

Pension Annuity Application Form

You should make sure you've read the **Key Features Document** and the **Terms of the Just Retirement Pension Annuity** before you apply.

About this Application Form

This form is an application for a pension annuity with Just Retirement. In return for your pension fund, we will provide you with:

- A regular income for the rest of your life
- If selected, a regular income for your dependant in the event of your death

Your financial intermediary can tell you about the best options for your circumstances.

To avoid delays in processing please complete the form using black ink and by printing in capitals. It is important that the form is fully complete and as accurate as possible, and all necessary attachments are included with this application.

Both you and your financial intermediary are required to complete the relevant sections of this Application Form.

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When returning your application form please remember to attach:

- **Evidence of Age** documents for both the Annuitant and the Dependant
- Fully completed **Medical Details form** (unless already submitted) including fully completed **Medical Declaration** signed and dated by both the Annuitant and the Dependant.

NB: Dependant's information is only required if a Dependant's pension is selected.

We may carry out spot checks and obtain reports from your doctor to confirm that the lifestyle information (such as smoking habits), and medical information (such as ongoing medication or hospital treatments) that you have provided is correct. If these do not support the information you have provided we may refuse your application, or your pension may be reduced and we will recover any overpayments made.

Please note failure to attach the above items could delay the processing of your application.

To help ensure that you include everything needed to support the application, a full checklist is shown over the page.

Please turn over to find out more:

Call: **0845 302 2287** or visit www.justretirement.com

Application Checklist

Just Retirement is committed to ensuring that your application is processed as quickly and smoothly as possible. This checklist will help ensure we have all the information we need to do this.

This Application Form

Has the applicant (and, in the case of a Scheme Pension, the Trustee/Scheme Administrator) signed the declaration in section E, page 7?

To enclose with this Application

For the annuitant, and the dependant (if dependant's pension is included):

Please provide for evidence of age and current name:-

- Completion of the ABI forms located at the back of this application form

OR

- Copy of Passport

OR

- Original Birth Certificate **and**, Original Marriage/Civil Partnership Certificate (if married or in a Civil Partnership)

OR

- Copy of Photo Driving Licence

Completed Medical Form (if not already submitted)

A Verification of Identity Certificate where the current scheme is an Executive Pension Plan (EPP) or a Small Self Administered Scheme (SSAS)

If applicable, original or copy of Pension Sharing Order

If applicable, original Power of Attorney or copy certified by a solicitor in original ink

If applicable, original or copy of Transitional Protection certificate

Proof of financial dependency ie: copy of joint utility bill/joint bank statement if clients are not married or in a Civil Partnership

Financial Intermediary

Trading Name

Name

FSA/Network number

Principal's FSA number (if applicable)

Email address

Commission % or fixed £

Pension Annuity Application Form

Important notes:

Please read them carefully.

In case any details change after you have completed this form, the declaration at the back of this form states that you consent to your financial intermediary providing the required signed authority direct to Just Retirement Limited ("Just Retirement" or "the Company") on your behalf. This will allow the application to proceed without delay.

If the value of the fund is different to that shown on the quotation, or if the money is received after the guarantee expiry date, the income you receive may be different to that shown on the quotation.

The start date for your Pension Annuity will be as follows:

- For a Lifetime Annuity (LA) and/or Scheme Pension (SP) it will be the date of receipt of your funds, unless another date has been specified by the Trustee(s) or Scheme Administrator
- For an Immediate Vesting Pension (IVP) it is the date of receipt of your funds

In the case of a Scheme Pension, the purchaser of the pension annuity must be the Trustees or Administrator of the Scheme.

If you have any queries about this, please discuss them with your financial intermediary.

Please note that this form makes reference to your Pension Commencement Lump Sum (PCLS), formerly known as Tax Free Cash (TFC).

A Personal details

Please enter all personal details of the Annuitant and any Dependant (if dependant's pension is included)

Annuitant

Dependant

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss
Other title (specify)	<input type="text"/>	<input type="text"/>
Marital or civil status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Civil Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Civil Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Married to or registered civil partner of annuitant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
First name(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
National Insurance no. e.g. AB 12 34 56 C	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY
Evidence of age enclosed?	<input type="checkbox"/> Yes*/ABI Form Completed <input type="checkbox"/> To Follow	<input type="checkbox"/> Yes*/ABI Form Completed <input type="checkbox"/> To Follow

* We must receive proof of age for the annuitant and the dependant (if dependant's pension applies). Therefore **please complete the ABI Forms found at the back of this application** OR we will need to see an original Birth Certificate OR a copy of a Photo Driving Licence OR a copy of a Passport for each individual.

