

# MetLife Trustee Retirement Portfolio

## Application form

0845 370 6040

 [www.metlife.co.uk](http://www.metlife.co.uk)

MetLife, 141 Castle Street  
Salisbury SP1 3TB

# MetLife

### Before you start...

You should complete this Application form if you already have a Self Invested Personal Pension (SIPP) or a Small Self Administered Scheme (SSAS) and wish to make an investment in the MetLife Trustee Retirement Portfolio for the first time.

Please read the accompanying information so you understand how your Trustee Retirement Portfolio will work. If you are unsure about any aspect of the Application form, please take advice from your Financial Adviser.

### 1 About the Scheme

Scheme type: Please tick the relevant box

☐ SIPP ☒ SSAS

Scheme name

MCH HOLDINGS LTD DIRECTORS PENSION SCHEME

Scheme Trustee name

NICHOLAS PARRY.

Scheme Administrator name

(if different from Trustee)

PENSION PRACTITIONER. Ltd.

Pension Scheme Tax Reference number

Plan number

Date of establishment of the Scheme

Method of Scheme establishment (SIPP only)

☐ Trust Deed ☐ Deed Poll

### Scheme contact details

Please provide the following details for the Scheme Trustee or Administrator

FSA registration number

Address

Postcode

Phone number

E-mail address

If SIPP does not have trustees, ensure administrator details are provided.

**2 About the member (Life Assured)**

The life assured must be the member of the SIPP or one member of the SSAS. If owned by a SSAS then the policy is not earmarked.

Title

☒ Mr ☐ Mrs ☐ Miss ☐ Ms Other ☐

First name(s)

NICHOLAS

Surname

PARRY

Date of birth

14/07/1972 ☒ Male ☐ Female

Permanent address

6 MANOR WAY  
COPPELL  
CHORLEY

Postcode PR7 5FH

**3 About your investment****3.1 Investment amount**

I would like to make:

☒ A single premium of

£ 374,000

☐ A Regular monthly / quarterly / half-yearly / yearly (delete as appropriate) premium of

£

Starting on (please insert date)

01

It can take up to 14 days to set up your Direct Debit. If we are unable to set this up in time to collect your first premium, it will be collected as follows:

- If you are paying monthly premiums we will start your regular premium from the following month.
- If you are paying on any other frequency we will collect your first premium the following month and your other premiums as requested.

**3.2 Premium payment details**

Please detail your preferred payment method(s):

**Single premium**☒ Electronic transfer

For Direct Credit or Telegraphic Transfer please use these bank details:

Bank name and address: HSBC, Canary Wharf, London

Account name: MetLife

Sort code: 40-02-50

Account number: 61282603

☐ Cheque

Please make cheques payable to MetLife and send them with this form. Bank or Building Society drafts and non-personal cheques must be marked with the member's name either on the payee line or reverse of the cheque.

Applications may be delayed if payments are not made out correctly.

**Regular premiums**☐ Direct Debit

All Regular premiums must be paid by Direct Debit.

Please ensure you fill out the Direct Debit form for the Scheme bank account.

**4 Your investment options****4.1 Please show the funds you want to invest in and the amount you want to invest in each one.**

The investment instructions you give will apply to all premiums, unless you tell us otherwise.

For Secure Capital Option please state the term you would like the guarantee to run for. For example, there is currently a minimum term of eight years for the Defensive Portfolio, 10 years for the Conservative Portfolio and a minimum of 12 years for the Cautious Portfolio. All portfolios have a maximum term of 20 years, and are subject to age restrictions.

All investments must be in whole percentages.

The minimum investment in a guaranteed portfolio is £5,000 per fund.

Please ask your Financial Adviser for more details of the funds in the MetLife Fund List.

**Guaranteed Portfolios**

Regular premiums cannot be invested in the Secure Capital Option. Please give alternative instructions. If you do not, we will invest them in the same portfolio but without the guarantee.

MetLife Funds	Secure Capital Maturity Date/Term	%
<b>MetLife Secure Capital Option Funds</b>		
MetLife Defensive Index Portfolio		%
MetLife Conservative Index Portfolio		100 %
MetLife Cautious Index Portfolio		%
<b>MetLife Secure Income Option Funds</b>		
MetLife Defensive Index Portfolio		%
MetLife Conservative Index Portfolio		%
MetLife Cautious Index Portfolio		%
<b>MetLife Non Guaranteed Portfolios</b>		
MetLife Defensive Managed Portfolio		%
MetLife Conservative Managed Portfolio		%
MetLife Cautious Managed Portfolio		%
MetLife Balanced Managed Portfolio		%
MetLife Aggressive Managed Portfolio		%
MetLife Defensive Index Portfolio		%
MetLife Conservative Index Portfolio		%
MetLife Cautious Index Portfolio		%
MetLife Balanced Index Portfolio		%
MetLife Aggressive Index Portfolio		%
MetLife Fidelity Cash Fund		%
<b>Total for all Funds (must add up to 100%)</b>		<b>100 %</b>

**4 Your investment options (continued)****4.2 Fund value reviews**

If you have chosen a guarantee, please select the Fund Value Review Option you would like applied to your investment.

