



If you have any questions, please call our Customer Services Team on  
**01382 573737**  
 Calls may be monitored for training or security purposes.



# Child SIPP

## Application Form

Please complete in block capitals and black ink and return to: Alliance Trust Savings Limited, PO Box 164, 8 West Marketgait, Dundee, DD1 9YP. You should read the *Key Facts*, *Charges Guide* and *Terms and Conditions* before applying. These documents are available on our website at [alliancetrustsavings.co.uk](http://alliancetrustsavings.co.uk) or by calling our Customer Services Team at 01382 573737.

### 1. Details about the child

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:	Mother's maiden name (for security purposes):
First names(s):	Phone number:
Surname:	Email address (if you/the child has one):
Permanent residential address:	The child is not a US person <input type="checkbox"/>
Postcode:	If you cannot give this declaration, do not continue with this application. A Financial Adviser will be able to help you. For a definition of 'US person' please see Glossary on our website.
Date of birth:  D D M M Y Y  Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Tick to confirm you have enclosed the child's birth certificate <input type="checkbox"/>	

I confirm that the named child is a national of the United Kingdom

Does the child have a National Insurance Number? Yes <input type="checkbox"/> No <input type="checkbox"/>	National Insurance Number:
	Regulations require that if the child is 16 or over and has a National Insurance Number you must provide it.

#### Dual and other nationals

Please tell us any other country or countries of which the named child is a national. If they have more than two nationalities we only need to know about the two they most frequently use (including their UK nationality where applicable). If available we also require their **Personal Identifier**. You can find this information on the *Personal Identifier Reference List*. If this information is not available, we will require this information when the child reaches 18 years old.

Country	Your Personal Identifier

#### Current status of the child

Is the child under 16? Yes  No

If the child is over 16, tick one of the boxes below that best describes their current status.

The child is in full-time education <input type="checkbox"/>	The child is receiving taxable income from employment <input type="checkbox"/>
The child is unemployed <input type="checkbox"/>	The child is receiving taxable income from self-employment <input type="checkbox"/>
Other <input type="checkbox"/> Please specify:	

## 2. Registered contact details – the parent/legal guardian

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 customer, please provide your Client Reference Number:

Date of birth: | D | D | M | M | Y | Y |

Title:

First names(s):

Surname:

Permanent residential address:

Postcode:

Mailing address (if different):

Postcode:

Relationship to the child: Mother  Father  Legal guardian

Mother's maiden name (for security purposes):

Phone number:

Email address:

I am not a US person

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 Glossary on our website.

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. Are you taking advice?

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 Financial Adviser to give investment instructions complete Section 3b below.

### 3(a) Authority to disclose

Name:	Phone number:
Address:	Adviser firm FCA reference number:
Postcode:	

### 3(b) Authority to accept 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? (Tick one box only) If yes, the Financial Adviser must sign the box below.

Yes  No

Signature: 

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

Remember 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:	Send duplicate Contract Notes to the person named*	<input type="checkbox"/>
Address:	Relationship to you:	Date of birth:  D D M M Y Y
Postcode:		

\* 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.

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 Customer Services Team on 01382 573737 or from our website at [alliancetrustsavings.co.uk](http://alliancetrustsavings.co.uk).

#### 5. Are the funds a gift from a Third Party?

Are the funds a gift from a Third Party?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, provide the following details for the donor and also ask the donor to sign the following declaration.
Full name:			Date of birth:  D D M M Y Y
Address:			Relationship to the child:
Postcode:			

#### Signature

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: 	Date:  D D M M Y Y
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#### 6. Contributions for the child

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)	<input type="checkbox"/>
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If the child has earnings and/or the child's employer is to contribute to the Account, contact us before submitting an application.

Please advise us of the net contributions which are being made for the child. State the actual net cash contribution. Do not include the tax relief and do not deduct or add any of our charges. 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*.

You must 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.

#### Lump sum payment by cheque

Amount: £ \_\_\_\_\_ (minimum £50)

Make cheques payable to Alliance Trust Savings Limited.

#### Regular payments by Direct Debit

Amount: £ \_\_\_\_\_ (minimum £50)

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

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

If you wish Direct Debits to be collected quarterly, tick here  Commencing in (month/year): |M|M|Y|Y|Y|Y|

You must also provide your bank details using the Direct Debit Instruction at the back of this form in Section 13. Tick this box to confirm you have done this.

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.

## 6. Contributions for the child (continued)

### Source of funds

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

From earnings	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Divorce settlement	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>
Lottery or other winnings	<input type="checkbox"/>	Property sale	<input type="checkbox"/>	Gift	<input type="checkbox"/>		
Other	<input type="checkbox"/>	Please specify:					

### Transfer in existing Pension Plans

You may be able to transfer in existing Pension Plans your child may hold. You should complete a *SIPP Transfer In Request Form* which you can download from [alliancetrustsavings.co.uk](http://alliancetrustsavings.co.uk) or by calling our Customer 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 trading fees will apply. Otherwise our higher offline trading charges will apply. 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 at [alliancetrustsavings.co.uk](http://alliancetrustsavings.co.uk) or by calling our Customer Services Team on 01382 573737 to request a list of available investments.

