



## TO BE COMPLETED BY ALL APPLICANTS

APPLICATION FOR:  FULL SIPP  COLLECTIVE SIPP

In the event that you fail to tick one of the above boxes, it will be deemed that you are applying for a Full SIPP.

## INTRODUCTION

This application is for you to become a member of the @sipp Personal Pension Scheme. Please note making a false declaration can have serious consequences, if you are in doubt about any questions in this application please seek advice from your Financial Adviser or @sipp. Notes are provided on page 5.

## PART A – PERSONAL INFORMATION

If you are a legal guardian completing this on behalf of a child under age 18, the details given should relate to the child.

APPLICANT'S DETAILS  Permanent Residential Address (If less than three years at this address please provide your previous permanent residential address on page 5)  Telephone Number (inc STD Code)	Mr/Mrs/Miss/Ms/Other		Surname	
	Forename(s)			
	Postcode			
	Evening (            )		Daytime (            )	
	Mobile		Email	
	Nationality			

Marital Status	<input type="text"/>	Date of Birth	<input type="text"/>
Spouse's/Civil Partner's Name	<input type="text"/>	Spouse's/Civil Partner's Date of Birth	<input type="text"/>
Are you	<input type="checkbox"/> Male <input type="checkbox"/> Female	Expected Retirement Age (from age 55)	<input type="text"/>
National Insurance Number	<input type="text"/>		

The National Insurance Number must be included unless the applicant is under age 16 with no National Insurance Number.

Tax Reference Number (if known)	<input type="text"/>	Tax District (if known)	<input type="text"/>
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Please indicate, which of the following is most applicable, by ticking one box only.

1 Employed  2 Self Employed - Trading as

Occupation

Employers Name and Address

Postcode

3 Other  
Please specify from the following:

Pensioner

Child under 16

Caring for one or more children under 16

Caring for person aged 16 or over

in full time education

unemployed

Telephone No

Most claims cannot be paid under the Scheme until proof of age has been given. We recommend that your birth certificate, for married women or a widow, a marriage certificate, and for civil partners a registration certificate be forwarded with the application. We can only accept the original certificates which will be returned to you promptly.

## PART B – CONTRIBUTIONS

Personal contributions are paid net of basic rate income tax. We claim back the tax relief from HM Revenue & Customs and add it to your fund. Please note that this can take up to eleven weeks. Any employer's contributions must be paid gross. Contributions made by employers must be made by cheque drawn on a UK bank or building society account in the employers name. Where an employer is to make regular contributions by standing order the first payment must be made by cheque drawn on a UK bank or building society account in the employers name. Please note @sipp will only accept Protected Rights transfers and will not accept new contracted out contributions.

**IMPORTANT: IF YOU HAVE ENHANCED PROTECTION ANY CONTRIBUTIONS MADE TO THIS SIPP MEANS YOU WILL LOSE THIS PROTECTION.**  
You should speak to your Financial Adviser.

### 1 CONTRIBUTIONS

		Net Amount (of Basic Rate)		
a) Personal	Single	£	<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"/>
	Regular	£	<input type="text"/>	Monthly <input type="checkbox"/> Annually <input type="checkbox"/>
				Start date for regular contributions

For regular contributions the employer should complete an @sipp Standing Order form and a Record of Payments Due form.  
(Any future amendment to the employer regular contribution will require a new Record of Payments Due form to be completed).

Are any of the above Contributions to be 'In Specie'  Yes  No

If yes please specify below what assets are to be used (see note 3)

Personal or Employer	Asset	Value

### 2 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.

#### 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 above.

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

## PART C – TRANSFER IN FUNDS

If you are transferring funds or assets from another pension plan into your SIPP, please complete for each transfer an @sipp Transfer In Form.

Type of Transfers (estimated values):

Non Protected Rights	£	<input type="text"/>	Protected Rights	£	<input type="text"/>
Pension Credit	£	<input type="text"/>			

## PART D – SIPP CANCELLATION RIGHTS

Under current rules you have the right to cancel your contributions 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 you can complete the waiver below.

