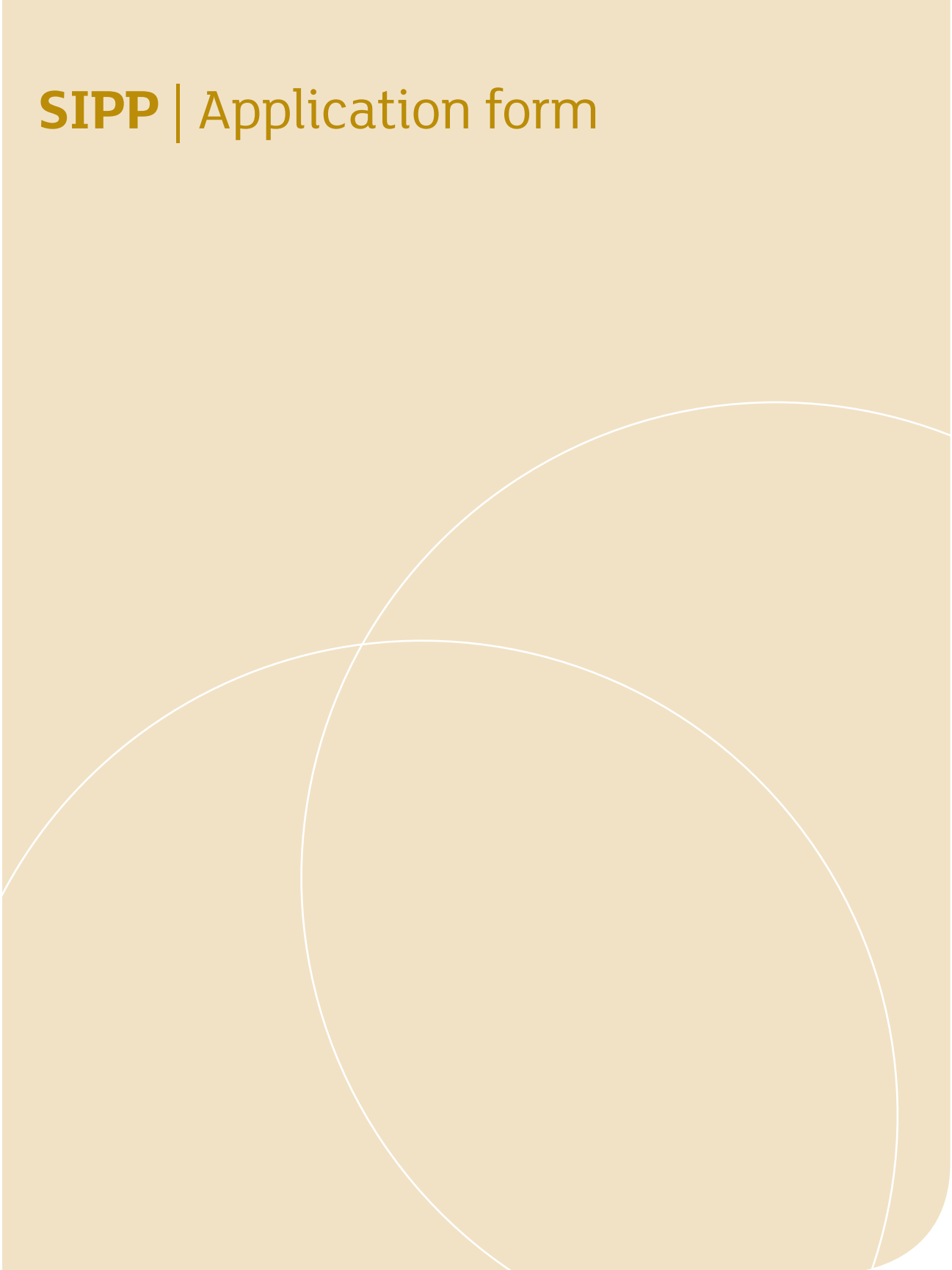


SIPP | Application form





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

01382 573737

How to complete this form

You must complete certain sections of this form, however others should be completed specific to your individual circumstances. To ensure your application is processed efficiently, we have highlighted the compulsory sections below and recommend that you use this as a checklist before sending us your completed form.

Section	Description	Page number	Compulsory	Signature required	Tick if completed
A	Personal details	3	Yes	No	
B	Transfers and contributions	6	Yes – you must make a contribution or a transfer to open an account. (You can make contributions online).	Yes – if you are submitting a transfer in request	
C	Declarations and customer signature	12	Yes	Yes	
D	Direct Debit mandate	15	Yes – if you are setting up a Direct Debit	Yes	

Before completing this form you should read the SIPP Key Facts, the Charges Guide and the Terms and Conditions document. These are all available at www.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. If you require further forms these are available on request or via www.alliancetrustsavings.co.uk

If you require any assistance in completing this form please contact our Client Services Team on **01382 573737**.

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

SIPP

Application form

Section A – Personal details

Please complete in block capitals and black ink.

