

This application form should be used if you are:

- applying for an i2Live Accumulator only and do not require income immediately.
- if you require income immediately, please complete an i2Live Drawdown or an i2Live Annuity application form.

**Complete the full form in block capitals and ink, sign the declaration and return to:**

**Lincoln Retirement Income  
PO Box 2139  
Gloucester  
GL4 3WJ**

**If you need any assistance when completing this form, please call our Service Team on 0845 642 22 22**

#### Document Checklist

On completion of your application, please check you have **completed** and **enclosed** the following forms as relevant to your application.

- Personal illustration.
- Direct Debit mandate (if regular contributions are being paid).
- Employer's Direct Debit mandate (if regular contributions are being paid).
- Confirmation of Verification of Identity certificate (money laundering form).
- Transfer Authority forms. **Please do not detach.**
- Signed declarations.

#### Non-Protected Rights and Protected Rights

You are applying for membership of two pension schemes under i2Live Accumulator.

- Lincoln will pay all non-Protected Rights funds into the Lincoln Retirement Income Personal Pension Scheme.
- Lincoln will pay all Protected Rights funds into the Lincoln Retirement Income (PR) Personal Pension Scheme.

### 1. Your details

Title

Gender  Male  Female

Forename(s)

Surname

Date of birth

Are you an existing *Lincoln i2Live* planholder?  Yes  No

Marital status  Single  Married  Civil partnership  Divorced  Widowed  Separated

National Insurance number  -  -  -  -

#### Permanent residential address

Address line 1

Address line 2  Postcode

Please advise if a separate communication address is applicable. Please provide details in the 'Additional information' section of the application form (see page 6).

Daytime telephone number

Are you a permanent UK resident?  Yes  No



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## Your employment status

Please select the box that is most applicable to you.

Employed       Pensioner       Self-employed

If none of the above applies to you, please select the most applicable from the five boxes below.

Caring for one or more children under age 16       Caring for a person over age 16

Full-time education       Unemployed

Other (please specify)

## 2. Product details – i2Live Accumulator

Please enter a selected retirement age or date. The selected retirement age or date will be used for illustration purposes and can be changed at any time. If neither are specified, a default age of 75 will be used.

Selected retirement age  OR Date

## 3. Transfer details

The minimum initial investment into *Lincoln i2Live* across all the products is £50,000. Any additional payments must total at least £5,000.

Please complete the details below and a Transfer Authority form (at the back of the application) for each transfer. Should you have extra transfers, please complete an Additional Transfer Details form or provide details in the 'Additional information' section. By signing the Transfer-in Authorisation you are consenting to Lincoln contacting the administrator and/or the insurer of the transferring scheme to give or obtain any information required to complete the transfer.

If the transfer value we receive is significantly different to the amount shown on your personal illustration, we may ask for confirmation that you wish to proceed.

Name of transferring scheme	Estimated transfer value (£)		
	non-Protected Rights	Protected Rights	Total
A	£	£	£
B	£	£	£
C	£	£	£
D	£	£	£
E	£	£	£
F	£	£	£
G	£	£	£
H	£	£	£
<b>Total estimated transfer amount from all transfer payments</b>			£

### Note:

If you are transferring Safeguarded Rights please ask us for a separate application.



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## 4. Contributions

Please enter the gross contribution. Personal contributions will receive tax relief at source and therefore the amount you actually pay will be net of basic rate tax. If contributions are being paid on your behalf by anyone other than your employer, please complete 'Third party details'.

### Single contributions

The minimum initial investment into *Lincoln i2Live* is £50,000. Any additional payments or single contributions must be at least £5,000.

**Please make cheques payable to Lincoln Retirement Income.**

Personal contribution (gross)

Employer contribution (gross)

### Regular contributions

The minimum gross regular contribution is £500 per month or £5,000 per annum. Please note regular contributions will start once the minimum initial investment of £50,000 has been received. Please complete the Direct Debit Instruction, either for your personal contributions, your employer's contributions or both.

Personal contributions (gross)

Contribution start date  Monthly  OR Annually

Employer contributions (gross)

Contribution start date  Monthly  OR Annually

**Employer name and address** (Please complete if your employer is making contributions)

Employer name

Address line 1

Address line 2  Postcode

### Employer's declaration

To be completed only if your employer is contributing to *Lincoln i2Live*.

