

Where are the funds coming from to buy this annuity? Please tick one of the following options:

1. Open Market Option (with benefits subject to the rules of the originating scheme).
We will not pay any tax-free cash sum.

Please complete all sections.

2. Transfer of funds to the L&G Retirement Pension Scheme (followed by immediate retirement under the rules of our scheme).

If we are responsible for paying a tax-free cash sum, we will pay this at the same time as we set up the pension annuity.

Please complete all sections.

Application form checklist

This checklist will help make sure we've got all the information we need and prevent any delays in processing your application form and you receiving your payments.

Section 1: About you and your Pension Annuity

All customers to complete.

Section 2: About your spouse, registered civil partner or dependant

Only complete if you wish to provide a lifetime income for this person on your death.

Section 3: Your doctor's details

Only complete if you've provided us with medical information.

Section 4: Payment details

All customers to complete.

Section 5: Beneficiary payment details

Only complete if you have chosen a guaranteed minimum payment period or value protection.

Section 6: About the purchasing or transferring pension scheme(s)

All customers to complete – this section needs to be completed even if the money is coming from an L&G pension or from one of our business partners.

Section 7: Lump Sum Allowances

All customers to complete.

Section 8: Declaration

All customers to complete.

Section 9: Financial adviser / intermediary

Financial advisers only complete this section. This section needs to be completed by advisers even when advice has not been provided.

1. About you and your Pension Annuity

i Please complete this section in full.

1. What is your full name and title?

Title (Mr / Mrs / Ms / Miss / Other)

Surname

First name(s)

2. What is your date of birth?

 / /

3. What is your gender?

 Male Female

4. What is your marital status?

 Single Married Registered civil partnership
 Widowed Separated Divorced / Dissolved
 Cohabiting

5. What is your current permanent residential address including postcode and telephone number?

Please check that you have filled in your postcode as this is essential for processing the application.

Address

Postcode

Home phone

Mobile phone

6. What is your email address?

7. What is your National Insurance number?

You must provide a valid National Insurance number. Your National Insurance number is made up of two letters, six numbers and a final letter. For example, QQ 123456 B.

2. About your spouse, registered civil partner or dependant

i Only complete if you wish to provide an annuity income for this person on your death.

1. What is their full name and title?

Title (Mr / Mrs / Ms / Miss /
Other)

Surname

First name(s)

2. What is their date of birth?

 / /

3. What is their gender?

 Male Female

4. What is their marital status?

 Single Married Registered civil partnership
 Widowed Separated Divorced / Dissolved
 Cohabiting

5. What is your relationship?

For example, husband, wife
or partner.

i If you would also like this person to receive continuing payments from any selected guaranteed minimum payment period or value protection, please enter their details again in the 'Beneficiary payment details' section on page 7.

3. Your doctor's details



Only complete this section if you have provided us with medical information.

If your doctor is not UK-based, please contact us before completing this form.

1. What is your doctor's name, address, postcode and telephone number?

Name

Address

Postcode

Telephone number

2. If you have supplied medical information for your spouse, registered civil partner or dependant, what is their doctor's name, address, postcode and telephone number?

Name

Address

 Same as above

Postcode

Telephone number

Under the Access to Medical Reports Act 1988, we reserve the right to apply for a medical report from any doctor who has, at any time, attended you.

The declaration at the back of this form gives us your consent to apply for such a report if needed.

Before obtaining a report from your doctor, we are obliged to inform you of your rights. These are detailed in the declaration.

Once your income starts we may request additional medical information to ensure that you are receiving the correct annuity income. These requests may include one or more of the following: a report from your doctor, a short medical screening with a nurse or a simple saliva test (to confirm smoking status – if applicable).

If this additional medical information differs significantly from that given to us previously, we may increase or decrease your payments in line with this to ensure you are paid the correct amount.

4. Payment details

i Please complete this section in full.

i Please give details of where your income and any tax-free cash is to be paid.