Your Fund Value Review option determines how often we review your investment – every two and a half years or annually. You can only choose one review option which will be applied to the whole of your investment. Once selected, you cannot change the type of review that applies to your investment, although you may choose a different review option for future investments.

☐ Two and a half year uncapped reviews

☒ Annual, 10% capped reviews

Only complete this part if you are selecting the Secure Income Option.

**4.3 Secure Income Option Lives**

If you select the Secure Income Option the guaranteed income will be payable to the scheme for as long as the life assured is alive and the policy is in place.

If you wish, you can select a second Secure Income Option Life in which case the guaranteed income will be payable for as long as one Secure Income Option life is still alive and the policy is in place. If you select a second Secure Income Option Life, your Secure Income Option will be on a joint life basis. Please refer to the Key Features document to ensure the option you select is the right option for the scheme.

Would you like the Secure Income Option on a single or joint life basis?

☐ Single – go to section 5

☐ Joint – please complete the details for the second life.  
The details you give now cannot be changed while you remain in the guarantee.

**About the Second Life**

Title

☐ Mr ☐ Mrs ☐ Miss ☐ Ms Other

First name(s)

Surname

Date of birth

☐ Male ☐ Female

National Insurance number

Relationship to you

☐ Spouse

☐ Civil partner

☐ Partner

☐ Other

**5 About your regular withdrawals****5.1 Your withdrawals**

Would you like to take regular withdrawals from your Trustee Retirement Portfolio?

☐ Yes – fill in this section ☐ No – go to section 6

**5.2 How much would you like to withdraw per year?**

£  Or  % of fund value Or  % of maximum guaranteed income

A percentage of maximum guaranteed income is only available where the Secure Income Option has been selected.

**5.3 Source of withdrawals**

We will draw the income from all your funds proportionally unless you complete this section. We will draw any guaranteed income from your Secure Income Option funds.

Do you want to draw your income from specific funds?

☐ Yes – fill in the details below ☐ No – go to section 5.4

Please select the funds and the secure options you would like to take your income from.

For example, if you have more than one fund and wish to take your income from just one of them, please fill in the table as shown below.

**MetLife Funds**

e.g MetLife Defensive Index Portfolio

	Non-guaranteed funds	Secure Income option	Secure Capital option
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5.4 Your payment details**

Please give details of the scheme bank account.

Name of Bank or Building Society

Branch address

  
  


Postcode

Account name

Sort code

Account number

Building Society roll number (if applicable)

How often would you like payments made?

☐ Monthly ☐ Half yearly  
☐ Quarterly ☐ Yearly

Starting on (please insert date)

The day of the month selected here is the date that we will encash units. You will receive the payment up to seven days after this.

If you need more space, please attach a separate sheet

If you have requested regular withdrawals, you must fill this section in.

**6 Financial Adviser information**

Your  
Financial  
Adviser  
should fill in  
this section.

**6.1 Financial Adviser's details**

Name

JAMES COUDIS

Business name

YORKSHIRE BANK

Business address

2 MOORFIELDS.  
LIVERPOOL.

Postcode L2 285

Phone number

0151 224 2046

FSA registration number

121873

If you are part of an Independent Financial Adviser  
network, please give the details below.

Independent Financial Adviser network

Independent Financial Adviser registration  
number

Business address

Postcode

Phone number

**6.2 Commission**

Please state the exact details of the commission you have  
agreed with the customer. Your commission may not be  
paid if you do not give full details here.

If you need to amend your commission prior to  
acceptance, we will need a signed statement from  
the customer.

**Single Premium Commission****Initial commission**

Initial Commission by Establishment Charge

100 %

Initial Commission by reduced allocation charge

Trail commission

Annual fee

£

**Single Premium Additional Allocation**Would you like additional allocation by  
Establishment Charge?☐ No☐ Yes – Extra Allocation?**Regular Premium Commission**

Level commission by reduced allocation

Do you want to indemnify your level  
commission?☐ Yes☐ No

**7 Scheme declaration** (to be completed by Scheme Trustee/Administrator)

We, the Trustee/Administrator of the Scheme confirm that we are authorised by the relevant Scheme Member (where appropriate) to effect this Trustee Retirement Portfolio as part of the assets of their Scheme and that in particular, we are authorised by the Member to permit MetLife Europe Limited to process the Member's personal data for the purposes of effecting and carrying out the MetLife Trustee Retirement Portfolio.

