

Application form

Pension Annuity



Once you've completed this form, please return it to:

Legal & General Retirement

PO Box 809

Cardiff, CF24 0YL

This application form is for a Legal & General Pension Annuity. You can only apply once you have received a guaranteed quote. You can't apply with a verbal or indicative quote (an indicative quote has the reference 'IND' at the start).

Please provide below the guaranteed quote reference number(s) you wish to accept.

We are unable to process your application without this information.

<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"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>
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The annuity rate used in your quote is guaranteed for a limited period. For this rate to apply, we must receive your completed application and the money from your pension pots(s) before the date shown in your quote. If we receive your application or the money after this date, the rates available at the time will apply.

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 Legal & General 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.

The personal information collected from you will be shared with fraud prevention agencies to prevent fraud and money-laundering and to verify your identity. If fraud is detected, you could be refused certain services, finance, or employment. Further details of how your information will be used by us and these fraud prevention agencies, and your data protection rights, can be found on legalandgeneral.com/cifas

You could miss out on extra income that you are entitled to if you have a medical condition you do not tell us about. In some cases the amount could be significant. If you have a medical condition you haven't already told us about please contact us before continuing with your application.



Notes for the member about this application

1. Proof of identity:

- **A copy of the deed poll** if you have changed your name by this means.

2. For taxation purposes please enclose:

- **P45** for this tax year, if applicable (without this, a temporary tax code, which is confirmed by HM Revenue & Customs, will be applied to your payments until we receive confirmation of your correct code). The P45 will not be returned to you. If we make payments before receiving confirmation of your tax code, and later learn that you have paid too much tax, we will return the overpaid tax to you by adjusting the next instalment of your annuity.

3. What needs to be signed and dated:

- The declaration must be signed and dated by the person who we'll be paying the income to. Where the annuity is to be purchased on the open market by the trustees of a pension scheme, the trustee or administrator must also sign and date the declaration. The declaration should also be signed by the spouse, registered civil partner or dependant if medical information has been supplied for this person.

4. Information you should note:

- You need to make sure any medical information you give us is both accurate and complete so that we can pay you the maximum level of income you're entitled to.
- 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.
- For transfers into our Retirement Pension Scheme, the maximum tax-free cash sum is 25% of the value of the fund. The only exception to this is if you are entitled to a higher tax-free cash sum by registering with HM Revenue & Customs for enhanced protection.
- All transfers will be administered on the basis that they are not part of a block transfer. Please refer to HMRC's Registered Pension Schemes manual for further information on block transfers.
- We will not make a payment under this contract to anyone except to you or the scheme trustee/administrators. In the event of your death, and depending on the options you have chosen, payment can only be made to your spouse or registered civil partner; named dependant; or a beneficiary. This is to receive any income or lump sum from any guaranteed minimum payment period or value protection; or your estate.

If you have chosen to pay an adviser charge from your lump sum or fund, we will pay this on to your financial adviser when we set up your annuity.
- You must have a permanent National Insurance number.

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 a Legal & General 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

 Please complete this section in full.

1. What is your full name and title?

Mr/Mrs/Miss /Ms/Other

Surname

First name(s)

2. What is your date of birth?

D

D

M

M

Y

Y

Y

Y

3. What is your gender?

Male

Female

4. What is your marital status?

Single

Married

Registered civil partnership

Divorced/ Dissolved

Separated

Widowed

Cohabiting

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

Address

Postcode

Email address

Home phone

Mobile phone

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

6. What is your National Insurance number?

NI number

For example, AB 123456 C

You must have a permanent National Insurance number.

2. About your spouse, registered civil partner or dependant



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

- 1. What is their full name and title?
- 2. What is their date of birth?
- 3. What is their gender?
- 4. What is their marital status?
- 5. What is your relationship?
For example, husband, wife or partner.

Mr/Mrs/Miss /Ms/Other

Surname

First name(s)

D

D

M

M

Y

Y

Y

Y

MaleFemale

SingleMarriedRegistered civil partnership

Divorced/ DissolvedSeparatedWidowed

Cohabiting

3. Your doctor's details



If your doctor is not UK based, please contact us before completing this form. Only complete this section if you have provided us with medical information.