Where a Birth Certificate has been received and an individual's name has changed by marriage, civil partnership or deed poll we will need to see the original Certificate of Marriage/Civil Partnership/deed poll.

Permanent residential address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/> Postcode	<input type="text"/> Postcode
Home (or preferred) telephone number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>

Call: **0845 302 2287** or visit **www.justretirement.com**

B Payment details

Please enter the account details you would like your annuity paid to by Just Retirement. Any Pension Commencement Lump Sum (PCLS) will be credited to the same account as the annuity payments unless a different account is specified below.

The annuity payments are to be paid to:-
(this must be a personal current account
in the annuitant's name)

The PCLS is to be paid to (if different to the
annuity payments):- (this must be a personal
current account in the annuitant's name)

Bank/building society name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
Full account name (eg: Mr Joe P Bloggs)	<input type="text"/>	<input type="text"/>
Account sort code	<input type="text"/>	<input type="text"/>
Account number (must be 8 digits)	<input type="text"/>	<input type="text"/>
Building society reference	<input type="text"/>	<input type="text"/>

C Supporting information

Please seek guidance from your financial intermediary to complete this section

Bankruptcy, creditor actions or claims

Have you ever been declared bankrupt? Yes No

If yes, what was the date of the bankruptcy?

If yes, what was the date of discharge?

Do you have any bankruptcy proceedings, creditor actions or claims pending against you? Yes No

Are any of your funds vested in the Trustee in Bankruptcy? Yes No

Pension Commencement Lump Sum (PCLS)

Use of PCLS Do you intend to use any Pension Commencement Lump Sum paid to you to reinvest in a registered pension scheme? Yes No

Lifetime Allowance (LTA)

Lifetime Allowance Details Is there sufficient Lifetime Allowance to crystallise these benefits without incurring a Lifetime Allowance Charge? Yes No

Did you access any pension funds **BEFORE** 6th April 2006? Yes No

If yes what amount are you currently receiving?* £ per year (Please give gross amount)

* If you are currently drawing your pension through Drawdown Pension/Unsecured Pension/Alternatively Secured Pension/Capped Drawdown, please also supply details of the maximum income at your last review

Have you accessed any pension funds **SINCE** 6th April 2006? Yes No

If yes what is your overall LTA Percentage used? %

What type of Transitional Protection applies? None Primary Protection* Enhanced Protection* PCLS Protection Fixed Protection*

*If registered for Primary, Enhanced or Fixed Protection, we will need to see the original of the Transitional Protection Certificate or a photocopy

Call: 0845 302 2287 or visit www.justretirement.com

D Details of your current pension fund(s) / Type of pension annuity(ies) required

Please provide details of your current pension fund(s).

If you have more than one pension scheme please provide full details of the fund of each one, continuing on a photocopy of this page if necessary. Please enter details of the type of pension annuity required from Just Retirement for each scheme.

Enter the quotation number for each quote you are accepting making sure to give us correct details, especially if you have had more than one quote from us. Please also make sure that the quote is based on the frequency and timing of pension payment that you require. These details will ensure that each pension annuity is set up correctly.

If you have any queries about this, please discuss them with your financial intermediary, who should help you complete this section.

Name of provider

Provider's address

Postcode

Current pension scheme reference/policy number

Just Retirement quote reference (provided on the quotation form)

Do the funds relate to:- Pension Sharing Order* Yes No Death of scheme member Yes No

*If funds relate to pension sharing, we will need to see the original or a copy of the Pension Sharing Order

Current Pension Scheme Type (please tick)

- Personal Pension Stakeholder Pension EPP (Verification of Identity Certificate required)
- RAC/S226 Drawdown Pension/Unsecured Pension/Alternatively Secured Pension SSAS (Verification of Identity Certificate required)
- AVC/FSAVC Occupational Defined Contribution/Money Purchase
- Defined Benefit/Final Salary (additional information required*)
- SECTION 32 (Buy out Bond) (additional information required*)
- Hybrid/Mixed Benefit (additional information required*)

Other-please specify

*If funds are from a Defined Benefit/Final Salary scheme, Section 32 or Hybrid/Mixed Benefit scheme, we will need to see a copy of a 'Benefit Statement' or 'Retirement Illustration' from the current pension scheme.

