



PART A - PERSONAL DETAILS

@sipp Member Number National Insurance Number

MEMBER DETAILS

Mr/Mrs/Miss/Ms/Other Surname

Forename(s)

Permanent Residential Address

Postcode

Date of Birth

Marital Status Married Single Widowed Divorced Registered Civil Partner

Employed

Self Employed - Trading as

Pensioner

Child under 16;

Other: Please specify from the following:
Caring for one or more children under 16; Caring for person aged 16 or over; in full time education; unemployed; other

PART B – CONTRIBUTIONS

Net Amount (of Basic Rate)

a) Personal Single £

Regular £ Monthly Annually Start date for regular contributions

Gross Amount

b) Employer Single £

Regular £ Monthly Annually Start date for regular contributions

Are any of the above In-specie contributions? (See note in part E) Yes No (If yes, give details overleaf, part E)

Do you give authority to @sipp to correspond directly with the Employer? Yes No

PART C – EMPLOYER'S DETAILS

Name of Employer Nature of Business

Address

Postcode

Contact Name Telephone No

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).

IN SPECIE CONTRIBUTION:

Where I/we have indicated, I/we wish to make an employer in specie contribution, I/we agree by signing this agreement, I am/we are creating an irrevocable, legally enforceable obligation to pay the amount stated in part B(b) above.

Signature Position

Date

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

Date

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. Please complete Employers Agreement (part C) and/or declaration (part G).

PART F – FINANCIAL ADVISER

Please give details of your Financial Adviser.

Adviser's Name

Company Name
(block capitals)

FSA Number

Address

Postcode

Telephone Number

Fax Number

Fees

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

YES NO

If YES please complete below.

Amount

% of Initial Investment

Initial Fee

or

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

PART G – MEMBER DECLARATION

- I declare that the total contributions to any registered pension schemes in respect of which I am entitled to relief under section 188 of the Finance Act 2004 will not exceed the higher of-
 - a) The basic amount, or
 - b) My UK relevant earnings within the meaning of section 189 of the Finance Act 2004 in any tax year.
- I declare, where my total gross contributions exceed the Annual Allowance in the current tax year, that I have sufficient unused annual allowances to carry forward from the three previous tax years.
- I declare that :-
 - a) in relation to-
 - i) the particulars specified in Part A above are to the best of my knowledge and belief, correct and complete; and
 - ii) the declarations specified at the two bulletpoints above are to the best of my knowledge and belief, correct.
 - b) no later than either the date which is 30 days after the occurrence of the event or 5th April in the tax year of assessment, I will give notice to you if an event occurs, as a result of which I am no longer entitled to tax relief for contributions pursuant to section 188 of the Finance Act 2004.
- I undertake to inform the administrator in writing (within 30 days) if:
 - a) I cease to be a UK resident; or
 - b) There is any change in my name or permanent residential status or employment status; or
 - c) I contribute on aggregate more than 100% of my earnings to this and any other registered pension scheme in any tax year; or
 - d) I cease to have UK relevant earnings.
- Where I have indicated that I wish to make an In Specie contribution, I agree that by signing this declaration I am creating an irrevocable, legally enforceable obligation to pay the stated sum in part B(a) to the scheme.

Signature

Date

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The information on this form is used with dealings with HM Revenue & Customs for tax relief purposes. It is a serious offence to make false statements with penalties being severe. False statements could lead to prosecution.

If you have applied for enhanced protection against the lifetime allowance, making a contribution will invalidate this protection.

If you make a contribution while in flexible drawdown the annual allowance charge will apply to the whole of the contribution.



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@sipp plc is registered in Scotland (Registered No. SC217126) and has its registered office at 58 Elliot Street, Glasgow, G3 8DZ and is authorised and regulated by the Financial Services Authority under Firm Reference No. 462907 and you can check this authorisation at www.fsa.gov.uk/register or by calling the FSA on 0845 606 1234.