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



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 trustees or 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?
- 2. What is the bank or building society sort code and account number?
- 3. What name is your account in?
You must be either the sole or joint account holder.
- 4. What is the building society roll number (if applicable)?

Sort code

–

–

Account number

5. Beneficiary payment details



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.

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

Nomination One

1. What is their full name and title?

Mr/Mrs/Miss /Ms/Other

Surname

First name(s)

2. What is their address?

Address

Postcode

3. What is their date of birth?

D

D

M

M

Y

Y

Y

Y

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?
2. What is their address?
3. What is their date of birth?
4. Percentage of payments due on your death to this nominee.
5. What is your relationship?

Mr/Mrs/Miss
/Ms/Other

Surname

First name(s)

Address

Postcode

%

The total across all nominees must equal 100%.

Nomination Three

1. What is their full name and title?
2. What is their address?
3. What is their date of birth?
4. Percentage of payments due on your death to this nominee.
5. What is your relationship?

Mr/Mrs/Miss
/Ms/Other

Surname

First name(s)

Address

Postcode

%

The total across all nominees must equal 100%.



Where the policy is in the name of the scheme, any death benefit will be paid to that scheme and the trustees/administrators may take your wishes into account.

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



Please give details of each purchasing or transferring pension scheme(s) including any Legal & General schemes. If there is insufficient space for you to provide details of all your schemes, please continue on a separate page or take a photocopy of this page.

Scheme One

1. Name of the current provider.
2. Address and telephone number of the current provider.
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?
6. Are the funds already in drawdown?
7. Is this a full or partial transfer?
8. Approximate fund value to be paid to us.
9. Do you want to take a tax-free cash sum?

If yes to the above

- a. who will be paying this sum to you?
- b. is the maximum tax-free cash required (normally 25% of the fund value)?

Name

Address

Telephone number

☐ Yes ☐ No

☐ Yes ☐ No

☐ Full ☐ Partial

£

☐ Yes ☐ No

☐ Legal & General ☐ Current provider

☐ Yes ☐ No

If not 25%, what percentage or value should be paid?

%/£

Scheme Two

1. Name of the current provider.
2. Address and telephone number of the current provider.
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?
6. Are the funds already in drawdown?
7. Is this a full or partial transfer?
8. Approximate fund value to be paid to us.
9. Do you want to take a tax-free cash sum?

If yes to the above

- a. who will be paying this sum to you?
- b. is the maximum tax-free cash required (normally 25% of the fund value)?

Name

Address

Telephone number

☐ Yes ☐ No

☐ Yes ☐ No

☐ Full ☐ Partial

£

☐ Yes ☐ No

☐ Legal & General ☐ Current provider

☐ Yes ☐ No

If not 25%, what percentage or value should be paid?

%/£

Scheme Three

1. Name of the current provider.
2. Address and telephone number of the current provider.
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?
6. Are the funds already in drawdown?
7. Is this a full or partial transfer?
8. Approximate fund value to be paid to us.
9. Do you want to take a tax-free cash sum?

If yes to the above

- a. who will be paying this sum to you?
- b. is the maximum tax-free cash required (normally 25% of the fund value)?

Name

Address

Telephone number

☐ Yes ☐ No

☐ Yes ☐ No

☐ Full ☐ Partial

£

☐ Yes ☐ No

☐ Legal & General ☐ Current provider

☐ Yes ☐ No

If not 25%, what percentage or value should be paid?

%/£

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 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, 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 of this part of the application form 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 Legal & General:

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 Legal & General, 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 Legal & General.

I accept that in order to comply with regulatory obligations, Legal & General 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 Legal & General 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 Options or Trustee purchase, I authorise and instruct you to pay me any tax-free cash sum as indicated, to pay the balance of sums and assets to Legal & General 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, Legal & General's responsibility is limited to the return of the total payment(s) to my current provider(s).

When payment is made to Legal & General 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 Legal & General about purchasing my Pension Annuity.

