

**Reliance Mutual Insurance Society Limited**

Administrative Office  
The Great Hall  
Mount Pleasant Road  
Tunbridge Wells  
Kent TN1 1RG

Annuity Helpline 01892 773388

Authorised and Regulated by the  
Financial Services Authority

# CLIENT APPLICATION FOR A SMOKER ANNUITY

## IMPORTANT

**You will only qualify for a smoker annuity with an enhanced pension if you meet our minimum smoking requirements. It is a serious offence to make false statements for income tax purposes. Penalties are severe and can lead to prosecution.**

To be completed by the IFA only

IFA Firm name & address

IFA Firm Reference Number

Is this sale the result of advice  
given to the client by the IFA ?

Yes

No

IFA phone:

IFA fax:

Name of client

Signed ( On behalf of IFA Firm)

Date

### Instructions

The client is to fill in the rest of the form, making sure that they read all warnings regarding minimum requirements.



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## SECTION C – Receiving scheme details

### Declaration

#### Reliance Mutual Insurance Society Limited can accept:

- funds from any Registered UK Pension Scheme

#### Exceptions are:

- funds which include a liability to pay Guaranteed Minimum Pension (GMP)
- funds where there are Protected Rights where an annuity is not immediately being purchased
- funds in respect of a Pension Credit (ie from a pension sharing order on divorce) where Reliance Mutual Insurance Society Limited is required to pay tax free cash

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#### Scheme / client funds will be used to purchase an annuity and this will be in respect of either a:

scheme pension

- *when tax free cash has already been paid by the transferring scheme, then an annuity contract will be purchased in the name of the transferring scheme trustees*

lifetime annuity

- *when tax free cash has already been paid by the transferring scheme, and you are purchasing an annuity contract*

lifetime annuity

- *where Reliance Mutual Insurance Society Limited is required to pay the tax free cash (pension commencement lump sum) we will transfer the scheme / client's fund into our Personal Pension Plan, pay the tax free cash and commence annuity payments*

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### Approval details

Compulsory Purchase Annuity contract

Section 431 (4) (b)

Appropriate Personal Pension Plan

Chapter IV Part XIV of ICTA 1988    PSTR: 00605378RE A7001075M  
which is a Registered pension scheme under Chapter 2 of Part 4 of the Finance Act 2004

## SECTION D – Source of Purchase Monies

Give details in respect of each source providing the purchase monies for your pension.

### Source 1

#### Trustee / Administrator Details

Name Address

Telephone:

#### Scheme Details

Scheme Name Reference Number

Policy Number

#### Fund Details

Amount being transferred £ Is the tax free cash to be paid by Reliance Mutual? Yes  No

Amount of tax free cash to be paid (£ or %) £  
%

### Source 2

#### Trustee / Administrator Details

Name Address

Telephone:

#### Scheme Details

Scheme Name Reference Number

Policy Number

#### Fund Details

Amount being transferred £ Is the tax free cash to be paid by Reliance Mutual? Yes  No

Amount of tax free cash to be paid (£ or %) £  
%

### Source 3

#### Trustee / Administrator Details

Name Address

Telephone:

#### Scheme Details

Scheme Name Reference Number

Policy Number

#### Fund Details

Amount being transferred £ Is the tax free cash to be paid by Reliance Mutual? Yes  No

