

**FIXED TERM ANNUITY****APPLICATION FORM****Return address**

Just, Vale House, Roebuck  
Close, Bancroft Road, Reigate,  
Surrey RH2 7RU

Just is a trading name of Just  
Retirement Limited. Where  
you see 'Just' in this form, this  
means Just Retirement Limited.

**About this Application Form**

This form is an application for our Fixed Term Annuity (your Plan).  
In return for your pension fund, we'll give you:

- a guaranteed income, if selected, for your Plan term.
- a guaranteed maturity amount, if you live until the end of the term.  
You can invest this into another pension product of your choice,  
or take it as a one-off payment.
- a death benefit payment, if selected, that's paid if you die during the term.
- a regular income for your dependant, if selected, if you die during the term.

Your financial intermediary should have helped you work out your best options. Together you'll know whether our Fixed Term Annuity is right for you.

To avoid any processing delays, please complete this form using black ink and by printing in capitals. It's important you fill in this form as fully and accurately as possible, and that all necessary attachments are included with your application.

**Both you and your financial intermediary must complete the relevant sections of this application.** If you've chosen a dependant's benefit, your dependant must also sign this form.

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## APPLICATION CHECKLIST

We're committed to processing your application as quickly and smoothly as possible. Use our checklist to make sure you give us all the information we need to do this.

The terms that apply to the submission of business by the Financial Intermediary may be found at [wearejust.co.uk/tob](http://wearejust.co.uk/tob) and will be periodically updated and amended.

Accordingly, the Financial Intermediary should satisfy itself of the terms because they contain important information about how we make payments together with our respective rights, obligations and assumptions of responsibility.

By submitting this application form to Just, the Financial Intermediary agrees that those terms will apply.

Please read the Key Features Document before you apply.

### THIS APPLICATION FORM

Have you and your dependant (if applicable) signed the declaration in Section E?

If you'd like us to facilitate an adviser charge to your financial intermediary for their advice and/or their services in relation the purchase of your plan, have you completed the Facilitation Agreement in Section G?

### TO ENCLOSE WITH THIS APPLICATION

A Verification of Identity Certificate where the current scheme is an Executive Pension Plan (EPP) or a Small Self-Administered Scheme (SSAS)

If applicable, original or copy of Pension Sharing Order

If applicable, original Power of Attorney or copy certified by a solicitor in original ink

If applicable, original or copy of Transitional Protection certificate

Proof of financial dependency, if you are not married to or in a civil partnership with your dependant. For example, a copy of joint utility bill, joint bank statement or a joint mortgage statement

### FINANCIAL INTERMEDIARY DETAILS

Trading Name

Name

Financial Services Register number

Principal's Financial Services Register number (if applicable)

Email Address



**Please note: If you did not receive advice we will not be able to accept this application.**

**IMPORTANT NOTES – PLEASE READ CAREFULLY**

In case any details change after you’ve completed this application form, the declaration in Section E states that you consent to your Financial Intermediary providing the required signed authority direct to Just on your behalf. This will allow the application to proceed without delay.

If the value of the fund is different to that shown on the quotation, or if the money is received after the guarantee expiry date, the benefits you receive may be different to that shown on the quotation.

This application form asks some detailed questions. In order that you understand the questions and the consequence of your answers, you should check all of the questions and answers with your Financial Intermediary before signing.

Our Fixed Term Annuity can only be purchased with funds held in an existing Capped Drawdown pension arrangement. We are unable to accept:

- funds held in a Flexi Access Drawdown arrangement;
- funds which have not previously been designated as Capped Drawdown arrangements; or
- Open Market Options (OMOs), which are only used for purchasing Lifetime Annuities.

If you have any queries about this, please discuss them with your Financial Intermediary.

Where a dependant’s benefit has been selected, your dependant will need to read and sign the Declaration in Section E, agreeing to how any death benefits will be paid to them.