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

- deduct that adviser charge in accordance with my quote; and
- 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 Legal & General on the initial set-up of this annuity:

- is wholly connected to the purchase of this annuity; and
- 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 Legal & General 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.

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.

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 Legal & General does not constitute acceptance by Legal & General of the transfer payment. The transfer payment will only be accepted once Legal & General 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 Legal & General 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 Legal & General 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"/>	Telephone	<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.

* E.g. 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 policy 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 Legal & General (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

Legal & General 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 reassurer 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 Legal & General, although if I withhold this consent then Legal & General 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 Legal & General. 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 Legal & General. If I do not arrange to see the report within 21 days, it will be sent to Legal & General. I have the right to see the report at any time within six months of it being sent to Legal & General.

- 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 Legal & General 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 Legal & General.

Member		Spouse, registered civil partner or dependant	
I do NOT want to see the medical report before it is sent to Legal & General.	<input type="checkbox"/>	I do NOT want to see the medical report before it is sent to Legal & General.	<input type="checkbox"/>
or		or	
I do want to see the medical report before it is sent to Legal & General.	<input type="checkbox"/>	I do want to see the medical report before it is sent to Legal & General.	<input type="checkbox"/>



We recommend that you read the Key Features document and Terms and Conditions before you apply.

To be completed in all cases

Member

I agree to the terms set out in the 'Declaration' and the use of my information as described in the privacy notice.

Signature

Today's date

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



The spouse, registered civil partner or dependant's signature is only required if medical details have been supplied for them.

Spouse, registered civil partner or dependant

I agree to the terms set out in the 'Declaration' and the use of my information as described in the privacy notice.

Signature

Today's date

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



The signature below only applies if the annuity is being purchased by the trustees/administrator on behalf of the member. You must also provide your client with the appropriate risk warnings in accordance with FCA COBS 19.7.

On behalf of the trustees or administrators of the originating scheme or contract.

Name

Signature

Today's date

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

9. Financial adviser/intermediary section



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

A. Basis of advice declaration

To meet the Financial Conduct Authority (FCA) regulatory reporting requirements, Legal & General must record whether advice was given to your client regarding the sale of this product.

Please tick the relevant box.

☐

Yes

☐

No

B. Adviser Declaration

The applicant is applying on their own behalf and not as a nominee, trustee or in a fiduciary capacity for any other person. I can confirm that any transfer is from a UK Registered Pension Scheme. Please process any transfer under the following details:

Full name of firm

Firm's telephone number

Firm's email address

FCA Firm reference number

Your Legal & General agency number

If the wrong number or no number is given, this will cause delays.

Please email **agency.admin@landg.com** or call **03709 005 010** if you don't know your Legal & General agency number.

Firm address

Firm postcode

C. DB to DC Transfers

Does this application relate to a Defined Benefit/Final Salary or GMP transfer into the Legal & General 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.

Was the advice for the customer to proceed with the transfer?

☐

Yes

☐

No

We will only accept the transfer if the advice/recommendation was for it to proceed.

What is your full name and title as the financial adviser/intermediary?

Mr/Mrs Miss
/Ms/Other

Surname

First name(s)

Position

Today's date

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

Signature

Declaration

I confirm that to the best of my knowledge my answers are full and accurate.

As the agent who is submitting this application, if the product is a transfer to Legal & General Retirement Pension Scheme, I hereby instruct Legal & General to record this pension transfer under my firm's agency details as stated above.



As the financial adviser/intermediary it is your responsibility to forward the quote, Key Features document and Terms and Conditions booklet to your client. You must also provide your client with the appropriate risk warnings in accordance with FCA COBS 19.7.

Please make sure you contact the originating scheme to notify them that the fund is going to buy an annuity with us. This also applies if the fund to buy the annuity originates from a Legal & General plan. You will need to contact the appropriate claims area.

Notes

Get in touch

Call us on

0345 070 2459

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

Email us at

annuities@landg.com

Online

**[legalandgeneral.com/
retirement](https://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.

Legal & General Assurance Society Limited.

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S410 04/25 IFA Non-ASD

