

Premier SIPP

Member Application



Please complete this application form in block capitals as fully as possible. The information supplied will be held in the strictest confidence and will be subject to the provisions of Data Protection Legislation.

A – Your Personal Details

Surname (Mr, Miss, Mrs, Ms, Other)	<input type="text"/>
Forenames (in full)	<input type="text"/>
Address (including postcode)	<input type="text"/>
	<input type="text"/>
	POSTCODE:
Daytime telephone number (Inc STD)	<input type="text"/>
Email address	<input type="text"/>
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth	<input type="text"/>
National Insurance Number	<input type="text"/>
Tax Office reference	<input type="text"/>
Tax Office District	<input type="text"/>

B – Your Employment Details

Status	Self-Employed <input type="checkbox"/> Employed <input type="checkbox"/>
Type of business	<input type="text"/>
Position in business	<input type="text"/>
Name of Business	<input type="text"/>
Business address	<input type="text"/>
	<input type="text"/>
	POSTCODE:
Telephone No (including STD)	<input type="text"/>
Facsimile No (including STD)	<input type="text"/>
Email address	<input type="text"/>
Date of joining service/ business commenced	<input type="text"/>

PART 1

Note for Legal Guardians – Please complete this application on behalf of the Member.

If the application is being completed on behalf of an applicant under 18, the legal guardian section (Part C) must be completed. The Applicant's NI number must be completed before the application can be processed.

If there has been any change of name (i.e. marriage/divorce/other) please include the relevant documentation. This will be returned to you promptly.

C – Personal Details of Legal Guardian

Only complete if the application is made on behalf of people aged under 16, or 18 if not in employment.

Surname (Mr, Miss, Mrs, Ms, Other)	<input type="text"/>
Forenames (in full)	<input type="text"/>
Permanent home address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Telephone Number (including STD)	<input type="text"/>
Relationship to the "minor"	<input type="text"/>

D – Plan Details

Intended retirement date	<input type="text"/>
Income Drawdown facility required immediately?	Yes <input type="checkbox"/> No <input type="checkbox"/>

E – Status of Applicant

Please indicate with a tick which of the following categories is most applicable to you.

An employee chargeable to tax under schedule E	<input type="checkbox"/>
In receipt of a pension chargeable to tax under schedule E	<input type="checkbox"/>
Self-employed - chargeable to tax under schedule D in respect of annual profits or gains from a trade, profession or vocation.	<input type="checkbox"/>
Caring for one or more children under 16	<input type="checkbox"/>
Caring for a person aged 16 or over	<input type="checkbox"/>
In full time education	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>
Other – please state	<input type="checkbox"/>

F – Life Cover

Please tick here if you have applied for life cover, and send the relevant details to Personal Pension Trustees Limited.	<input type="checkbox"/>
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Please also complete Appendix 2.

If the person named in Section A above will be unemployed and under 18 years of age at the time of this application then the legal guardian of that person ("the minor") must give the following details and sign the Declaration instead of the minor.

This acts as an indication only and does not bind you in any way.

Contributions

Do you or your employer want to make contributions to this plan? Yes No

Please indicate the frequency and method of contributions below.

Regular Contributions				Single Contributions	
Employer	£	p.a Gross	£	p.m Gross	£ Gross
Employee	£	p.a Net	£	p.m Net	£ Net

If paying by cheque please make this payable to “Premier SIPP – (and your full name)” and attach it to this application.

Start date of regular contributions (if applicable)

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Employer Agreement

I/We agree that I am/we are willing to pay Personal Pension Trustees Limited the amounts indicated above.

