

Clerical Medical Self-Invested Fund

Property purchase application form

You need to complete this form if you want to acquire property as an investment within your Self-Invested Fund, or to transfer property which is already an asset of a pension scheme held by another provider or administrator to your Self-Invested Fund.

Please complete this form as fully as possible and sign both parts (investment and insurance), but do not delay in returning it to us if some details are not known. Please return your completed form to:

Clerical Medical Self-Invested Fund Department, PO Box 749, Ipswich IP1 9EZ.

If accepted by us, this application will be a legally binding document and form part of the contract between you and Clerical Medical.

Please read A guide to property purchases under the Self-Invested Fund (reference X2069) and Property Insurance notes (reference X2070) before completing this form. These documents are available on request.

If you have any queries please contact your adviser.

Please complete this form using CAPITAL LETTERS, with black ink and where appropriate.

Did your adviser give advice in respect of this application?

Advice given

Advice not given

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Details of investor(s)

This section is for completion by all individual investors. Joint investors should nominate one individual to be our point of contact (and whose details should be the first to be entered in this section). We will be entitled to deal with that individual on all matters relating to the acquisition of the property and its subsequent management, including disclosure (where required) of individual investor cash balances.

If there are more than eight investors, please use photocopies of this page and attach them to the form.

Warning: sending personal information by email is not secure. Only include your email address if you agree to Clerical Medical or Suffolk Life sending you emails.

First investor

(This investor will be the point of contact.)

Mr/Mrs/Miss/Ms or other title

Age next birthday

Full forename(s)

Surname

Permanent residential address

Postcode

Existing Clerical Medical policy number

Home telephone number

Work telephone number

Mobile telephone number

Email

Nationality (if more than one nationality is held, please list them all)

Country of residence (if other than UK)

Occupation (if employed, or self-employed, please state your usual occupation)

Second investor

Mr/Mrs/Miss/Ms or other title	Age next birthday
Full forename(s)	
Surname	
Permanent residential address	
Postcode	
Existing Clerical Medical policy number	
Home telephone number	Work telephone number
Mobile telephone number	Email
Nationality (if more than one nationality is held, please list them all)	
Country of residence (if other than UK)	
Occupation (if employed, or self-employed, please state your usual occupation)	

Third investor

Mr/Mrs/Miss/Ms or other title	Age next birthday
Full forename(s)	
Surname	
Permanent residential address	
Postcode	
Existing Clerical Medical policy number	
Home telephone number	Work telephone number
Mobile telephone number	Email
Nationality (if more than one nationality is held, please list them all)	
Country of residence (if other than UK)	
Occupation (if employed, or self-employed, please state your usual occupation)	

Fourth investor

Mr/Mrs/Miss/Ms or other title	Age next birthday
Full forename(s)	
Surname	
Permanent residential address	
Postcode	
Existing Clerical Medical policy number	
Home telephone number	Work telephone number
Mobile telephone number	Email
Nationality (if more than one nationality is held, please list them all)	
Country of residence (if other than UK)	
Occupation (if employed, or self-employed, please state your usual occupation)	

Fifth investor

Mr/Mrs/Miss/Ms or other title	Age next birthday
Full forename(s)	
Surname	
Permanent residential address	
Postcode	
Existing Clerical Medical policy number	
Home telephone number	Work telephone number
Mobile telephone number	Email
Nationality (if more than one nationality is held, please list them all)	
Country of residence (if other than UK)	
Occupation (if employed, or self-employed, please state your usual occupation)	

Sixth investor

Mr/Mrs/Miss/Ms or other title	Age next birthday
Full forename(s)	
Surname	
Permanent residential address	
Postcode	
Existing Clerical Medical policy number	
Home telephone number	Work telephone number
Mobile telephone number	Email
Nationality (if more than one nationality is held, please list them all)	
Country of residence (if other than UK)	
Occupation (if employed, or self-employed, please state your usual occupation)	

Seventh investor

Mr/Mrs/Miss/Ms or other title	Age next birthday
Full forename(s)	
Surname	
Permanent residential address	
Postcode	
Existing Clerical Medical policy number	
Home telephone number	Work telephone number
Mobile telephone number	Email
Nationality (if more than one nationality is held, please list them all)	
Country of residence (if other than UK)	
Occupation (if employed, or self-employed, please state your usual occupation)	

Eighth investor

Mr/Mrs/Miss/Ms or other title	Age next birthday
Full forename(s)	
Surname	
Permanent residential address	
Postcode	
Existing Clerical Medical policy number	
Home telephone number	Work telephone number
Mobile telephone number	Email
Nationality (if more than one nationality is held, please list them all)	
Country of residence (if other than UK)	
Occupation (if employed, or self-employed, please state your usual occupation)	

2 Property information

Please use this section to provide full details of the proposed property purchase.