1. Personal information

If you are already an Alliance Trust Savings client please provide the Client Reference Number

Client Reference Number

Title:

Date of birth:

Gender: Male Female

First name(s):

Marital status: Single

Married/civil partner

Surname:

Mother's maiden name (for security purposes):

Permanent residential address:

Do you have a National Insurance Number? Yes No

Postcode:

NI number:

Mailing address (if different):

I am not a US person: (Please tick)

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.

Phone number:

Delivery options: (preferred delivery of half yearly statements, valuations, contract notes and SMPI) Online (free) Postal*

Mobile number:

* See Charges Guide. Half yearly statements only.

Email address:

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

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

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 www.alliancetrustsavings.co.uk

3. Your eligibility

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

I am receiving taxable income from employment I am receiving taxable income from self-employment I am receiving a taxable pension I am in full-time education

I am caring for one or more children aged under 16 I am unemployed I am caring for a person aged 16 or over

Other please specify:

4. 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.

4(a) Third party details

Name:

Please send duplicate contract notes to the person named* (please tick if yes)

Address:

* 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.

Postcode:

Relationship to you: Date of birth:

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 Client Services Team on **01382 573737** or from the Forms & Documents section at www.alliancetrustsavings.co.uk

4. May we disclose information to a third party? (continued)

4(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

4(c) Authority to accept instructions

Can Alliance Trust Savings Limited accept instructions from this contact or any other contact of the company? (Please tick one box only)

Yes No

Third party
Signature: 

PLEASE SIGN HERE

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 www.alliancetrustsavings.co.uk

5. Death benefits – expression of wish

Completing this section

These notes are designed to help you to complete the expression of wishes form. Please consider carefully how you complete the form. We are not obliged to follow your wishes and we have to exercise our discretion as to how we distribute benefits on your death. That is why they are not included in your estate for inheritance tax (IHT) purposes. Please ensure that you complete the percentage allocation box for Beneficiaries and/or Nominations.

Generally, we can pay lump sums to anyone, we can pay income benefits to your dependents, but only other individuals if they have been nominated. After your death we can also make nominations on your behalf but only in very limited circumstances. We would suggest therefore that you include as wide a list of potential beneficiaries that you'd like us to consider.

For more information on death benefit tax rules and if you wish to nominate more than four beneficiaries, more than one trust or charity, please see our dedicated Expression of Wish form available on our website www.alliancetrustsavings.co.uk

Your nominations

I express a wish for you to consider the payment of either lump sums or beneficiary's pension income to the following individuals nominated below. Additionally, where indicated, I should like you to consider the payment of lump sums to the charities or trusts nominated by me below. I understand this is an expression of my wishes only, and although you will consider my wishes, you have complete discretion over the amounts and also to whom lump sums are paid, you have discretion over the amounts used to provide income to beneficiaries and I understand there are limitations on whom income benefits can be provided if they have not been nominated by me. Where a charity has been nominated, I understand it is not possible for a subsequent beneficiary to nominate a different charity.

This nomination may be changed at any time by writing to Alliance Trust Savings.

Beneficiary 1

Full name:	Relationship to you:
Address:	Percentage: %
Postcode:	Date of birth: D D M M Y Y

Beneficiary 2

Full name:	Relationship to you:
Address:	Percentage: %
Postcode:	Date of birth: D D M M Y Y

Beneficiary 3

Full name:	Relationship to you:
Address:	Percentage: %
Postcode:	Date of birth: D D M M Y Y

Beneficiary 4

Full name:	Relationship to you:
Address:	Percentage: %
Postcode:	Date of birth: D D M M Y Y

If you wish to nominate more than four individuals, please provide the information on a separate sheet of paper with a covering letter.

5. Death benefits – expression of wish (continued)

Trust nomination

Name of Trust: _____

Bank account name: _____

First named Trustee: _____

Account number: _____

Address: _____

Sort code: | | | | | | | |

Postcode: _____

I attach a certified copy of the trust deed? Yes No

Percentage: _____ %

Charity nomination

Charity name: _____

Charity website: _____

Registration number: _____

Percentage: _____ %

Total allocation

Total allocation: _____ %

Please check the total allocation adds up to 100%.

Section B – Transfers and contributions

6. Transfer scheme details

If you would like to make more than one transfer, please complete a separate Transfer details section by downloading a duplicate copy of this form from www.alliancetrustsavings.co.uk

6(a) Name of transferring scheme

Name: _____ Reference or policy number: _____

6(b) Name/address of the transferring scheme or insurance company

Name: _____ Total amount of transfer payment (Amount stated by me is the current value at the date of this form): £ _____

Address: _____

Postcode _____

Is this transfer from a Money Purchase/ Defined Contribution scheme? Yes No

Phone number: _____ Is this transfer from overseas? Yes No

We will not process your transfer until your existing scheme provides us with all the information we require and confirm that they are willing and able to transfer.

