



Flexible Pension Annuity Additional Premium Application Form

London & Colonial Assurance PCC Plc ('LCA') is a Gibraltar registered company and is incorporated under the Gibraltar Insurance Companies Act as a Protected Cell Company ('PCC'). LCA is regulated by the Gibraltar Financial Services Commission (permission number: 5191) and is part of STM Group Plc, a multi-jurisdictional financial services group listed on AIM, a market operated by the London Stock Exchange.

The Flexible Pension Annuity ('FPA') is provided by LCA.

The security and safety of your data is very important to LCA. A copy of our Privacy Notice can be found on our website: info.stmgroupplc.com/privacy-notice

! PLEASE COMPLETE ALL SECTIONS FULLY IN BLOCK CAPITALS

Section 1. Additional Premium Details

This Additional Premium Application Form, together with the Flexible Pension Annuity Key Features and the policy documentation issued to you at the outset of the Policy by London & Colonial Assurance PCC Plc ('LCA'), sets out the terms and conditions of the contract.

If you have difficulty completing this form please consult your Financial Adviser.

| | | | | | | | |
|---|---|----------------------|-------|------|----------------------|----------------------|----------------------|
| Annuitant's Name: | <input type="text"/> | | | | | | |
| Policy Number: (To which additional premium is to be applied) | <input type="text"/> | | | | | | |
| Date of Birth : | <table border="1"> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> | Day | Month | Year | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Day | Month | Year | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | |
| Email: | <input type="text"/> | | | | | | |
| Additional Premium Amount: | £ <input type="text"/> | | | | | | |
| Reference number of the FPA additional premium Personal Illustration: | <input type="text"/> | | | | | | |

Please confirm the amount crystallised under Benefit Crystallisation Event 4, that you would like to be applied to the Policy Number shown above. LCA is only able to receive Premiums that will be used to purchase a Flexible Pension Annuity.

LCA reserves the right to request additional documentary evidence in order to comply with Gibraltar's statutory Anti-Money Laundering requirements.

You will need to complete a separate Flexible Pension Annuity - Open Market Option request (for Additional Premium Investments) for each Pension Scheme listed below.

PENSION SCHEME 1

| | |
|---|------------------------|
| Name of Current Provider: | <input type="text"/> |
| Full Name of Pension Scheme: | <input type="text"/> |
| Existing Plan Number: | <input type="text"/> |
| Purchase Price: | £ <input type="text"/> |
| Lifetime allowance crystallised under BCE4: | <input type="text"/> |

PENSION SCHEME 2

| | |
|---|------------------------|
| Name of Current Provider: | <input type="text"/> |
| Full Name of Pension Scheme: | <input type="text"/> |
| Existing Plan Number: | <input type="text"/> |
| Purchase Price: | £ <input type="text"/> |
| Lifetime allowance crystallised under BCE4: | <input type="text"/> |

If you are aiming to use funds from more than two different pension schemes then please photocopy this page as required.

Section 2. Financial Adviser

Please confirm if advice has been given on this additional premium investment into your FPA policy:

Yes

No

Financial Adviser details (to be completed by your Financial Adviser):

Financial Adviser's Full Name:

Company Name:

Registration Number:

Signature of the Financial Adviser:

Date: Day Month Year

Please note that we can only accept applications where financial advice has been given by your appointed Financial Adviser.

Section 3. Policyholder's Signature

(Please tick to confirm)

I wish to invest the additional premium amount specified in Section 1 in my Policy in accordance with the existing Policy terms and conditions and confirm that to the best of my knowledge and belief all of the statements within this Application Form are true and complete and shall form, together with such terms and conditions and any nomination form, the basis of the contract between me and LCA.

I confirm that I have read and understood the FPA Key Features for the Policy and understand the charges that will be levied.

I confirm that to the best of my knowledge and belief I am not subject to any taxation, exchange control or legislation that would make this Application unlawful.

I understand my future annuity payment amounts will relate to both the original premium & the additional premium amount(s) received, and these annuity payment amounts will conclude at the same time. The establishment charge remains a % and the annual management charge remains at % and will be calculated on the total fund value which includes this and any other additional premium amounts.

I acknowledge that my Financial Adviser, or any other, has no authority to act as the agent of LCA or to state, suggest, or imply that they have such authority.

Policyholder

Full Name: (BLOCK CAPITALS)

Signature:

Date: Day Month Year

The signed FPA Additional Premium Application Form should be scanned and emailed to LCA@stmgroup.online.

Once LCA confirm that all the relevant documentation together with the relevant source of funds evidence, has been included, the originals can be mailed to: London & Colonial Assurance PCC Plc, 3rd Floor, 55 Line Wall Road, Gibraltar GX11 1AA.



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Gibraltar Company Registration Number: 80650
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