Address of the property ('the property')

Postcode

Please give details below of exactly what all parts of the property are currently being used for.

Description and use of the property (eg warehouse for book storage, solicitors' offices, etc.)

Does the property include living accommodation? Yes No

If 'Yes', please give details below.

Disputes
Are you aware of any disputes of any kind in relation to the property or of any circumstances which might lead to any such disputes? Yes No

If 'Yes', please give details below.

Inspections
Has the property been inspected pursuant to the asbestos regulations? Yes No

If 'Yes', has an inspection report been prepared? Yes No

If 'Yes', please supply a copy as soon as possible.

Copy attached Copy to follow Copy not available

Legal actions
Are you aware of any action, actual or impending, which might be taken with respect to the property by the local authority or any other public authority? Yes No

If 'Yes', please give details below.

Adjoining properties

Does the property directly adjoin any property already owned by you or a person connected with you?

Yes No

If 'Yes', please give details below.

Contamination

Have you any cause to think that the property may be contaminated in any way?

Yes No

If 'Yes', please give details below.

Miscellaneous

Do any unusual provisions apply? (eg options, rights, etc)

Yes No

If 'Yes', please give details below.

Has the property been registered at the Land Registry?

Yes No Don't know

Type of ownership of the property Freehold Long leasehold Commonhold

If Long leasehold please give details below.

Ground rent £ per annum Outstanding term of lease years

Proposed date of exchange of contracts (DD/MM/YYYY) / /

Type of acquisition

Property purchase

Yes No

Transfer of property from another pension scheme

Yes No

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Lease information

This section is for details of the current occupant or proposed occupant.

3.1 Details of proposed lease

Will the existing lease continue after completion?

Yes No

Will a new lease need to be drawn up after completion?

Yes No

3.2 Details of tenant/proposed tenant

Full name(s)

Use to which the tenant puts, or intends to put, the premises As detailed in section 2 Other

If Other, please give details below.

Address

Postcode

Telephone number

Email

Rent/proposed rent £ per annum Term remaining/proposed term years

Is the tenant You, your business, or someone connected with you? Other?

4 Details of proposed acquisition

4.1.1 If property purchase

Will the whole property be purchased by your Self-Invested Funds(s)? If yes, please give details below. Otherwise go to 4.1.2

Yes No

What is the total purchase price?

£

Is the purchase price subject to VAT?

Yes No

If yes, is the purchase price stated above VAT inclusive?

Yes No

4.1.2

Purchase price of part share in the property to be purchased by the Self-Invested Fund(s)

£

Is purchase price subject to VAT?

Yes No

If yes, is the purchase price stated above VAT inclusive?

Yes No

Total current value of the whole property (if known)

£

4.2 If property transfer from another pension scheme

Transfer value of the property

£

Is the property currently elected for VAT?

Yes No

5 Source of funds

This section is for details of purchase, property development and transfers of property from other pension schemes. It tells us how you propose to finance the acquisition.

The source of funds comprise lending, transfer values from other pension schemes and the existing value of your Self-Invested Fund.

5.1 Funds for the purchase/development

These can be made up of the following:

Transfers	£
Existing Self-Invested Fund	£
Subtotal	£
Less current approximate Fund borrowings	£
Current net Fund value	£

It may be possible to borrow up to 50% of the net value of the total pension plan (at the time of borrowing) for which you have selected the self-invested option, less any existing borrowing. This 50% limit also includes borrowing for VAT purposes and to develop the property.

Please note: It may be possible for you to recover the VAT. Please see 'Guide to Property Purchase under SIF' (reference X2069).

Is any part of the purchase/development to be financed by a loan?

Yes No

If 'Yes', please give details below. Otherwise go on to section 6.

Source of Capital

(In order to comply with money laundering regulations we require details as to the source of the transferred money. Clerical Medical reserves the right to request documentary evidence or further information relating to the source of funds if considered necessary.)

Amount of loan required

Towards property purchase	£
To cover property development work	£

Has any lender made an indicative offer?