Type of pension annuity Lifetime Annuity Scheme Pension Immediate Vesting Pension

Estimated fund value

Total £ Gross/Net Please confirm if figure is gross/net of PCLS (Delete as applicable)

Of which:

Guaranteed Minimum Pension (GMP)* £ Gross/Net *Benefit Statement/Retirement Illustration required

Post 1997 Contracted Out Salary Related (COSR)* £ Gross/Net *Benefit Statement/Retirement Illustration required

Pension Commencement Lump Sum (PCLS) to be paid by Just Retirement Current pension provider No PCLS required

PCLS amount % or £ or Maximum (tick box)

If you do not want Just Retirement to apply for your funds before a specific date, please enter the date here:

Is there a specific income required from this pension fund, for example to meet the Minimum Income Requirement (MIR) for flexible drawdown? Yes No If yes, what is the required income for this fund? £

Call: 0845 302 2287 or visit www.justretirement.com

D Details of your current pension fund(s) / Type of pension annuity(ies) required continued

Name of provider

Provider's address

Postcode

Current pension scheme reference/policy number

Just Retirement quote reference (provided on the quotation form)

Do the funds relate to:- Pension Sharing Order* Yes No Death of scheme member Yes No

*If funds relate to pension sharing, we will need to see the original or a copy of the Pension Sharing Order

Current Pension Scheme Type (please tick)

- Personal Pension Stakeholder Pension EPP (Verification of Identity Certificate required)
- RAC/S226 Drawdown Pension/Unsecured Pension/Alternatively Secured Pension SSAS (Verification of Identity Certificate required)
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- Hybrid/Mixed Benefit (additional information required*)

Other-please specify

*If funds are from a Defined Benefit/Final Salary scheme, Section 32 or Hybrid/Mixed Benefit scheme, we will need to see a copy of a 'Benefit Statement' or 'Retirement Illustration' from the current pension scheme.

Type of pension annuity Lifetime Annuity Scheme Pension Immediate Vesting Pension

Estimated fund value

Total £ Gross/Net Please confirm if figure is gross/net of PCLS (Delete as applicable)

Of which:

Guaranteed Minimum Pension (GMP)* £ Gross/Net *Benefit Statement/Retirement Illustration required

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Pension Commencement Lump Sum (PCLS) to be paid by Just Retirement Current pension provider No PCLS required

PCLS amount % or £ or Maximum (tick box)

If you do not want Just Retirement to apply for your funds before a specific date, please enter the date here:

Is there a specific income required from this pension fund, for example to meet the Minimum Income Requirement (MIR) for flexible drawdown? Yes No If yes, what is the required income for this fund? £

E Declaration and authorisation

Data Protection

Just Retirement Limited* will use your personal information which you give or make available to us, or which we receive from any enquiries that we are permitted to make about you for:

1. Processing and administering your application in relation to your product and service requirements;
2. Conducting marketing (including providing information to you about products and services that may be of interest to you) and customer satisfaction research, including statistical analysis; and
3. Complying with any legal or regulatory requirement e.g. verifying your identity (this may involve the use of a credit reference agency or other third parties acting as our partners).

We may pass your personal information:

- To third parties for the purpose of assisting in the administration of your application or policy (including the backup and storage of information), for marketing, research and analysis purposes and also in connection with our own marketing activities. These third parties may be located within the UK, the EEA or elsewhere.

Contact may be made by post, telephone, fax, e-mail or other means.

- If you prefer not to receive any marketing from Just Retirement Limited or any third parties (including information about products and services that may be of interest), please tick here.
- If you are happy for your email address to be used for administration of your policy, please tick here.

You have a right under the Data Protection Act 1998 to ask for a copy of the information about you held by us in our records in return for payment of a small fee and to require us to correct any inaccuracies. If you would like to request details of your personal information, please write to: Data Protection Officer, Just Retirement Limited, Vale House, Roebuck Close, Bancroft Road, Reigate, Surrey, RH2 7RU

* Just Retirement Limited as set out in this section refers to Just Retirement Limited together with its holding company and any subsidiaries of its holding company.

