

Please read each section of the form carefully and complete all relevant sections. Failure to complete all of the sections of the form or provide Nordben with the requested documentation may result in a delay in the payment being made.

Please also note that Nordben reserves the right to request further information and/or documentation prior to making payment if it deems it necessary.

This document should be stapled, together with the requested accompanying documents, and sent by post to Nordben at the address stated on the last page. Facsimile or e-mail copies cannot be accepted.

Please write clearly and in English using block capitals.

### HOW WILL THIS DOCUMENT BE USED?

Nordben Life and Pension Insurance Co. Limited will use this document and other relevant details in order to process your pension payments. For this purpose this document will be disclosed to relevant Nordben staff and may be disclosed to personnel of the bank mentioned in Section E and any relevant correspondent bank. It might also be necessary to obtain additional details from persons and companies, referred to in this document, for the purpose of making the payments. By signing the 'Declaration' on page 3, you will have given consent to our disclosing appropriate details from this document to them. No sensitive data is passed on to a third party unless the correct legal procedure is followed.

This document will be held on file and will be disposed of in accordance with the terms of the contract.

Nordben Life and Pension Insurance Co. Limited takes the privacy and security of data held on its clients very seriously. We have published a guide to ensure that our clients are informed about their rights and our obligations under The Data Protection (Bailiwick of Guernsey) Law. The guide is available on our website [www.nordben.com/data-protection](http://www.nordben.com/data-protection).

Plan type: (tick as appropriate)

Flex

Level

Triple C

Unit Linked

Policy number:

### A. LIFE ASSURED (The intended recipient of pension payments)

Name:	Date of birth (dd/mm/yyyy):
_____	_____
Address:	Telephone no: _____
_____	Facsimile no: _____
_____	E-mail: _____
_____	
Post code: _____	
Signature: _____	

**B. PENSION TYPE AND ESCALATION OPTIONS** (This section does not apply to Level Plan policyholders)

**Choose one of the following annuity types:**

1.  Pension payable for life.

2.  Pension payable for life, reducing to a specified percentage at a specified age.  
 What specified percentage?  What age?  Years:  Months:

3.  Pension payable for life, but guaranteed for a number of years. How many years?

4.  Pension payable for life, but for a maximum number of years. How many years?

5.  Guaranteed pension payable for a certain number of years only. How many years?

6.  Last survivor pension with pension reducing to a specified percentage on first death.  
 What specified percentage?

7.  Pension payable for life and on death a pension of a specified percentage to a survivor.  
 What specified percentage?

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**Choose one of the following annual escalation types:**

1. Fixed escalation: either 0%  1%  2%  3%

2. Escalation in accordance with Nordben's discretionary bonus:

**C. FREQUENCY OF PENSION PAYMENTS** (This section does not apply to Level Plan policyholders)

Monthly:  Quarterly:  Half yearly:  Annually:

Pension payments are made as follows:

Monthly: On the first of the month following or coinciding with the date of conversion of lump sum to pension.

Quarterly: A pro rata payment on the first of the month following or coinciding with the date of conversion of lump sum to pension and thereafter on 1 January, 1 April, 1 July and 1 October.

Half yearly: A pro rata payment on the first of the month following or coinciding with the date of conversion of lump sum to pension and thereafter on 1 January and 1 July.

Annually: A pro rata payment on the first of the month following or coinciding with the date of conversion of lump sum to pension and thereafter on 1 January.

Pension payments are increased on 1 January.

**D. SURVIVOR DETAILS** (To be completed if pension type 6 or 7 has been selected)

Name: \_\_\_\_\_ Date of birth (dd/mm/yyyy): \_\_\_\_\_

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Address: \_\_\_\_\_

Telephone no: \_\_\_\_\_

Facsimile no: \_\_\_\_\_

E-mail: \_\_\_\_\_

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Post code: \_\_\_\_\_

Signature: \_\_\_\_\_



## G. ADDITIONAL DOCUMENTATION REQUIREMENTS

**Please also attach the following documents for verification purposes**

A certified copy of the life assured's passport or national identity card.

An original utility bill or bank statement confirming the life assureds' residential address. (The document should be the latest available, but not more than 12 months old. An original must be supplied. It will be returned once it has been processed.)

A certified copy of the survivor's passport or national identity card, if option 6 or 7 has been selected.

**Who can act as a suitable certifier?**

- The grantee (where the grantee is the life assured's employer)
- An embassy, consulate or high commission of the country of issue of the documentary evidence of identity
- A lawyer or notary public
- A member of the judiciary or senior civil servant
- A serving police or customs officer
- A bank manager or officer (of the bank mentioned above)