

# Self Invested Pension Plan (SIPP)

Application Form



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

**01382 573737**

Calls may be monitored for training or security purposes.

## How to complete this form

Please complete all "Mandatory" sections as noted in the checklist below and all others that may be specific to your personal circumstances. To ensure your application is processed efficiently, we have highlighted the mandatory sections below and recommend that you use this as a checklist before sending us your completed form.

Section	Description	Page number	Mandatory	Signature required	Tick if completed
A	Personal details	3	Yes	No	
B	Transfers and contributions	5	Yes – you must make a contribution or a transfer to open an Account. (You can make contributions online).	No	
C	Declarations and customer signature	9	Yes	Yes	
D	Direct Debit mandate	11	Yes – if you are setting up a Direct Debit	Yes	

Before completing this form, it is important that you read the *SIPP Key Facts*, the *Charges Guide* and the *Terms and Conditions* document. These are all available at [alliancetrustsavings.co.uk](http://alliancetrustsavings.co.uk). Once we have processed your application we will send you an illustration for your SIPP. This illustration will give you an indication of the income you may expect to get back from your SIPP at retirement, based on standard projections and assumptions.

**Please note that any investment instructions given on this form will be purchased at our offline (postal) dealing rates.**

This form allows you to submit one transfer. Additional forms are available on request or via our website, [alliancetrustsavings.co.uk](http://alliancetrustsavings.co.uk).

If you require any assistance in completing this form, please contact our Customer Services Team on **01382 573737**. Calls may be recorded for training and security purposes.

Please return your completed form to: Alliance Trust Savings Limited, PO Box 164, 8 West Marketgait, Dundee DD1 9YP

# Self Invested Pension Plan (SIPP)

## Application Form

### Section A – Personal details

Please complete in block capitals and black ink.

#### 1. Personal information

If you are an Alliance Trust Savings customer, please provide your Client Reference Number.

Client Reference Number: | | | | | | | | | |

Title: \_\_\_\_\_

Date of birth: | D | D | M | M | Y | Y | Gender: Male  Female

First name(s): \_\_\_\_\_

Marital status: Single  Married/civil partner

Surname: \_\_\_\_\_

Mother's maiden name (for security purposes): \_\_\_\_\_

Permanent residential address: \_\_\_\_\_

I am not a US person:

Postcode: \_\_\_\_\_

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 a 'US person' please see the Glossary on our website.

Mailing address (if different): \_\_\_\_\_

Postcode: \_\_\_\_\_

Delivery options: (preferred delivery of quarterly statements, valuations, Contract Notes and SMPI) Online (free)  Postal\*

Phone number: \_\_\_\_\_

\* See Charges Guide at [alliancetrustsavings.co.uk](http://alliancetrustsavings.co.uk).

Mobile number: \_\_\_\_\_

Email address: \_\_\_\_\_

If you have selected the online delivery option, an email address is required.

#### 2. Nationality

You are a national of any country for which you hold a passport (or could, if you applied for one). Failure to provide this information will mean your transaction will be rejected.

##### UK nationals

I confirm I am a national of the United Kingdom

My National Insurance Number is: \_\_\_\_\_

##### Dual and other nationals

Please tell us any other country or countries of which you are a national. If you have more than two nationalities we only need to know about the two you most frequently use (including your UK nationality where applicable). We also require your Personal Identifier. You can find this information on the *Personal Identifier Reference List*.

Country	Your Personal Identifier

### 3. At what age do you intend to take pension benefits (pension date)?

Please note that this date is only used to project your retirement benefits and to enable us to provide relevant communications at the right time. You can change your selected retirement age at any time.

At what age do you intend to take pension benefits?

If you are currently already taking an income from a pension and you wish the income to continue when the plan transfers to us, you will need to confirm this in writing. If you are instructing new income or tax free cash to be paid you should complete an *Accessing Your Pension Savings Form*.