Investment to purchase <sup>1</sup>		Amount to invest (£/%) <sup>3</sup>	Source of cash <sup>4</sup>	Income options <sup>2</sup>	
Name (including class)	MEX/TIDM code			Name (including class)	MEX/TIDM code
<b>Total</b>		£	%		

### Notes to accompany table

1. **Investment to purchase:** Enter the full name and class of each investment. This is important as there may be different classes available.

Quote the MEX/TIDM code which you can find in the relevant investment choice list available within the Forms and Documents section at [alliancetrustsavings.co.uk](http://alliancetrustsavings.co.uk).

2. **Income options:** Any income received from each investment will be placed in your Security Account and automatically be used to purchase more of the same investment when your Minimum Purchase Level (see Section 7) 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'
- Have income paid to your bank Account – enter 'cash'.

3. **Amount to invest:** Please give the amount or percentage of cash you wish to allocate to each investment. Please ensure that the percentage amounts in this column add up to 100%.

4. **Source of cash:** Enter source of cash. For cash from additional payments enter 'cheque'. For transfers from your deposit account enter 'deposit'.

**How we will place your order:** We may purchase your investments for you along with other customer instructions as part of the same deal. We will take all reasonable steps to ensure that 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 Execution Policy*. This may work to your advantage or disadvantage.

## 7. 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, tick the amount 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 read the relevant KID/KIID       I confirm that I am not a US Person or applying on behalf of a US Person

### Signature

Signature: 

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

## 8. Change tax relief allocation for personal contributions

If you wish to change where tax relief is allocated for any personal contributions, please tell us here. You can currently only choose one investment to receive tax relief.

If you do not complete this section, tax relief will continue to be allocated in accordance with any instructions you already have in place.

You will find information on available investments at [alliancetrustsavings.co.uk](http://alliancetrustsavings.co.uk) or by calling our Customer Services Team on 01382 573737 to request a list of available investments.

Investment name <sup>1</sup>		Income options <sup>2</sup>	
Name (including class)	MEX/TIDM code	Name (including class)	MEX/TIDM code

### Notes to accompany table

1. **Investment to purchase:** Enter the full name and class of each investment. This is important as there may be different classes available.

Please quote the MEX/TIDM code which you can find in the relevant investment choice list available within the Forms and Documents section at [alliancetrustsavings.co.uk](http://alliancetrustsavings.co.uk).

2. **Income options:** Any income received from each investment will be placed in your Security Account and automatically be used to purchase more of the same investment when your Minimum Purchase Level (see Section 7) 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'.

**Important note:** Your instructions given here will replace any existing Direct Debit instructions you already have in place.

### 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 read the relevant KID/KIID       I confirm that I am not a US Person or applying on behalf of a US Person

### Signature

Signature: 

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

## 9. Data protection and privacy

We are committed to maintaining the personal information that you provide to us in accordance with the requirements of data protection/ data privacy legislation.

In order to process this application and maintain your Account we collect and use your personal information. Our *Data Protection and Privacy Policy* describes the type of personal information we collect, the purposes for which we use the information, the circumstances in which we may share the information and the steps we take to safeguard the information to protect your privacy.

Details of our *Data Protection and Privacy Policy* can be found in Section B of our *Terms and Conditions* available at [alliancetrustsavings.co.uk](http://alliancetrustsavings.co.uk).

## 10. Marketing Communications

To ensure you only receive the communications you want from Alliance Trust Savings and in the format you choose, you can update your preferences here.

I would like to receive:

Monthly News for you topical eNewsletter	<input type="checkbox"/>	<i>Your Retirement</i> annual retirement planning magazine	Post <input type="checkbox"/>	Online <input type="checkbox"/>
<i>Taking Stock</i> quarterly investment trust magazine	Post <input type="checkbox"/>	Online <input type="checkbox"/>	Monthly Top 5's	<input type="checkbox"/>
Information on Alliance Trust Savings' Products and Services	<input type="checkbox"/>	IPOs and Share Offers		<input type="checkbox"/>
Articles provided by select investment partners*	<input type="checkbox"/>			

\* We will not provide your data to third-parties. This content will be delivered to you direct from Alliance Trust Savings.

You can amend the communications you would like to receive at any time by logging into your Account and visiting your personal *Preference Centre*.

## 12. Customer declaration and signature

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.

I apply for a Child SIPP and confirm that I have been provided with a copy of, and agree to, the *Terms and Conditions*, *Charges Guide* and SIPP Scheme Rules (together with this completed Application the "Governing Documents") applicable to the Investment Dealing Account. The Governing Documents together comprise our standard client agreement upon which we intend to rely. For your own benefit and protection you should read the Governing Documents carefully before signing this declaration or submitting this application. If you do not understand any point please ask for further information.

I consent to Alliance Trust Savings Limited's *Order Execution Policy*.

### 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 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.

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.

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.

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.

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.

### 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.

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.

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

Tick this box to acknowledge that you have read the *FSCS Information Sheet* including exclusions to the deposit or 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)

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 monitoring purposes.



### 13. Direct Debit instruction

Instruction to your bank or building society to pay by Direct Debit. 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 CSIPP F 0001 (9739)



### 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.