Any tax due will normally be deducted before you receive each payment.

If this application relates to the Open Market Option and the scheme administrator give different instructions, the payment will be made in accordance with their instructions instead of the details given below.

All payments will be made to you in British Pounds Sterling. Any conversion to another currency will be at your own expense.

1. What is the name of your bank or building society?	<input type="text"/>
2. What is the bank or building society sort code?	<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"/>
3. What is the bank or 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"/>
4. What name is your account in? You must be either the sole or joint account holder.	<input type="text"/>
5. What is the building society roll number (if applicable)?	<input type="text"/>

5. Beneficiary payment details

i Only complete this section if you have chosen a guaranteed minimum payment period or value protection lump sum.

You can tell us below who you wish to nominate for any continuing payments from a guaranteed minimum payment period or a value protection lump sum.

Your beneficiary will be chosen by us but we'll always take into account any nomination you make.

You can change your nomination at any time by contacting us.

Nomination one

1. What is their full name and title?

Title (Mr / Mrs / Ms / Miss / Other)

Surname

First name(s)

2. What is their address, including postcode?

Postcode

3. What is their date of birth?

4. Percentage of payments due on your death to this nominee

%

The total across all nominees must equal 100%.

5. What is your relationship?

Nomination two

1. What is their full name and title?

Title (Mr / Mrs / Ms / Miss / Other)

Surname

First name(s)

2. What is their address, including postcode?

Postcode

3. What is their date of birth?

 / /

4. Percentage of payments due on your death to this nominee

 % **The total across all nominees must equal 100%.**

5. What is your relationship?

Nomination three

1. What is their full name and title?

Title (Mr / Mrs / Ms / Miss / Other)

Surname

First name(s)

2. What is their address, including postcode?

Postcode

3. What is their date of birth?

 / /

4. Percentage of payments due on your death to this nominee

 % **The total across all nominees must equal 100%.**

5. What is your relationship?

6. About the purchasing or transferring pension scheme(s)

i Please give details of each purchasing or transferring pension scheme(s) including any L&G schemes. If there is insufficient space for you to provide details of all of these, please continue on a separate page.

Scheme one

1. Name of the current provider

2. Current provider's address including postcode and telephone number

Postcode

Telephone number

3. Full name of the pension scheme

4. Existing plan number

5. Is the existing plan subject to any existing or proposed trustee in bankruptcy orders, or earmarking or pension sharing orders, or other receiving orders? Yes No

6. Are the funds already in drawdown? Yes No

If Yes, did your plan go into drawdown before 6 April 2024? Yes No

7. Is this a full or partial transfer? Full Partial

8. Approximate fund value to be paid to us £

9. Do you want to take a tax-free cash sum? Yes No

If Yes to the above

Who will be paying this sum to you? L&G Current provider

Is the maximum tax-free cash required (normally 25% of the fund value)? Yes No

If not 25%, what percentage or value do you want to take? % / £

Scheme two

1. Name of the current provider

2. Current provider's address including postcode and telephone number

Postcode

Telephone number

3. Full name of the pension scheme

4. Existing plan number

5. Is the existing plan subject to any existing or proposed trustee in bankruptcy orders, or earmarking or pension sharing orders, or other receiving orders? Yes No

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Postcode

Telephone number

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9. Do you want to take a tax-free cash sum? Yes No

If Yes to the above

Who will be paying this sum to you? L&G Current provider

Is the maximum tax-free cash required (normally 25% of the fund value)? Yes No

If not 25%, what percentage or value do you want to take? % / £

7. Lump Sum Allowances



Understanding the rules around the Lump Sum Allowance and the Lump Sum and Death Benefit Allowance is important because if you provide incorrect or incomplete information you may become liable to a tax charge.

The Lump Sum Allowance covers:

- Any tax-free lump sums taken before 6 April 2024.
- Any tax-free lump sums you have already taken since 6 April 2024.
- The tax-free part of any uncrystallised funds pension lump sum (UFPLS) taken since 6 April 2024.
- Any tax-free cash that you are about to take.