I wish to take an income or tax free cash and have enclosed an *Accessing Your Pension Savings Form* (please tick)

Our *Accessing Your Pension Savings Form* is available online at [alliancetrustsavings.co.uk/forms-documents/general-forms/Accessing-Your-Pension-Savings.pdf](http://alliancetrustsavings.co.uk/forms-documents/general-forms/Accessing-Your-Pension-Savings.pdf)

### 4. Your eligibility

Tick the box against the statement that best describes your present circumstances (Please tick one box only):

I am receiving taxable income from employment <input type="checkbox"/>	I am receiving taxable income from self-employment <input type="checkbox"/>	I am receiving a taxable pension <input type="checkbox"/>	I am in full-time education <input type="checkbox"/>
I am caring for one or more children aged under 16 <input type="checkbox"/>	I am unemployed <input type="checkbox"/>	I am caring for a person aged 16 or over <input type="checkbox"/>	
Other <input type="checkbox"/>	Provide details: _____		

### 5. May we disclose information to a third party?

If you would like us to disclose information about your Account 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 your Account.

#### 5(a) Third party details

Name: \_\_\_\_\_ Please send duplicate Contract Notes to the person named\*

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Date of birth: |D|D|M|M|Y|Y|

\* Unless you have asked us 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. Please note that if instructions are to be accepted from anyone other than you to operate your other Accounts, a *Power of Attorney* or *Third Party Authority Form* must be submitted. The *Third Party Authority Form* can be obtained by calling our Customer Services Team on 01382 573737 or from the Forms and Documents section at [alliancetrustsavings.co.uk](http://alliancetrustsavings.co.uk)

#### 5(b) Authority to disclose

Can Alliance Trust Savings Limited disclose full details about your SIPP to the contact specified above or to any other contact of the company? Yes  No

#### 5(c) Authority to accept instructions

Can Alliance Trust Savings Limited accept instructions from this contact or any other contact of the company? Yes  No

Third party Signature:  \_\_\_\_\_ Date: |D|D|M|M|Y|Y|

We will need to communicate with you about your SIPP. If you have authorised us to disclose information to a third party we will send them duplicate communication in accordance with your authority.

If you want to alter this authority then please provide Alliance Trust Savings Limited with a fresh authority.

If you would like to give authority for your Account to another party such as your lawyer or accountant for example please complete our *Third Party Authority Form* available at [alliancetrustsavings.co.uk](http://alliancetrustsavings.co.uk)

## Section B – Transfers and contributions

### 6. Transfers

If you are transferring other pensions to Alliance Trust Savings, you will also need to complete our *SIPP Transfer In Request Form*.

### 7. Contributions

Please inform us of the net contribution amounts you will pay or any cash which has been gifted to you. The minimum amount is £50. You must make sufficient payments into the SIPP to meet the charges. You and/or your employer may contribute. Do not include the tax relief and do not deduct or add any of our charges.

You may make contributions to your Account in any of the ways listed below.

If you have decided where you would like to invest, please complete the investment instructions and tax relief allocation in Section 9. However, it is not mandatory to complete these sections in order to open your Account.

#### 7(a) Single contribution details

Your personal contribution: £ \_\_\_\_\_  
(net of basic rate income tax at 20%)

Will your employer deduct this contribution from your salary? Yes  No

If NO complete Source of contributions section below.

#### 7(b) Source of contributions

Select one or more of the following options to indicate which source(s) your pension is to be funded. Please also indicate the source of funds for any contribution made by a third party (excluding an employer):

Income from employment	Your contribution <input type="checkbox"/>	Third party <input type="checkbox"/>	Income from investment/savings	Your contribution <input type="checkbox"/>	Third party <input type="checkbox"/>
Inheritance	Your contribution <input type="checkbox"/>	Third party <input type="checkbox"/>	Property sale	Your contribution <input type="checkbox"/>	Third party <input type="checkbox"/>
Divorce settlement	Your contribution <input type="checkbox"/>	Third party <input type="checkbox"/>	Gift	Your contribution <input type="checkbox"/>	Third party <input type="checkbox"/>
Lottery and other winnings	Your contribution <input type="checkbox"/>	Third party <input type="checkbox"/>	Other	Your contribution <input type="checkbox"/>	Third party <input type="checkbox"/>

