



**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 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 In advance (up ont)

Quarterly

Half yearly In arrears (a he end of the period)

Annually

Escalation – Increases in Payment

No increases / None

By a fixed percentage 3% 5% Other _____

By inflation

With Profits Annuity Anticipated Bonus Rate _____ (0%-6%)

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

None 50 Continues at 50%

66 Continues at 66%

100 Continues at 100%

..... Other percentage _____ %

Guarantee Period

None 5 years

10 years

Other _____

Value / Capital Protection

None

Included: 100% 75% 50% 25%

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 _____