**I would like to waive my right to the 30 day cancellation period. I fully understand the implications of this, including that having waived my right to this cancellation period I will no longer be able to have contributions refunded or transfer payments detailed on this application automatically returned to the transferring pension scheme provider.**

Signature	<input type="text"/>	Date	<input type="text"/>
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## PART E – EXPRESSION OF WISH – DISPOSAL OF DEATH BENEFITS

This is a nomination and is an expression of my wishes. I understand that @sipp (Pension Trustees) Limited (“trustee”) will pay due consideration to my wishes but will have absolute discretion as to the beneficiaries and the benefits paid to each. Note that any protected rights fund must provide an income where a spouse or civil partner are over age 45, or there is a dependent child. If there are more than 4 disposals of death benefits please request an additional Expression of wish form.

Name			Date of Birth			
Address						
Postcode		Relationship		Non Protected Rights %		
				Protected Rights %		

  

Name			Date of Birth			
Address						
Postcode		Relationship		Non Protected Rights %		
				Protected Rights %		

  

Name			Date of Birth			
Address						
Postcode		Relationship		Non Protected Rights %		
				Protected Rights %		

  

Name			Date of Birth			
Address						
Postcode		Relationship		Non Protected Rights %		
				Protected Rights %		

## PART F – FINANCIAL ADVISER

Please give details of your Financial Adviser.

Adviser's Name			FSA Number			
Company Name (block capitals)						
Address						
				Postcode		
Telephone No.	( )		Fax Number	( )		
Email						

Do you want to authorise your Financial Adviser to make investment instructions on your behalf?  YES  NO

Fees Is your Financial Adviser to be paid a fee from your @sipp bank account?  YES  NO  
If YES please complete below.

INITIAL FEE Amount £ or % of Initial Investment

ANNUAL FEE Amount £ or % of Fund at Anniversary Date

## PART G – APPLICANT'S DECLARATION

### GENERAL

I apply for a membership of the @sipp registered pension scheme.

- 1 I agree to be bound by the trust deed and rules of the scheme which may be amended from time to time.
- 2 To the best of my knowledge and belief, the particulars given on the application form are correct and complete.
- 3 I wish to nominate the named person(s) in Part E "Expression of Wish-Disposal of Death Benefits" to be considered to receive any benefit payment payable under the scheme on my death. I understand that this nomination will not bind the trustee of the scheme.
- 4 I hereby consent to @sipp (Pension Trustees) Limited obtaining relevant details from the administrator / trustees or insurance company or other registered pension scheme provider, arrangement or contract of which I am or have been a member and authorise the giving of any such details to @sipp (Pension Trustees) Limited.
- 5 I understand that any transfer(s) made into my scheme may only be applied to provide benefits at the time I take retirement benefits or on my death.
- 6 I will not require, nor attempt to require, the withdrawal of funds held to provide benefits for me under the scheme, or the income on those funds, other than in accordance with the rules of the scheme.
- 7 If appropriate @sipp has my authority to check with HM Revenue & Customs the detail of any certificate which I supply which enhances my lifetime allowance.
- 8 In the event that an unauthorised payment is made, I agree to the scheme administrator deducting the amount of any scheme sanction charge, or other charge, levied by HMRC on the scheme administrator from the funds held for me under the scheme in order to pay the charge to HMRC. If there are insufficient funds held for me under the scheme, I agree to pay the scheme administrator the amount by which the charge exceeds the value of my funds under the scheme.
- 9 I hereby request @sipp (Pension Trustees) Limited to appoint the nominated investment manager, if applicable, as indicated.

Investment Manager

Address

I fully understand and agree,

- a) That I am solely responsible for all decisions relating to the purchase, retention and sale of the investments forming part of the @sipp registered pension scheme.
  - b) To hold @sipp (Pension Trustees) Limited fully indemnified against any claim in respect of such decisions.
- 10 I acknowledge and understand third party investment service providers, e.g. an Investment Manager or Stockbroker, may require to undertake money laundering checks on me, in my capacity as SIPP member, in order to comply with statutory money laundering regulations.
  - 11 The information on this form and any supplementary information provided by me and/or my nominated advisers, now or in the future, will be used by @sipp (Pension Trustees) Limited to:
    - a) Set Up and administer my plan.
    - b) Send me information relating to my Plan.
  - 12 I acknowledge and accept the terms of this Agreement and I understand that the services provided under it do not extend to financial advice under the terms of the Financial Services and Markets Act 2000.

