

The Retirement Account

Standard Application Form

Thank you for choosing **The Retirement Account** with **Canada Life**. You'll need to complete this **application** form to apply for your **Retirement Account**. Your **financial adviser** can also apply for you online in which case you don't need to complete this form.

Any words in the standard application form which are in **bold** have the meaning shown in the definitions section of **Terms and Conditions for The Retirement Account**.

Please contact us prior to submitting this application if any of the following apply:

- You have rights as a result of previously contracting out of the state second pension Guaranteed Minimum Pension (GMP), or Section 9 (2B) Rights) or you are entitled to a Guaranteed Annuity Rate (GAR).
- You have applied for Lifetime Allowance protection from **HMRC**, for example, fixed, individual, primary or enhanced protection.
- Your pension is subject to a pension sharing or earmarking court order following divorce or dissolution of a civil partnership.
- You have ever been declared bankrupt.
- You are applying on behalf of someone else under a power of attorney.
- Any value being **transferred in** to **The Retirement Account** represents a **disqualifying pension credit**.

Note:

If any of the above apply please contact us on **0800 032 7689** as there may be additional requirements in order to proceed.

Checklist

Please include the following with the completed application:

- ☐ A copy of the accepted **Retirement Account** illustration.
- ☐ Quote reference of **The Retirement Account** illustration that you wish to accept:

RA _____

The quote reference is shown on your **Retirement Account** illustration. It is important that you check the information shown in the illustration is correct as your **Retirement Account** will be set up on the basis set out in the illustration.

If the quote reference written above expired prior to the application completing but the replacement quote was on the same investment basis and only the Guaranteed Annuity rates changed, then I agree for this new quote to replace the reference written above and accept my Retirement Account will be set up on the basis set out in the replacement illustration.

- ☐ **Financial adviser** and **adviser charge** details in sections 4 and 5.
- ☐ Identity verification/evidence of age (we will accept certified copies of your driving licence or passport). Alternatively a verification of identity form can be found on our **website**. Please note that if your **Retirement Account** is to include a **Guaranteed Annuity** that can pay an income to a named **dependant**, we require this evidence for both you and your **dependant** referred to in section 1.
- ☐ Fully completed Retirement Health form - including medical declaration signed and dated by you and your **dependant** (if applicable). Only required for a **Guaranteed Annuity** on enhanced terms.
- ☐ Employer and third party **contribution** forms (if applicable).
- ☐ Declarations signed and dated by you.

How to return your form

By post

Canada Life
PO Box 288, Uckfield TN22 1PH



By email

newbusiness.ra@canadalife.co.uk



Section 1

Details

Your details

Title

Date of birth (day, month, year)

Forenames

Last occupation

Surname

Sex

Male

Female

National Insurance number

Email address (This is required if you would like to access the Customer Dashboard)

Daytime telephone number (Incl area code)

Alternative telephone number

We will use the retirement age shown in your personal illustration as your chosen retirement age. If you would like us to use a different retirement age please insert here.

Age

Main residential address

Postcode

Dependant details (if applicable)

If you have chosen a **Guaranteed Annuity** this is any person that you have named as your **dependant** to receive any **Dependant's Income**.

Title

Date of birth (day, month, year)

Forenames

Last occupation

Surname

Section 2**Payments into your Retirement Account****a) Transfer in payments**

If you want to **transfer in** money from other **registered pension schemes** or **qualifying recognised overseas pension schemes** please provide full details below of the transferring scheme(s). If there is more than one transferring scheme, please provide details of each scheme. This provides us with your authority to make the **transfer in** from each transferring scheme and enables us to contact the transferring scheme to obtain full details and to implement the **transfer in**. Please see the **terms and conditions** for more information about **transfers in** to your **Retirement Account**.

Transferring scheme(s)		Plan / scheme number	Transfer type*			Estimated amount	Full value of the plan / scheme?
Provider name	Plan / scheme name		PT	PD	DB		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address						Postcode	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address						Postcode	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address						Postcode	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address						Postcode	

We will need to have details of the adviser's professional qualifications for transfers in from a Defined Benefit scheme. These can be provided in section 5. Financial Adviser Details.

