

Reliance Mutual Insurance Society Limited

Administrative Office
Reliance House
6 Vale Avenue
Tunbridge Wells
Kent TN1 1RG

Annuity Helpline 01892 773388
Authorised and Regulated by the
Financial Services Authority

CLIENT APPLICATION FOR AN ENHANCED ANNUITY FOR SMOKERS

WARNING

The Reliance Mutual Enhanced Annuity for Smokers is available if you are a smoker who meets our minimum eligibility requirements. There may also be an enhancement for other lifestyle and medical conditions, and, if applicable, for your dependant's smoking, lifestyle and medical conditions.

We may need to write to your doctor, or your dependant's doctor, to confirm the details given in your application, for any smoking, lifestyle or medical conditions. If we do so, this will be done after your policy has been set up and your opportunity to cancel will already have passed.

We may reduce the income we pay you if we discover that you (and/or your dependant) have failed to disclose accurately information about smoking habits, lifestyle or medical conditions, or we are unable to obtain suitable evidence to support your application. The reduction may be significant and your income may then be lower than you would have been able to obtain from another company. We would also recover any overpayments.

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 A – Personal Details

Your Details	Spouse / Civil Partner / Dependant's Details																				
<i>Please complete using BLOCK capitals</i>	<i>(only complete if a spouse / civil partner / dependant's pension is required on your death)</i>																				
Title First name(s) Surname Maiden name	Title First name(s) Surname Maiden name																				
Marital status Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> In Civil Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>	Marital status Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> In Civil Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>																				
Date of birth / /19 Tick if enclosed A certified copy of your birth certificate or passport is required <input type="checkbox"/> If a married woman a certified copy of your marriage certificate or passport is required <input type="checkbox"/> Proof of Civil Partnership (if applicable) <input type="checkbox"/>	Date of birth / /19 Tick if enclosed A certified copy of your birth certificate or passport is required <input type="checkbox"/> If a married woman a certified copy of your marriage certificate or passport is required <input type="checkbox"/>																				
NI number <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											NI number <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
What was your main occupation during your working life and the industry worked in?	What was your main occupation during your working life and the industry worked in?																				
Home Address:	Home Address :																				
Postcode:	Postcode:																				
Tel No(s) Home: Office: Mobile:	Tel No(s) Home: Office: Mobile:																				

SECTION B – Payment Details

Details of bank / building society account to which the pension (and tax free cash if any) is to be paid

Account number

Sort code

 - -

Account in the name of

Bank/Building Soc ref

Bank or Building Society name and branch

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)

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*

Approval details

Compulsory Purchase Annuity contract

Section 431 (4) (b)

Appropriate Personal Pension Plan

Chapter IV Part XIV of ICTA 1988 PSTR: 00605378RE

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 <input type="checkbox"/>	No <input type="checkbox"/>
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Amount of tax free cash to be paid (£ or %)	£	%
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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 <input type="checkbox"/>	No <input type="checkbox"/>
--------------------------	---	---	------------------------------	-----------------------------

Amount of tax free cash to be paid (£ or %)	£	%
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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 <input type="checkbox"/>	No <input type="checkbox"/>
--------------------------	---	---	------------------------------	-----------------------------

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

SECTION G – Declaration

I can confirm that

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

I understand that

- my annuity is being purchased on enhanced terms on the basis of the information about smoking, lifestyle and medical conditions, as appropriate, supplied in this application. Reliance Mutual may reduce the income paid to me if they discover that I (and/or my dependant) have failed to disclose accurately information about smoking habits, lifestyle or medical conditions, or they are unable to obtain evidence to support my application, regarding:
 - my smoking habits - my annuity will be reduced to the terms that would have applied for a non smoker and, if there is a spouse/civil partner/dependant, for a non smoker spouse/civil partner/dependant, with no enhancements for any lifestyle or medical conditions for either me or my spouse/civil partner/dependant;
 - my lifestyle or medical conditions - my annuity will be reduced by the enhancement which was given for my lifestyle or medical conditions;
 - the smoking habits of my spouse/civil partner/dependant - my annuity will be reduced by the enhancement which was given for the smoking habits of my spouse/civil partner/dependant;
 - the lifestyle or medical condition of my spouse/civil partner/dependant - my annuity will be reduced by the enhancement which was given for the lifestyle or medical conditions of my spouse/civil partner/dependant;and Reliance Mutual will require the repayment of any past overpayments and reserves the right to adjust the future annuity to recover such overpayments.
- 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 cash 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.