Signed

Position in Company

Full Name

Date

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Other Pension Arrangements

Are you or your employer on your behalf currently contributing to any other Registered Pension Scheme? Yes No

If YES, please confirm the gross amount of employee and Employer contributions made

£	
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Eligibility Criteria

A) Please indicate which of the following applies to you at sometime in the current tax year (please tick)

- 1 I am resident and ordinarily resident in the UK
- 2 I am resident overseas as a Crown Servant
- 3 I am the spouse of a Crown Servant
- 4 I am none of the above

If you have indicated 4 do you have net relevant earnings in the UK on which to base your contributions? Yes No

B) Are you and any employer(s) of yours paying, or intending to pay, contributions totalling a gross amount of more than the threshold in this tax year. Yes No

If the answer to (B) is ‘Yes’ please supply one of the following items as evidence of earnings:

(Please tick)

EMPLOYED	A Week 52 Payslip	<input type="checkbox"/>
	P60 / P45	<input type="checkbox"/>
	A declaration from your employer showing the amount of remuneration paid or payable	<input type="checkbox"/>
EMPLOYED OR SELF EMPLOYED	A copy of the self-assessment included on your income tax return	<input type="checkbox"/>
SELF EMPLOYED	A written statement from the accountant, auditor or solicitor dealing with your tax affairs	<input type="checkbox"/>
	A copy of the accounts for the basis year of the individual’s trade, profession or vocation	<input type="checkbox"/>

PART 2

If the answer is ‘No’, please remember to complete Part 3, Transfer Details.

You will pay contributions net of basic rate income tax. Any higher rate relief will need to be claimed from your tax office.

Employer contributions are made Gross.

If paying by standing order please make sure that you and/or your employer complete the appropriate mandate.

A cheque may be required for the first regular contribution if paying by standing order.

Cheques are to be drawn on UK or EU Bank Accounts and must be in the name of the member, the employer or, where appropriate, the guardian.

Registered Pension Schemes include personal pension plans, retirement annuity contracts and occupational schemes.

If you have answered “yes” please attach evidence of having net relevant earnings in the UK.

The threshold is £3,600 per annum but this figure may change in the future.

Transfers in (Not in Income Withdrawal)

I Transferring Scheme Details

Full title of Scheme

Scheme Provider

Pension Scheme Tax Reference/
Approval Number

Transfer Amount	<input type="text"/>	Non-Protected Rights
	<input type="text"/>	Protected Rights
	<input type="text"/>	Total Transfer Amount

Transfer type (please tick) Cash In Specie

If in-specie, please provide full details of the asset(s) to be transferred

II Benefits in Payment

Has any benefit come into payment from the transferring scheme? Yes No

III Administrator Declaration

We, as the administrators of the

hereby declare that the scheme is a registered pension scheme and information given on this form is correct to the best of our knowledge.

Signed

Date On behalf of the administrators

IV Member Declaration

I wish to transfer my pension benefits with the Scheme Provider noted above to my Premier SIPP. I hereby authorise Premier Pension Services to obtain any relevant information from the Scheme Provider that is required in order to facilitate this transfer happening.

Signed

Date

Application for Transfer in (Income Withdrawal)

I Transferring Scheme Details

Full title of Scheme/Arrangement	<input type="text"/>	
Address of Administrator	<input type="text"/>	
	POSTCODE: <input type="text"/>	
Pension Scheme Tax Reference/ Approval Number	<input type="text"/>	
Arrangement number/Reference	<input type="text"/>	
Amount of transfer payment	£ <input type="text"/>	
Transfer type (please tick)	Cash <input type="checkbox"/>	In Specie <input type="checkbox"/>
If in-specie, please provide full details of the asset(s) to be transferred	<input type="text"/>	
Current annual level of pension being taken	£ <input type="text"/>	Current maximum levels of pension <input type="text"/>
Next statutory review of pension level due	<input type="text"/>	

II Member/Survival Declaration

I hereby declare that:

- 1 to the best of my knowledge and belief the information contained in this application is in all respects true and accurate;
- 2 I agree to be bound by the terms of the governing documents of the Premier SIPP and any subsequent amendments as may be adopted from time to time;
- 3 I confirm that income withdrawals are currently being taken from the transferring arrangement;
- 4 I elect to defer the purchase of an annuity and take income withdrawals from the new arrangement;
- 5 I understand that:
 - (a) no tax free lump sum is available from the new arrangement at any time (except on the death of a survivor where the original member died before pension date);
 - (b) no contributions may be made to the new arrangement;
 - (c) no further transfers may be accepted into the new arrangement unless the transfer is from another arrangement in drawdown;
 - (d) the funds may not be transferred to another registered pension scheme until it has been held in the new arrangement for at least a year;
- 6 I request and consent to the transfer of my current arrangement to the Premier SIPP.