***Key**

PT = **Transfer in** of uncrystallised funds (**Pension Savings**)
 DB = **Transfer in** from a Defined Benefit Scheme

PD = **Transfer in** of crystallised funds (**Pension Drawdown**)

Beneficiary Transfer In

Please complete this section if any value being transferred in to The Retirement Account is from a deceased member of the transferring pension scheme

Full name of deceased member	Date of birth of deceased member	Date of death of deceased member	Name of transferring scheme	Plan number of transferring scheme
	/ /	/ /		

Section 2**Payments into your Retirement Account (continued)****b) Regular contributions and/or one-off contributions**

Complete this section if contributions are to be paid into your Retirement Account. Contributions can be made by either you or a **third party** on your behalf, not both. If you are employed your **employer** can also make contributions.

Regular contributions can be paid monthly, quarterly or yearly. If both you and your **employer** are paying regular contributions then the **employer's** contributions must be paid at the same frequency as yours (ie. monthly, quarterly, yearly). Please see the **Terms and Conditions** for more information on your contributions to your Retirement Account. Contributions can only be made if you are under age 75.

	Regular	One-off
Investor contribution	Net £	Net £
Employer contribution	Gross £	Gross £

Regular contribution frequency

☐ Monthly ☐ Quarterly ☐ Yearly

☐ Please tick if the investor **contribution** is being made by a **third party** on your behalf.

☐ Please tick if the investor **contribution** is to increase each year by the Retail Prices Index (RPI).

If a one-off contribution is being paid, what is the source of this contribution?

☐ Employment ☐ Inheritance ☐ Property sale ☐ Divorce settlement

Other (please specify)

Your status

Please indicate which of the following applies to you. If more than one applies, please select the one that represents your main status.

Employed ☐ Yes ☐ No Self-employed ☐ Yes ☐ No

Retired ☐ Yes ☐ No Child under 16 ☐ Yes ☐ No

If you have answered 'No' to all of the above, please indicate which of the following (if any) applies to you:

Caring for one or more children under age of 16? ☐ Yes ☐ No

In full time education? ☐ Yes ☐ No

Unemployed? ☐ Yes ☐ No

Caring for a person aged 16 or over? ☐ Yes ☐ No

Other (please specify)

Your annual earnings

☐ No earnings ☐ Up to £25,000 ☐ £25,001 to £50,000
☐ £50,001 to £70,000 ☐ £70,001 to £100,000 ☐ £100,001 to £150,000 ☐ Over £150,001

Section 2

Payments into your Retirement Account (continued)

Money Purchase Annual Allowance (MPAA)

☐ If you have previously triggered the MPAA by flexibly accessing your benefits (ask your **financial adviser** for assistance), please tick.

If you have triggered the MPAA please provide the date you became subject to the MPAA

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Employer/third party details (if applicable)

If your employer is paying into your Retirement Account

Employer's name

Employer's address

	Postcode
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Contact telephone number

Email address

If a third party is paying into your Retirement Account

Third party surname / company name

Full name

Address

	Postcode
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Contact telephone number

Email address

If your **employer** or a **third party** is going to pay contributions please ask them to complete the **employer / third party** contribution forms which can be downloaded from our **website**. These forms will ask for further information about the **employer / third party** and contain the direct debit instruction for any regular contribution.

Section 2

Payments into your Retirement Account (continued)

Regular contributions

Methods of payment

For your personal regular **contributions**, please complete the direct debit instruction on page 7. Note that the amount we'll deduct from your **nominated bank account** will be the net amount.

Note that by default all regular **contributions** will be deducted on the 20th of each month or the next working day when the 20th falls on a weekend or bank holiday.

If you would like personal **contributions** to be deducted on an alternative day of the month please indicate here.

One-off contributions

Methods of payment

One-off **contributions** from you, your **employer** or a third party can be paid by cheque, made payable to **Canada Life** or by electronic bank transfer which should be made to:

Payee	Canada Life
Sort code	20-00-00
Account number	93489884
Payment Reference	Please use your National Insurance Number

Please let us know which method will be used:

- ☐ Cheque
- ☐ BACS transfer



Important information

If the payment is by Building Society cheque please make sure that the Building Society has endorsed the cheque with the account holder's name and account number. Otherwise you'll need to send us verification of the account the money is coming from, which will slow down your **application**.

