



If you have any questions, please call our Client Services Team on

01382 573737

Child SIPP

Application form

Please complete in block capitals and black ink.

If you have any questions, please call our Client Services Team on 01382 573737. Calls may be recorded for training and security purposes.

Alliance Trust Savings use only

1 Details about the child

Please complete this section if you are a child applying for a Child SIPP or if you are a parent/guardian applying on behalf of a child.

Title	<input type="text"/>	Gender	<input type="text"/>
Surname	<input type="text"/>	Date of birth	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>
Forename(s) all	<input type="text"/>	Birth certificate - original or certified copy	<input type="checkbox"/>
Permanent residential address (Please complete even if child's address is the same as parent/guardian below)	<input type="text"/> <input type="text"/> <input type="text"/>	The child is not a US person. (Please tick)	<input type="checkbox"/>
Postcode	<input type="text"/>	If you cannot give this declaration, please do not continue with this application. A financial adviser will be able to help you. For a definition of US person please see the glossary on our website.	
		Mother's maiden name (for security purposes)	<input type="text"/>
		Phone number	<input type="text"/>
Does the child have a National Insurance Number?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, you must enter it here <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

Regulations require that if the child is 16 or over and has a National Insurance number you must provide it.

Current status of the child

Is the child under 16? (please tick if yes)

If the child is over 16, please tick the box which best describes their status. (Please tick one box only)

The child is in full-time education The child is unemployed

The child is receiving taxable income from employment The child is receiving taxable income from self-employment

Other (please specify)

2 Registered contact details – the parent/legal guardian

Please note this section must be completed by a parent or legal guardian. If you are a child aged between 16 and 18 applying for a Child SIPP yourself you do not need to complete this section.

If you are already an Alliance Trust Savings client please provide your Client Reference Number		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	Date of birth	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YYYY"/>		
Surname	<input type="text"/>	Relationship to the child (Please tick one box only)	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	
Forename(s)	<input type="text"/>	Your mother's maiden name (for security purposes)	Legal guardian	<input type="checkbox"/>	<input type="text"/>		
Permanent residential address	<input type="text"/>	Mailing address (if different)	<input type="text"/>				
	<input type="text"/>		<input type="text"/>				
	<input type="text"/>		<input type="text"/>				
Postcode	<input type="text"/>	Postcode	<input type="text"/>				
Phone number	<input type="text"/>						
I am not a US person (please tick)	<input type="checkbox"/>	If you cannot give this declaration, please do not continue with this application. A financial adviser will be able to help you. For a definition of 'US person' please see the glossary on our website.					
Email address	<input type="text"/>						

3 Are you taking advice?

Are you taking professional advice about applying for a Child SIPP?

(Please tick one box only)

Yes

No

If yes, please answer 3(a) below

(a) Authority to disclose

If you want us to disclose information about the child's Account by telephone, online or in writing to a financial adviser, please give their details in this section.

Any financial adviser you authorise will be given a Personal ID and password to allow them online view only and telephone access to the Account.

Please note that this only allows us to disclose information. If you wish to also authorise your adviser to give investment instructions, please complete section 3(b) below.

Contact name	<input type="text"/>	Phone number	<input type="text"/>
Name of adviser firm	<input type="text"/>	Adviser firm FCA reference number	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>		

(b) Authority to accept investment instructions

Any financial adviser you authorise to give investment instructions for the Account (e.g. purchase, sale or cash transfers within the Account) will be able to do this in writing, or use their Personal ID and password to allow them to do so online or by telephone.

Please note that this authority does not authorise them to make payments, subscriptions or contributions to the Account, give withdrawal instructions or change any personal details (e.g. change of address).

Do you want us to accept instructions from this financial adviser about the child's SIPP on your behalf? (Please tick one box only)

Yes

No

If yes, the financial adviser must sign the box below.

Signature

Date

Please note that even if you authorise a financial adviser to give instructions on your behalf, it is still necessary for you to complete and sign this form.

4 May we disclose information to anyone else?

If you wish us to disclose information about the child's SIPP to a third party when they ask for it, please give details in this section.

Any third party you authorise will be given a Personal ID and password to allow them online view only and telephone access to the Account.

Name	<input type="text"/>	Please send duplicate contract notes to the person named* (please tick if yes)	<input type="checkbox"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Please state the relationship to you	<input type="text"/>
Postcode	<input type="text"/>		

*Unless you have authorised us here to send this person duplicate contract notes, we will only respond to information requests from them when they ask for it.

This disclosure authority only applies to this Account. All authorities granted to third parties by a parent or guardian in respect of the child's SIPP will continue only until the child is 18. At that time the child will take responsibility for the SIPP and may be asked whether he/she wishes to continue the authorisations granted.