You should complete this application form yourself, or, if this is not possible, read and agree the answers before you sign. If someone else has completed this form on your behalf, please indicate who this was:

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

The Reliance Mutual Enhanced Annuity for Smokers is available if you are a smoker who meets our minimum eligibility requirements. There may also be an enhancement for other lifestyle and medical conditions, and, if applicable, for your dependant's smoking, lifestyle and medical conditions.

We may need to write to your doctor, or your dependant's doctor, to confirm the details given in your application, for any smoking, lifestyle or medical conditions. If we do so, this will be done after your policy has been set up and your opportunity to cancel will already have passed.

We may reduce the income we pay you if we discover that you (and/or your dependant) have failed to disclose accurately information about smoking habits, lifestyle or medical conditions, or we are unable to obtain suitable evidence to support your application. The reduction may be significant and your income may then be lower than you would have been able to obtain from another company. We would also recover any overpayments.

SECTION H – Smoking Questionnaire

	You	Your Dependant
1. Please state your name		
2. Are you currently a smoker and have you been for at least 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 each of the following tobacco products? <i>(You must complete <u>all</u> sections - a) to d). Failure to do so may result in delays in processing the application.)</i>	<i>*delete as appropriate</i>	
a) Manufactured cigarettes	<input type="text"/> per day	<input type="text"/> per day
b) Hand-rolling tobacco	<input type="text"/> ozs/grams* per week	<input type="text"/> ozs/grams* per week
c) Pipe tobacco	<input type="text"/> ozs/grams* per week	<input type="text"/> ozs/grams* per week
d) Cigars	<input type="text"/> per day	<input type="text"/> per day
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 have smoked? <i>(e.g. from cigars to cigarettes and not changes of brand)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.		
You	Your Dependant	

SECTION I – Smoking Declaration

The Pension will commence on the basis of the information you have provided in this application. **If you are unsure about any facts or dates, please check before signing and submitting this application.**

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 _____

WARNING

The Reliance Mutual Enhanced Annuity for Smokers is available if you are a smoker who meets our minimum eligibility requirements. There may also be an enhancement for other lifestyle and medical conditions, and, if applicable, for your dependant's smoking, lifestyle and medical conditions.

We may need to write to your doctor, or your dependant's doctor, to confirm the details given in your application, for any smoking, lifestyle or medical conditions. If we do so, this will be done after your policy has been set up and your opportunity to cancel will already have passed.

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SECTION J – Lifestyle and Medical Questionnaire