The Lump Sum and Death Benefit Allowance covers the above items and also includes serious ill-health lump sums taken since 6 April 2024.

If you are unsure how to calculate the value of your benefits, please refer to your financial adviser / intermediary or current provider(s).

1. Are you about to take a tax-free cash sum that takes you over the current standard Lump Sum Allowance of £268,275?

Yes

No

2. Are you about to take a tax-free cash sum that takes you over the current standard Lump Sum and Death Benefit Allowance of £1,073,100?

Yes

No

3. If 'Yes' to either question above, do you have any protection in place against the Lump Sum Allowance or Lump Sum and Death Benefit Allowance?

Yes

No

If 'Yes', please enclose a **copy** of your protection certificate with this application. We may require additional information from you at a later date. Please do not send the original certificate to us.



If you have answered 'Yes' to either question 1 or 2 above and **do not** have any protections in place, please call us to discuss your options.

8. Declaration



Please remember that it is a serious offence to make false statements; the penalties are severe and could lead to prosecution.

To my current provider(s) and L&G:

I would like to take benefits from the plan(s) listed in this application.

I confirm that I have been provided with copies of the Terms and Conditions and Key Features document for the Pension Annuity.

I authorise L&G, my current provider and any financial adviser / intermediary named in this application to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to L&G.

I accept that in order to comply with regulatory obligations, L&G and my current provider(s) named in this application may need to verify my identity and residential address and may use credit reference agency searches and ask for my documents to verify my identity and address.

I agree that my chosen quote and the information contained in this application, plus any medical and / or lifestyle information provided separately, will be used to determine the benefits to be paid and if any of the information is found to be incorrect my benefits may be adjusted accordingly.

If this application relates to immediate vesting, I authorise and instruct you to transfer the sums and assets from the plan / arrangement(s) as listed in this application directly to the L&G Retirement Pension Scheme, and to provide any instruction and / or discharge required by any relevant third party to do so.

The scheme administrator on behalf of the provider agrees to administer the scheme in accordance with the scheme rules.

If this application relates to an Open Market Option, I authorise and instruct you to pay me any tax-free cash sum as indicated, to pay the balance of sums and assets to L&G to provide me with an annuity based on the features set out in the accepted quote referenced in this application, and to provide any instructions and / or discharge required by any relevant third party to do so.

Until this application is accepted and complete, L&G's responsibility is limited to the return of the total payment(s) to my current provider(s).

When payment is made to L&G as instructed, this means I shall no longer be entitled to receive pension benefits from the whole of the plan(s) listed in this application where the whole of the plan(s) is transferring, or that part of the plan(s) represented by the payment(s) if only part of the plan(s) is transferring.

I confirm that I have not received financial advice from L&G about purchasing my Pension Annuity.

If I've asked L&G to arrange payment of an adviser charge, details of this charge will be shown in my quote. By signing this form, I instruct L&G to:

- Deduct that adviser charge in accordance with my quote.
- Pay it to my financial adviser's firm as shown in the quote or in the 'Financial adviser / intermediary' section of the application form.

Once the annuity has been set up and the cancellation period has expired, I cannot change or cancel the adviser charge.

I confirm that any adviser charge paid on my behalf by my current provider or by L&G on the initial set-up of this annuity:

- Is wholly connected to the purchase of this annuity.
- Is appropriate to the advice and services my adviser provided in relation to this annuity purchase.

If this is not the case, then some or all of the adviser charge and any tax-free cash sum may become liable to a tax charge, which I may be responsible for.

I confirm that I have provided only true and accurate information in applying for this transfer. I understand that L&G and my current provider cannot accept responsibility, and are not liable, for any losses resulting from untrue, incorrect or misleading information that I provide, or from any failure on my part to comply with any aspect of this application.