**A. PERSONAL DETAILS**

Please enter all your personal details, including those of any dependant (If dependant’s benefit is included)

	<b>You</b>	<b>Your dependant</b>
Title	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss
Other Title (please specify)	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Gender	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female
Is your dependant married to or in a civil partnership with you?	<input type="radio"/> Yes <input type="radio"/> No	
Marital status	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Civil partners <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Civil partners <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed
National Insurance No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## PERSONAL DETAILS (CONTINUED)

	You	Your dependant
Permanent residential address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Telephone number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>

## B. INSTRUCTIONS FOR PAYING YOUR BENEFITS

Please enter the account details you would like us to make your payments to, if applicable.

**Please note that this must be a personal (or joint) current account in your name.**

Bank/Building Society name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Full account holder name (For example, Mr Joe P Bloggs)	<input type="text"/>
Account Sort Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account number (must be 8 digits)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Building Society reference	<input type="text"/>

**If you have more than one pension fund being transferred to Just, we will not set up the income payments until receipt of the final fund, unless you have specified otherwise. If we are not in receipt of all funds within two months of receiving the first fund, we will start the Plan with funds already held at the next 1st of the month. By starting each source on a different date this will lead to different maturity dates for your policies. We will contact your Financial Intermediary if this situation applies to you.**

## C. SUPPORTING INFORMATION

Please answer all the questions. You may need to seek guidance from your Financial Intermediary to complete this section

### Bankruptcy, creditor actions or claims

Have you ever been declared bankrupt?

Yes  No

If yes, what was the date of the bankruptcy?

Have you been fully discharged?

Yes  No

If yes, what was the date of discharge?

Are any of your funds vested in the Trustee in Bankruptcy?

Yes  No

Do you have any bankruptcy proceedings, creditor actions or claims pending against you?

Yes  No

### Lifetime Allowance (LTA)

Did you access any pension funds BEFORE 6 April 2006?

Yes  No

If yes, what amount are you currently receiving?\*  
(please give gross amount)

£  per year

Have you accessed any pension funds SINCE 6 April 2006?

Yes  No

If yes, what is your overall LTA percentage used?

%

Have you registered for Transitional Protection?

Yes  No

If yes, what type of Transitional Protection applies?  
(please tick appropriate box)

Primary Protection\*\*

Enhanced Protection\*\*

Fixed Protection 2012\*\*

Fixed Protection 2014\*\*

Individual Protection\*\*

\* For drawdown pensions, please also supply details of the maximum income at your last review.

\*\* If registered for Primary, Enhanced, Fixed or Individual Protection, we will need to see the original of the Transitional Protection Certificate or a photocopy.

### Money Purchase Annual Allowance (MPAA)

Have you taken benefits from any pension arrangement in a way which means you are subject to the Money Purchase Annual Allowance (MPAA)?

Yes  No

If yes, what was the date this happened?

## D. DETAILS OF THE TRANSFERRING PENSION SCHEME(S)

Please provide details of your current pension scheme(s) you wish to transfer to us. If you have more than one pension scheme, please provide full details of the fund for each one. We have provided enough space here for details of two transfers. If you are transferring more than two funds please use photocopies of this page accordingly.

Full name of current provider	<input type="text"/>
Current provider's address	<input type="text"/>
	<input type="text"/>
	<input type="text"/> Postcode <input type="text"/>
Full name of pension scheme (where known)	<input type="text"/>
Current Plan/Reference number	<input type="text"/>
<b>Just quote reference</b> (found on your quote)	<input type="text"/>

Are funds subject to any existing or proposed:

Pension Sharing Order?	Bankruptcy orders?
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Earmarking/Attachment orders?	Other court orders?
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

If 'yes' to any of the above, please send us a copy of the order.

Do the funds relate to the death of scheme member?  
 Yes  No

**Current pension scheme type**

Personal Pension     Stakeholder Pension     RAC/S226  
 AVC/FSAVC     EPP (Money Laundering form required)  
 Drawdown Pension     SSAS (Money Laundering form required)  
 Occupational Defined Contribution/Money Purchase  
 Defined Benefit/Final Salary     Section 32 (Buy Out Bond)  
 Hybrid/Mixed Benefit  
 Other (please specify)

Please note that we are only able to accept funds that are entirely in Capped Drawdown into our Fixed Term Annuity

Approximate Fund Value to be paid to us  £

Does this represent the full value of the Plan?  Yes  No

Are the funds being transferred entirely in capped drawdown?  Yes  No

Please note if Plan Protection has not been selected, the Conversion Feature will not apply.