Please note that if instructions are to be accepted from anyone other than you to operate your child's SIPP, a Power of Attorney or a Third Party Authority form must be submitted. The Third Party Authority form may be obtained by calling our Client Services Team on 01382 573737 or from our website at www.alliancetrustsavings.co.uk.

5 Are the funds a gift from a Third Party?

Yes No

If yes, please provide the following details for the donor and ask the donor to sign the following declaration.

Full name	<input type="text"/>		
Permanent residential address	<input type="text"/> <input type="text"/> <input type="text"/>	Date of birth	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY
Postcode	<input type="text"/>	Relationship to the child	<input type="text"/>

Please confirm and sign the following declaration:

The amount subscribed is a gift to the child and as such cannot be repaid to the subscriber if, at a later date, the subscriber changes their mind.

Signature(s)	<input type="text"/>	Date	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY
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6 Contributions for the child

Please tick the box to confirm that contributions made in any tax year on behalf of the named child will not exceed the basic amount (£3,600 gross, £2,880 net in any tax year)

I confirm

If the child has earnings and/or the child's employer is to contribute to the Account, please contact us before submitting an application.

Please advise us of the net contributions which are being made for the child. Please state the actual net cash contribution. Do not include the tax relief and **do not deduct or add any of our charges**. Please remember that basic rate tax is now 20%.

If Direct Debits are being made by a third party (e.g. a grandparent), that person must complete and sign the Direct Debit Instruction form.

Please make sure the parent/legal guardian submits all of the documentation to us, as it is the parent/legal guardian who takes responsibility for the child's SIPP and the contributions made to it. You should ensure adequate records of any gifts are kept for inheritance tax purposes.

If you are submitting this application part way through the year and wish to maximise contributions in the current tax year, you can make additional contributions by cheque at any time during the year.

If you have decided where you wish to invest, please complete section 7. However, it is not compulsory to complete these sections to open your Account.

Lump sum payment by cheque

Amount

£

(minimum £50)

Please make cheques payable to Alliance Trust Savings Limited

Continued overleaf

6 Contributions for the child

Regular payments by Direct Debit

Amount £ (minimum £50)

The maximum Direct Debit is £240 per month or £720 per quarter

Collect on this day of the month 1st 8th

(Tick one box only)

15th 22nd

You must also provide your bank details using the Direct Debit Instruction in section 11. Please tick this box to confirm you have done this.

Commencing in (month/year)

MM

YYYY

Collection

Direct Debits will be automatically collected on a monthly basis. If you would like Direct Debits to be collected quarterly, please tick this box.

Please remember to allow at least 10 working days before the first collection is due to be paid to allow your bank time to set up the Direct Debit.

Source of funds

Please tick one or more of the following boxes to indicate how the contributions are being funded:

From earnings

Savings

Divorce Settlement

Inheritance

Lottery or other winnings

Property Sale

Gift

Other

Transfer in existing Pension Plans

You may be able to transfer in existing Pension Plans your child may hold. You should complete a Select SIPP Transfer In Request Form which you can download from www.allianctrustsavings.co.uk or by calling our Client Services Team on 01382 573737.

7 Investment instructions

If you wish you can give us your purchase and income instructions now. Please refer to the notes below this section.

If you have not yet decided which investments you would like to make, you may leave this section blank and your cash will be placed on deposit until we receive further instructions from you.

If you wait until you have your Personal ID and password and make your investment instructions online, our online dealing fees will apply. If you complete the section below our offline dealing charges will apply. Please consult our Schedule of Fees at www.allianctrustsavings.co.uk for further details. Please note if you fail to pay charges related to your SIPP we reserve the right to disinvest in order to pay any outstanding charges.

You will find information on available investments at www.allianctrustsavings.co.uk or by calling our Client Services Team on 01382 573737 to request a list of available investments.

Investment ¹		Payment amount ²		Income options ³	
Name (inc.class)	MEX code	Lump sum (£)	Direct Debits (%)	Name (inc.class)	MEX code
Total		£	%		

Please ensure the amounts add up to the whole amount you entered in section 6.

If your chosen investment is not available in the Child SIPP or if your instruction is unclear, we will allocate your funds to the Deposit Account.

Continued overleaf

7 Investment instructions

Notes

1 Investment

Enter the full name and class of each investment you wish to make. This is important as there may be different classes available.

Please also quote the MEX code which you can find in the relevant investment choice list available within the Forms & Documents section at www.alliancetrustsavings.co.uk.

To allocate your cash to your Deposit Account or Online Dealing Account, enter 'deposit' or 'online'.

2 Payment Amount

Lump Sum - please enter the amount you wish to allocate to each investment.

Direct Debits - please indicate the percentage you wish to allocate to each investment and ensure they add to 100%.

