

Third party payment form

Important Information

Please complete this form to make payments on behalf of a LF Stakeholder Pension Scheme member.

Please complete all the appropriate sections in **BLACK** ink and **CAPITAL LETTERS**.

1. PLAN OWNER DETAILS

Plan number

N	W	S	H	P								0	1
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Mr/Mrs/Miss/Ms/Other

Surname

Forename(s)

2. YOUR DETAILS (AS THE PAYER)

Mr/Mrs/Miss/Ms/Other

Surname

Forename(s)

Address

Postcode

Telephone number

Email address (optional)

Date of birth

D	D	M	M	Y	Y	Y	Y
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Relationship to the above Plan member

Confirming your identity

To protect you and us from financial crime, we may need to confirm your identity from time to time. Please refer to our Verification list, available on our website, which details the forms of documentation we require, and who can certify your documentation.

3. PAYMENT DETAILS

Please provide details of the contributions you wish to make (the minimum contribution is £20 gross).

I wish to make a single contribution of £ Net (see notes 1 and 3)

I wish to make a regular contribution of £ Net a month (please complete the Direct Debit instruction if applicable) (see notes 2 and 3)

Do you want your regular contribution indexed? Yes No

If 'Yes', please state the percentage you wish to increase your payment by %

Please note: This must be a whole number between 3% and 10% (inclusive). Additional information is contained in the Key Features and Terms and Conditions.

Note 1

The net amount is the amount you want to pay. Your contract is for the gross contribution, which is the amount stated plus basic rate tax relief (at the rate that applies when you pay this contribution).

Note 2

The net amount is the amount you want to pay. Your contract is for the gross contribution, which is the amount stated plus basic rate tax relief (at the rate that applies when you pay your first regular contribution). If basic rate tax relief changes at any time, the net amount you pay by Direct Debit will change. If you pay by cheque, you will need to amend the level of payments you make. If you do not change the level of your net contribution, the gross contribution will change affecting the projected benefits.

Note 3

Cheques must be made payable to LFS SHP with the Member's name on the payee line, for example 'LFS SHP – J. Smith'.

Alternatively, if you have access to online banking, send your single contribution direct to our bank:

Bank:

Sort code:

3	0	8	0	1	2
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Account:

1	2	5	6	2	5	6	0
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Important note: Please quote the Planholder's name and Plan number as the payment reference.

4. DECLARATION BY PAYER

- a. I understand that you may decline my payment(s) for any reason.
- b. I confirm that payments are being made on behalf of the member and the member (or their legal guardian) is aware these payments are being made.
- c. I understand that payments will be treated as being made by the member.
- d. You will hold my data for the purposes of facilitating my payment(s) and not use it for any other purpose.
- e. I agree to be bound by the Plan Conditions (which can be found in the Key Features and Terms and Conditions of the LF Stakeholder Pension Scheme).

Print full name (in **BLOCK CAPITALS**)

Signature

Date

5. INVESTMENT DETAILS AND MEMBER DECLARATION

Please select the fund(s) in which you would like this contribution(s) to be invested by completing the table below.

If you do not make an investment choice, your contribution(s) will be invested in the LF Tracker Pension Fund.

Fund	% Investment split	
	Single contributions	Regular contributions
LF Tracker Pension Fund	%	%
LF Corporate Bond Pension Fund	%	%
LF Cash Pension Fund	%	%
Total	100%	100%

Signature

Date

Link Fund Solutions Limited (LFSL) is authorised and regulated by the Financial Conduct Authority. Registered Office 6th Floor, 65 Gresham Street, London EC2V 7NQ. LFSL is a wholly owned subsidiary of Link Administration Holdings Limited. Telephone 0345 603 0142. Calls may be monitored and/or recorded to protect both you and us and help us with our training. Registered in England and Wales with registered no. 01146888

Instruction to your bank or building society to pay by Direct Debit


Please fill in the whole form using a ball point pen and send it to:

LFS PO BOX 1249 Cheltenham GL50 9YL	Service user number <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">9</td> <td style="width: 20px;">4</td> <td style="width: 20px;">8</td> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> <td style="width: 20px;">4</td> </tr> </table>	9	4	8	1	2	4													
9	4	8	1	2	4															
Name(s) of account holder(s) <input style="width: 350px; height: 20px;" type="text"/> <input style="width: 350px; height: 20px;" type="text"/>	Reference <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>																			
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Branch sort code <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>																				
Name and full postal address of your bank or building society To: The Manager Bank/building society <input style="width: 350px; height: 20px;" type="text"/>																				
Address <input style="width: 350px; height: 20px;" type="text"/> <input style="width: 350px; height: 20px;" type="text"/> <input style="width: 350px; height: 20px;" type="text"/> <input style="width: 350px; height: 20px;" type="text"/>	Signature(s) <input style="width: 340px; height: 20px;" type="text"/> <input style="width: 340px; height: 20px;" type="text"/>																			
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D	D	M	M	Y	Y	Y	Y													

Banks and building societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the Payer

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, Link Fund Solutions Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Link Fund Solutions Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Link Fund Solutions Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
 - If you receive a refund you are not entitled to, you must pay it back when Link Fund Solutions Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.