

Additional Contribution Application Form



PART A - PERSONAL DETAILS

@sipp Member Number	<input type="text"/>	National Insurance Number	<input type="text"/>
Member Details	Mr/Mrs/Miss/Ms <input type="text"/> Surname <input type="text"/>		
	Forename(s) <input type="text"/>		
Permanent Residential Address	<input type="text"/>		
	<input type="text"/>		
	Postcode <input type="text"/>		
Marital Status	Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Registered Civil Partner <input type="checkbox"/>		
<input type="checkbox"/> Employed			
<input type="checkbox"/> Self Employed - Trading as	<input type="text"/>		
<input type="checkbox"/> Pensioner			
<input type="checkbox"/> Other: Please specify from the following: Child under 16; Caring for one or more children under 16; Caring for person aged 16 or over; in full time education; unemployed	<input type="text"/>		

PART B - CONTRIBUTIONS

		Net Amount (of Basic Rate)			
a) Personal	Single	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Regular	£ <input type="text"/>	Monthly <input type="checkbox"/>	Annually <input type="checkbox"/>	Start date for regular contributions
		Gross Amount			
b) Employer	Single	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Regular	£ <input type="text"/>	Monthly <input type="checkbox"/>	Annually <input type="checkbox"/>	Start date for regular contributions
Are any of the above In-specie contributions? (See note in part E) Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, give details overleaf, part E)					
Do you give authority to @sipp to correspond directly with the Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					

PART C - EMPLOYER'S DETAILS

Name of Employer	<input type="text"/>	Nature of Business	<input type="text"/>	
Address	<input type="text"/>			
	<input type="text"/>			
	Postcode (this must be included if your address is in the UK)			
Contact Name	<input type="text"/>		Telephone No	<input type="text"/>

EMPLOYER'S CONTRIBUTION AGREEMENT:

I/We agree that I am/we are willing to pay @sipp (Pension Trustees) Ltd the amount(s) indicated in Part B(b).

Signature	<input type="text"/>	Position	<input type="text"/>
Date	<input type="text"/>		

PART D - SIPP CANCELLATION RIGHTS

Under current rules you have the right to cancel your plan within 30 calendar days of @sipp accepting your application. During this period @sipp will retain your fund in your designated trustee bank account until the cancellation period has elapsed after which we can proceed with any investment instruction, process of a property transaction or for payment of your benefits.

If you wish to waive your rights to this 30 day cancellation period in order that we can proceed with investment instructions or process of a property transaction or for you to take your benefits you can complete the waiver below.

I would like to waive my right to the 30 day cancellation period. I understand that having waived my right to this cancellation period I will no longer be able to have contributions refunded.

Signature	<input type="text"/>	Date	<input type="text"/>
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PART E - IN SPECIE CONTRIBUTIONS

Please list assets

Personal or Employer	Asset	Value

If property is being used, please complete a Property Questionnaire. A current independent valuation of the property will also be required.

Note

'In Specie' contributions:

To obtain tax relief on an 'In Specie' contribution the provider must satisfy a procedure to prove the monetary value of the contribution being made. Where an in specie contribution is to be made you must be aware that HMRC require that a debt to the SIPP provider is created first. This debt would then be satisfied by the in specie transfer of an asset or assets. Should the asset/s be of a lesser value than the stated contribution, the member is expected to make up the difference i.e. to satisfy the debt in full.

PART F - FINANCIAL ADVISER

Please give details of your Financial Adviser.

Adviser's Name			FSA Number	
Company Name (block capitals)				
Address				
				Postcode
Telephone Number	()	Fax Number	()	

Fees Is your Financial Adviser to be paid an initial fee for this contribution from your @sipp personal pension bank account?

YES NO

If YES please complete below.

Initial Fee	Amount	or	% of Initial Investment
£			%

Where an annual fee is being paid, it will continue to be paid at review date.

PART G - DECLARATION

- I declare that I have provided information, and that to the best of my knowledge and belief, the particulars given on this form are correct and complete.
- I undertake to inform the administrator in writing (within 30 days) if:
 - I cease to be a UK resident; or
 - There is any change in my name or permanent residential status; or
 - I contribute on aggregate more than 100% of my earnings to this and any other registered pension scheme in any tax year; or
 - I cease to have UK relevant earnings.

Signature		Date			
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@sipp plc 58 Elliot Street Glasgow G3 8DZ
 Tel: 0141 204 7950 Fax: 0141 243 2257
 Email: admin@atsipp.co.uk
 Web: www.atsipp.co.uk

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