8. Declaration continued

Where I have chosen to take tax-free cash, I have not made, and do not intend to make, either directly, indirectly or by someone making contributions on my behalf, a significant increase in my total contributions to any registered pension scheme.

i A significant increase is where the total tax-free cash you receive in the 12-month period ending on the day the tax-free cash from this plan is paid exceeds £7,500, and more than 30% of the total tax-free cash is used to make contributions to one or more registered pension schemes which exceed the expected level of contributions. This includes any contributions you pay directly or indirectly, paid by someone on your behalf such as your employer, or which you may have paid in anticipation of receiving the tax-free cash.

I understand that the banking of the transfer payment by L&G does not constitute acceptance by L&G of the transfer payment. The transfer payment will only be accepted once L&G has received all the necessary information from the trustees or administrator of my previous scheme.

I have read guidance from the Financial Conduct Authority or the Pensions Regulator on the risks and warning signs of pension scams before making this application.

No benefits under this policy are capable of assignment, surrender or commutation except as provided in the relevant legislation and subject to the agreement of Legal & General Assurance Society Limited.

If I have been contracted out under my current plan / arrangement(s), then I agree to L&G calculating the part of the transfer payment to be treated as relating to contracted-out benefits, if this information is not provided.

Cancellation rights

You have 30 days from the date you receive our confirmation your policy has started to change your mind. Please refer to your Key Features document for further information.

Marketing consent

Here at L&G we take your privacy seriously; this is why we never share your personal details with anyone else for their own marketing purposes. However, from time to time we would like to contact you with news, useful information and exclusive offers on our products and services. If you'd like to be kept up-to-date, please let us know how you would like to hear from us:

<input type="checkbox"/>	Post	<input type="checkbox"/>	Email	<input type="checkbox"/>	SMS
<input type="checkbox"/>	Phone	<input type="checkbox"/>	Personalised online marketing*		

If now or at any time in the future you wish to withdraw your consent (including any consent that you may have previously given) please contact us as directed in our privacy notice.

* For example, via our own systems such as My Account, social media platforms and third-party websites such as YouTube.

Data protection

Protecting your personal information is extremely important to us. Please take the time to read our privacy notice, which you can find online at legalandgeneral.com/privacy-notice

If you are unable to access our privacy notice online, or if you would prefer a paper copy, please contact us. By signing this application form you agree to the use of your personal information as set out in the privacy notice.

8. Declaration continued



The following only applies if medical information has been supplied to L&G (for either the member or the member's spouse, registered civil partner or dependant or both) separately. Please tick the appropriate box(es).

Sensitive data

L&G will use the medical and health information provided in this form and any other medical information provided in the course of this application for the purposes of allowing us to underwrite, administer your policy and as described in our privacy notice. Your medical information (and other information collected via this form) may be disclosed to our reinsurer and to any other insurance company to whom you apply for products or services. We will process the special category data for reasons of substantial public interest in accordance with applicable law.

Under the Access to Medical Reports Act 1988, I have the following rights:

1. I have the right to withhold my consent for a medical report to be sent to L&G, although if I withhold this consent then L&G will be unable to accept my application.
2. If I give my consent to the report, I have the right to see the report before it is sent to L&G. I will have 21 days to contact the doctor to arrange to see the report and the doctor must obtain my further consent before the report is sent on to L&G. If I do not arrange to see the report within 21 days, it will be sent to L&G. I have the right to see the report at any time within six months of it being sent to L&G.
3. I have the right to request amendments to be made to the report. If the doctor refuses to make these amendments, I have the right to request that the doctor attaches a statement containing my views to the report.
4. The doctor does not have to let me see any part of a report that he / she considers would be likely to cause serious harm to my physical or mental health or to that of others, or would indicate the doctor's intention towards me. The doctor also does not have to let me see any part of a report which may disclose the identity of another person who has supplied information about me, unless that person has consented or is a health professional caring for me. If the doctor does not let me see any part of a report, he/she must notify me of that fact.