We, as the employer of the employee making this application, agree to pay contributions in accordance with this application.

Signed for and on behalf of the employer  Date

Name of person authorised to sign by employer  Position

**Third party details** (Please complete if anyone other than your employer is making contributions on your behalf)

Third party name

Address line 1

Address line 2  Postcode

### Note 1:

Please note where an employer or third party is paying contributions on your behalf, in accordance with the Money Laundering Regulations 2007, verification of the third party or employer's identity will need to be completed.



Continued

## 5. Investment funds selection

Please indicate in which funds you would like to invest and the proportion (whole percentage) in each of the funds you have selected, ensuring a minimum of £5,000 in each fund.

If you require different fund selections for different payment types (non-Protected Rights transfers, Protected Rights transfers, single contributions and regular contributions), please complete the appropriate columns below, otherwise just complete the Total investment column.

Fill in this column **OR** write individual splits across these columns

Fund code See Investment Funds Guide	Fund name See Investment Funds Guide	Total investment	Non-Protected Rights transfers	Protected Rights transfers	Single contributions	Regular contributions
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>



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## 6. Nominated beneficiaries for death benefits

You can nominate who should receive a lump sum or pension income following your death. The scheme administrator decides who will actually receive the benefits but will normally follow your wishes. You can change your mind at any time by completing a Beneficiary Nomination form.

<b>Nominated beneficiary 1</b>	<input type="text"/>	Proportion of benefits	<input type="text"/>	%
Date of birth	<input type="text" value="D D M M Y Y Y Y"/>	Gender	<input checked="" type="checkbox"/> Male	<input checked="" type="checkbox"/> Female
Address line 1	<input type="text"/>			
Address line 2	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>			
<b>Nominated beneficiary 2</b>	<input type="text"/>	Proportion of benefits	<input type="text"/>	%
Date of birth	<input type="text" value="D D M M Y Y Y Y"/>	Gender	<input checked="" type="checkbox"/> Male	<input checked="" type="checkbox"/> Female
Address line 1	<input type="text"/>			
Address line 2	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>			



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## Additional information

Please use this sheet for any extra details



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## 7. Declaration and Signatures

### Member's Declaration

#### The non-Protected Rights and the Protected Rights schemes.

This is an application for an i2Live Accumulator policy under the Rules of the Lincoln Retirement Income Personal Pension Scheme and the Lincoln Retirement Income (PR) Personal Pension Scheme. These two schemes are registered under the Finance Act 2004. Both schemes have been issued by Lincoln Assurance Limited ('Lincoln'). Lincoln, as scheme administrator for both schemes undertakes to administer the schemes in accordance with its rules ('the Rules'). A copy of the Rules under which each scheme is set up is available on request. A copy of this completed application form will be available on request.

This application is to become a member of each scheme in respect of any funds paid into i2Live Accumulator now or in the future.

#### Commitment to the non-Protected Rights and Protected Rights schemes

- I have read and understood the Key Features and my personal illustration for an i2Live Accumulator.
- I hereby apply to become a member of the Lincoln Retirement Income Personal Pension Scheme.
- I hereby apply to become a member of the Lincoln Retirement Income (PR) Personal Pension Scheme.
- I understand that this may mean that one scheme does not contain any benefits for me.
- I authorise Lincoln to deduct any regular contributions from my bank account.
- I understand and agree to Lincoln's standard form of policy terms and conditions.
- I understand that Lincoln has not advised me in relation to taking out this policy (or policies) and has not therefore assessed whether this policy(ies) is/are suitable for me.
- I understand that I am responsible for taking my own independent financial advice in relation to my decision to become a member of both schemes.

#### Eligibility

- I am resident and ordinarily resident in the UK or a Crown Servant<sup>1</sup> or the spouse/registered civil partner of a Crown Servant<sup>1</sup>.
- I confirm that the contributions shown on this application form together with any contributions being made by me to any other pension schemes, do not exceed either 100% of my UK relevant earnings<sup>2</sup> for the current tax year or £3,600 per year, whichever is greater.

<sup>1</sup> **Crown Servant** is a representative of the British Government, normally based abroad. For instance, Embassy or Consular staff.

