



## Trustees Authorisation form (CPA Only)

Please use black ink and write in CAPITAL LETTERS or tick  as appropriate. Any corrections must be initialled. Please do not use correction fluid as this will invalidate your application.

### What should I do with this form?

This form should be sent to the Trustees/Administrators of your pension scheme, with the Payment Form.

We the Trustees/Scheme Administrators

- Accept quote number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (please add the full reference for the annuity option you are accepting).
- Authorise Prudential to set up the relevant benefits.
- Have already paid any tax liability relating to unauthorised payments, and confirm that Prudential has no tax liability for any unauthorised payments.
- Agree that if at any point in the future it is discovered that the information provided is wrong, Prudential may amend or cancel the policy.
- Agree to provide Prudential with any HMRC maximum pension figures and details of benefits held elsewhere prior to completion of the purchase, should they be applicable.
- Agree that where Prudential is not advised, prior to completion of the annuity purchase, that the HMRC maximum basis applicable prior to 6 April 2006 applies, these limits will not be applied and Prudential will not monitor the benefits in payment.
- Confirm that the benefits shown within the accepted quote above are in accordance with the rules of the Scheme.
- Confirm that we have assessed the members pension benefits and paid any Lifetime Allowance tax charge due.
- Confirm that where the member is taking benefits before age 55 that the member had an "unqualified right" to do so in accordance with paragraph 21 and 22 Schedule 36 of Finance Act 2004, or is retiring on ill-health grounds.

Signed

X

For, and on behalf of, The Trustees or Administrators of:

Scheme Name:

Please insert full scheme name for policy documentation.

The policy will automatically be written with the Trustees as the Grantee of the Policy unless instructed otherwise.

Is the policy to be written in the Annuitant's own name?

Yes  No

If the scheme rules require member consent please instruct member to sign here

X

## What should I do with this form? – continued

### How much of the purchase price is in respect of:

Pre 97 Defined benefit

£

Post 97 Defined benefit

£

Post 2005 Defined benefit

£

If the scheme rules of the money purchase arrangement still require pre and post 97 benefits to be split please provide details under separate cover.

### Please provide details of any Guaranteed Minimum Pension (GMP) liability:

Pre 88 GMP per annum

£

Post 88 GMP per annum

£

Revaluation Rate: Prudential will not provide quotes where the revaluation is "Limited" or in line with Section 148 Orders

Figures quoted above are at:

State Pension Age

Current date

Date of leaving

If at date of leaving please confirm

Date

Please confirm the percentage of the Lifetime Allowance which the total benefits represent:

%

If this is not available, please confirm the total fund value before tax-free cash has been taken (for Defined Contributions (DC) arrangements) or the amount of tax-free cash that has been taken (for Defined Benefit (DB) arrangements):

£

For DB arrangements only, please confirm the Health Status of the annuitant:

Good Health

Ill Health

Serious Ill Health

Good health will be assumed unless otherwise stated.

## Scheme Pension Augmentation BCE 3 Information

Please note Prudential will only be able to provide a Scheme Pension Augmentation where we already pay the main scheme benefit.

Please tick as appropriate

Augmentation within permitted margin

Augmentation outside permitted margin within available Lifetime Allowance

Augmentation outside permitted margin in excess of Lifetime Allowance

XP Amount (to be completed if augmentation is outside permitted margin and in excess of Lifetime Allowance)

£

Without this information we cannot set up the annuity.

## Trustee details

Trustees Full Name

Full address

Postcode

Telephone number

If the benefits are to be paid gross to the Trustees, please give the payment details:

Bank Name

Bank address

Postcode

Account Holders Name

Sort Code

Account Number



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