**DETAILS OF THE TRANSFERRING PENSION SCHEME(S) (CONTINUED)**

Full name of current provider

Current provider's address

 Postcode Full name of pension scheme  
(where known)

Current Plan/Reference number

**Just quote reference**  
(found on your quote)**Are funds subject to any existing or proposed:**

Pension Sharing Order?

 Yes  No

Bankruptcy orders?

 Yes  No

Earmarking/Attachment orders?

 Yes  No

Other court orders?

 Yes  No

If 'yes' to any of the above, please send us a copy of the order.

Do the funds relate to the death of scheme member?

 Yes  No**Current pension scheme type** Personal Pension  Stakeholder Pension  RAC/S226 AVC/FSAVC  EPP (Money Laundering form required) Drawdown Pension  SSAS (Money Laundering form required) Occupational Defined Contribution/Money Purchase Defined Benefit/Final Salary  Section 32 (Buy Out Bond) Hybrid/Mixed Benefit

Other (please specify)

**Please note that we are only able to accept funds that are entirely in Capped Drawdown into our Fixed Term Annuity**Approximate Fund Value  
to be paid to us£ Does this represent the  
full value of the Plan? Yes  NoAre the funds being transferred entirely in capped drawdown?  Yes  No**Please note if Plan Protection has not been selected, the Conversion Feature will not apply.**

## E. DECLARATIONS AND AUTHORISATION

### Use of information and the Data Protection Act

Just may provide you with certain financial or insurance products. As a consequence we may collect certain information about you. This section tells you why we ask for information, who we provide it to, and the purposes for which it may be used and explains how we will protect your privacy.

#### Compliance with data protection law

We are conscious of our responsibilities under the Data Protection Act 1998 and will ensure that the information you provide to us will always be processed and transferred in compliance with all applicable data protection laws and regulations.

#### What information we may obtain

We may obtain a variety of information about you that may include (but is not limited to) information relating to your name, date of birth, gender, dependants and marital status. We may also ask you about sensitive data such as your physical and mental health.

Any information that is received about you may be retained for at least 6 years.

#### Your rights

The Data Protection Act 1998 gives you the right to see any personal data that we hold about you. We may charge you a small fee for providing this information but it will not exceed any prescribed statutory limit. You have the right to require any inaccuracies in personal data relating to you to be corrected.

You have the right to prevent processing of sensitive and personal data for the purposes of direct marketing.

#### Sharing and use of your personal data

Any personal data received about you (either directly or from a third party) may be used by us or any of our group companies or our suppliers (for purposes 1 to 7), passed by us or any of our group companies to your Financial Intermediary (for purposes 1 to 5), anyone who purchases an interest in us or any of our group companies (for purposes 4 to 7), and a third party (and their group companies) who may have introduced you to us (for purposes 5 and 7) for one or more of the following purposes:

1. For the administration and continuing review of your Plan
2. To provide you with information about the products you have purchased
3. To perform credit checks and verify your identity
4. To comply with legal and regulatory obligations
5. For business analysis and research
6. To provide you with information about other products and services from us or any of our group companies that may be of interest
7. For general administrative purposes, including the storage and backup of data

#### Data protection declaration and marketing consent

I/We give permission to Just (and its group companies) and the third parties above to process my/our personal data (including my/ our sensitive personal data) as set out in this section.

If you would like to receive information about products and services from Just and its group companies, please indicate your preference(s) by ticking one or more of these boxes:

Letter  Telephone  Email

### Declaration to Just

Just is the Scheme Administrator and agrees to administer my Just Fixed Term Annuity in accordance with the rules of the Just Retirement Personal Pension Scheme.

I have received a quotation of the benefits available in respect of each transfer value, listed in Section D, and request the issue of a Just Fixed Term Annuity in respect of each transfer value listed in Section D. I also apply to join the Just Retirement Personal Pension Scheme. I agree to be bound by the rules of the Just Retirement Personal Pension Scheme and the Plan Conditions of the Just Fixed Term Annuity. I understand that the Just Fixed Term Annuity cannot in whole or any part be surrendered, commuted or assigned, unless I have selected Plan Protection and subsequently exercise the Conversion Feature.