<sup>2</sup> **Relevant earnings** are as defined in Section 189 of the Finance Act 2004. In broad terms they include any income from employment or self-employment that is chargeable to UK income tax.

#### Conditions of contract

- I agree to advise Lincoln, in writing, within 30 days if:
  - I stop being resident or ordinarily resident in the UK.
  - my total gross contributions, whether paid by me or on my behalf, to all pension schemes, ever at any time exceed the maximum contribution on which tax relief can be claimed.
- I confirm that no contribution that I make to the policy, as included in this application or in the future, will be paid in whole or part from a pension commencement lump sum that I have received from any registered pension scheme.
- I understand that failure to provide adequate information when requested to do so by Lincoln may result in the loss or withdrawal of tax relief.
- I understand that the scheme administrator must use discretion in deciding who best should receive the benefits in the event of my death. Therefore, they cannot be bound by my wishes, but will bear them in mind.
- I agree not to require the withdrawal of funds (nor have income of the fund paid to me) except in circumstances expressly permitted under the Rules.
- I understand that no benefit may be assigned, commuted or surrendered except in accordance with the provisions of the Welfare Reform and Pensions Act 1999 and in certain circumstances, with the scheme administrator's consent, the provisions of the Finance Act 2004.
- I understand that in accepting contributions Lincoln makes no representation or gives any guarantee that any such contribution or contributions will be allowed for tax relief.
- I will notify Lincoln of any event which may result in my contributions no longer being eligible for tax relief.
- I understand that Lincoln has the power to adjust the policy terms if there should be any change in law or taxation or in the event of a statutory levy being imposed.
- I understand that revised instructions regarding my policy can be accepted by Lincoln either directly from me or from the financial adviser who arranged my policy (or from any other financial adviser I appoint in writing and accepted by Lincoln) provided that such revisions are allowed in the terms and conditions of the policy.



Continued

- Where my employer has agreed to arrange contributions to my policy I consent to:
  - Lincoln giving information to my employer.
  - Lincoln obtaining and verifying information for the purposes of setting up and administering the policy.
- I understand that I am responsible for any tax charges or penalties arising from any unauthorised payments, or from any limits or allowances being exceeded, as a result of incorrect or incomplete information given by me.
- I agree to the level of commission that will be paid to my financial adviser as disclosed to me by them or as shown on my personal illustration.

**Please note**

It is a serious offence to make false statements in order to obtain tax relief under a pension plan. To do so may result in prosecution and the penalties involved are severe.

**Anti Money Laundering Declaration**

Under the Money Laundering Regulations 2007 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 are 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.

**Data Protection Statement: Using your Personal Information**

Personal information provided in connection with your application will be used by Lincoln to set up and administer any subsequent policy. We may also use it for market research statistical purposes and the prevention and detection of fraud. Your information may be shared with financial advisers or other people acting on your behalf. It may also be shared with our agents and others in conjunction with administering your policy and services for you.

Of the information we may request of you in order to process your application, the Data Protection Act 1998 ('the Act') classifies certain information 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 set up and administer your policy.

We may record and monitor telephone calls to help improve our quality of service and for the purposes of security and fraud prevention.

**By signing this form:**

- **I declare to the best of my knowledge and belief that the details and declaration given on this application form, whether in my own handwriting or not, are true, correct and complete and that these details, together with all information provided by me or on my behalf, including anything I may have said, or transmitted by facsimile or email may be relied on by Lincoln in considering whether to accept my application and in administering any subsequent policy.**
- **I confirm I have read and understood the above declarations and statements and agree to be bound by them, the Rules and the policy terms and conditions.**

Signature

Date

Issued by Lincoln Assurance Limited, incorporated in England registration number 830572, registered office Barnett Way, Barnwood, Gloucester GL4 3RZ. Telephone 01452 374 500, Fax 01452 634 300, www.lincolnuk.co.uk. Lincoln Assurance Limited is authorised and regulated by the Financial Services Authority and is a member of the Lincoln Financial Group. Member of the Association of British Insurers. Any information offered will relate to the life assurance, pension and unit trust products of the Lincoln Financial Group. No personal financial advice or recommendations will be given. Calls may be monitored and recorded for security and training purposes.