Declaration to Just Retirement

I confirm the details provided in this application form whether in my own handwriting or not is to the best of my knowledge and belief true, accurate and complete. I confirm that all facts that might be important in assessing my application for an annuity have been provided. I understand that if I have failed to give all these relevant facts, Just Retirement may cancel the policy or adjust the annuity paid in the event that incorrect information is given. If I have any doubts as to whether a fact is relevant I will disclose it.

I understand that my pension annuity payments will be paid to the account detailed in this application form and income tax will be deducted prior to such payment under PAYE.

I understand that purchase of the policy or policies is subject to the consent of the Trustees of the occupational scheme or the provider of the individual pension scheme from which the purchase price is derived and that full details of the pension fund and income required are subject to confirmation by them. Their consent will be indicated by completion of the Transfer and Open Market Option Form or an acceptable alternative method separately to this application.

I have received a quotation of the benefits payable and request the issue of a Lifetime Annuity/Scheme Pension/Immediate Vesting Pension Policy (as applicable) to provide the benefits set out in this application in respect of each pension fund. I understand that the Lifetime Annuity/Scheme Pension/Immediate Vesting Pension Policy (as applicable) cannot in whole or any part be surrendered, commuted or assigned.

I understand that where a medical and/or lifestyle declaration has been made by me, and/or my dependant, and confirmation from my general practitioner/consultant is not received by Just Retirement Limited within three months from the date first requested, my application may be refused or the amount of income payable to me and any dependant may be reduced, and any overpayments will be repayable to Just Retirement.

Did you receive advice from your financial intermediary on this purchase? Yes No

Date you received the notice of your right to withdraw*

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

* No payment of any benefits will be made until receipt of your pension funds, or in any case until 15 days have passed from the date you have entered above. This is to ensure that you have had time to consider your decision in accordance with your rights, detailed under "Important information about your right to withdraw" in the Cancellation Notice. Where a Lifetime Annuity/Scheme Pension is purchased by your current pension scheme Trustee or Scheme Administrator, you may request that they exercise the right to cancel on your behalf.

The terms and conditions relating to the policy for which you have applied and a copy of the completed application form are available on request.

Declaration to Current Pension Scheme

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

I authorise you to release all necessary information to Just Retirement Limited to enable the transfer of funds to them. I authorise and instruct you to transfer the funds from the plan(s) as listed in part D of this application directly to Just Retirement Limited.

Where I have selected a Lifetime Annuity through the Open Market Option, please pay me any Pension Commencement Lump Sum (PCLS) as instructed and pay the balance of funds to Just Retirement Limited to provide me with an annuity on the basis set out in the quote indicated in part D of this application.

Where I have selected an Immediate Vesting Pension please transfer the fund(s) as listed in part D of this application to Just Retirement Limited. Where you have asked me to give you the original policy document(s) in return for the transfer of funds and I am unable to do so, I promise to accept responsibility for any claims, losses and expenses of any nature which you may incur as a result of having made the transfer(s) listed in part D of this application.

E Declaration and authorisation continued

Declaration to Current Pension Scheme continued

Until this application is accepted and complete, Just Retirement Limited's responsibility is limited to the return of the total payment(s) to the current pension scheme.

Where the payment(s) made to Just Retirement Limited represent(s) all of the funds under the plan(s) listed in part D of this application, then payment made as requested will discharge the current pension scheme of all claims and responsibilities in respect of the plan(s) listed.

Where the payment(s) made to Just Retirement Limited represent(s) part of the funds under the plan(s) listed in part D of this application, then the current pension scheme will be discharged of all claims and responsibilities only in respect of the part of the plan(s) represented by the payment(s).

I authorise you to obtain from and release to the financial intermediary named in this application any additional information that may be required to enable the transfer of funds.

Declaration to Just Retirement and Current Pension Scheme

Unless otherwise stated in part C of this application, I confirm that the value of all the pensions and Pension Commencement Lump Sums (PCLS) I have already taken combined with the benefits I am taking now are below the current standard Lifetime Allowance threshold*.

Where I have chosen to take a PCLS, it is not my intention to make, either directly, indirectly or by someone making contributions on my behalf, a significant** increase in my total expected contributions to registered pension schemes.

I will be solely responsible for any additional tax charges or any penalties which arise if the information provided in this application is incorrect or if I have failed to comply with any aspect of this application.