Yes No

If 'Yes', please supply a copy. Please also complete the lender's details in section 5.3.

5.2 If property transfer from another pension scheme

Is an outstanding loan attached to the property? If Yes, please give details below. Otherwise go on to section 6

Yes No

Amount outstanding

£

If Yes, have you spoken with the lender?

Yes No

Are you expecting to transfer the property subject to this loan?

Yes No

Please also complete the existing or proposed lender's details in section 5.3.

5.3 Details of lender

Name of lender

Contact name

Address

Postcode

Telephone number

Fax number

Email

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Professionals

This section is for details of your preferred solicitor and valuer. We will normally be happy to appoint these professionals to act on our behalf in the property purchase or transfer for your Self-Invested Fund.

6.1 Solicitor

To purchase or transfer the property and, where necessary, to draw up the lease.

Name of firm

Contact name

Address

Postcode

Telephone number

Fax number

Email

6.2 Valuer

To advise on the purchase/the terms of any new lease.

Please note: Must be qualified and registered with the Royal Institute of Chartered Surveyors (RICS).

Name of firm

Contact name

Address

Postcode

Telephone number

Fax number

Email

Seller

This section is for details of the seller (if a property purchase) or the transferor and their solicitor.

7.1 Details of seller

Please indicate below whose details are being given

Seller Yes No

Is the seller connected with you?

If 'Yes', please give details of the connection below

Transferor

Name of seller/transferor

Address

Postcode

Telephone number

Email

7.2 Seller's/Transferor's solicitor

Name

Address

Postcode

Telephone number

Email

8 Declaration, details of ownership and signature(s)

Please read the declaration before entering details of ownership. All investors involved in the purchase must sign the form.

8.1 Investor declaration

- I/we confirm that I/we have received a copy of the property insurance notes and acknowledge that these form part of the agreement.
- I/we authorise Suffolk Life to instruct the above mentioned solicitor, valuer and where appropriate, lending source or such other solicitor, valuer or lender as may be decided.
- I/we understand that Suffolk Life will proceed to acquire the property and acknowledge that title to the property may be held in the name of a nominee.
- I/we authorise Suffolk Life, during the time my/our Self-Invested Fund(s) is/are invested in the property to instruct a solicitor, surveyor, or lender as may be decided, when required and that their fees will be payable from my/our Self-Invested Fund(s).
- I/we accept that during the time my/our Self-Invested Fund (s) is/are invested in the property, Suffolk Life may arrange an environmental audit if advised as necessary by a suitably qualified professional and take such action as it sees fit to mitigate an environmental contamination risk which may include the purchase of insurance and that any costs and charges will be payable from my/our Self-Invested Fund(s).
- I / we confirm that either:
 - I have no connection with the seller and that neither I nor anyone connected with me has owned the property within the last three years, or
 - I have disclosed full details of any connection in section 7.1.
- I/we acknowledge that unless legal responsibility rests with a third party, Suffolk Life will arrange for the land and buildings to be insured and that Suffolk Life will retain any commission it is paid in respect of the property insurance policy.
- I/we agree to be solely responsible for my share of all costs, fees and charges associated with the ongoing administration of the property (including, where applicable, an environmental audit) and these will be payable from my/our Self-Invested Fund(s).
- I agree to be solely responsible for my share of all liabilities, losses, damages and costs which Suffolk Life may incur in holding the property and I agree to reimburse Suffolk Life if they are responsible to pay any such liabilities, losses, damages and costs.
- I/we acknowledge that Suffolk Life does not monitor the property on an ongoing basis. I/we acknowledge that any responsibility for doing so falls upon me/us and that I/we will reimburse Suffolk Life to the extent of my share of any liabilities, losses, damages and costs which it may incur, for example, as a result of the property becoming or remaining taxable property.
- I acknowledge that where another investor in the property is unable to meet their share of the costs, fees and charges with the ongoing administration of the property or any liabilities, losses, damages and costs which Suffolk Life may incur in holding the property, responsibility falls upon me and any other investors equally and I will reimburse Suffolk Life to the extent of my share of the shortfall.
- If I/we instruct you to sell a property, or otherwise dispose of it, I/we acknowledge that a valuation of the property will be required at the time.
- Where there is more than one investor, we confirm that following completion of the property acquisition, we will sign up to a group investment agreement in a form supplied by Suffolk Life or in such other form as agreed between us and Suffolk Life. We acknowledge that Suffolk Life's form of group investment agreement is available upon request.