Amount of tax free cash to be paid (£ or %) £  
%

## SECTION E – Benefits required

<b>Date pension to start</b> /                    /	<i>Note: If not specified this will be the date the purchase monies are received. A backdating fee will be charged if the start date is prior to our receiving the purchase monies.</i>		
<b>Frequency of pension payment</b>	monthly <input type="checkbox"/>	quarterly <input type="checkbox"/>	half-yearly <input type="checkbox"/>
		yearly <input type="checkbox"/>	
<b>Is the pension to be paid</b>	in advance <input type="checkbox"/>	in arrears <input type="checkbox"/> If in arrears is chosen and your frequency of payment is not monthly, when is the last payment on death to be paid:	
		with proportion from the last payment to the date of death <input type="checkbox"/>	without proportion <input type="checkbox"/>
<b>Pension increase each year</b>	0% <input type="checkbox"/>	3% <input type="checkbox"/>	5% <input type="checkbox"/>
	LPI max 2.5% <input type="checkbox"/>	LPI max 5% <input type="checkbox"/>	Other % <input type="text"/>
	<small>Note: LPI (retail price index with a maximum as shown)</small>		<small>Other (between 3% and 5%)</small>
<b>Pension guaranteed period</b>	None <input type="checkbox"/>	10 years <input type="checkbox"/>	Other <input type="text"/>
Pension payments continue	5 years <input type="checkbox"/>		years (between 1 and 10)
<b>Spouse / Civil Partner /Dependant's pension where required</b>	% of your pension <input type="text"/>		
	If you have chosen a guaranteed period above, then if you die within that period when is the spouse/civil partner/ dependant's pension to start:		
	immediately on your death (With Overlap)		<input type="checkbox"/>
	at the end of the guarantee period (Without Overlap)		<input type="checkbox"/>
<i>Protected Rights must provide a spouse's pension of 50% if married, or a partner's pension of 50% for Civil Partnership</i>			
<b>Note: Under some Schemes the benefit basis will have already been defined under the Rules and must be paid in accordance with these.</b>			

## SECTION F – Pension Fund Limits

### Lifetime Allowance

The Lifetime Allowance is the maximum fund that you can accumulate with tax advantages in all the pension funds you have built up. This is £1,650,000 for the tax year 2008 / 2009.

If known, I have used up  % of my Lifetime Allowance before the benefits from this plan are paid

Are you already in receipt of any pension or will be before this annuity commences?

Yes  Total amount of pensions £  
 Per month                     Per quarter  
 Half yearly                     yearly  
No

To the best of your knowledge are all your pension funds that you have built up less than £1.65 million

Yes                     No

## SECTION G – Declaration

I can confirm that

- I have received “Important Information about your right to cancel”.
- the information provided in this Application is to the best of my knowledge and belief correct and complete.
- I have received a Key Features Document and an illustration containing details of the pension and if applicable tax free cash.

I understand that

- should the details given in the Smoking Questionnaire which make me eligible for an enhanced pension be incorrect, the pension will be reduced.
- my pension payments and any tax free cash will be paid into the account shown in Section B of this Application and income tax on my pension will be deducted under PAYE prior to payment.

I agree that

- payment by Reliance Mutual Insurance Society Limited of the pension in accordance with the above instructions will constitute a full discharge for each payment under the contract.

I authorise Reliance Mutual Insurance Society Limited to seek payment of the purchase price or transfer of funds from the pension provider(s) shown in this Application. I agree to Reliance Mutual Insurance Society Limited seeking further information from any insurance company or previous employer or provider of benefits to which I am or will be entitled.

Where the tax free tax is **not** being paid by Reliance Mutual.

I understand that

- the pension cannot be commuted, surrendered or assigned.

Where the tax free cash **is** being paid by Reliance Mutual.

I apply to join the Reliance Mutual Personal Pension Plan and agree to be bound by its Rules.

Reliance Mutual Insurance Society Limited as Scheme Administrator agrees to administer the Scheme on behalf of the provider, Reliance Mutual Insurance Society Limited.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Some or all of the information which you supply in connection with this application will be held by us on computer and may be passed to other organisations for underwriting and/or other administrative purposes.

In addition this information may be passed to other companies in the Reliance Mutual Group to send you particulars of their products or services. If you do not wish to receive such material, please tick the box

**A copy of this completed Application Form and specimen policy conditions are available on request.**

## WARNING

Enhanced pension annuity rates are available to smokers who meet our minimum eligibility requirements.  
We reserve the right to contact your doctor to confirm the details given.