Direct Debit instruction (for personal **regular** contributions only)

Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:

Canada Life
PO Box 288
Uckfield
TN22 1PH

Service user number

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Name(s) of account holder(s)

Reference

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Bank/building society account number

--	--	--	--	--	--	--	--	--	--

Branch sort code

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Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
Postcode	

Instruction to your bank or building society

Please pay Canada Life SIPP Trustee Limited Direct Debits 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 Canada Life SIPP Trustee Limited and, if so, details will be passed electronically to my bank/building society.

Signature(s)

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Date

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Banks and building societies may not accept Direct Debit Instructions for some types of account

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DDI2

This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit Canada Life SIPP Trustee Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Canada Life SIPP Trustee Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Canada Life SIPP Trustee Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
 - If you receive a refund you are not entitled to, you must pay it back when Canada Life SIPP Trustee Limited asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

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Section 3**Investments**

We'll invest your **Retirement Account** according to the instructions you gave us which we used for your illustration. This will also include any instruction to rebalance your **investments**. If you'd like to add any additional information that's not in your illustration please let us know in the 'Any other information' section on page 13. You can ask us at any time to change the **investments** held in your **Retirement Account**.

Section 4**Adviser Charges and (if applicable) Third Party Charges**

Please complete this section to instruct us to pay any amounts in respect of **adviser charges** that you would like us to deduct from **The Retirement Account** and pay to your **financial adviser** on your behalf.

Further details regarding deductions of amounts in respect of **adviser charges** are set out in the **terms and conditions**.

Please note that, although you are free to agree to pay any amount or type of **adviser charge** to your **financial adviser**, if the **adviser charge** is not part of a genuinely commercial remuneration arrangement between you and your **financial adviser** or the amount you have agreed to pay your **financial adviser** is not appropriate in relation to the advisory or related service your **financial adviser** provides to you, this may mean that the deduction of amounts in respect of **adviser charges** from **The Retirement Account** may be **unauthorised payments** from **The Retirement Account** for tax purposes. The making of **unauthorised payments** from **The Retirement Account** would result in a tax charge on you and/or the plan. If we carry out your instructions to make a deduction in respect of **adviser charges** which results in a tax charge on you or us, we shall not be liable to you for any tax charge as a result.

Initial adviser charge	£	or	% (of transfers / one-off contributions after any tax-free cash)
Ongoing adviser charge	£ pa	or	% pa (paid monthly)
Regular contribution adviser charge			% of each regular contribution
Ongoing (facilitated) third party charge			% pa (paid monthly)

Please see the **Terms and Conditions** for information on how these percentage amounts are calculated

Section 5**Financial adviser details (to be completed by the financial adviser)**

Financial adviser name (financial adviser responsible for the advice)	
Financial adviser firm name	
FCA firm reference number (FRN)	
Contact telephone number	
Contact email address (Correspondence will be sent to this address)	

Please provide the firm's bank account details where initial and ongoing fees should be paid to

Name of account holder(s)

Sort code

	-		-	
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Account number

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☐ Please tick this box to confirm that you have read and agreed to the adviser terms of business available on our **website**: www.canadalife.co.uk/adviser. Your approval will mean that the terms of business will become effective and binding.

We must also remind you that **The Retirement Account** is written under Flexi-access Drawdown rules which includes a **Guaranteed Annuity** component and you must be suitably qualified to advise on the product.

Section 5**Financial adviser details (to be completed by the financial adviser) – continued****Servicing adviser declaration**

I agree that the named customer is transferring based on the advice given and is not an insistent customer

As the servicing agent, I confirm that:

Signature

(firm name) has the required permissions to provide advice on the transfer of the safeguarded benefits

Date (day, month, year)

 - -
Section 6**Lifetime Allowance**

Complete this section if you have previously taken any retirement benefits from a UK registered pension scheme. If you leave this section blank we will assume that you have no other pension benefits in payment.

Lifetime Allowance

The lifetime allowance (LTA) is an overall limit on all the **Pension Savings** you have built up over time in all your pension schemes. If the value of your total **Pension Savings** in all your schemes and the benefits you are taking exceed the LTA or are near to the LTA you should speak to your **financial adviser** in the first instance. You should be aware that **HMRC** can impose a fine if you make a false declaration about the LTA.