Data Protection Act

Your information will be held by Clerical Medical Investment Group which is part of the Lloyds Banking Group. More information on the Lloyds Banking Group can be found at www.lloydsbankinggroup.com

We may ask you to provide physical forms of identity verification when you open your investment or plan. Alternatively, we may search credit reference agency files in assessing your application. The agency also gives us other details and information from the Electoral Register to verify your identity. The agency keeps a record of our search, whether or not your application proceeds. Our search is not seen or used by lenders to assess your ability to obtain credit.

We will share your personal information from your application with fraud prevention agencies. If necessary a copy of the application form and any other supporting information may be given to a reassurance company who will share the risk with us. If false or inaccurate information is provided and fraud is identified, details of this fraud will be passed to these agencies to prevent fraud and money laundering. Further details explaining how information held by the fraud prevention agencies may be used can be obtained by reading the privacy notice at www.clericalmedical.co.uk/legal/privacy.asp

If you make a claim, any information you give to us, may be put onto a register of claims and shared with other insurers to prevent fraudulent claims.

Your personal information will be shared within the Lloyds Banking Group so that we and any other companies in our Group can look after your relationship with us. By sharing this information it enables us to better understand your needs and provide products in the efficient way that you expect.

If you apply to us for insurance, a pension or life insurance, we may ask you for some 'sensitive' details, for example your medical history. We will only use this information to provide the service you require and we will ask for your explicit consent.

It is important that you understand how the personal information you give us will be used. Therefore, we strongly advise that you read our Privacy Statement, which you can find at www.clericalmedical.co.uk/legal/privacy.aspor you can ask us for a copy. By signing this application/declaration you agree to your personal information being used in the ways we describe in our Privacy Statement. Please let us know if you have any questions about the use of your personal information.

Money Laundering Regulations

Under current regulations we are required to verify the identity of our customers. In order to meet this requirement and for the prevention and detection of fraud, we will access information from a credit reference agency* to confirm your identity. They will authenticate your name, address and date of birth, which involves checking the details you supply against those held on any databases that the company carrying out the checks on our behalf (or any similar company) has access to. This includes information from the Electoral Register. We will use scoring methods to authenticate your identity. Our search will not be used by lenders or insurers when assessing lending or insurance risks. We may also pass information to financial and other organisations involved in money laundering and fraud prevention to protect ourselves and our customers from theft and fraud. If you give us false or inaccurate information and we suspect fraud, we will record this and share this information with other organisations.

If you provide us with information about another person, we will treat this as confirmation that they have appointed you to act for them to consent to the processing of their personal data. This means that you have informed them of our identity and the purpose for which their personal data will be processed, namely to verify their name, address and date of birth. Where Clerical Medical or Suffolk Life receives notification affecting the legal ownership of the plan, or the appointment of an attorney under a Power of Attorney or other circumstances where there are new parties associated with the contract, the same process as set out above will apply.

Please note that if we cannot confirm your name, address and date of birth by using a credit reference agency we may contact you to ask you to supply certain documents to verify this information.

If you ask, we will tell you which credit reference agency we have used so you can get a copy of your details from them.

*Please note we only use this agency to verify identity to fulfil anti-money laundering regulations and not to check credit worthiness.

8.2 Details of ownership and signature(s)

The proposed percentage shares in the property should reflect the respective contributions towards the purchase price by each investor.

Please complete the following for each investor in the order in which they have been entered in section 1.

Signature of first investor	Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/>
Full name of signatory (CAPITAL LETTERS)	Percentage share	%
Signature of second investor	Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/>
Full name of signatory (CAPITAL LETTERS)	Percentage share	%
Signature of third investor	Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/>
Full name of signatory (CAPITAL LETTERS)	Percentage share	%
Signature of fourth investor	Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/>
Full name of signatory (CAPITAL LETTERS)	Percentage share	%
Signature of fifth investor	Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/>
Full name of signatory (CAPITAL LETTERS)	Percentage share	%

Signature of sixth investor	Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/>
Full name of signatory (CAPITAL LETTERS)	Percentage share	%
Signature of seventh investor	Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/>
Full name of signatory (CAPITAL LETTERS)	Percentage share	%
Signature of eighth investor	Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/>
Full name of signatory (CAPITAL LETTERS)	Percentage share	%
Total of all percentage shares		100 %
The percentage shares will be finalised after completion and confirmed in a group investment agreement which we will supply, and which all joint investors will need to sign.		