3 Income options

Any income received from each investment will automatically be used to purchase more of the same investment when the Minimum Purchase Level (see below) is reached, unless you wish to:

- use it to purchase another investment - enter name and MEX code
- direct it to your Deposit Account - enter 'deposit'
- direct it to your Online Dealing Account - enter 'online'

4 How we will place your order

We will carry out your investment instructions once the Account is opened.

We may buy your investments for you along with other client instructions as part of the same deal. We will take all reasonable steps to ensure the purchase is dealt on the best terms generally available in the market for transactions of a similar size and nature at the time of execution, as described in our Order Handling Policy. This may work to your advantage or disadvantage.

Minimum Purchase Levels

When cash in your Security Account reaches the Minimum Purchase Level we will automatically purchase more of the same investments for you. The default level is £100 but if you wish to select a different amount please tick below. The level you select will apply to all investments in your SIPP. You can change the levels at any time by completing a Select SIPP Instruction form.

£150 £300 £500

If you wish to invest in a fund (an OEIC, ETF or unit trust) you must confirm that you have read an up-to-date version of the Key Investor Information Document (KIID) for each fund in which you want to invest, as well as the Supplementary Information Document (SID) and in addition, confirm that you are not a US Person or applying on behalf of a US Person. Please tick both boxes below.

Copies of the fund KIIDs and SIDs can be found in the Investment Selector/Investment Information section of our website at www.alliancetrustsavings.co.uk or are available from the fund provider directly.

I confirm that I have read the relevant KIID(s) and SID(s) for the fund(s) in which I wish to invest.

and

I confirm that I am not a US Person or applying on behalf of a US Person.

8 Tax relief allocation

Tax relief will automatically be allocated to your Deposit Account. If you do not want this, please specify an investment to receive it. Income from this investment will then automatically be reinvested unless you specify an income redirection below. You may change this at any time by writing to us. Please refer to the Schedule of Fees for details of our charges which is available at www.alliancetrustsavings.co.uk or by calling our Client Services Team on 01382 573737.

Name (inc.class)	MEX code	Income redirection	
		Name (inc.class)	MEX code

9 Declaration by Alliance Trust Savings

We declare to you that for the Alliance Trusts' Pension Plan ("the Scheme"):

- under the Data Protection Act 1998, we are a data controller and will process data about you in performance of our duties as a SIPP scheme administrator, trustee and provider
- we are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority
- we are a Scheme Administrator for the Scheme for the purposes of the Finance Act 2004

- we will hold payments, investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash under the Scheme for your Child SIPP
- your Child SIPP and rights under it will be governed by the details on your application as accepted by us, and by our Terms and Conditions and documents referred to in it (the "Governing Documents") as amended by us from time to time
- your Child SIPP will be administered and dealt with by us in the same way as a Select SIPP

10 Declaration to Alliance Trust Savings by the parent/legal guardian and Signature

1. I hereby apply for the child named on this application form ("the Child") to join the Scheme. On behalf of the Child I agree to be bound by the trust deed and rules of the Scheme.

I apply for a Child SIPP which shall be treated by you as a Select SIPP and confirm I have been given the opportunity to review the Terms and Conditions and documents referred to in it (the "Governing Documents"), and the Select SIPP Key Features.

I declare that:

- the child is not a U.S. person
- all payments or contributions made and to be made to the Child SIPP are and will belong to me or the Child or be from a person authorised by me
- the Child and I will be bound by the Governing Documents as they apply to the Child SIPP
- the information given by me in this application is true and correct to the best of my knowledge and belief, and
- I undertake to inform you without delay of any changes to the particulars given in this application and any other changes which may affect my or the Child's ability to hold a Child SIPP.

I declare on behalf of the Child and myself that I am fully authorised to make this application and the Child is under 18 years of age.

AND

I declare that:

For any contributions to be made to the Child SIPP, the Child is eligible to obtain tax relief on those contributions because the Child:

- (a) is now receiving relevant UK earnings, or has been receiving relevant UK earnings at some time during the current tax year, or
 - (b) does not have relevant UK earnings in the current tax year, but is eligible to obtain tax relief on contributions because:
 - (i) the Child is now, or has been at some time during the current tax year, resident in the United Kingdom, or
 - (ii) the Child is, or is the spouse/civil partner of, an individual who has, for the current tax year, general earnings from overseas Crown employment subject to UK tax.
2. I declare that total contributions to any registered pension Schemes paid by or in respect of which the Child is entitled to relief under Section 188 of the Finance Act 2004 will not exceed the higher of the Basic Amount or the Child's relevant UK earnings within the meaning of Section 189 of the Finance Act 2004 for any tax year.
3. If an event occurs as a result of which the Child is no longer entitled to tax relief on contributions under Section 188 of the Finance Act 2004, I on behalf of the Child will inform you in writing by 5 April in the tax year in which the event occurs or by the 30th day following the occurrence of that event (whichever is the later), but before any further contributions are made.
4. I understand and will tell and hereby bind the Child to this declaration that benefits under the Scheme may not be surrendered, assigned, commuted or transferred other than in accordance with the Finance Act 2004, or in implementation of a pension sharing order in accordance with the Welfare Reform and Pensions Act 1999. I authorise you to obtain details of any other pension arrangements which the Child might have from the relevant provider/trustee or scheme administrator, as the case may be, and I hereby authorise those persons to disclose that information to you. I agree to give you the information you may require to administer the Child's arrangements or benefits under the Scheme.