If the value of your total **Pension Savings** exceeds the LTA or if you have any form of LTA protection and you wish to proceed with this **application** you don't need to complete the rest of this section but you will need to complete an LTA form and provide us with information, unless your **financial adviser** has already done so on your behalf.

Please complete the following questions if your overall benefits are within the LTA.

Benefits that came into payment before 6th April 2006**Percentage of the LTA used**

Pension benefit 1	<input type="text"/>	%
Pension benefit 2	<input type="text"/>	%
Pension benefit 3	<input type="text"/>	%

Benefits that came into payment on or after 6th April 2006**Date of the lifetime allowance test****Percentage of the LTA used**

Pension benefit 1	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	%
Pension benefit 2	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	%
Pension benefit 3	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	%

If you leave this section blank we will assume that you have not previously taken any benefits from your pension schemes.

Section 7**Payment of benefits from your Retirement Account**

Complete this section if you intend to draw benefits from your **Retirement Account** straight away. We'll pay benefits according to the instruction contained in your illustration but we require further information from you as outlined below:

Bank details (must be for a UK bank account in the applicant's name)

Please provide details of the **nominated bank account** that you would like us to pay your benefits into.

Name of account holder(s)

Bank of building society name

Building society roll number (if applicable)

Sort code

 - -

Account number

**Important information**

This information must be for a UK bank account in the applicant's name.

Regular income payments (if applicable)

If you are taking a regular income, please select the day of the month you would like to receive your regular income payments.

Please choose **one** day only

If you do not select a day your income will be paid on the 12th of the month.

☐ 12th ☐ 20th ☐ 28th
**Please note**

You may receive your payment earlier than your chosen date. For example, if your payment day is on a weekend or bank holiday.

Purchase of a Guaranteed Annuity (if applicable)

This section applies if you want to use all of your funds to purchase a **Guaranteed Annuity**. If this is the case, the amount we eventually receive from your transferring scheme(s) may be greater than the amount in your illustration.

In the event of there being some surplus funds, please indicate your wishes below by ticking one square box only:

☐ Allocate to **Guaranteed Annuity**

OR

☐ Pay as a taxable lump sum

If you have decided to reinvest your Guaranteed Annuity Income into your Drawdown account, please ensure auto rebalance has been included within the accepted quotation. Should you require any assistance with this, please contact our Customer Services team

Section 8

Death benefits - Expression of wishes

Complete this section to nominate **beneficiaries** for death benefits payable under your **Retirement Account** other than any **Dependant's** Income payable under a **Guaranteed Annuity** to the **dependant** named in Section 1. You should review your nomination regularly and whenever there is a change in your personal circumstances, you may update your wishes by submitting a replacement form.

Nominations you make in this form are not binding on **Canada Life**, but will be considered carefully. If you wish to nominate more than four **beneficiaries** please provide further details on a separate sheet.

Part 1. Specific nominations(s)

If you want **Canada Life** to consider paying benefits to any particular person*, please give their details below and indicate what percentage of your Retirement Account you want to go to them.

Name

Address

Date of birth

Relationship to you

% of funds*

 %

Postcode

Name

Address

Date of birth

Relationship to you

% of funds*

 %

Postcode

Name

Address

Date of birth

Relationship to you

% of funds*

 %

Postcode

Name

Address

Date of birth

Relationship to you

% of funds*

 %

Postcode



*This can include charities and other organisations as well as individuals

Section 8

Death benefits - Expression of wishes (continued)

Part 2. Availability of drawdown for beneficiaries

A **beneficiary** chosen by **Canada Life** may wish to take drawdown instead of receiving a lump sum, but this is only possible if they are a “**dependant**” or a “**nominee**” (as those terms are defined in the Finance Act 2004). The way those terms are defined could stop drawdown being offered to suitable **beneficiaries** in some situations. If you want to ensure that the option of drawdown is available to any eligible **beneficiary** chosen to receive benefits on your death, tick the box below. Doing so does not mean that **Canada Life** will ignore your specific nominations. It just means that we will have greater scope to offer drawdown as an alternative to lump sums, particularly if your nomination form becomes out of date.

☐ In addition to any specific nominations above, I nominate for the purposes of the relevant tax legislation any individual who is eligible to receive a lump sum on my death, so that **Canada Life** can offer drawdown to any such person as an alternative.