### WHERE CONTRIBUTIONS ARE TO BE PAID

- 1 I declare I am under the age of 75.
- 2 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.
- 3 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.
- 4 I declare that :-
  - a) in relation to-
    - i) the particulars specified in Part A are to the best of my knowledge and belief, correct and complete; and
    - ii) the declarations numbered 2 and 3 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.
- 5 I undertake to inform the scheme administrator in writing (within 30 days) if:
  - a) I cease to be a UK resident;
  - 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 pension scheme in any tax year;
  - d) I cease to have UK relevant earnings;
- 6 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 to the scheme.

**The information on this application is used in 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.**

## DATA PROTECTION

I confirm that:

- I understand that under the Data Protection Act 1998, the Trustees are required to obtain my consent to process data about me. I therefore consent to the Trustees (and any data processor or other data controllers they may use) processing data relating to me for the purpose of administering and operating the Scheme. I also consent to such data being transferred to third parties in connection with the administration and operation of the Scheme.
- I understand that I have the right to ask for a copy of the personal data held in respect of me in return for the payment of a small fee and to require @sipp (Pension Trustees) Limited to correct any inaccuracies in that data.

## FINANCIAL ADVISER'S FEES

- I instruct @sipp (Pension Trustees) Limited to pay to my Financial Adviser the initial and/or regular fee(s) specified in Part F of this application.
- I confirm that the fees are to be paid from the funds in my @sipp personal pension bank account and that I will ensure that cleared funds are available to pay the fees when they are due for payment. I understand that @sipp (Pension Trustees) Limited may make an additional administration charge if it has to refer to me for instructions on how to obtain funds to meet the payment of fees.
- I understand that I can cancel or vary my instructions to pay fees by giving @sipp (Pension Trustees) Limited 14 days notice in writing. However, I agree that any fees due but not paid, prior to the date of receipt of the notice of cancellation or variation will be paid by the Trustee.

Signature

Date

## NOTES

### GENERAL

The descriptions and definitions given in these notes are for outline guidance only and are not binding in law. The descriptions and definitions which apply are those in the legislation. If you are in any doubt you should contact a pension practitioner, the Scheme Administrator, your Accountant or, where appropriate, your Inspector of Taxes.

A Financial Dependant is someone other than your spouse or registered civil partner who is financially dependent on you.

#### '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 and that it needs to be irrevocable i.e. the provider must be able to pursue the member for the debt. This debt would 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.

## PREVIOUS ADDRESS

See Part A on page 1

Postcode

Please see Part H on next page

## PART H – LEGAL GUARDIAN CONSENT

The legal guardian should complete this form if an application is being made on behalf of a child aged under 18.

Please show the full name and permanent residential address of the legal guardian.

Permanent Residential Address	Mr/Mrs/Miss/Ms/Other	Surname
	Forename(s)	
Telephone Number (inc STD Code)	Postcode	
	Evening (            )	Daytime (            )
	Mobile	Email

### LEGAL GUARDIAN DECLARATION

The legal guardian should complete this declaration as well as the information above.

I declare that:

- I am the legal guardian of the individual named in the application and I have understood and signed all the relevant declarations.
- I understand that I am responsible for
  - the contract as if I were a member until the member reaches age 18, and
  - ensuring that the contribution limits are not exceeded.
- I understand that all contributions to the Scheme may only be returned to the member in the form of benefits payable under the Rules of the Scheme.

Signature	<input type="text"/>	Date	<input type="text"/>
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For a minor aged over 16 but under 18 at the date of the application he/she must sign below, confirming agreement with the foregoing.

Signature	<input type="text"/>	Date	<input type="text"/>
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### NOTES AREA FOR APPLICANTS



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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](http://www.fsa.gov.uk/register) or by calling the FSA on 0845 606 1234.