We understand that MetLife will process the Member's personal information in accordance with the Data Protection Act 1998 and will comply with all relevant privacy laws in handling and safeguarding the Member's personal details (i.e. processing of personal data). We hereby consent to the following:

- a) In administering and investing the assets of the MetLife Trustee Retirement Portfolio, MetLife will process personal data about the Member. MetLife will add to its record, details of new information we have supplied together with any other or related details it holds;
- b) MetLife may pass the Member's personal information to any Professional, Financial or Investment Adviser(s) whom we have appointed on this Application Form or in any associated correspondence and to any third parties who administer and invest the assets of the MetLife Trustee Retirement Portfolio (including MetLife's professional advisers);
- c) Unless indicated otherwise in the box below, MetLife may send us information by post, fax or email or call us about other MetLife products, or those of companies within MetLife's Group, including but not limited to MetLife, Inc.; or of other organisations which may be of interest to us; and
- d) MetLife may do this even when we no longer have a policy with MetLife, unless we tell MetLife to stop by written request as described below; and MetLife may pass the Member's details to companies within its Group (if permitted below), including but not limited to MetLife, Inc., to send us information by post, fax, email, SMS (text) messaging or call us about their products.

We understand that MetLife values a Member's privacy and complies with the MetLife Group Privacy Policy to hold in confidence information about the Member and the Member's Trustee Retirement Portfolio. However, in certain circumstances, MetLife may disclose or transfer this information, for example:

- a) If permitted by the terms and conditions of this Application Form and the MetLife Trustee Retirement Portfolio.
- b) If required to do so by law or if necessary to comply with the rules of any regulatory body whose rules or provisions apply to MetLife, such as the Financial Services Authority;
- c) To countries inside and outside the European Economic Area where required to administer and service MetLife's Trustee Retirement Portfolio. We understand that Data Protection laws may not be as comprehensive in other countries as in the European Union. However, where such a disclosure takes place MetLife will ensure that a contract is in place to ensure the level of protection for the Member's data is maintained; and
- d) If it is in the Member's own interests.

MetLife may transfer the Member's personal data and any sensitive personal data to its parent company, MetLife, Inc. (or any other parent as a result of merger or amalgamation or corporate restructure), any other organisation within the MetLife Group or to third party service providers, inside or outside of the European Economic Area, for processing for the purposes of providing MetLife services to the Member and for MetLife's confidential and internal use.

MetLife may also disclose such details to other third parties where it is reasonably necessary to do so to enable them to provide services to us.

MetLife, other companies within its Group and (if permitted below) other reputable organisations chosen by MetLife will use, analyse and assess my information to maintain and develop MetLife's and their relationships with us. The types of activity that this will include are:

- a) Operating and administering the products and services MetLife and/or they supply;
- b) Servicing our relationships with other companies within the MetLife Group and other organisations;
- c) Helping MetLife and them to identify products and services which may be of interest to us (unless we have asked MetLife not to); and
- d) Helping MetLife and them to understand and develop MetLife and their businesses, including new and innovative products and services.

For operational reasons in order to carry out the activities listed above, MetLife may:

- a) Link information MetLife holds in relation to the MetLife Trustee Retirement Portfolio and other products and services we maintain with MetLife and other companies within its Group; and
- b) Link or use information MetLife receives from third parties about the Member.

We understand that it is important we give you accurate information.

We understand that we have a legal right to make certain requests in respect of the information that MetLife holds about the Member:

- a) To stop MetLife from contacting us by post, telephone, fax, email or SMS (text) messaging, or giving our details to others for these purposes we can send a written request to this effect to the Data Protection Officer, MetLife Europe Limited, One Canada Square, London, E14 5AA;
- b) To receive a copy of the information that MetLife holds about the Member, we can apply in writing to the Data Protection Officer, MetLife Europe Limited, One Canada Square, London, E14 5AA.

If the MetLife Trustee Retirement Portfolio is terminated for any reason MetLife will hold the Member's personal information about the Member and the MetLife Trustee Retirement Portfolio for no longer than is absolutely necessary.


**7 Scheme declaration - continued** (to be completed by Scheme Trustee/Administrator)

**Keeping you updated**

We would like to tell you by post, telephone, fax email or SMS (text) about our products and services which we believe would be of interest to you. If you do not want us to do this please tick the Box



We may pass your details to companies in the MetLife Group or other parties MetLife thinks you might like to hear from. If you want us to do this please tick the Box



You can change your preferences at any time by writing to the Data Protection Officer at the above address

We, the Scheme Trustee/Administrator declare:

To the best of our knowledge and belief, all of the information provided on or with this Application Form is accurate and complete. If we discover that any of the details are incorrect or incomplete, we will write to MetLife within 30 days with the correct information.

We have checked the details provided on this Application Form.

The information we have given is true and complete and forms the basis of the contract.