In addition, I promise to accept responsibility in respect of any claims, losses and expenses that Just Retirement Limited and the current pension scheme may incur as a result of any incorrect information provided by me in this application or of any failure on my part to comply with any aspect of this application.

*If you are unsure how to calculate the value of your benefits, please refer to your financial intermediary or your current pension scheme.

**A significant increase is where the total PCLS you receive in the 12 month period ending on the day the PCLS from this plan is paid, exceeds 1% of the standard lifetime allowance and more than 30% of those PCLS is used to make contributions (either directly, indirectly or by someone making contributions on your behalf, such as your employer) to one or more registered pension schemes over and above the expected level of contributions. This includes any contributions you may have made in anticipation of receiving the PCLS.

Authorisation

I authorise Just Retirement Limited to pay commission to my financial intermediary as outlined in the quotation accepted for each source as detailed in this application form.

I authorise Just Retirement Limited to seek payment of each pension fund from the pension provider shown in this application form. I consent to Just Retirement seeking further information from any insurance company or previous employer or provider of benefits to which I am or will be entitled. I authorise the giving of any information requested.

If any aspect of this application form is unclear or additional information is required, I authorise Just Retirement to seek clarification or additional information from my financial intermediary, without further referral to me. I also consent to my financial intermediary providing the clarification or additional information direct to Just Retirement as well as agreeing any amendments on my behalf to allow Just Retirement to progress my application. I understand that once the contract is concluded it cannot be changed, except as permitted by law or as otherwise specified.

If I have applied for an Immediate Vesting Pension, I hereby agree to become a member of the Just Retirement Pension Scheme and agree to be bound by the Rules of the Just Retirement Pension Scheme, a copy of which is available on request. Just Retirement Limited, being also the Scheme Administrator, agrees to administer my Pension Annuity in accordance with the Rules.

The Annuitant must sign and date this application below. If the application is for a Scheme Pension, the Trustee/Scheme Administrator of the current pension scheme must also sign and date it.

By signing below you confirm that you understand and agree to all declarations in Section E

Signature of Annuitant

Date

Signature of Trustee /
Scheme Administrator

Date

Please ensure that you have also signed and dated the Medical Declaration on the last page of your completed Medical Form, failure to do so may delay the processing of your application

F Expression of wish form

Using this form you may name the person(s) you wish to be the beneficiary(ies) of any continuing payments under a **Guarantee Period** or a **Value Protection** lump sum in respect of your annuity contract with Just Retirement.

You can name anybody you choose. However you should note that while Just Retirement will pay due regard to your wishes, we retain ultimate discretion as to who will receive these benefits when you die.

Your name

Preferred beneficiary name

Date of birth

Address

Postcode

Proportion %

Preferred beneficiary name

Date of birth

Address

Postcode

Proportion %

If you wish to name more beneficiaries, please continue on a separate sheet.

Your signature

Date

G ABI forms (Evidence of age)

Intermediary use only - Birth certificate verification form¹- Annuitant

Registration District	<input type="text"/>
Parish (if specified) & County	<input type="text"/>
Entry number	<input type="text"/>
Date of birth	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>
Place of birth	<input type="text"/>
Registered name ²	<input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of registration	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>
Name of registrar ³	<input type="text"/>

I/We certify that I/we have examined the birth certificate of

(Client's name)	<input type="text"/>
(Client's permanent residential address)	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/>

and that the said certificate contains the information as recorded above. **A copy is kept on the client file for my/our information to which you may request access.**

Signed	<input type="text"/>	
Position	<input type="text"/>	Date <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>
Full name	<input type="text"/>	
Verified by (signature of compliance officer)	<input type="text"/>	
Full name	<input type="text"/>	
Company name	<input type="text"/>	
FSA Firm Registration number	<input type="text"/>	
Firm's stamp	<input type="text"/>	

Guidance notes

- 1 Only information contained in the certificate may be recorded on this form. Where information for a particular field is not recorded, please state "not recorded on certificate".
- 2 Where a newborn baby has not been given a first name, it will be acceptable to refer to the surname and gender.
- 3 In some cases the signature may be illegible (and the name is not printed). If this is the case, please state "signature illegible". This does, at least, confirm that the Registrar has signed the certificate.

