

The Trustees of The Money Purchase Scheme Of The Cheviot Trust hereby instruct Cheviot Financial Planning Ltd to purchase an annuity for the member below based on the following requirements as explained in the accompanying booklet:

Personal Details

Surname _____ Title _____

First Names _____ Cheviot Membership No: _____

OMO Fund Value: _____
(Completed by Pen Admin)

Date of Birth: _____ Intended Retirement Date: _____

Do you have any other pension benefits that you will be taking at this time? Yes No

Estimated Value: _____

Do you have any health issues? (See section on Impaired Life/Enhanced Annuities) _____

Selected Retirement Options

Please provide a quotation on the following basis:
(Please tick one box only on each section)

- Tax Free Lump Sum Yes No
- Spouse's/Dependant's Pension Nil 50% 2/3rds 100%
- Spouse's Date of Birth
- Guarantee Period Nil 5 years 10 years
- With/Without Overlap With Without
- Discounted/Undiscounted Discounted Undiscounted
- Increases to Pensions in Payment Nil 3% pa 5% pa RPI
(Options only available in respect of contributions made before 6 April 1997)
- Payment Frequency Monthly Quarterly Half yearly Annually
- Timing of payment In Advance In Arrears
- If selected payment in arrears With Proportion Without Proportion

I confirm I have received a copy of the Open Market Annuity Purchase booklet.

Signed: _____ Dated: _____
(Member)