If other, please specify: \_\_\_\_\_

#### 7(c) Your employer's contribution

Only complete this section if your employer is to contribute. Your employer should complete an *Employer Contributions Consent Form* if they are making a contribution. The form is available at [alliancetrustsavings.co.uk](http://alliancetrustsavings.co.uk)

Your employer's contribution: £ \_\_\_\_\_ (gross)

Date of contribution: | D | D | M | M | Y | Y |

Please complete your employer's name, address and details of the contact we should deal with.

Employer name: \_\_\_\_\_  
 Employer contact: \_\_\_\_\_  
 Employer address: \_\_\_\_\_  
 Postcode: \_\_\_\_\_

Phone number: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Employer signature:  \_\_\_\_\_

#### Notes

Cheques for contributions should be sent to us and made payable to Alliance Trust Savings Limited. Please note that separate cheques are required for your personal, and your employer's, contributions.

We will assume all personal contributions are paid net of basic rate income tax and eligible for tax relief. If you intend to pay any personal contributions that exceed the maximum amount on which you can obtain tax relief, please contact us before making the contribution.

## 8. Regular contributions by Direct Debit

If you complete this section of the form, any regular instructions to purchase an investment will be charged at our standard rate for offline Automatic Dealing. You can save money by setting up regular contributions online with our Online Monthly Dealing facility.

Your personal contribution: £ \_\_\_\_\_ (minimum £50\*) Frequency: Monthly  Quarterly

\* Net of basic rate income tax at 20%.

Only complete the section below if your employer is to contribute.

Your employer's contribution: £ \_\_\_\_\_ (gross) Frequency: Monthly  Quarterly

Please complete your employer's name, address and the person we should deal with.

Employer name: \_\_\_\_\_

Employer contact: \_\_\_\_\_

Employer address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Collection on this day of the month (tick one box only): 1st  8th  15th  22nd

Commencing in (month/year): \_\_\_\_\_ | M | M | Y | Y | Y | Y |

Direct Debits will be automatically collected on a monthly basis. If you wish Direct Debits to be collected quarterly, please tick.

You must also provide your bank details using the Direct Debit Instruction at the back of this form. Please tick this box to confirm you have done this.

You need 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. If your employer is to contribute on your behalf you will need to complete and submit the employers pack documentation which is available on request.

Employer signature: 

### Important notes to employers

Employers making contributions to the personal pensions of their employees have statutory duties under the relevant pensions legislation. Please read our *Guide for Employers* available in the Forms and Documents section of our website or by calling our Customer Services Team on **01382 573737** and note the following:

Where the employer is deducting the employee's own contribution from the employee's pay and paying it over to the pension provider, the payment must be received by the provider no later than the 19th day following the month in which the payment is deducted.

Where the employer is making a contribution out of its own resources to the employee's pension, the payment must be received by the pension provider by the due date agreed with the employee. This does apply in the case of the SIPP and all employers should be aware of their statutory responsibilities which are summarised below:

**You have a duty under pensions legislation to prepare, maintain and from time to time revise a record of the payments you have agreed to make to the SIPP, showing the rate of contribution and the due date. You also have a duty to send us a copy of this record.**

You need to consider whether the information on this form is a complete record of all the payments you have agreed to make to your employee's SIPP. If it is not you must prepare and complete a separate record of payments. You must send us a copy of this document. For example, you may be sending a cheque now, but if you have already agreed with the employee that you will make other

lump sum payments later in the year, you have a statutory duty to tell us now what these agreed payments are and when they are due. If you have agreed now that you will increase your Direct Debit later, you must tell us now in writing what the increased Direct Debit will be and when it will take effect.