Signature

Date

It is hereby confirmed that the Administrator, Personal Pension Trustees Limited, agrees and has agreed to administer the Scheme on behalf of the Bank of Scotland ("the Provider").

III Administrator Declaration

We as administrators of the hereby declare that the information given on this form is correct to the best of our knowledge.

Signed

Date

On behalf of the administrators

IV Enclosures

Has the individual registered for Enhanced or Primary Protection? Yes No

If the answer to the question is 'Yes', please supply a copy of the certificate from HM Revenue & Customs.

Declaration by Applicant

I hereby declare that:

- (1) The total contributions to this and any other registered pension scheme of which I am a member and which I am entitled to tax relief in any tax year will not exceed the higher of
 - (a) £3,600, or
 - (b) my relevant UK earnings, as defined in Section 189 Finance Act 2004
- (2) I understand that no annuity under the contract shall be capable of being surrendered, assigned or commuted except as provided by Finance Act 2004 and any subsequent amending Finance Acts.
- (3) I undertake to notify the Administrator in writing within 30 days in the event of:
 - a) ceasing to have net relevant earnings; or
 - b) beginning to have net relevant earnings again; or
 - c) ceasing to be a UK resident; or
 - d) changing employer
- (4) I agree to be bound by the governing documents of the Premier SIPP, the Member Agreement and any subsequent amendments as may be adopted from time to time.
- (5) I undertake to Personal Pension Trustees Limited (the Scheme Administrator and Trustee) not to require withdrawal of any of the trust funds or the payment of the income of the trust funds to me except as provided for in the Rules for the payment of benefits

I fully understand and agree

- (1) that I am solely responsible for all decisions relating to the purchase, retention and sale of the investments forming part of the Premier SIPP;
- (2) to hold Premier Pension Services and Personal Pension Trustees Limited fully indemnified against any claim in respect of such decisions;
- (3) that the fees which shall be due to Personal Pension Trustees Limited, and notified to me in advance, will be met from the funds held on my behalf and that I will be responsible for ensuring that sufficient monies are available.

Declaration by the legal guardian

If the person named in Section A is a "minor" they should not sign the declaration and offer below. Instead the minor's legal guardian must sign and date this part giving their name in the box below the signature.

I am the legal guardian of the person named in Part A. I understand that I will be responsible for:

- (1) the contract as if I were the member of the personal pension scheme until the minor reaches his or her 18th birthday, and
- (2) ensuring that the contributions are within the limits allowed by law for the minor and I confirm that I am aware of all contributions which are being made to the scheme by or for the benefit of the minor.

I understand that the contributions and payments made to the scheme must be used to provide the minor with, and can only be returned to the minor in the form of, benefits payable under the rules of the scheme.

I confirm that, to the best of my knowledge and belief, the information contained in this application is, in all respects, true and accurate.

By signing this declaration I am allowing Premier Pension Services to process my application using the information that I have provided. I am also declaring and consenting to the processing of sensitive and other data about myself as described in the data protection notice below.

Signed

Name

Date

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The person effecting this policy must be fully accountable for all contributions payable thereunder.

Data Protection Notice

The information you have provided and a certain amount of other personal data about you is needed so that the Premier SIPP can be run and administered properly both now and throughout your future membership. We will obtain this data from a variety of sources, such as yourself, your employer, other pension arrangements you have or may in the future have and from government agencies such as the Inland Revenue.

