

@sipp

application form
FOR DIRECT CLIENTS



Strong partnerships, better results

JUNE 2018

SIPP Application Form

Application For: Full SIPP Collective SIPP Solo SIPP (one investment/arrangement)
 Solo SIPP+ (two investments/arrangements) Solo SIPP+ (three investments/arrangements)

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 SIPP scheme.

You should read the Key Features document, Rules of the scheme, Terms and Conditions, Fee Schedule and Permitted Investments Schedule prior to completing this application.

We also strongly recommend that you seek financial advice in relation to the content of this application. If you are in any doubt about any of the questions in this application please seek advice from your financial adviser.

@sipp cannot proceed with your application or act on your investment instructions until we receive the original version of this form, completed and signed.

Where you wish to receive immediate benefits please also complete a Benefit Payment form. Where you are transferring benefits in payment and wish to continue receiving payment please also complete an Alteration to Income Form.

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. The legal guardian should complete their details on the Legal Guardian Consent form available at www.atsipp.co.uk.

Permanent Residential Address

(If less than three years at this address please provide your previous address in the notes section on page 13)

Telephone Number

(inc STD code)

Marital Status

Are you

Mr/Mrs/Miss/Ms/Other		Surname		
Forename(s)				
Postcode				
Evening		Daytime		
Mobile		Nationality		
Email				
		Date of Birth		

Male

Female

Expected Retirement Age

(from age 55)

About your Spouse/Civil Partner

Spouse's/Civil Partner's Name

National Insurance Number

	National Insurance Number								
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Spouse's/Civil Partner's Name									
						Date of Birth			

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

Have you made a decision to opt out or not join your employer's pension scheme in favour of establishing this SIPP?

Yes No

Please indicate, which of the following is most applicable by ticking one box only.

Employed:

Occupation	
Employers Name	
Address	
Post Code	Tel No

Self-Employed:

Trading As

Unemployed 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 (give details below)

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Our firm has to comply with the Anti-Money Laundering Regulations, which requires us to verify the identity of all clients. In order to meet these requirements we subscribe to an electronic verification service. On the rare occasion that we are unable to confirm your identity this way, you may be required to produce documents such as your passport, driving licence and utility bills.

Part B Lifetime Allowance Protection

Have you registered for protection against the Lifetime Allowance?

Yes No

If yes, please indicate which protection applies:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Enhanced | <input type="checkbox"/> Individual 2014 |
| <input type="checkbox"/> Primary | <input type="checkbox"/> Individual 2016 |
| <input type="checkbox"/> Fixed 2012 | <input type="checkbox"/> Enhanced with Lump Sum Protection |
| <input type="checkbox"/> Fixed 2014 | <input type="checkbox"/> Primary with Lump Sum Protection |
| <input type="checkbox"/> Fixed 2016 | |

Please also send a copy of your certificate to us.

Part C Contributions

Are you subject to the money purchase annual allowance rules?

Yes No

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 contributions must be paid gross.

IMPORTANT:

If you have protection against the lifetime allowance any contributions made to this SIPP could mean you lose this protection. You should speak to your financial adviser.

1. Personal Contributions

* Net amount (of Basic Rate)

Single* £

A Standing Order form is available at
www.atsipp.co.uk

Regular* £

Monthly Annually

Start date for regular contributions

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2. Employer Contributions

* Gross amount

Single* £

A Standing Order form is available at
www.atsipp.co.uk

Regular* £

Monthly

Annually

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)

Do you give authority for @sipp to correspond directly with your Employer?

Yes

No

Employer Declaration

- We confirm our intentions that payments, other than those that are indicated as single contributions, shall continue to be made on the basis indicated in Part 2 of Section C above until further notice. If there are any amendments to payments we agree to inform @sipp before the payment date upon which the change will take place
- Where we have a direct payment arrangement to pay pension contributions either on our own account or where deducted from the employee's pay, we acknowledge that the due date for contributions is the 19th of the month following that due date. We acknowledge that should @sipp receive a contribution after the due date (19th), a report may be issued to the Pensions Regulator
- We understand and agree that we will report all employer contributions in accordance with regulatory requirements
- We declare that the Applicant is employed by us and we have seen and understood their Application in respect of contributions to be made by deduction from pay.

Employer Signature

Position

Date

Part D Transfer In Funds

If you are transferring funds or assets from another pension plan(s) into your SIPP, please complete for each transfer an @sipp Transfer In Form, which is available from www.atsipp.co.uk/downloads/forms.