7. Transfer details – please complete this part in all areas

7(a) Type of transferring scheme

Is the transfer coming from an occupational scheme including a defined benefit scheme, often referred to as a final salary or career average scheme, this also includes block transfers and transfers from Section 32 Buy-Out schemes? Yes No

If **yes**, you must have received advice from a financial adviser in connection with the proposed transfer. Your adviser must submit a letter on his or her firm's headed paper with this form which should state that your adviser has the required permissions and that the transfer is in your best interests. (We do not accept transfers from occupational schemes on a non-advised basis.) Charges will apply in relation to your transfer.

Please confirm you are receiving advice from a financial adviser? Yes No

If **no**, please go to question 7(b)

If you have answered **yes** to both questions, your adviser needs to submit a letter on his or her firm's headed paper with this transfer request form. The letter should state that your adviser has the required permission, has undertaken the necessary checks and advise that this transfer is in your best interests. We do not accept transfers from defined benefit schemes on a non-advised basis.

7(b) Lump sum protection as part of a block transfer

Is the transfer part of a block transfer from an occupational pension scheme where you are entitled to a lump sum in excess of 25% of your transfer value? Yes No

If **no**, please go to question 7(c)

Please confirm you are receiving advice from a financial adviser? Yes No

If you have answered **yes** to both questions, your adviser needs to submit a letter on his or her firm's headed paper with this transfer request form. The letter should state that your adviser has the required permission, has undertaken the necessary checks and advise that this transfer is in your best interests. We do not accept transfers from defined benefit schemes on a non-advised basis.

7(c) Transfer in respect of a divorce settlement

Is this transfer in respect of a divorce settlement? Yes No If yes, does it relate to benefits that are already in payment? Yes No

If **no**, please go to question 7(d)

7(d) Income withdrawal

Are you currently taking benefits (capped drawdown or flexi-access drawdown) from the transferring scheme? Yes No If yes, is the whole of your pension fund being used for income withdrawal? Yes No

8. Transferring your pension (continued)

8(b) Transfer only part of my Pension (continued)

Investments and cash (Please tick)

Amount of cash to be transferred (if any): £

Please complete the table below.

Please transfer the following investments and refer to the letter from Alliance Trust Savings for registration details for the investments to be transferred.

Investments to be transferred	Please write number of shares or 'all' if you wish to sell your total holding

If you are unable to carry out my instructions as detailed above:

Transfer in cash (Please tick)

OR

Return this instruction to Alliance Trust Savings (Please tick)

Please sign and date section 9.

9. Declaration

I confirm that this form relates to a proposed transfer to my Alliance Trust Savings SIPP.

I request the transferring scheme, or insurance company, specified above to transfer the value of my benefits to the Trustee and Scheme Administrator of the Alliance Trusts' Pension Plan (the Scheme), and to accept instructions in respect of the transfer on my behalf from Alliance Trust Savings Limited and to disclose all information relevant to the transfer to them.

I accept that Alliance Trust Savings Limited are unable to advise me on the merits of the transfer and I confirm that I have not received any advice in respect of the proposed transfer from Alliance Trust Savings Limited or from any of their employees.

I understand that the actual amount or value of the transfer payment may change between the date of my request and the date that it is received by Alliance Trust Savings Limited.

I am satisfied that the consequences of this transfer on protection of my pension entitlements that arose before 6 April 2006 are acceptable to me. I understand that Alliance Trust Savings Limited will make a charge for arranging the transfer.

I request Alliance Trust Savings Limited, once they have confirmed acceptance of this transfer payment, to apply the transfer payment under the Scheme, in terms of the SIPP agreement to be established as part of this application. I confirm that I have read and understood the SIPP documentation, particularly the Key Facts.

I understand that when the transfer payment is received it will remain in the deposit account until such time as I ask you to arrange for it to be invested.

To the best of my knowledge and belief all information given on this form is true, correct and complete.

Member's name: _____

Member's signature:  _____

PLEASE SIGN HERE

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

10. 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 10. However, it is not compulsory to complete these sections in order to open your Account.

10(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.

10(b) Source of contributions

Please tick 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: _____

10(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 www.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: _____

Phone number: _____

Employer contact: _____

Email address: _____

Employer address: _____

Postcode: _____

Employer signature: 

PLEASE SIGN HERE

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.

Please note that 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.

11. 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: _____

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

Employer contact: _____

Commencing in (month/year): _____ | M | M | Y | Y | Y | Y |

Employer address: _____

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

Postcode: _____

You must also provide your bank details using the Direct Debit Instruction at the back of this form in section 16. Please tick this box to confirm you have done this.

Phone number: _____

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. 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.

Email address: _____

Employer signature: 

PLEASE SIGN HERE

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 Client 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 Section 10 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.

Section C – Declarations and customer signature

13. 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.

14. 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 been given the opportunity to review the Terms and Conditions and documents referred to in it (the "Governing Documents"), and the SIPP Key Facts.

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:  PLEASE SIGN HERE

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 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.

Section D – Direct Debit mandate

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

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

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:  PLEASE SIGN HERE _____

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

Signature:  PLEASE SIGN HERE _____

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

Alliance Trust Savings

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ATS SIPP F 0011 (7152)



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.