I confirm that this application, together with the Just quote(s) referenced in Section D, form(s) the basis of my application

I confirm that the information provided in this application form whether in my own handwriting or not is true and accurate and that I have answered the questions as fully as possible. I understand that in the event incorrect information is given, Just may be entitled to cancel the policy or adjust the amount of the benefits in connection with the plan.

I understand that Just may make searches at reference agencies to confirm my identity. If an identity search fails, Just may ask me for documents to confirm my identity. The agencies will record details of the search but this will not affect my credit rating.

I understand that my Just Fixed Term Annuity income payments will be paid to the account detailed in this application and where applicable income tax will be deducted prior to such payment under PAYE.

I confirm that any Adviser Charge paid on my behalf by Just in the initial set up of this Plan is wholly connected to the purchase of this Plan, and is appropriate to the advice and service my Financial Intermediary provided to me in relation to this purchase. If this is not the case then some or all of the Adviser Charge may become liable to a tax charge, which I may be responsible for.

I can confirm that I am a UK resident. I also understand that if I move abroad within the contract term then I may not meet Just's requirements to apply for the Conversion Feature.

Please confirm you received advice from your Financial Intermediary on this purchase:

Yes  No

The Plan Conditions relating to this Plan and a copy of the completed application are available on request.



**If you have any questions regarding our use of your personal data or you wish to update your details or require a copy of your personal data that is held by us, then please write to the Data Protection Officer, Just, Vale House, Roebuck Close, Bancroft Road, Reigate, Surrey RH2 7RU.**



## DECLARATIONS AND AUTHORISATION

### Declaration to Just and Current Pension Scheme

I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that Just and the current provider 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.

### Declaration to Current Pension Scheme

I authorise and instruct you to transfer sums and assets from the plan(s) as listed in section D of this application directly to Just and to provide any instructions and/or discharge required by any relevant third part to do so.

I authorise Just, the current provider and any financial intermediary named in this application to obtain from each other, and to release to each other, any information that may be required to enable the transfer of sums and assets to Just.

I authorise Just, the current provider and any employer paying contributions to any of the plan(s) as listed in section D of this application to obtain from each other, and release to each other, any information that may be required to enable to transfer of sums and assets to Just.

Until this application is accepted and complete, Just's responsibility is limited to the return of the total payment(s) to the current pension scheme(s).

When payment is made to Just 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 D of the application where the whole of the plan(s) is transferring, or that part of the plan(s) represented by the payment(s) if only part of the plan(s) is transferring.

### Authorisation

If I require Just to pay my Financial Intermediary a charge from funds received, I understand that I will need to complete and sign the 'Facilitation Agreement' in Section G of this application form.

I authorise Just to seek payment of each pension fund from the pension provider shown in this application. I consent to Just seeking further information from any insurance company or previous employer or provider of benefits to which I am or will be entitled. I authorise the giving of any information requested.

If any aspect of this application is unclear or additional information is required, I authorise Just to seek clarification or additional information from my Financial Intermediary, without further referral to me. I also consent to my Financial Intermediary providing the clarification or additional information direct to Just as well as agreeing any amendments on my behalf to allow Just to progress my application. I understand that once the contract is concluded it cannot be changed, except as permitted by law or as specified in the Plan Conditions.

Your Signature:

Date:

### Dependant Declaration to Just

Where I am signing as the dependant as shown in Section A I agree that any income and Guaranteed Maturity Amount due to me will be paid via a Dependant's Flexi-Access Drawdown pension arrangement in my own name with Just. I agree to be bound by the rules of the Just Retirement Personal Pension Scheme and the Plan Conditions of the Just Fixed Term Annuity. I acknowledge that I will be unable to take any benefits due to me as a lump sum.

Signature of dependant:

Date:



**You and where appropriate your dependant must sign and date this application above. By signing above you confirm that you understand and agree to all declarations in Section E.**

## F. EXPRESSION OF WISH FORM

Using this form you may name the person(s) you wish to be the beneficiary(ies) of any payment under a Guarantee Period or Plan Protection benefit in respect of your Fixed Term Annuity with Just.