Transfers
(estimated values)

Transfer 1	£	Transfer 2	£
Transfer 3	£	Transfer 4	£

Part E SIPP Cancellation Rights

You have a legal right to cancel your SIPP application within a 30 day period from the date of the letter confirming establishment of the SIPP. During this period @sipp will retain your fund in your designated bank account until the cancellation period has elapsed after which we can proceed with any investment instruction, process a property transaction, or arrange payment of your benefits. Once the SIPP is established the set up fee is due and will not be refunded, should the SIPP not be taken up.

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, detailed on this application, refunded.

Signature

Date

Additional cancellation rights apply to each transfer to be received by your SIPP. Further details are given on the @sipp Transfer In Form.

Part F Investment Details

Please provide details of your proposed SIPP investments.

A Permitted Investments list is available at www.atsipp.co.uk

Cash Deposits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insured Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fund Supermarket or Platform	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stockbroker	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Discretionary Fund Manager	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Commercial Property	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Investment	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please provide details of proposed investment(s)

Please enclose the relevant investment applications forms and completed Property Questionnaire, as applicable.

Part G Expression Of Wish – Disposal Of Death Benefits

This is an expression of my wishes. I understand that @sipp will pay due consideration to my wishes but will have absolute discretion as to the beneficiaries and benefits paid to each. If you have more than two beneficiaries please complete an additional Expression of Wish form, which is available at www.atsipp.co.uk.

Address	Mr/Mrs/Miss/Ms/Other		Surname
	Forename(s)		
	Postcode		
Relationship			
Date of Birth			%

Address	Mr/Mrs/Miss/Ms/Other		Surname
	Forename(s)		
	Postcode		
Relationship			
	Date of Birth		
			%

Part H Applicant's Declaration

General

- I acknowledge and accept and agree to be bound by the applicable Terms & Conditions, Fee Schedule and Permitted Investments Schedule applying to the @sipp SIPP product I have chosen
- I agree to be bound by the trust deed and rules of the scheme which may be amended from time to time
- To the best of my knowledge and belief, the particulars given on the application form are correct and complete
- I wish to nominate the named person(s) in Part G "Expression of Wish – Disposal of Death Benefits" to be considered to receive any benefit payment payable under the scheme on my death. I accept that this Expression of Wish is not a binding contract but allows @sipp to consider to whom the death benefits should be paid
- I hereby consent to @sipp 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
- 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
- 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
- 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 or lump sum entitlement
- 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.

Contributions Declaration

- I declare I am under the age of 75
- 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 are to the best of my knowledge and belief, correct and complete; and
 - ii) the second bulleted contributions declaration above is 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 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
 - 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
 - e) I intend making contributions that are not to benefit from tax relief, for example 'excess' contributions.
- I understand that by signing this application form I am declaring that I am aware of my annual allowance (including any carry forward) and request that @sipp reclaims tax on my contributions unless I instruct otherwise.

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 protection against the lifetime allowance, making a contribution could invalidate this protection.

Data Protection

The information you provide to @sipp on this application form and during the course of your @sipp membership will be held by @sipp as data controllers in accordance with all relevant data protection legislation and our Privacy Information Notice, a copy of which can be obtained from our website.

I confirm that:

- I have read and understood @sipp's Privacy Information Notice
- I consent to @sipp (and any data processor or other data controllers they may use) processing data relating to me as set out in the Privacy Information Notice. I also consent to such data being transferred to third parties in connection with the administration and operation of the SIPP as set out in the Privacy Information Notice.
- Where I provide @sipp with information about another person, that they have appointed me to act for them, that they consent to the processing of their personal information and I have informed them of @sipp's contact details and the purposes for which their personal information will be processed and the disclosures that may be made (both of which are set out in the Privacy Information Notice).

Signature

Date

Throughout this application, references to “@sipp/”we/”us/”our” refer to @sipp Limited in their capacity as scheme administrator and operator of the @sipp SIPP scheme.

Have You Completed These Key Steps?

There are a number of pieces of information without which we will be unable to progress the application. Please check you have provided:

Member's date of birth (Part A)	<input type="checkbox"/>
Member's National Insurance number (Part A)	<input type="checkbox"/>
Member's selected retirement age (Part A)	<input type="checkbox"/>
Source of funds (Part C and/or D)	<input type="checkbox"/>
Investment Details (Part F)	<input type="checkbox"/>
Member Signature (Part I)	<input type="checkbox"/>

Notes Area for Applicants



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@sipp Limited is registered in Scotland (Registered No. SC217126) and has its registered office at 6th Floor, Mercantile Building, 53 Bothwell Street, Glasgow, G2 6TS and is authorised and regulated by the Financial Conduct Authority under Firm Reference No. 462907 and you can check this authorisation at www.fca.org.uk or by calling the FCA on 0800 111 6768.