



**Please
complete
these forms**

**Authority
Letter**

**Policy
Details**

**Quotation
Request**

**Medical
Information**

Authority Letter

Full Name _____

Address _____

Postcode _____

Telephone _____ Date of birth _____

Dear Sir or Madam,

Simply Retirement will be providing me with information in respect of my pension benefits. I would be grateful if you could amend your records accordingly. Please accept this letter as my authority to divulge any relevant information to them.

I intend this authorisation to be in respect of ANY pension benefit or policy held for me by any company listed below.

Please correspond directly with Simply Retirement and any of their employees. Simply Retirement is a trading style of Simply Finance Ltd (FCA 407478) is an appointed representative of The On-Line Partnership Limited.

Please issue the following directly to **Simply Retirement**:-

- A Transfer Value / Open Market Option Amount and fund value
- The amount of maximum tax free cash lump sum available and residual Open Market Option available
- Details of the Type of Policy
- Any Discharge and Warranty forms required for the arrangement of the Open Market Option or transfer
- Details of any guaranteed annuity rates
- Confirmation of the selected retirement age

| | Company Provider Name | Policy Number |
|---|-----------------------|---------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

National Insurance Number _____

Signed _____ Date _____

Your existing policy/policies

If you do not know some of the information, tell us the company and we will do the rest.

POLICY 1

Company _____ Policy Number _____

Type of Policy

- Personal Pension Retirement Annuity AVC FSAVC
 Company Scheme Section 32 Don't know *(please tick)*

Are you taking a Tax Free Lump Sum from this policy? Yes No

What is the selected retirement age?

What is your Fund Value? £ _____ After Tax Free Cash The Full Fund Value

POLICY 2

Company _____ Policy Number _____

Type of Policy

- Personal Pension Retirement Annuity AVC FSAVC
 Company Scheme Section 32 Don't know *(please tick)*

Are you taking a Tax Free Lump Sum from this policy? Yes No

What is the selected retirement age?

What is your Fund Value? £ _____ After Tax Free Cash The Full Fund Value

POLICY 3

Company _____ Policy Number _____

Type of Policy

- Personal Pension Retirement Annuity AVC FSAVC
 Company Scheme Section 32 Don't know *(please tick)*

Are you taking a Tax Free Lump Sum from this policy? Yes No

What is the selected retirement age?

What is your Fund Value? £ _____ After Tax Free Cash The Full Fund Value

POLICY 4

Company _____ Policy Number _____

Type of Policy

- Personal Pension Retirement Annuity AVC FSAVC
 Company Scheme Section 32 Don't know *(please tick)*

Are you taking a Tax Free Lump Sum from this policy? Yes No

What is the selected retirement age?

What is your Fund Value? £ _____ After Tax Free Cash The Full Fund Value

FURTHER POLICIES: Please forward further paperwork *(please tick)*

Quotation Request

The type of Annuity you want: (please tick one box in each section)

If you would like different options, please call us before completing

Non-protected Rights

Frequency

| | | | | |
|-------------------|--------------------------|------------------|--------------------------|----------------------------|
| Monthly | <input type="checkbox"/> | In advance | <input type="checkbox"/> | (up front) |
| Quarterly | <input type="checkbox"/> | | | |
| Half yearly | <input type="checkbox"/> | In arrears | <input type="checkbox"/> | (at the end of the period) |
| Annually | <input type="checkbox"/> | | | |

Escalation – Increases in Payment

| | | | | |
|-----------------------------|--------------------------|-----------------------------|-----------------------------|-------------|
| No increases / None | <input type="checkbox"/> | | | |
| By a fixed percentage | <input type="checkbox"/> | 3% <input type="checkbox"/> | 5% <input type="checkbox"/> | Other _____ |
| By inflation | <input type="checkbox"/> | | | |

Spouse's / Dependant's Pension – a payment that continues after your death

| | | | | |
|------------|--------------------------|------------------------------|-------|--------------------------|
| None | <input type="checkbox"/> | 50 <input type="checkbox"/> | | Continues at 50% |
| | | 66 <input type="checkbox"/> | | Continues at 66% |
| | | 100 <input type="checkbox"/> | | Continues at 100% |
| | | <input type="checkbox"/> | | Other percentage _____ % |

Guarantee Period

| | | | |
|------------|--------------------------|------------------------------|--------------------------|
| None | <input type="checkbox"/> | 5 years | <input type="checkbox"/> |
| | | 10 years | <input type="checkbox"/> |
| | | Other (up to 30 years) _____ | |

Value / Capital Protection*

| | | | | | |
|------------|--------------------------|-------------------------------|------------------------------|------------------------------|------------------------------|
| None | <input type="checkbox"/> | 100% <input type="checkbox"/> | 75% <input type="checkbox"/> | 50% <input type="checkbox"/> | 25% <input type="checkbox"/> |
|------------|--------------------------|-------------------------------|------------------------------|------------------------------|------------------------------|

*You cannot select both a Guarantee Period and Value Protection

Your Details

| | You | Partner |
|---------------|-------------|-------------|
| Full Name | | |
| Date of birth | | |
| Health | Good / Poor | Good / Poor |
| Smoker | Yes / No | Yes / No |
| Married | Yes / No | |

If you or your partner are taking medication, in poor health or smoke, please complete the medical questionnaire.

Declaration: Please sign and date to confirm that you requested **Simply Retirement** to ONLY provide information about an annuity.

To Simply Retirement: Please take this as my request for an annuity quotation on the above basis. A guide to these options has been provided. I understand a FULL service is available.

Signed _____ Date _____