On your death, your remaining funds will be applied in accordance with the terms and conditions of the Just Fixed Term Annuity. Within the overall limits of the tax legislation, the terms and conditions give us wide discretion over the exact form of benefits and the recipients

### Important Notes

Any nomination you make in this form is not binding on Just but will be considered carefully.

If your circumstances change and you want to alter your wishes, please request a new form. This should be completed and returned to us.

I have read and understood the important notes above. I understand that Just has absolute discretion, but in the event of my death, I should like Just to consider making payments to the following individual(s)\*:

Your name	<input type="text"/>	
Quote number	<input type="text"/>	
Preferred beneficiary name	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>
Permanent residential address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Percentage of funds**	<input type="text" value=""/> %	<input type="text" value=""/> %

\* This can include charities, trusts and other organisations as well as individuals

\*\* If you have elected for more than one individual to receive a portion of the funds, the total percentage must equal 100%.

In addition to the individual(s) named above, I nominate for purposes of the relevant tax legislation any individual who is eligible to receive a lump sum on my death, so that Just is able to offer drawdown to them as an alternative.

Your expression of wish may be revoked or revised at any time should you choose to do so. Please remember to keep these details up to date, should your personal circumstances change.

**Once the form is completed please send it, with attachments, to: The Administration Manager, Just, Vale House, Roebuck Close, Bancroft Road, Reigate, Surrey, RH2 7RU.**

Signed

Date



**If Just are facilitating an Adviser Charge, please complete the Facilitation Agreement in Section G of this application.**

**If you did not receive advice we will not be able to accept this application.**

## G. FACILITATION AGREEMENT

This part is to be completed by the pension scheme member.

**Important: Please note that if, subject to the terms of this Facilitation Agreement, an Adviser Charge or any part of it is stopped, unpaid or is re-credited to your Plan, you may remain financially liable to reimburse your Financial Intermediary for their services provided to you. You should check the terms of your agreement or arrangement with your Financial Intermediary.**

The terms and conditions relating to this Facilitation Agreement are set out below and are important. You should take time to read them before you sign and complete this section of the form. If you are uncertain about any aspect of this Facilitation Agreement or how to complete it, you should discuss this with your Financial Intermediary or any other professional adviser acting on your behalf.

You should retain a copy of this Facilitation Agreement for your records.

### Terms explained

Read below for an explanation of some of the terms in this Facilitation Agreement.

**Adviser Charge** means a charge to be paid to your Financial Intermediary who has provided you advice and/or related services in connection with your Plan.

**Facilitation Agreement** means an agreement between you and Just setting out our rights and obligations in respect of the facilitation of an Adviser Charge.

**Financial Intermediary** means the Financial Intermediary named in this Facilitation Agreement.

**Just, we, us or our** means Just Retirement Limited.

**Just Plan or the Plan** means the plan being applied for by using this application form.

**Source Fund** means the monetary amount received by us to calculate the Adviser Charge.

**You, your** means the Plan holder

### Terms and conditions of the Facilitation Agreement

#### Payment of the Adviser Charges

We will pay to your Financial Intermediary the Adviser Charge in accordance with this Facilitation Agreement. The Adviser Charge that you have agreed to pay your Financial Intermediary is a matter between you and your Financial Intermediary and is not a payment for any services provided by your Financial Intermediary to us. We do not assess the suitability or amount of the Adviser Charge you have agreed to pay.

We will deduct the Adviser Charge just before or after the Source Funds are invested in our Plan. The Adviser Charge is in addition to any charges specified in respect of your Plan.

We will act only in accordance with your instruction in respect of the payment of Adviser Charges, except where your Financial Intermediary is asking us to reduce or stop paying any Adviser Charge. We will not extend or increase Adviser Charges without your instruction.

If after reasonable efforts on our part, we have been unable to make payments of any Adviser Charge to your Financial Intermediary, we will notify you. Adviser Charges already deducted but unpaid to your Financial Intermediary will be re-credited back to your Plan.