Any other information

If you or your financial adviser would like to add any additional information to your **application**, please include in the box below.

Section 9**Data protection notice**

Canada Life Limited, Canada Life International Limited, Canada Life International Assurance (Ireland) DAC, and Canada Life Platform Limited, (referred to as 'Canada Life', 'we', 'us' or 'our' in this DPN) take their privacy obligations very seriously.

You may interact with Canada Life in any one (or more) of the following capacities: as data controller, a policyholder, joint policyholder, employer policyholder, trustee, insured person, professional adviser, beneficiary, next of kin, personal representative, executor claimant, or member. No matter which capacity you interact with Canada Life, you will be referred to as 'you' or 'your' in this DPN. Any Personal Data about yourself (provided by you or about you by another party) or which you provide about someone else will be treated in accordance with the applicable laws and regulations in any relevant jurisdiction relating to privacy or the use or processing of Personal Data of each respective Canada Life entity.

What is Personal Data?

Personal data means any information about you which is personally identifiable, including your name, age, address, telephone number, email address, financial details, and any other information from which you can be identified. It will also include genetic and biometric data, location data and online identifiers which may identify you, such as your internet protocol (IP) address (the unique personal address which identifies your device on the internet) and mobile device IDs.

What do we collect?

We will collect the following information about you and your dependants (this includes your authorised Power of Attorney) when you use our services or we may collect it indirectly from our business partners, such as financial intermediaries:

- Personal details: your name, date of birth, telephone number, address, email address, dependants, marital status, IP address and media access control (MAC) address.
- Sensitive/special categories of personal data: gender and other sensitive information such as information about your physical and mental health. We recognise that information about health is particularly sensitive information.
- Financial information: information that may relate to your financial circumstances (for example your pension values, income and existing investments), bank account details and details of product options you may consider.
- Technical information: such as details on the devices and technology you use.
- Public Records: This includes open data such as the Electoral register, Land register or information that is openly available on the internet.
- Documentary data and national identifiers: Information that is stored on your passport, driving license, birth certificate, and National Insurance number.

As well as collecting Personal Data about you, we may also use Personal Data about other people, for example family members you wish to insure on a policy. If you are providing information about another person, then we expect you to ensure the other person knows you are doing so and are content with their information being provided to us. You might find it helpful to show them this PN and if they have any concerns advise them to contact us directly. If Personal Data is submitted about another person (for example spouse/partner), then by signing this form, you confirm that they have agreed to providing their information and for the information to be used and shared as you set out in this PN.

How will your Personal Data be used?

Reference to "your information" and "your Personal Data" shall mean Personal Data and or / Special Categories of Personal Data (such as medical data), that is disclosed to us, for which an identifiable individual (Data Subject) is the focus.

The information provided to us may be used:

- To provide any requested product or service and to deal with any enquiries and requests we may receive;
- To verify your identity when you use our products or services and to ensure the security of your Personal Data;
- In relation to the performance of a contract with you or to take steps to enter into a contract with you;
- To communicate with you, for example if we are providing information about changes to the terms and conditions or if you contact us with questions;
- To underwrite and administer a Canada Life product. This may include an automated underwriting process taking into account the Special Categories of Personal Data provided;
- To prevent, detect or investigate financial crime;
- To better understand our customer and improve customer engagement. This may include research, statistical analysis and customer analytics which allow us to make certain predictions and assumptions about your interests, and make correlations about our customers to improve our products. We do not use policyholder, member or beneficiary personal data for marketing purposes and we do not make your personal information available to third parties for the purposes of direct marketing;
- For business to business marketing purposes we do use the personal data of institutional investors, professional investors and advisers;
- With our underwriting software to process certain applications and produce quotations which will use an element of automated decision making. For more information about the logic involved, significance and envisaged consequences of the use of automated decision making please contact our Data Protection Officer using the contact information below;
- For the purposes of complying with applicable legal and regulatory obligations;
- To perform a task carried out in the public interest or in the exercise of official authority vested in Canada Life, your data controller.

Some of the information we collect as part of an application for a policy may be provided to us by a third party. This may include information we and our subsidiaries already hold about you and your dependant, including details from previous quotes and claims, information we obtain from publicly available records, our trusted third parties and from industry databases, including fraud prevention agencies and databases.