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## Direct Debit Instruction - personal/third party

Please refer to the Direct Debit Guarantee below before completing this section.



### Instruction to your Bank or Building Society to pay by Direct Debit

Customer reference number (office use only)

Originators identification number

### Name and address of Bank/Building Society

Name of Bank/  
Building Society

Address of Bank/  
Building Society

Postcode

Account to be debited  
held in the name of  Sort code  -  -

Account number  Building society roll number

Banks and Building Societies may not accept Direct Debit instructions for some types of account.

### Instructions to your Bank or Building Society

Please pay Lincoln Assurance Limited from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Lincoln Assurance Limited and if so, details will be passed electronically to my Bank/Building Society.

Signature

Date

## The Direct Debit Guarantee

**This guarantee should be detached and retained by the Payer**



- This Guarantee is offered by all Bank and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, Lincoln Assurance Limited will notify you at least 14 days in advance of your account being debited or as otherwise agreed.
- If an error is made by Lincoln Assurance Limited or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.



Continued

## Direct Debit Instruction - employer

Please refer to the Direct Debit Guarantee below before completing this section.

### Instruction to your Bank or Building Society to pay by Direct Debit

Customer reference number (office use only)

Originators identification number

### Name and address of Bank/Building Society

Name of Bank/  
Building Society

Address of Bank/  
Building Society

Postcode

Account to be debited  
held in the name of  Sort code  -  -

Account number  Building society roll number

Banks and Building Societies may not accept Direct Debit instructions for some types of account.

### Instructions to your Bank or Building Society

Please pay Lincoln Assurance Limited from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Lincoln Assurance Limited and if so, details will be passed electronically to my Bank/Building Society.

Signature

Date

## The Direct Debit Guarantee

**This guarantee should be detached and retained by the Payer**

- This Guarantee is offered by all Bank and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, Lincoln Assurance Limited will notify you at least 14 days in advance of your account being debited or as otherwise agreed.
- If an error is made by Lincoln Assurance Limited or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.



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**For financial adviser use only**

Financial adviser name

Firm name  Registered Individual number

Address line 1

Address line 2  Postcode

**OR**

Financial adviser stamp

**Commission details**

Initial commission:  % **OR** Amount  £

Renewal commission  % of fund value per annum

I confirm that I have given advice and have agreed commission details with my client.