If you consider that the information in the sections above is a record of all the payments you have agreed to make to your employee's SIPP (by cheque and/or Direct Debit) you should still consider your obligations under the pensions legislation and decide whether you need to submit to us a separate record of payments (which we suggest you do).

You must make sure we receive the contributions as agreed (in the case of Direct Debits we make the collection but you must make sure there are funds in the Account).

For the avoidance of doubt, employer contributions can always be revised in the future and at that time you must let us know what revisions have been agreed by submitting a record of payments to us.

**Employers making contributions to the SIPP must be aware that we have a duty to report you to the Pensions Regulator if you do not make contributions to the SIPP by the due date. The Pensions Regulator encourages us also to report any failure to supply us with a complete payment record. In some cases we have a duty to report your failure to the employee. This is the case even though the SIPP is a personal pension and not an occupational pension scheme.**

## 9. Investment instructions

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. We do not currently pay interest on cash deposits within our platform product range. Alliance Trust Savings itself may earn and retain interest on amounts which are placed on deposit. The amount of such interest may vary from time to time. 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. Online dealing fees are lower than offline dealing fees. Please consult our Charges Guide at [alliancetrustsavings.co.uk](http://alliancetrustsavings.co.uk) for further details. 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 in the Forms and Documents section at [alliancetrustsavings.co.uk](http://alliancetrustsavings.co.uk) or by calling your Customer Services Team on 01382 573737 to request a list of available investments.

### 9(a) Contributions or transfer instructions

Investment <sup>1</sup>		Payment amount <sup>2</sup>			Investment income options <sup>3</sup>	
Name (including class)	MEX/TIDM code	Lump sum (£)	Direct Debits (%)	Transfer (%)	Name (including class)	MEX/TIDM code
DEPOSIT	DEPO					
Total		£	%	%		

Please ensure the amounts add up to the whole amount you entered in Sections 7 and 8.

Tax relief will automatically be allocated to your deposit account. If you do not want this, you need to specify an investment to receive it. Income will then automatically be reinvested in that investment unless you specify an income redirection below. Please refer to the *Charges Guide* for details of the charges which is available from the Forms and Documents section at [alliancetrustsavings.co.uk](http://alliancetrustsavings.co.uk) or by calling our Customer Services Team on 01382 573737.

### 9(b) Tax relief instructions

Investment <sup>1</sup>		Investment income options <sup>3</sup>	
Name (including class)	MEX/TIDM code	Name (including class)	MEX/TIDM code

#### Notes

- Investment:** Enter the full name and class of each investment you wish to make using cash paid to the SIPP. This is important as there may be different classes available. If you require to give us additional instructions please enclose these in writing.  
Please also quote the MEX/TIDM code which you can find in the relevant investment choice list available in the Forms and Documents section at [alliancetrustsavings.co.uk](http://alliancetrustsavings.co.uk)
- 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 up to 100%.
  - Transfers – please indicate the percentage you wish to allocate to each investment and ensure they add up to 100%.
- Investment Income Options:** Any income received from each investment will automatically be used to purchase more of the same investment when your Minimum Purchase Level (see overleaf) is reached, unless you wish to:
  - Use it to purchase another investment – enter name and MEX/TIDM code
  - Direct it to your deposit account – enter 'deposit'
  - Direct it to your Online Dealing Account – enter 'online'
- How we will place your order:** We will carry out your investment instructions once your Account is opened and cash is received as described in our *Order Execution Policy*.

## 9. Investment instructions (continued)

### 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 *SIPP Instruction Form*.

Minimum Purchase Levels:      £150     £300     £500

### Purchasing funds or PRIIPs (Packaged Retail and Insurance-based Investment Products)

If you wish to invest in a fund or PRIIP (e.g. Investment Trust) you must confirm that you have read the relevant *Key Investor Information Document (KIID)* or *Key Information Document (KID)*. Please tick the box below.

I confirm that I have downloaded and kept a copy of the relevant *Key Investor Information Document (KIID)*/  
*Key Information Document (KID)*\*

\* This is available on our Investment Selector/Research tool or via the fund provider directly.



