 I have read the statement headed Data Protection overleaf and agree that information supplied by or about me may be used for the purposes stated.

8 I will inform The Co-operative Investments in writing if my circumstances change and I am no longer eligible for tax relief. That is, in relation to any tax year, I do not satisfy the conditions set down in 4 and 5 above. I will let The Co-operative Insurance know before the end of the tax year in which my circumstances change or within 30 days of the change if this is longer.

This should be signed by the member (if 18 or over, or between 16 and 18 and in full-time employment.)

Signature of member

Date

This declaration should be read and signed by the parent/guardian, as named in section D, if the member is under 16, or between 16 and 18 and not in full-time employment.

- I declare that I am the legal parent/guardian and have completed this application form and made all the declarations on behalf of the member. I agree that I am responsible for the contract as if I am the member, until the member reaches 18.
- I understand that the contributions paid to the scheme may only be returned to the member in the form of benefits payable under the rules of the scheme (i.e. after the member attains the age of 50 (or 55 after 6 April 2010) except in the case of earlier disability or death).

Signature of parent/guardian

Date

It is a serious offence to make false statements; the penalties are severe and could lead to prosecution.

SECTION F Declarations continued

Material facts

The answers which you give to the questions in this application are very important to Co-operative Insurance in deciding whether to accept it. You must, therefore, answer all the questions fully and truthfully. In addition, if there is any other information which would be likely to influence an insurer in deciding whether to accept an application it must be disclosed. These matters are known as 'material facts'.

If you are not sure whether any particular piece of information is a material fact, you should disclose it. You must also tell us if, before a plan or increase to an existing plan is issued, you discover that any of the answers were wrong or incomplete, or if circumstances change so that they become wrong or incomplete.

If any of the questions in this application have not been answered fully and truthfully, to the best of your knowledge and belief, or any information which is a material fact is not disclosed by you, Co-operative Insurance may have the right to cancel the plan or the increase to it or reject any claim made.

Data Protection

Any information you provide is collected on behalf of the Co-operative Insurance Society Limited and will be used in the administration of your business and in relation to any other business you may have with us at any time. The information given may be passed on as required by law or regulation to appropriate regulatory or government bodies.

The information you provide may also be used for research and marketing purposes by members of Co-operative Financial Services and The Co-operative family of businesses who may send information about special offers, products or services that we feel may be of interest to you. If you do not wish to receive such information, please write to our Compliance Department, The Co-operative Insurance, Miller Street, Manchester M60 0AL or telephone 08457 46 46 46 (calls may be monitored or recorded for security and training purposes).

On payment of a small fee you are entitled to receive a copy of the information held about you. If any of it is inaccurate you may ask us to correct it.

Declaration by the Administrator of The CIS Stakeholder Pension Scheme.

We agree to administer the Scheme in accordance with the Rules. Signed on behalf of the Administrator of the CIS Stakeholder Pension Scheme.



Danny Hurley
Head of Pensions,
For and on behalf of Co-operative Insurance Society Limited

A copy of this and any other application you have made in connection with the Scheme is available on request.