Signature  Date

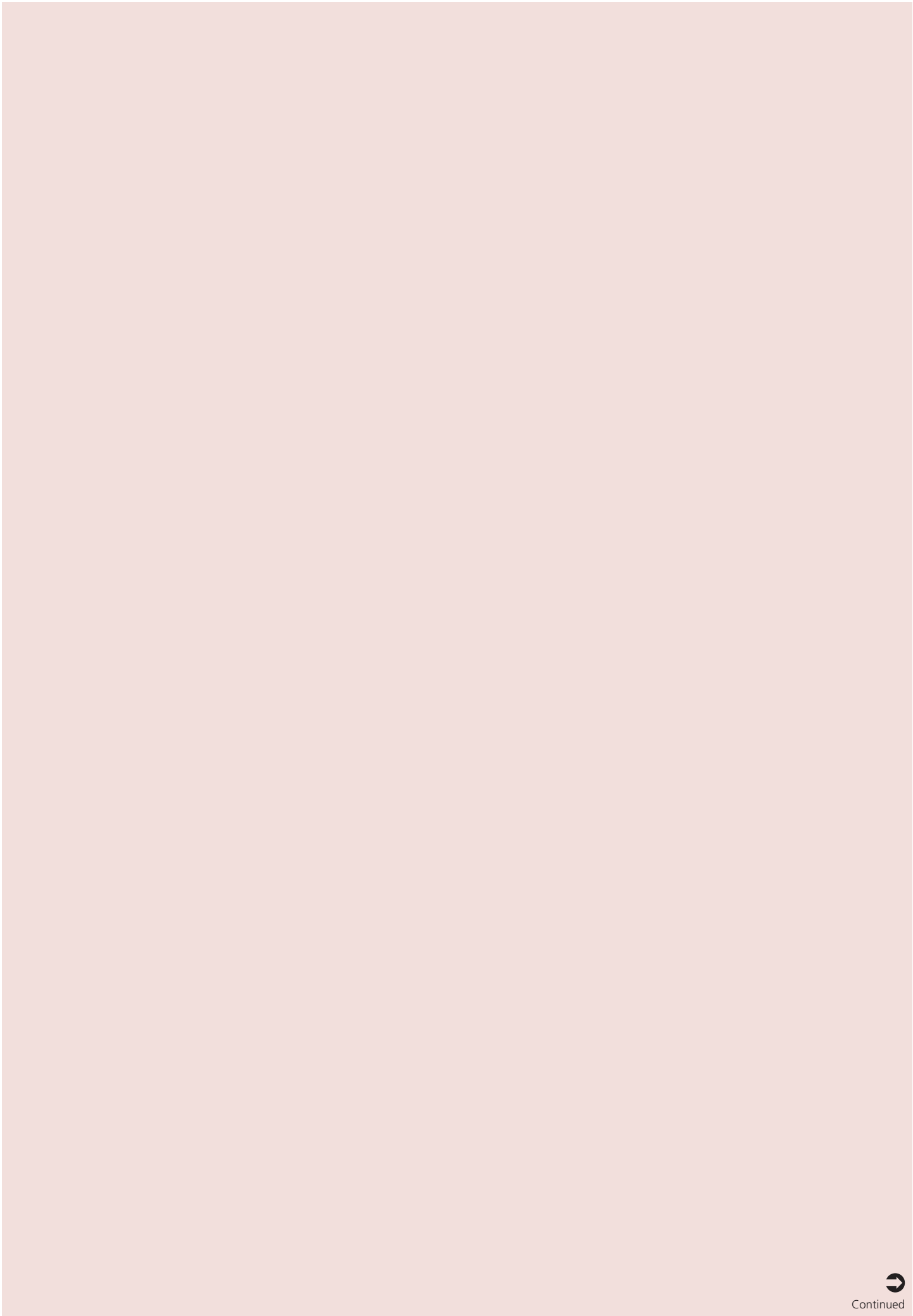
**Office use only**

**(not to be completed by the applicant)**

Cheque acknowledgement number  Cheque amount  £

Date stamp





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## Transfer Authority Form

### Transfer Payment A

Please complete a separate authority form for each policy that you wish to transfer. These transfer forms will be forwarded to your existing provider as your instruction to transfer your existing pension to i2Live Accumulator.

Name of transferring scheme	<input type="text"/>
Scheme administrator (if different)	<input type="text"/>
Policy or scheme reference number	<input type="text"/>
Address of scheme administrator	<input type="text"/> <small>Postcode</small>
Telephone number	<input type="text"/>

### Transfer-in authorisation:

I request that my accrued benefits under the above pension scheme are transferred to i2Live Accumulator.  
I also authorise you to deal directly with Lincoln in all matters relating to the transfer of my benefits held with you.

Client signature	<input type="text"/>	Date	<input type="text" value="D D M M Y Y Y Y"/>
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Name	<input type="text"/>
Date of birth	<input type="text" value="D D M M Y Y Y Y"/>
National Insurance number	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>

If you require additional transfer forms, please call the Service Team on **0845 642 22 22** or log onto **www.lincoln-ifa.co.uk**.

#### Useful information for transferring scheme administrator

All non-Protected Rights funds will be paid into the following scheme:

Name: The Lincoln Retirement Income Personal Pension Scheme  
HMRC number: 00685226RW

All Protected Rights funds will be paid into the following scheme:

Name: The Lincoln Retirement Income (PR) Personal Pension Scheme  
HMRC number: 00713817RW  
ASCON: A7001333H