	You	Your Dependant
Height	<input type="text"/> ft <input type="text"/> ins or <input type="text"/> cms	<input type="text"/> ft <input type="text"/> ins or <input type="text"/> cms
Weight	<input type="text"/> st <input type="text"/> lbs or <input type="text"/> kgs	<input type="text"/> st <input type="text"/> lbs or <input type="text"/> kgs
Waist measurement or trouser size or dress size	<input type="text"/> inches or <input type="text"/> cms <input type="text"/> (e.g. 12 / 14 / 16)	<input type="text"/> inches or <input type="text"/> cms <input type="text"/> (e.g. 12 / 14 / 16)
High blood pressure		
Have you been diagnosed with high blood pressure (hypertension)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of drugs for blood pressure per day	<input type="text"/>	<input type="text"/>
Name of drug(s)	<input type="text"/>	<input type="text"/>
Raised cholesterol		
Have you been diagnosed with raised cholesterol ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of drugs for raised cholesterol per day	<input type="text"/>	<input type="text"/>
Name of drug(s)	<input type="text"/>	<input type="text"/>
Diabetes		
Have you been diagnosed with diabetes ? <i>(See Section N for a full list of conditions relating to diabetes)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>(41, 391, 392, 393, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 417, 418, 595, 618, 620, 649, 669, 1017, 1054, 1123, 1128)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>(41, 391, 392, 393, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 417, 418, 595, 618, 620, 649, 669, 1017, 1054, 1123, 1128)</small>
When did you last receive treatment for this condition? <small>(Q9)</small>	<input type="text"/>	<input type="text"/>
Date of diagnosis? <small>(Q2)</small>	<input type="text"/>	<input type="text"/>
What treatment have you received in the last 2 years? <small>(Q4)</small>	<input type="checkbox"/> Nothing <small>(Q4.1)</small> <input type="checkbox"/> 1 to 2 prescribed medicines daily <small>(Q4.2)</small> <input type="checkbox"/> 3 or more prescribed medicines daily <small>(Q4.3)</small>	<input type="checkbox"/> Nothing <small>(Q4.1)</small> <input type="checkbox"/> 1 to 2 prescribed medicines daily <small>(Q4.2)</small> <input type="checkbox"/> 3 or more prescribed medicines daily <small>(Q4.3)</small>

SECTION J – Lifestyle and Medical Questionnaire continued

(please note WARNING on previous page)

	You	Your Dependant
What type of diabetes do you suffer from? (Q6)	<input type="checkbox"/> controlled by diet only (Q6.1) <input type="checkbox"/> non insulin dependant diabetes (Q6.2) <input type="checkbox"/> insulin dependant diabetes (Q6.3)	<input type="checkbox"/> controlled by diet only (Q6.1) <input type="checkbox"/> non insulin dependant diabetes (Q6.2) <input type="checkbox"/> insulin dependant diabetes (Q6.3)
If insulin dependant, how many times a day do you take insulin? (Q8)	<input type="checkbox"/> once (Q8.1) <input type="checkbox"/> twice (Q8.2) <input type="checkbox"/> three times (Q8.3) <input type="checkbox"/> four or more (Q8.4)	<input type="checkbox"/> once (Q8.1) <input type="checkbox"/> twice (Q8.2) <input type="checkbox"/> three times (Q8.3) <input type="checkbox"/> four or more (Q8.4)

Severe coronary artery disease

If you have been diagnosed with more than one of the medical conditions listed below or had more than one heart attack, please answer each question for each condition by completing a copy of this page for each condition.

Have you been diagnosed with any of the conditions shown?

- no
- aneurysm abdominal (1, 3, 72, 73, 74, 86, 87, 91)
- aneurysm thoracic (75, 78, 79, 93)
- heart attack (249, 363, 530, 536, 537, 1038, 1079, 1080)
- angina **and/or** coronary artery disease (80, 81, 102 and/or 121, 239, 284, 352, 356, 358, 362, 603, 637)
- coronary artery bypass surgery (161, 221, 237, 238, 353, 354, 357, 531, 604, 605, 623, 648, 1386, 1435)

- no
- aneurysm abdominal (1, 3, 72, 73, 74, 86, 87, 91)
- aneurysm thoracic (75, 78, 79, 93)
- heart attack (249, 363, 530, 536, 537, 1038, 1079, 1080)
- angina **and/or** coronary artery disease (80, 81, 102 and/or 121, 239, 284, 352, 356, 358, 362, 603, 637)
- coronary artery bypass surgery (161, 221, 237, 238, 353, 354, 357, 531, 604, 605, 623, 648, 1386, 1435)

(See Section N for a full list of conditions relating to severe coronary artery disease)

When did you last receive treatment for this condition?
(Q9)

Date of diagnosis?
(Q2)

When were you last hospitalised for this condition?
(Q3)

What treatment have you received in the last 2 years?
(Q4)

- Nothing (Q4.1)
- 1 to 2 prescribed medicines daily (Q4.2)
- 3 or more prescribed medicines daily (Q4.3)