5. I agree and bind the Child not to require or attempt to require the withdrawal of assets held under the Scheme in respect of the Child, other than for the provision of benefits in accordance with the provisions of the Child SIPP at the time specified in the rules of the Scheme.

6. I confirm that:

I have completed this application and any declarations contained or referred to in the application after verifying the information about the Child.

I will be responsible for ensuring that contribution limits in respect of the Child are not exceeded.

I will be responsible for the Child and bound by the Governing Documents as if I am a member of the Scheme until the Child reaches 18 years of age.

7. I agree not to require or attempt to require the withdrawal of assets held by you as trustee of the Scheme other than for the provision of benefits in accordance with the provisions of the Scheme at the time specified in the rules of the Scheme as they apply to the Child SIPP.

I authorise you to:

- hold the payments, investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash under the Child SIPP, subject to the Governing Documents
- on an authenticated request, and subject to the Governing Documents, transfer or pay, as the case may be, investments, interest, dividends, rights or proceeds in respect of those investments or any cash
- create additional Accounts for the Child as appropriate for the delivery of Services or receiving payments using the details contained in this application, as updated by me as appropriate
- divide the Child SIPP into 1,000 Arrangements for the purposes of the Scheme
- if I do not already have a Personal ID and password, issue me with one on acceptance of this application so I may use the Services that need my authentication
- act on instructions given under that Personal ID and password for any of your Services that require authentication.

I am aware why my and the Child's information and data is collected by you, the length of time it will be retained and that it may be passed to others, as described in the Governing Documents.

You are authorised to:

- contact me by email, telephone or post to provide me with information on your products, services and events and those from companies within the Alliance Trust group, and
- transfer my and the Child's information to other companies within the Alliance Trust group (including Alliance Trust PLC, Alliance Trust Investments and Alliance Trust Equity Partners) and I agree that they may contact me too

until I write or email the Client Services Team requesting you or them to stop.

By submitting this application, I consent to the use and processing of my and the Child's information and data as set out in the Governing Documents.

It is a serious offence to make any false statements and to do so can lead to prosecution.

Please tick this box to acknowledge that you have read the FSCS Information Sheet including exclusions to the depositor protection scheme and kept it for future reference.

Signature

X

Date

DD	MM	YYYY
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Alliance Trust Savings

PO Box 164, 8 West Marketgait, Dundee DD1 9YP T +44 (0)1382 573737 F +44 (0)1382 321183

E contact@alliancetrust.co.uk www.alliancetrustsavings.co.uk

11 Direct Debit Instruction

Instruction to your bank or building society to pay by Direct Debit



Please fill in the whole form and return it to:

Alliance Trust Savings Limited, PO Box 164, 8 West Marketgait, Dundee DD1 9YP

Ref number (Alliance Trust use only)	<input type="text"/>	Originator's ID number	<input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="1"/>
Full name	<input type="text"/>	Name(s) of account holder(s)	<input type="text"/>
Name and full postal address of your bank or building society	<input type="text"/>	Branch sort code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>	Bank or building society account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Direct Debit instruction

Please pay Alliance Trust Savings Limited Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Alliance Trust Savings Limited and, if so, details will be passed on electronically to my bank/building society.

Signature(s)	<input type="text" value="X"/>	Date	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>
	<input type="text" value="X"/>	Date	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>

Banks and building societies may not accept Direct Debit instructions for some types of account.

Alliance Trust Savings

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E contact@alliancetrust.co.uk www.alliancetrustsavings.co.uk

Alliance Trust Savings Limited is a subsidiary of Alliance Trust PLC and is registered in Scotland No. SC 98767, registered office, PO Box 164, 8 West Marketgait, Dundee DD1 9YP; is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, firm reference number 116115. Alliance Trust Savings gives no financial or investment advice. Calls may be recorded for training and security purposes.

ATS CSIPP F 0001



Direct Debit guarantee

This guarantee should be detached and retained by the payer.



- This guarantee is offered by all banks and building societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own bank or building society.
- If the amounts to be paid or the payment dates change, Alliance Trust Savings will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Alliance Trust Savings or your bank or building society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time, by writing to your bank or building society. Please also send a copy of your letter to us.