Legal basis for processing

Where processing of data is necessary for entering into a contract with Canada Life or for the performance of a contract which you (the data subject) are aware of the legal processing of Personal Data, this is based on Article 6.1(b) of the General Data Protection Regulation (GDPR).

Processing of Special Categories of Personal Data (for example health or medical data) is based on Article 9.2(g) of the GDPR in that processing is necessary for reasons of substantial public interest and conducted on the basis of applicable law where the only data processed will be that necessary for the aim specified in order to respect the Data Subject's rights and interests.

Section 9**Data protection notice (continued)****Sharing Personal Data**

Where necessary and only for the purposes mentioned above, information (including medical data) may be shared with:

- Other companies within The Canada Life Group (UK) Limited and any future owners of our business and/or affiliates;
- Service providers, such as reinsurers, third party administrators, professional advisors, tracing agencies and/or research companies;
- Doctors or any relevant medical professional;
- With credit agencies (for the purpose of identification verification);
- Agencies and third parties for the purposes of preventing, detecting or investigating financial crime; and/or
- Regulators, or such authority, if required to do so by law or by any court order or if we have consent to do so.

For retirement income, we insure risks assumed by us with special insurance companies (reinsurers). For this, it may be necessary to submit your contract data and claim data to a reinsurer, Hannover Re, so that they can form their own opinion about the risk. In addition, it is possible that the reinsurer supports our company due to its special expertise in the risk or claims assessment or other related purposes. We transmit your data to the reinsurer only insofar as this is necessary to perform the obligations of our insurance contract with you. Hannover Re will also act as Controller of your data. The fair processing notice for Hannover Re is available at <https://www.hannover-re.com/privacy>.

Personal Data collected via professional advisers including quotation requests and application forms will be shared within the Canada Life group of companies to provide professional advisers with product information which may be relevant for their client's needs and requirements.

Information Security

We implement technical and organisational measures to ensure a level of security appropriate to the risk to the Personal Data we process. These measures are aimed at ensuring the on-going integrity and confidentiality of Personal Data. We evaluate these measures on a regular basis to ensure the security of processing.

International Data Transfers

Your Personal Data may be processed outside of the European Economic Area (EEA). In this situation we confirm that only the minimum amount of data will be processed, and that we have put in place appropriate safeguards in accordance with the Data Protection legislation to ensure that your data is adequately protected. For more information on the appropriate safeguards in place, please contact us at the details overleaf.

Individual rights under GDPR

GDPR provides individuals (Data Subjects) with various rights including the right to be told what Personal Data is held by Canada Life and the right to request that any inaccuracies in respect of their Personal Data are corrected. Details of all individual rights are shown below:

1. The right to be informed – you have the right to be informed how your Personal Data will be used. For example this may be set out in a company's privacy notice.
2. The right of access – you have the right to access your Personal Data and supplementary information. For example you may wish to access your data to become aware of and verify the lawfulness of the processing.
3. The right to rectification – you have the right to have your Personal Data rectified. For example if you feel it is inaccurate or incomplete.
4. The right to erasure – you have the right in specific circumstances to request the deletion or removal of Personal Data where there is no compelling reason for its continued processing. For example, your Personal Data was unlawfully processed.

5. The right to restrict processing – you have the right to restrict the processing of your Personal Data in certain circumstances. For example you wish to contest the accuracy of your Personal Data.
6. The right to data portability – you have the right to obtain and reuse your Personal Data for your own purposes. For example you may wish to move, copy or transfer Personal Data from one information technology environment to another in a safe and secure manner.
7. The right to object – you have the right to object to your Personal Data being used for processing based on legitimate interests or for a task in the public interest. For example you no longer want your Personal Data to be used for direct marketing.
8. Rights in relation to automated decision making and profiling – you have the right to challenge decisions that are made using an automated approach including profiling. For example you may want to request human intervention where you do not agree with an automated decision.

Detailed information relating to your individual rights can be obtained via the Information Commissioner's Office – see 'further information' section for contact details.

Retention of data

We will keep your personal data only for so long as is necessary and for the purpose for which it was originally collected. In particular, for so long as there is any possibility that either you or we may wish to bring a legal claim, or where we are required to keep your personal data due to legal or regulatory reasons. Each Canada Life department has a departmental 'Records Retention and Disposal Guide' (RRDG), which defines the length of time that records processed by that department are retained before deletion.