### SECTION H – Smoking Questionnaire

	You	Your Dependant
1. Please state your name		
2. Are you currently a smoker and have been for the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. What is your current consumption of <b>each</b> of the following tobacco products?		
Manufactured cigarettes	<input style="width: 50px;" type="text"/> per day	<input style="width: 50px;" type="text"/> per day
Hand-rolling tobacco	<input style="width: 50px;" type="text"/> <i>ozs/grams*</i> per week	<input style="width: 50px;" type="text"/> <i>ozs/grams*</i> per week
Pipe tobacco	<input style="width: 50px;" type="text"/> <i>ozs/grams*</i> per week	<input style="width: 50px;" type="text"/> <i>ozs/grams*</i> per week
Cigars	<input style="width: 50px;" type="text"/> per day	<input style="width: 50px;" type="text"/> per day
	<i>*delete as appropriate</i>	<i>*delete as appropriate</i>
4. During the last 10 years have you ever:-		
a) stopped smoking or attempted to stop smoking, or, sought help or advice on quitting smoking from your doctor, or smoking cessation clinic/ advisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) smoked less than the amount you smoke now?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) changed the tobacco product you've smoked? ( <i>eg from cigars to cigarettes and <b>not</b> changes of brand</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>• If you have answered 'YES' to any part of question 4 above, please give full details to include date(s) and duration of:- Periods of ceasing or attempting to cease smoking; minimum amount smoked and changes in tobacco product(s) smoked. Please continue on a separate piece of paper if necessary.</li> </ul>		

You	Your Dependant

### SECTION I – Smoking Declaration

The Pension will commence on the basis of the information you have provided in this application. **If we find evidence that does not support the details that make you eligible for an enhanced pension, we will reduce the pension payments and recover any overpayments.**

I/We confirm that to the best of my/our knowledge and belief the answers in the Smoking Questionnaire are true and complete and the questionnaire shall form part of my application for a pension.

You	Your Dependant
Signature _____	Signature _____
Date _____	Date _____

## SECTION J – Access to Medical Reports

We may need to get medical reports to support your application. Before we can ask any doctor that you have consulted to fill in a report, we need your permission under the Access to Medical Reports Act 1988. Your rights under the Act are as follows.

You do not need to give your permission, but if you do not, we will not be able to go ahead with your application for a pension annuity. This does not prevent you from applying to other companies for an annuity.

You can ask to see the report before the doctor returns it to us. If this is the case, we will tell the doctor to keep the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report to us.

If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us.

We can send a copy of the report to your doctor if you ask to see it at a later date.

If you think that any part of the report is not correct or misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.

Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

If you have any questions about your rights under the Act or questions relating to the process of getting, accessing or storing medical information, please write to Reliance Mutual Insurance Society Limited, The Great Hall, Mount Pleasant Road, Tunbridge Wells, Kent TN1 1RG

You	Your Dependant
<p><b>Doctor's Details</b></p> <p>Name _____</p> <p>Address _____</p> <p>Post Code _____</p> <p>Telephone No: _____</p> <p>Do you wish to see the report before it is sent to Reliance Mutual Insurance Society Limited?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>Doctor's Details</b></p> <p>Name _____</p> <p>Address _____</p> <p>Post Code _____</p> <p>Telephone No: _____</p> <p>Do you wish to see the report before it is sent to Reliance Mutual Insurance Society Limited?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

## SECTION K – Declaration

I have been informed of my statutory rights under the Access to Medical Reports Act 1988, in connection with the pension currently applied for. I hereby consent to Reliance Mutual Insurance Society Limited seeking medical information from any doctor who at any time has attended me concerning anything which affects my physical or mental health, and I agree that a copy of this consent shall have the validity of the original.

You	Your Dependant
<p><b>Signature</b> _____</p> <p><b>Date</b> _____</p>	<p><b>Signature</b> _____</p> <p><b>Date</b> _____</p>