#### Bank details

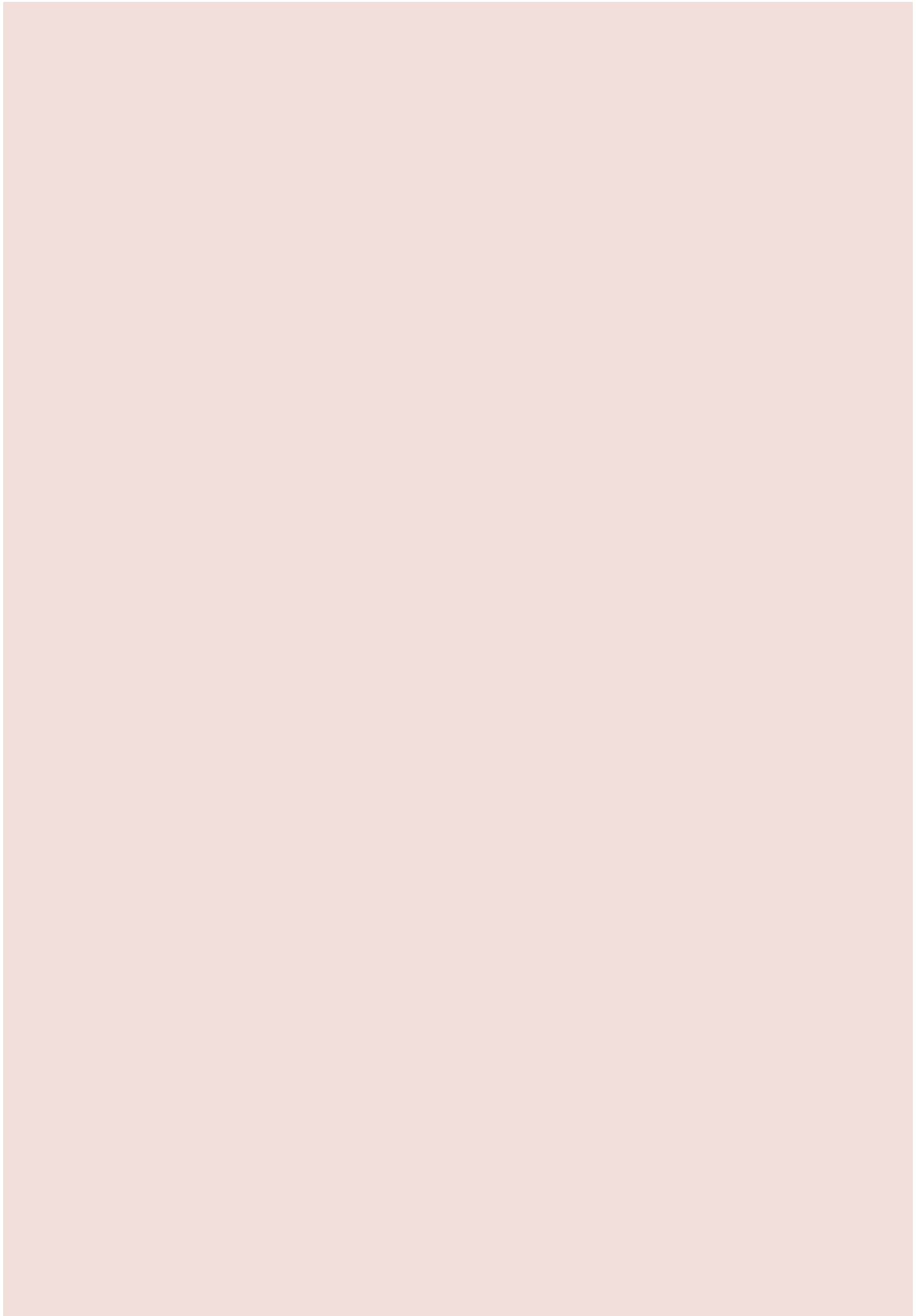
Account name: LAL Retirement Income  
Sort code: 40-02-50  
Account number: 21290746

#### Cheques

Made payable to: LRI / re: <Customer Name>



Continued



## Transfer Authority Form

### Transfer Payment B

Please complete a separate authority form for each policy that you wish to transfer. These transfer forms will be forwarded to your existing provider as your instruction to transfer your existing pension to i2Live Accumulator.

Name of transferring scheme	<input type="text"/>
Scheme administrator (if different)	<input type="text"/>
Policy or scheme reference number	<input type="text"/>
Address of scheme administrator	<input type="text"/> <small>Postcode</small>
Telephone number	<input type="text"/>

### Transfer-in authorisation:

I request that my accrued benefits under the above pension scheme are transferred to i2Live Accumulator.  
I also authorise you to deal directly with Lincoln in all matters relating to the transfer of my benefits held with you.

