



# Application Form



IN ASSOCIATION WITH



You should read the Key Features, Terms and Conditions, Trust Deed and Rules and the Investment Fact Sheet, appropriate to your chosen investment option(s), before completing this application. These are available from your Adviser or our website ([www.sippcentre.co.uk](http://www.sippcentre.co.uk)).

If you would like a copy of this or any other item of our literature in large print, Braille or in audio format, please contact us on 0845 83 99 060 or by e-mail at [enquiry@sippcentre.co.uk](mailto:enquiry@sippcentre.co.uk).

Please use BLOCK CAPITALS only and blue or black ink, ticking circles where appropriate.

## Checklist

<input type="checkbox"/>	Cash transfer	Transfer Form sent to the transferring pension provider
<input type="checkbox"/>	In-specie transfer	Transfer Form and list of assets to be re-registered enclosed with Application Form
<input type="checkbox"/>	Immediate retirement	Benefit Form (with appropriate age evidence) enclosed with Application Form
<input type="checkbox"/>	Property purchase/property transfer	Property Questionnaire enclosed with Application Form
<input type="checkbox"/>	Single contribution	Cheque drawn from a UK bank or building society account made payable to 'Sippdeal Trustees Limited re <member name>'
<input type="checkbox"/>	Regular contribution	Direct Debit Mandate (payments must be made from a UK bank or building society account)
<input type="checkbox"/>	Child application	Legal Guardian Supplementary Application Form enclosed with Application Form

**Level 4 Code only**

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# 1 Personal details

## Applicant's personal details

Title	<input type="text" value="Dr / Mr / Mrs / Miss / Ms / other"/>	Surname	<input type="text"/>
Forenames	<input type="text"/>		
Date of Birth	<input type="text"/>	Sex	<input type="text" value="Male / Female"/>
E-mail address	<input type="text"/>		

## Permanent residential address

Post code	<input type="text"/>	Flat number	<input type="text"/>
Building name	<input type="text"/>	House number	<input type="text"/>
Street	<input type="text"/>	Area	<input type="text"/>
Town	<input type="text"/>	County	<input type="text"/>
Country	<input type="text"/>		

If you have lived at your current address for less than 3 years, please confirm your previous residential address.

## Previous permanent residential address

Post code	<input type="text"/>	Flat number	<input type="text"/>
Building name	<input type="text"/>	House number	<input type="text"/>
Street	<input type="text"/>	Area	<input type="text"/>
Town	<input type="text"/>	County	<input type="text"/>
Country	<input type="text"/>		

Retire immediately

National Ins. No.	<input type="text"/>	Country of nationality	<input type="text"/>
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## Applicant's status

- Employed
- Self employed
- Pensioner
- Child
- Other, please indicate which of the following categories is applicable (if more than one, the most applicable):-
  - Caring for one or more child(ren) under the age of 16
  - In full time education
  - Caring for a person aged 16 or over
  - Unemployed
  - Other. If other, please specify

Occupation	<input type="text"/>	Marital status	<input type="text" value="Single / Married / Divorced / Separated / Widowed / Civil partner"/>
Spouse's/partner's name	<input type="text"/>		
Spouse's/partner's date of birth	<input type="text"/>		

## 2 Transfers (if applicable)

Please provide details of all benefits to be transferred to the SIPP:

Scheme provider

Policy number  Estimated value

Is the transfer cash only? Yes  No  Is the transfer to contain protected rights? Yes  No

Scheme provider

Policy number  Estimated value

Is the transfer cash only? Yes  No  Is the transfer to contain protected rights? Yes  No

Scheme provider

Policy number  Estimated value

Is the transfer cash only? Yes  No  Is the transfer to contain protected rights? Yes  No

Scheme provider

Policy number  Estimated value

Is the transfer cash only? Yes  No  Is the transfer to contain protected rights? Yes  No

## 3 Contributions (if applicable)

Please provide details of the contributions to be paid to your SIPP:-

### Member contribution (net)

Single £  Regular £  per month

### Employer contribution (gross)

Single £  Regular £  per month

### Member contributions

Approximate annual earnings £  p.a.