We apply for the Trustee Retirement Portfolio on the terms detailed in this Application Form and to be issued on MetLife Europe Limited's usual Terms and Conditions.

We do not require communication of MetLife's acceptance of our offer and understand that a policy will be issued in the event that our application is accepted and that MetLife's anti money laundering requirements have been satisfied.

Where applicable, we have sufficiently wide investment powers conferred on us under the Trust which allows us to invest in the Trustee Retirement Portfolio.

**Warning:**

Making false statements can be a serious offence and carries severe penalties, including criminal prosecution.

If there is any conflict between the provisions of this Application Form and the Policy Terms and Conditions, the provisions in the Policy Terms and Conditions will apply.

**First Authorised Signatory on behalf of Scheme:**

First name(s)

NICHOLAS

Surname

PREY

Status

TRUSTEE Member

Signature

Date

11/03/2011

**Second Authorised Signatory on behalf of Scheme:**

First name(s)

Surname

Status

Signature

Date

DDMMYYYY

**Important Note to Scheme Trustee/Administrator**

Please supply a copy of the arrangements you have in place for authorised signatories from the Scheme. If this is not supplied then only those who have signed above will be able to sign in relation to this policy.



**8 Confirmation of Verification of Identity**

A separate confirmation must be completed for each customer (e.g. joint holders, trustee cases and joint life cases). Where a third party is involved, e.g. a payer of contributions who is different from the customer, the identity of that person must also be verified, and a confirmation provided.

This form cannot be used to verify the identity of any customer that falls into one of the following categories:

- those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification;
- those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering Regulations; or
- those whose identity has been verified using the source of funds as evidence.

This confirmation must carry an original signature, or an electronic equivalent.

**8.1 Details of the Trust**

Full name of the Trust

NCH Holdings Ltd Directors Pension Scheme

Current address

6 MANOR WAY.  
COPPULL, CHALCY.

Postcode PR7 5FH

Name(s) of the Trustees

NICHOLAS PARRY

Please add additional names on a separate sheet of paper.

**8.2 Confirmation**

We confirm that:

- the information in section 8 was obtained by me/us in relation to the customer;
- the evidence we have obtained to verify the identity of the customer;

Tick only one

- ☒ Meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG; or
- ☐ Exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation)

First name(s)

JAMES COUDIS

Surname

COUDIS

Position

PARTNER IFA

Signature

J. Coudis

Date

11/03/2011

**8.3 Details of Introducing Firm (or Financial Adviser)**

Full Name of Regulated Firm (or Financial Adviser)

YORKSHIRE BANK

FSA reference number

121 873

**9 What to do next**

Once you have checked the Application form, please send it with any attachments to:

MetLife  
141 Castle Street  
Salisbury  
SP1 3TB

**Contact Us**

**MetLife Sales Resource Centre (Pre-sale information for Financial Advisers).**

One Canada Square, London E14 5AA Tel: 0845 370 6040 Fax: 0845 370 6041

Email: [salesresource@metlife.com](mailto:salesresource@metlife.com)

**MetLife Customer Service Centre (Post-sale information for Financial Advisers and**

**policy holders).** 141 Castle Street, Salisbury SP1 3TB Tel: 0845 609 0084 Fax: 0845 609 0091

Email: [customerservice@metlife.co.uk](mailto:customerservice@metlife.co.uk)

You can also visit our website at [www.metlife.co.uk](http://www.metlife.co.uk) for information

MetLife Europe Limited (trading as MetLife) is regulated by the Irish Financial Regulator and subject to limited regulation by the Financial Services Authority. Details about the extent of our regulation by the Financial Services Authority are available from us on request. Registered address: Riverside One, Sir John Rogerson's Quay, Dublin 2, Ireland. Registration number 415123. UK branch address: One Canada Square, Canary Wharf, London E14 5AA. Branch registration number BR008866. Web Site: <http://www.metlife.co.uk>

**MetLife**

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Syndicate, Inc.

**Direct Debit instruction to your bank or building society – Trustee Retirement Portfolio**

Please complete this form using a ballpoint pen and send it to  
MetLife, 141 Castle Street, Salisbury, SP1 3TB.

**To the Manager**

Name of Bank or Building Society

Service User Number

710 211

Branch address

  
  

Reference number (for office use only)

Sort code

Postcode

Account number

Name(s) of Account Holder(s)

  
  

Building Society roll number (if applicable)

**Instruction to your bank or building society**

Please pay MetLife Europe Limited Direct Debits from the account above under the Direct Debit Guarantee.  
I understand that this instruction may remain with MetLife Europe Limited and, if so, that they will pass my  
details to my bank or building society electronically.

Account holder signature

Joint account holder signature

Date

Date

Some 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, MetLife Europe Limited will notify you five working days in advance of your account being debited or as otherwise agreed. If you request MetLife 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 MetLife 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 MetLife 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.