We will not be able to provide a refund of the Adviser Charge, except in the case of cancellation as described in the section of this Facilitation Agreement entitled 'Cancelling Your Just Plan'. Any entitlement to a refund of an Adviser Charge is a matter strictly between you and your Financial Intermediary and we will not get involved.

We will not pay interest to you or your Financial Intermediary for the non-payment or late payment or on a refund of an Adviser Charge. We will not pay an Adviser Charge in advance of your receiving a service from your Financial Intermediary.

We may ask you to check the information that we provide to you and bring it to our attention if you believe there are any errors or omissions.

### Cancelling your Just Plan

When you take out your Plan, you will have a period of time during which you can change your mind by cancelling your Plan ('**Cancellation Period**'). If you decide to cancel your Plan during this Cancellation Period, we will reclaim any payments made and return the Source Funds. In these circumstances, we will reclaim any Adviser Charge credited to your Financial Intermediary. You may remain liable to reimburse your Financial Intermediary for their services rendered to you. You should check the terms of your agreement or arrangement with your Financial Intermediary.

### Just's Rights to Stop Payment of any Adviser Charges

In certain circumstances, we may stop the payment of all or part of an Adviser Charge and we will endeavour to notify you as soon as possible of the action we have taken. These circumstances include the following;

- if we no longer have a business relationship with your Financial Intermediary; or
- if we reasonably believe that the payment of the Adviser Charge would be in breach of any relevant laws or regulations; or
- if we reasonably believe that your Financial Intermediary was not appropriately authorised by the Financial Conduct Authority or exempt from authorisation under the Financial Services and Markets Act 2000 or any replacement regulator at the time of providing you with advice or services in relation to your Plan; or
- if your Financial Intermediary ceases to trade; or
- if we believe your Financial Intermediary may be insolvent; or
- if we terminate our services to facilitate Adviser Charges.

Adviser Charges that have already been deducted but not yet paid will be re-credited to your Plan.

If there is insufficient value in your Plan to pay an Adviser Charge in full, we will make a partial payment to the extent possible. We will not seek to pay any shortfall in the payment of an Adviser Charge from your Plan under this Facilitation Agreement.

You may remain liable to pay any shortfall of Adviser Charge to your Financial Intermediary and you should check the terms of your agreement or arrangement with your Financial Intermediary.

### Third party rights

This Facilitation Agreement does not give any rights to any person other than you and us. No other person shall have any rights to rely on any terms under this Facilitation Agreement. You and we may amend or cancel this Facilitation Agreement without reference to, or the consent of, any other person.

### Law

This Facilitation Agreement will be governed by and interpreted in accordance with the laws of England and Wales. The courts of England and Wales will have exclusive jurisdiction over any dispute arising from this Facilitation Agreement.

**FACILITATION AGREEMENT (CONTINUED)**

**Declarations**

I confirm that any Adviser Charge paid on my behalf by Just for the advice and services:

- a) is wholly connected to the purchase of the Plan;
- b) is appropriate to the advice and services provided to me by my Financial Intermediary in relation to the purchase of the Plan.

The Adviser Charge you have instructed us to pay in the box below will be deducted proportionately from the Source Funds in your Plan:

**Please complete this section:**

Monetary amount (inclusive of VAT if applicable)

£

or

Percentage of Source Funds (inclusive of VAT if applicable)

%

**Financial Intermediary details**

Trading Name of Financial Intermediary:

Financial Services Register Number (Principal's Financial Services Register number if applicable):

If you opt to pay the Adviser Charge using a percentage calculation, the actual Adviser Charge will depend on the value of Source Funds received.

**Instruction to pay Adviser Charges**

I hereby instruct Just to pay the Adviser Charges on the basis set out above and in accordance with the terms and conditions of this Facilitation Agreement.

Name of Pension scheme member:

Signature of Pension scheme member:

Date:



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## FOR MORE INFORMATION

Call: **01737 233297**

Lines are open Monday to Friday, 8.30am to 5.30pm

Email: **support@wearejust.co.uk**

Or visit our website for further information: **wearejust.co.uk**

**Please contact us if you would like this document in an alternative format.**

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