G ABI forms (Evidence of age) continued

Intermediary use only - Birth certificate verification form¹- Dependant

Registration District	<input type="text"/>
Parish (if specified) & County	<input type="text"/>
Entry number	<input type="text"/>
Date of birth	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>
Place of birth	<input type="text"/>
Registered name ²	<input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of registration	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>
Name of registrar ³	<input type="text"/>

I/We certify that I/we have examined the birth certificate of

(Client's name)	<input type="text"/>
(Client's permanent residential address)	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/>

and that the said certificate contains the information as recorded above. **A copy is kept on the client file for my/our information to which you may request access.**

Signed	<input type="text"/>	
Position	<input type="text"/>	Date <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>
Full name	<input type="text"/>	
Verified by (signature of compliance officer)	<input type="text"/>	
Full name	<input type="text"/>	
Company name	<input type="text"/>	
FSA Firm Registration number	<input type="text"/>	
Firm's stamp	<input type="text"/>	

Guidance notes

- 1 Only information contained in the certificate may be recorded on this form. Where information for a particular field is not recorded, please state "not recorded on certificate".
- 2 Where a newborn baby has not been given a first name, it will be acceptable to refer to the surname and gender.
- 3 In some cases the signature may be illegible (and the name is not printed). If this is the case, please state "signature illegible". This does, at least, confirm that the Registrar has signed the certificate.

G ABI forms (Evidence of age) continued

Intermediary use only - Marriage certificate verification form¹

Registration District	<input type="text"/>
Place of marriage	<input type="text"/>
Parish (if specified) & County	<input type="text"/>
Entry number	<input type="text"/>
Date of marriage	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of groom	<input type="text"/>
Date of birth or age of groom	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Age <input type="text"/>
Name of bride	<input type="text"/>
Date of birth or age of bride	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Age <input type="text"/>
Name of registrar/ ² official witness	<input type="text"/>

I/We certify that I/we have examined the marriage certificate of

(Client's name)	<input type="text"/>
(Client's permanent residential address)	<input type="text"/>
	<input type="text"/>
	<input type="text"/> Postcode

and that the said certificate contains the information as recorded above. **A copy is kept on the client file for my/our information to which you may request access.**

Signed	<input type="text"/>
Position	<input type="text"/> Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Full name	<input type="text"/>
Verified by (signature of compliance officer)	<input type="text"/>
Full name	<input type="text"/>
Company name	<input type="text"/>
FSA Firm Registration number	<input type="text"/>
Firm's stamp	<input type="text"/>

Guidance notes

- 1 Only information contained in the certificate may be recorded on this form. Where information for a particular field is not recorded, please state "not recorded on certificate".
- 2 In some cases the signature may be illegible (and the name is not printed). If this is the case, please state "signature illegible". This does, at least, confirm that the Registrar has signed the certificate.

What type of pension annuity do you need?

Just Retirement's Pension Annuity is an enhanced annuity which provides a guaranteed retirement income for members of registered pension schemes in return for their pension fund.

Acceptable Sources

The Pension Annuity will accept funds from the sources shown, into the types of annuity indicated by '✓'.

Source of funds	Type of Pension Annuity		
	Lifetime Annuity	Scheme Pension	Immediate Vesting Pension
Defined Contribution	✓	✓	✓
Defined Benefit	X	✓	✓

Lifetime Annuity (LA) is used when the member has been able to use the Open Market Option to choose their annuity provider. The current pension scheme will pay any Pension Commencement Lump Sum (PCLS) due.

Scheme Pension (SP) is used when the member has not used the Open Market Option and the scheme administrator has chosen an annuity provider on their behalf. The purchaser of this type of policy must be the Trustee/Scheme Administrator of the current pension scheme and will pay any Pension Commencement Lump Sum (PCLS) due.

If the member wishes to transfer all of their pension fund(s) into the Just Retirement Pension Scheme, they may be able to purchase an **Immediate Vesting Pension (IVP)**. This means that they will be subject to the scheme rules of the Just Retirement Pension Scheme instead of those of their current pension scheme which may alter the benefits available to them. Just Retirement will pay any Pension Commencement Lump Sum (PCLS) due.

Pension Commencement Lump Sum (PCLS) is the cash sum that can be taken from the fund at outset. It is usually payable free of tax and may normally be up to 25% of the fund.

Once the form is completed send it, with attachments, to:

**The Administration Manager, Just Retirement Limited,
Vale House, Roebuck Close, Bancroft Road,
Reigate, Surrey RH2 7RU.**

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