Please indicate from which source member contributions are to be funded:-

Income from employment  Inheritance  
 Investment/Savings  Property sale  
 Divorce settlement  Other. If other, please specify

All member contributions are payable net of basic rate tax (20% for the 2009/10 tax year). We will reclaim basic rate tax from HM Revenue & Customs (HMRC) and credit it to the SIPP cash account.

### Employer Contributions

If your employer is to pay contributions on the SIPP, please advise the following:

Employer's name

Registered office address

Post code  Company number

Is the employer listed on a recognised stock exchange? Yes  No

All employer contributions are paid gross.

## 4 Investment options

Please confirm your chosen Investment option(s).

Please visit our website for a full list of our panel of Investment Partners. You can specify up to three Investment Partners on this Application Form. If you wish to specify more than this, please use our Additional Investment Partner Form which is available from the literature section of our website.

- Advisory**
- Execution Only**
- Investment Partner** (please list the name(s) of the Panel Investment Partner(s) to be used:

Investment Partner	<input type="text"/>
Investment Partner	<input type="text"/>
Investment Partner	<input type="text"/>

Are investments going to be held outside of our Panel Investment Partners?\* Yes  No

Is the SIPP going to be used to purchase a commercial property?  
(Please complete a Property Questionnaire for each property - joint purchases require only one questionnaire.) Yes  No

*\* If selected, your Adviser will need to complete our Off Panel Investment Instruction Form, available from our website ([www.sippcentre.co.uk](http://www.sippcentre.co.uk)) and send this to us together with the appropriate documentation for the chosen investment. This should not be forwarded to us until we have cleared funds in the SIPP cash account.*

## 5 Nomination of beneficiaries

In the event of my death, I would like the Scheme Administrators of my SIPP to consider making payment of any death benefits to the following:-

<input type="radio"/> Individual or <input type="radio"/> Trust	Full Name	<input type="text"/>	Relationship	<input type="text"/>	<input type="text"/> %
<input type="radio"/> Individual or <input type="radio"/> Trust	Full Name	<input type="text"/>	Relationship	<input type="text"/>	<input type="text"/> %
<input type="radio"/> Individual or <input type="radio"/> Trust	Full Name	<input type="text"/>	Relationship	<input type="text"/>	<input type="text"/> %
<input type="radio"/> Individual or <input type="radio"/> Trust	Full Name	<input type="text"/>	Relationship	<input type="text"/>	<input type="text"/> %
Total					<input type="text"/> 100 %

Nominations in respect of protected rights may be binding on the Scheme Administrator and so should be carefully considered and periodically reviewed.

## 6 Adviser Details

Adviser name	<input type="text"/>	SCA number	<input type="text"/>
Adviser firm	<input type="text"/>	Telephone number	<input type="text"/>
E-mail address	<input type="text"/>	FSA number	<input type="text"/>

## 7 Adviser remuneration (if applicable)

Please specify your chosen adviser remuneration option:-

### Initial adviser remuneration

Either

Fixed £

Or

### Payment related (applies to all initial/additional contributions and transfers) (max 3%)

Single contribution  % Regular contribution  % Transfer  %

### Renewal adviser remuneration (max 1%)

Either fixed £  p.a Or fund related  % p.a

Note: VAT will be applied to initial and renewal adviser remuneration in accordance with the Adviser's default basis.

## 8 Declarations

### Declarations

Please read the following carefully **before** you sign.

I hereby apply for a Sippcentre SIPP and to become a member of the Sippdeal e-sipp (the 'Scheme').

I confirm that I have read and understood the Sippcentre Key Features and Terms and Conditions. I agree to be bound by the Sippcentre Terms and Conditions as may be amended from time to time. I also agree to be bound by the Trust Deed and Rules of the Scheme (as amended from time to time) which I have had the opportunity to consider.