Notification of Changes to our Privacy Notice

We reserve the right to amend or modify the PN at any time and in response to any changes in applicable Data Protection and privacy legislation.

If we decide to change our PN, we will post these changes on our website so that you are aware of the information we collect and how we use it at all times.

If at any point we decide to use or disclose information we have collected, in a manner different from that stated at the time it was collected, we will notify you.

Further Information

Should there be any queries regarding Personal Data or individuals rights under Data Protection legislation, please contact our Data Protection Officer in writing at:

**Canada Life Place,
Potters Bar,
Hertfordshire,
EN6 5BA**

Or by email at: dpo@canadalife.co.uk

You also have the right to talk to the Information Commissioner's Office whose main role is to uphold information rights in the public interest.

Website: <https://ico.org.uk/for-the-public/>

Email: casework@ico.org.uk

Phone: 0303 123 1113

Address: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Section 10

Declarations

Declaration to Canada Life

- I confirm that to the best of my knowledge and belief, the information I have provided in connection with my **application** is correct and complete.
- I accept that it is an offence to make false statements and that penalties are severe and could lead to prosecution.
- I apply to become a member of the **plan** and agree to be bound by the **agreement for The Retirement Account** and by the rules of the **plan** both as amended from time to time.
- I confirm that I have seen **The Retirement Account** key features document and **Retirement Account** illustration of my retirement benefits, and I am aware of my cancellation rights.
- I confirm that if the illustration expires and requires a subsequent illustration to be generated on the same basis but using the current terms that I am happy for this new illustration to take precedence and form part of the contract.
- I authorise **Canada Life** to seek payment from the transferring scheme(s) shown in this **application** and I consent to **Canada Life** seeking further information from those transferring scheme(s).
- I understand that by signing this **application**, if I have completed section 8, I nominate any potential **beneficiary** as being able to receive Pension Drawdown following my death.
- I agree that by instructing the plan administrator to arrange for my **Retirement Account** to hold insurance **investments**, the administrator will arrange for the trustee of the **plan** to enter into an **investment** policy with **Canada Life**.
- I agree that by instructing the plan administrator to arrange for my **Retirement Account** to hold a **Guaranteed Annuity(ies)**, the administrator will arrange for the trustee of the plan to enter into a **Guaranteed Annuity(ies)** with **Canada Life**.
- I acknowledge and agree that **Canada Life** is entitled to deduct account charges from **The Retirement Account** as set out in the **agreement** and that the account charges may be amended or increased in accordance with the **agreement**.
- I will inform **Canada Life** if, before the commencement of my **Retirement Account**, there is a change to any medical and/or lifestyle information previously provided in relation to this **application**.
- I understand that by making a withdrawal from **The Retirement Account** my annual pension contribution allowance will be reduced in line with **HMRC** limits for any other money purchase **Pension Savings** I have; known as the Money Purchase Annual Allowance (MPAA).
- I understand that **The Retirement Account** does not offer Capped Drawdown and that if I **transfer in** Capped Drawdown funds to my **Retirement Account** they will become Flexi-access Drawdown funds and that I will be subject to the Money Purchase Pensions Allowance from the date of my first Flexi-access payment.
- In the event that an **unauthorised payments** charge or other tax charge is made in respect of my **Retirement Account**, I agree to **Canada Life** deducting or arranging for the deduction of the amount of any such charge from my **Retirement Account** in order to pay that charge. Where there are insufficient funds available in my **Retirement Account** I agree to pay the amount of any shortfall to **Canada Life**.

In respect of my regular and/or single contributions (if applicable)

- I confirm the following:
 - I am a UK resident individual, and
 - The total **contributions** to this **Retirement Account** and any other registered pension scheme of which I am entitled to tax relief on my **contributions** paid during the tax year (under section 188 of the Finance Act 2004) will not exceed the higher of:
 - a. My UK relevant earnings for the tax year, or
 - b. The basic amount (For the tax year 2020/21 this is £3,600 gross. This figure may be amended in the future by Treasury Order).

If an event occurs in any tax year which results in me no longer being entitled to tax relief on my **contributions**, I agree to notify **Canada Life** in writing within either 30 days, or by 5th April within that tax year, whichever is the later.

