

Withdrawal facility

Complete this section only if you wish to receive regular withdrawals (minimum £50). Note that withdrawals in excess of any growth of the unit value of your bond will erode its capital value. Also, withdrawals in excess of 5% per annum may have immediate tax consequences - see Key Features.

Amount of each withdrawal payment £ or %

Date of first payment (dd/mm/yyyy) Please allow up to four working days for payment to reach you.

Payments to be made Annually Half-yearly Termly Quarterly Monthly

Payments will be made directly into your bank account. Please give details below.

Bank	<input type="text"/>
Branch	<input type="text"/>
Address	<input type="text"/>
	Postcode <input type="text"/>
Sort code	<input type="text"/>
Account number	<input type="text"/>
Name of account to be credited	<input type="text"/>



Data Protection

Using your Personal Information

The information given on this form will be used by Lincoln to assess your application and, if successful, set up and administer your policy.

Of the information we may request of you in order to process your application for certain products, the 1998 Data Protection Act ("the Act") classifies information about your health as sensitive and requires that we obtain your consent to use it. When you provide such information to us, we will not use it for any purpose other than to determine your eligibility for the cover for which you applied. This means we may pass on such information to individuals or groups who are involved in the processing of your application, including specifically Capita Life and Pensions Services Limited. They must treat your information confidentially and also must abide by the Act. We regret that if you do not consent, we will be unable to process your application.

Telephone calls may be monitored and recorded to help staff training, customer service and for the purposes of security and fraud prevention.

Keeping you updated

We would like to tell you by letter or phone about our products and services which we believe would be of interest to you. If you do not want us to do this please tick the box(es) below.

First applicant Second applicant

We may also contact you with details of appropriate products or services offered by carefully selected companies we think may be of interest to you. If you do not wish to receive such information please tick the box(es) below.

First applicant Second applicant

Money Laundering

Under the Money Laundering Regulations we are required, in certain circumstances, to obtain independent documentary evidence of the identity and permanent address of persons seeking to invest with us. Until we receive the documentation, we may be required to delay processing your instructions and/or withhold any payments due to you from us in respect of your investment.

We may check your details with credit reference agencies, who may add details of our search to your record, and with fraud prevention agencies, who may record details of any false or inaccurate information provided by you where we suspect fraud. We may also disclose details of your conduct in relation to your application, account or policy to these agencies. We or other organisations may use and search these records to help make decisions about applications, accounts, claims and other services for you and members of your household and to prevent fraud and money laundering. We cannot accept responsibility for the accuracy of information provided by these agencies nor can we accept any liability for the consequences of our undertaking these checks or declining to accept your application. Please contact us if you would like details of these agencies and how they may use your information.

Declarations

By signing this form:

- I declare that all investments made and to be made belong to me.
- I acknowledge that my Lincoln Investment Bond will only be issued after Lincoln Assurance Ltd has received and accepted my application form and payment has been received. A copy of our standard Terms and Conditions and this completed application form are available on request.
- I have received and read the current Key Features of the Lincoln Investment Bond.

First applicant		Second applicant	
Name	<input type="text"/>	Name	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Date of birth	<input type="text" value="D D M M Y Y Y Y"/>	Date of birth	<input type="text" value="D D M M Y Y Y Y"/>
Signature	<input type="text" value="X"/>	Signature	<input type="text" value="X"/>
Date	<input type="text" value="D D M M Y Y Y Y"/>	Date	<input type="text" value="D D M M Y Y Y Y"/>

Is your application complete?

1. Are all applicable sections filled in and have you signed the declaration?
2. Have you included your signed and dated cheque made payable to Lincoln Assurance Limited?.

If you have any queries relating to this application please telephone us on **0845 075 3535**.