In return for the services provided by the Scheme Administrator, I further agree to pay the charges set out on the Sippcentre website and the Adviser Remuneration (as amended from time to time).

I confirm that the information provided in this Application Form, and any other documents completed in connection with this application, is to the best of my knowledge and belief, correct, complete and not misleading.

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. In the event that an unauthorised payment is made, I agree to A J Bell Management Limited deducting the amount of any scheme sanction, or other charge, levied by HMRC on the Scheme Administrator from the funds held for me under the Scheme in order to pay that charge to HMRC. If there are insufficient funds held for me under the Scheme, I agree to pay A J Bell Management Limited the amount by which the charge exceeds the value of my funds under the Scheme.

I understand that it is the responsibility of my Adviser to disclose to me all commission and adviser remuneration paid to them in respect of my SIPP. I understand Sippcentre does not take any responsibility for the terms of the commission paid in relation to investments held within the SIPP.

### Declaration where contributions are to be paid

If contributions are to be paid, I declare that:-

- I am under age 75 and am a relevant UK individual under Section 189 of Finance Act 2004;
- the total of the member contributions paid to this Scheme and to other registered pension schemes, on which I am entitled to tax relief, under section 188 of Finance Act 2004, will not exceed, in any tax year, the higher of:
  - the basic amount (£3,600 gross for the 2009/10 tax year); or

I understand it is a serious offence to make false statements; the penalties are severe and could lead to prosecution.

Applicant's name  Date

Applicant's Signature

Please sign and date the application and return it to Sippcentre.

- 100% of my relevant UK earnings as defined in Section 189 of Finance Act 2004 in that tax year;
- the declaration in b) is correct, to the best of my knowledge and belief;
- I will give notice to the Scheme Administrator if an event occurs, as a result of which I will no longer be entitled to relief on member contributions, under section 188 of Finance Act 2004. I will give this notice by the later of:
  - 5th April in the year of assessment in which the event occurs; and
  - the date which is 30 days after the occurrence of that event.

### Declaration where off panel investments are to be made

If off panel investments are to be made, I agree that:

- you may accept instructions from my Adviser in relation to investments held under the off panel investment options; and
- my Adviser is responsible for disclosing to me any commission payable from these investments

Please see Sippcentre Key Features for further details about off panel investments.

### Data Protection Act 1998

#### Your information

We will use the information provided to check your identity, and that of any other person providing funds on behalf of an investment made in your name, with credit reference and fraud prevention agencies. The agencies will record our check and will make that record available to others to verify your identity. We use scoring methods to verify your identity as this provides a thorough check of the available data. If you supply false or inaccurate information and we suspect fraud, we will inform the fraud prevention agencies. If we cannot verify your identity by electronic means, we may ask you for additional information.

Please write to us at the address provided in this Application Form if you want details of the credit reference and fraud prevention agencies from whom we obtain and with whom we record information about you. You have a legal right to these details. The agencies may charge a fee.

You have a right on payment of a fee to receive a copy of the information we hold about you if you apply to us in writing.

## Regulatory

A J Bell includes A J Bell Holdings Limited and its wholly owned subsidiaries A J Bell Management Limited, A J Bell Limited and A J Bell Securities Limited.

A J Bell Management Limited is authorised and regulated by the Financial Services Authority. A J Bell Securities Limited is a member of the London Stock Exchange and is authorised and regulated by the Financial Services Authority.

Sippdeal, Sippdealxtra and Sippcentre are platforms provided by A J Bell Management Limited. A J Bell Platinum SIPP is provided by A J Bell Management Limited. A J Bell Platinum SSAS is provided by A J Bell Limited.

The companies listed in the adjacent table are all registered in England and Wales at Trafford House, Chester Road, Manchester M32 0RS.

Company	Company Number	VAT Number
A J Bell Holdings Limited	4503206	833 5478 13
A J Bell Management Limited	3948391	759 3531 03
A J Bell Limited	3091664	639 0316 44
A J Bell Securities Limited	2723420	918 4226 21