- Nothing (Q4.1)
- 1 to 2 prescribed medicines daily (Q4.2)
- 3 or more prescribed medicines daily (Q4.3)

Have you had any of the following special treatments?
(Q4)

- surgery (Q4.4)
- radiotherapy (Q4.5)
- chemotherapy (Q4.6)
- renal dialysis (Q4.7)

- surgery (Q4.4)
- radiotherapy (Q4.5)
- chemotherapy (Q4.6)
- renal dialysis (Q4.7)

SECTION K – Lifestyle and Medical Questionnaire Declaration

The Pension will commence on the basis of the information you have provided in this application. **If you are unsure about any facts or dates, please check before signing and submitting this application.**

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

	You	Your Dependant
Signature	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>

SECTION L – 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, Reliance House, 6 Vale Avenue, Tunbridge Wells, Kent TN1 1RG

You	Your Dependant
<p>Doctor's Details</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 style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Doctor's Details</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 style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>

SECTION M – 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 health, and I agree that a copy of this consent shall have the validity of the original.

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

Note: Reliance Mutual's confidentiality policies ensure that we hold medical information securely and that access is limited to authorised individuals who need to see it.

SECTION N – List of medical conditions

Diabetes includes:

Diabetes mellitus	395
Adult onset diabetes	41
Diabetes classification unknown	391
Diabetes I or Diabetes II	392 or 393
Diabetes mellitus classification unknown	396
Diabetes mellitus type 1 or type 2	397 or 398
Diabetes mellitus type I or type II	399 or 400
Diabetes type 1 or type 2	401 or 402
Diabetes type I or type II	403 or 404
Diabetic glomerulosclerosis	405
DM type I or DM type II	417 or 418
IDDM	595
Insulin	618
Insulin dependent diabetes	620
Juvenile diabetes	649
Late onset diabetes	669
Maturity onset diabetes	1017
MODY	1054
NIDDM	1123
Non insulin dependent diabetes	1128

Severe coronary artery disease includes:

Aneurysm abdominal	72
Abdominal aneurysm	1
Abdomenaorta aneurysm rupture	3
Aneurysm aortic	73
Aneurysm aortic rupture	74
Aorta abdominal aneurysm	86
Aorta aneurysm rupture	87
Aorta dissecting aneurysm	91
Aneurysm thoracic	78
Aneurysm cardiac	75
Aneurysm thoracic rupture	79
Aorta thoracic aneurysm	93
Heart attack	530
Cardiac infarction	249
Heart infarct	536
Heart infarction	537
MI	1038
Myocardial infarct	1079
Myocardial infarction	1080
Coronary thrombosis	363

Angina or Coronary artery disease	80 or 355
Angina pectoris	81
AP	102
Coronary insufficiency	359
Coronary insufficiency chronic	361
Heart insufficiency	538
Blocked coronary artery	182
Coronary insufficiency acute	360
Arteriosclerotic heart disease	121
CAD	239
CHD	284
Coronary arteriosclerosis	352
Coronary atherosclerosis	356
Coronary heart disease	358
Coronary sclerosis	362
IHD	603
Ischaemic heart disease	637
Coronary artery bypass surgery	354
Coronary artery bypass graft	353
Coronary bypass	357
Heart bypass	531
IMA	604
IMA bypass	605
Interna mamarial bypass	623
Bypass	221
CAB	237
CABG	238
Balloon therapy heart vessel	161
Jump bypass	648
Saphenous bypass	1386
Sequential bypass	1435
Angioplasty	
Coronary angioplasty	
Coronary artery stenting	
PTCA	
PCI	

Calls may be recorded for training or monitoring purposes.

The Reliance Mutual Group includes Reliance Mutual Insurance Society Limited – Registered No. 491580, Reliance Unit Managers Limited - Registered No. 724451 and Reliance Administration Services Limited – Registered No. 3710407. All are registered in England at Reliance House, 6 Vale Avenue, Tunbridge Wells, Kent TN1 1RG and authorised and regulated by the Financial Services Authority.