I confirm that I have been advised of my rights under the Access to Medical Reports Act 1988. I understand L&G may seek medical information concerning my physical or mental health from any doctor who has attended me at any time.

By signing this application I consent to the release of this information to L&G.

Customer

I **do not** want to see the medical report before it is sent to L&G.

Or

I **do** want to see the medical report before it is sent to L&G.

Spouse, registered civil partner or dependant

I **do not** want to see the medical report before it is sent to L&G.

Or

I **do** want to see the medical report before it is sent to L&G.

8. Declaration continued

For you (the customer)

i To be completed in all cases.

I confirm that I have read the Key Features document, the Terms and Conditions of the Pension Annuity and my Quotation. By entering my name in the signature box below and submitting this application form to L&G, I confirm the following:

1. All the information given in this application form is true and complete to the best of my knowledge.
2. I have read and understood the Declaration and agree to its terms.
3. I agree to be bound by the Terms and Conditions of the Pension Annuity.
4. I agree to the use of my information as set out in the privacy notice.

Signature

You can type your name
or sign by hand

Today's date (DD/MM/YYYY)

 / /

For your spouse, registered civil partner or dependant

i Only to be completed if they are to receive an annuity income on your death.

By entering my name in the signature box below and submitting this application form to L&G, I confirm the following:

1. All the information given in Sections 2 (and 3) of this application form is true and complete to the best of my knowledge.
2. Where I have supplied medical details, I have read and understood the Declaration section regarding sensitive data and my rights under the Access to Medical Reports Act 1988 and agree to its terms.
3. I agree to the use of my information as set out in the privacy notice.

Signature

You can type your name
or sign by hand

Today's date (DD/MM/YYYY)

 / /

9. For financial advisers / intermediaries



To be completed by your financial adviser / intermediary if you are using one to purchase this Pension Annuity.

A. Basis of advice

Did your client receive advice regarding the sale of this product?

Yes

No

B. General

Is this a transfer from a UK pension scheme?

Yes

No

Is the applicant applying on their own behalf and not as a nominee, trustee, or in a fiduciary capacity for another person?

Yes

No

C. DB to DC Transfers

Does this application relate to a Defined Benefit / Final Salary or GMP transfer into the L&G Retirement Pension Scheme for Immediate Vesting?

Yes

No

If 'Yes', is the value of the gross transfer value greater than £30,000?

Yes

No



For Defined Benefit / Final Salary or GMP transfers valued at greater than £30,000, it is a regulatory requirement for full advice / a personal recommendation to be given by a financial adviser with the required permissions.

D. Adviser details

Firm name

Firm telephone number

Firm email address

FCA firm reference number

Your L&G agency number

Providing an incorrect agency number or omitting your agency number will cause a delay in processing the application. Please email agency.admin@landg.com or call **03709 005 010** if you don't know your agency number.

Firm address including
postcode

Postcode

Adviser declaration

I confirm that by completing my details and entering my name in the signature box below:

1. All the information given by me in this application form is true and complete to the best of my knowledge.
2. As the agent submitting this application, if the product is a transfer to the L&G Retirement Pension Scheme, I instruct L&G to record this pension transfer under my firm's agency details as stated in Section D.

Full name and title of financial intermediary

Mr / Mrs / Ms / Miss / Other

Surname

First name(s)

Position

Signature

You can type your name
or sign by hand

Today's date (DD/MM/YYYY)

 / /

Get in touch

Call us on

0345 070 2459

Call charges will vary and we may record and monitor calls.

Email us at

annuities.quotes@landg.com

Visit our website at

legalandgeneral.com/retirement

Additional support and alternative formats

Please contact us if you have any special circumstances you'd like to tell us about as we may be able to provide some additional support.

You can also request this document in Braille, large print or audio.

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Registered office: One Coleman Street, London EC2R 5AA.

We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

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