## Section C – Declarations and customer signature

### 10. 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 SIPP.
- Your 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.

### 11. Declaration to Alliance Trust Savings and signature

1. I hereby apply to join the Scheme. I agree to be bound by the trust deed and rules of the Scheme.

I apply for a SIPP and confirm that I have read and understood the Terms and Conditions and agree to be bound by them. I also confirm I have read the *SIPP Key Facts*.

I have read, understood and consent to the *Order Execution Policy*.

I declare that:

- I am not a U.S. person;
- All payments or contributions made and to be made to my SIPP are and will belong to me or be from a person authorised by me
- I will be bound by the Governing Documents as they apply to my 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 ability to hold a SIPP.

I declare that:

I am over 18 years of age.

#### AND

For any contributions I wish to make I am eligible to obtain tax relief on those contributions because one of the following statements applies to me:

- (a) I am now receiving relevant UK earnings, or have been receiving relevant UK earnings at some time during the current tax year, or
  - (b) I do not have relevant UK earnings in the current tax year. I am eligible to obtain tax relief on contributions because:
    - (i) I am now, or have been at some time during the current tax year, resident in the United Kingdom, or
    - (ii) I am, or am 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. If I have completed Sections B (Transfers and Contributions) and C (adviser) I authorise you to act on these instructions.
  3. I declare that 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 the Basic Amount or my relevant UK earnings within the meaning of Section 189 of the Finance Act 2004 for any tax year.
  4. If an event occurs as a result of which I am no longer entitled to tax relief on contributions under Section 188 of the Finance Act 2004, I 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.

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

I authorise you to:

- Hold my payments, investments, interest, dividends, and any other rights or proceeds in respect of those investments and any other cash under my SIPP, subject to the Governing Documents.
- On my authenticated request, and subject to the Governing Documents, transfer or pay to me, as the case may be, investments, interest, dividends, rights or proceeds in respect of those investments or any cash.
- Create additional Accounts for me as appropriate for the delivery of Services or receiving payments using the details contained in this application as updated by me as appropriate
- Divide my 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 that I may use the Services that need my authentication.
- Act on instructions given under that Personal ID and password or replacement authentication for any of your Services that require prior authentication.

I am aware why my information and data is collected by you, the length of time it will be retained and that it may be passed to others, all 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 information to other companies within the Alliance Trust group (including Alliance Trust PLC, Alliance Trust Investments Limited and Alliance Trust Equity Partners) and I agree that they may contact me too.

By submitting this application, I consent to the use and processing of my 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: 

Date: | D | D | M | M | Y | Y |

**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](mailto:contact@alliancetrust.co.uk) [alliancetrustsavings.co.uk](http://alliancetrustsavings.co.uk)

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## Section D – Direct Debit mandate

### Direct Debit instruction

Instruction to your bank or building society to pay by Direct Debit. Please complete and return to: Alliance Trust Savings Limited, PO Box 164, 8 West Marketgait, Dundee DD1 9YP.

Alliance Trust Savings number  
(Alliance Trust Savings use only): | | | | | | | |

Originator's ID number: | 8 | 0 | 7 | 3 | 4 | 1 |

Full name: \_\_\_\_\_

Permanent residential address: \_\_\_\_\_

Postcode: \_\_\_\_\_



Name(s) of Account holder(s): \_\_\_\_\_

Name(s) of Account holder(s): \_\_\_\_\_

Branch Sort code: | | | | | | | |

Account number: \_\_\_\_\_

### Direct Debit instruction

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:  \_\_\_\_\_

Date: | D | D | M | M | Y | Y |

Signature:  \_\_\_\_\_

Date: | D | D | M | M | Y | Y |

### 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](mailto:contact@alliancetrust.co.uk) [alliancetrustsavings.co.uk](http://alliancetrustsavings.co.uk)

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ATS SIPP F 0011 (8613)



### 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 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.
- 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.
- 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.