Client signature	<input type="text"/>	Date	<input type="text"/>
------------------	----------------------	------	----------------------

Name	<input type="text"/>
Date of birth	<input type="text"/>
National Insurance number	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>

If you require additional transfer forms, please call the Service Team on **0845 642 22 22** or log onto **[www.lincoln-ifa.co.uk](http://www.lincoln-ifa.co.uk)**.

#### Useful information for transferring scheme administrator

All non-Protected Rights funds will be paid into the following scheme:

Name: The Lincoln Retirement Income Personal Pension Scheme  
HMRC number: 00685226RW

All Protected Rights funds will be paid into the following scheme:

Name: The Lincoln Retirement Income (PR) Personal Pension Scheme  
HMRC number: 00713817RW  
ASCON: A7001333H

#### Bank details

Account name: LAL Retirement Income  
Sort code: 40-02-50  
Account number: 21290746

#### Cheques

Made payable to: LRI / re: <Customer Name>



Continued

## Transfer Authority Form

### Transfer Payment C

Please complete a separate authority form for each policy that you wish to transfer. These transfer forms will be forwarded to your existing provider as your instruction to transfer your existing pension to i2Live Accumulator.

Name of transferring scheme	<input type="text"/>
Scheme administrator (if different)	<input type="text"/>
Policy or scheme reference number	<input type="text"/>
Address of scheme administrator	<input type="text"/> <small>Postcode</small>
Telephone number	<input type="text"/>

### Transfer-in authorisation:

I request that my accrued benefits under the above pension scheme are transferred to i2Live Accumulator.

I also authorise you to deal directly with Lincoln in all matters relating to the transfer of my benefits held with you.

Client signature	<input type="text"/>	Date	<input type="text"/>
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Name	<input type="text"/>
Date of birth	<input type="text"/>
National Insurance number	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>

If you require additional transfer forms, please call the Service Team on **0845 642 22 22** or log onto **[www.lincoln-ifa.co.uk](http://www.lincoln-ifa.co.uk)**.

#### Useful information for transferring scheme administrator

All non-Protected Rights funds will be paid into the following scheme:

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HMRC number: 00685226RW

All Protected Rights funds will be paid into the following scheme:

Name: The Lincoln Retirement Income (PR) Personal Pension Scheme  
HMRC number: 00713817RW  
ASCON: A7001333H

#### Bank details

Account name: LAL Retirement Income  
Sort code: 40-02-50  
Account number: 21290746

#### Cheques

Made payable to: LRI / re: <Customer Name>



Continued



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## Transfer Authority Form

### Transfer Payment D

Please complete a separate authority form for each policy that you wish to transfer. These transfer forms will be forwarded to your existing provider as your instruction to transfer your existing pension to i2Live Accumulator.

Name of transferring scheme	<input type="text"/>
Scheme administrator (if different)	<input type="text"/>
Policy or scheme reference number	<input type="text"/>
Address of scheme administrator	<input type="text"/> <small>Postcode</small>
Telephone number	<input type="text"/>

### Transfer-in authorisation:

I request that my accrued benefits under the above pension scheme are transferred to i2Live Accumulator.

I also authorise you to deal directly with Lincoln in all matters relating to the transfer of my benefits held with you.

Client signature	<input type="text"/>	Date	<input type="text" value="D D M M Y Y Y Y"/>
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Name	<input type="text"/>
Date of birth	<input type="text" value="D D M M Y Y Y Y"/>
National Insurance number	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>

If you require additional transfer forms, please call the Service Team on **0845 642 22 22** or log onto **[www.lincoln-ifa.co.uk](http://www.lincoln-ifa.co.uk)**.

#### Useful information for transferring scheme administrator

All non-Protected Rights funds will be paid into the following scheme:

Name: The Lincoln Retirement Income Personal Pension Scheme  
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All Protected Rights funds will be paid into the following scheme:

Name: The Lincoln Retirement Income (PR) Personal Pension Scheme  
HMRC number: 00713817RW  
ASCON: A7001333H

#### Bank details

Account name: LAL Retirement Income  
Sort code: 40-02-50  
Account number: 21290746

#### Cheques

Made payable to: LRI / re: <Customer Name>



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