- If I am subject to the Money Purchase Annual Allowance (MPAA) I have provided in this **application** the date from which the MPAA first applied to me.
- If I am not currently subject to the reduced MPAA but I take benefits elsewhere with another provider that means I become subject to the MPAA, I will inform **Canada Life** and supply the date the MPAA first applied to me.
- In relation to regular **contributions** paid by direct debit, I agree to **Canada Life** giving me no less than 10 days' notice in advance of my account being debited, if the amount to be paid or the payment date changes.

Declaration to transferring scheme

- I authorise **Canada Life**, the current transferring scheme and any **financial adviser** named in this **application** to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to **Canada Life**.
- I authorise **Canada Life**, the transferring scheme and any **employer** paying contributions to any of the plans as listed in Section 2 to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to **Canada Life**.
- I authorise and instruct you to transfer sums and assets from the transferring scheme(s) as listed in Section 2 directly to **Canada Life** and to provide any instructions and/or discharge required by any relevant third party to do so.
- Until this **application** is accepted and complete, **Canada Life's** responsibility is limited to the return of the total payment(s) to the transferring scheme(s).
- When payment is made to **Canada Life** as instructed, this means that I shall no longer be entitled to receive pension benefits from the whole of the plan(s) listed in Section 2 where the whole of the plan(s) are transferring, or that part of the plan(s) represented by the payment(s) if only part of the plan(s) are transferring.

Declaration to Canada Life and Current Pension Provider

- Where I have not provided details of the value of **pension savings** and benefits taken that are in excess of the Lifetime Allowance and/or details of any Lifetime Allowance Protection, I confirm that the total value of:
 - the pension income and tax-free cash I have already taken (including amounts designated for drawdown income, and any income taken before 6 April 2006);
 - any pension funds transferred overseas, and;
 - the benefits I am taking or designating for drawdown income now;
 is less than the current Standard Lifetime Allowance threshold.*
- 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**.
- I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that **Canada Life** and the transferring scheme(s) may incur as a result of any incorrect, untrue, or misleading information in this **application** or given by me, or on my behalf, or of any failure on my part to comply with any aspect of this **application**. This includes where I have been asked to provide any original policy document(s) in return for the transfer of funds and I am unable to do so.

Section 10

Declarations (continued)

- Where I have chosen to take tax-free cash, 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.

* Understanding the Lifetime Allowance rules is important. If you are unsure how to calculate the value of your benefits, please speak to your **financial adviser**.

** A significant increase is where:

The total tax-free cash you receive in the 12 month period ending on the day the tax-free cash from this plan is paid, exceeds £7,500, and more than 30% of those tax-free cash sums is used to make **contributions** to one or more **registered pension schemes** which exceed the expected level of **contributions**. This includes any **contributions** you pay directly or indirectly, paid by someone on your behalf such as your **employer**, or which you may have paid in anticipation of receiving the tax-free cash.

Adviser charge declaration (if applicable)

I hereby instruct and authorise **Canada Life** to pay the amounts in respect of **adviser charge(s)** as set out in Section 4 of this **application**.

Authorisation for your financial adviser to act on your behalf

I authorise the **financial adviser** named in this **application** to act on my behalf with regard to changes to my **Retirement Account**.

Authorisation for a discretionary manager to act on your behalf

I authorise **Canada Life** to accept instructions with regard to my **Retirement Account** from any **discretionary manager** appointed by me/ my **financial adviser** on my behalf.

How to return your form

By post

Canada Life
PO Box 288, Uckfield TN22 1PH



By email

newbusiness.ra@canadalife.co.uk



Please ensure that:

- ☒ All questions have been fully completed.
- ☒ You have signed and dated the form.
- ☒ You have checked that all the information in the Checklist on page 1 is completed.

Please sign to confirm that the service and the fees applicable have been clearly outlined to you and you have read, understood and agree to this **application** and the **agreement** including declarations and any charges we pay (or facilitate) to third parties, including but not limited to adviser charge(s) and Discretionary Fund Manager charge(s), and that you have read and understood the Data Protection Notice.

Applicant signature

Date (day, month, year)

 - -

The date you sign this application form, must be the same or later than the date of the accepted quote.



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