Some of this data is "sensitive data" and we are required to have your consent to processing this data. Sensitive data includes any information about race, health, sex life or criminal records. We may need some of this information from time to time to help administer the scheme. For example, we will need evidence of ill health if you want to take benefits before the earliest age they would normally be payable.

The data controllers are Personal Pension Trustees Limited. We may pass personal data about you to other JLT companies and to any agents, administrators, consultants and advisors appointed to help us to manage and/or administer the Premier SIPP. We may also be required to pass information about you to government agencies and to other schemes with which you currently have benefits or which you join in future.

The Bank of Scotland is the Provider and Personal Pension Trustees Limited has agreed to act as the Trustee and Administrator of the Scheme.

IMPORTANT – YOU SHOULD READ THIS CAREFULLY

YOUR RIGHT TO CHANGE YOUR MIND – WAIVER NOTICE – THIS NOTE REFERS TO THE PREMIER SIPP

Once we receive your application to become a member of the Premier SIPP (the Plan), if you do not waive your right to cancel, you will be sent a Cancellation Notice that gives you the right to cancel your application. You will then have 30 days from the day you receive the Cancellation Notice in which to change your mind (the Cancellation Period).

However, if you wish you can waive this right to cancel and become a member of the Plan earlier.

Here are some questions that may help you to decide:

Do I understand what the Plan will do for me?

- Are you clear on the advice you have received from your adviser?
- You should have received a Key Features document with details of how the Plan will work for you, which should answer your questions.
- If there is anything that is unclear, or if you have not received a Key Features document, please contact your Financial Adviser, or Premier Pension Services, Fitzalan House, Fitzalan Court, Fitzalan Road, Cardiff CF24 0EL telephone (029) 2055 7000.

What happens to my application if I retain my right to cancel?

- During the 30 day Cancellation Period, you will not be a member of the Plan and as such, a SIPP bank account cannot be opened in your name. No contributions or transfers can be received, and no investments, including property purchase, can be made.
- You will become a member of the Plan after the end of the Cancellation Period when the SIPP documentation is executed by the Trustee.

What happens to my application if I waive my right to cancel?

- On receipt of your application and Right to Cancel Waiver Form, the SIPP documentation will be executed by the Trustee and you will become a member of the Plan. A SIPP bank account will be opened for you, and contributions or transfers can be processed, and any investment instructions

received will be acted upon (though these will depend on monies being available in the bank account first).

- You will **NOT** receive a Cancellation Notice and you will **NOT** have the right to change your mind.

If I wish to retain my right to change my mind, what should I do?

- Ignore this notice and do nothing with the Right to Cancel Waiver Form.
- You will be sent a Cancellation Notice after we have received your application.

If I am sure that I want become a member the Plan and do not wish to have the right to change my mind, what should I do?

- Send the completed Right to Cancel Waiver Form to Premier Pension Services, Fitzalan House, Fitzalan Court, Fitzalan Road, Cardiff CF24 0EL together with the rest of your Premier SIPP application documents.
- You will not receive a Cancellation Notice after we receive your application.
- You will become a member of the Plan and you will **NOT** have the right to change your mind.

Will I lose anything by waiving my right to cancel?

- You will lose the right to change your mind about becoming a member of the Plan.

What happens if I waive my right to cancel and subsequently change my mind?

- You will not be able to cancel your application to become a member of the Plan.
- You will have incurred fees relating to setting up your Plan, in accordance with the Plan Terms and Conditions. These fees will remain payable and will not be refunded to you.
- You may ask that the SIPP is closed and make arrangements for assets held within the SIPP to be transferred to another registered pension scheme of your choice. A charge for processing the transfer out will be payable in accordance with the Plan Terms and Conditions.

RIGHT TO CANCEL WAIVER FORM

IMPORTANT

To be signed only if you wish to waive the right to cancel your application for membership of the Premier SIPP.

I hereby give notice that, having read and understood the content of the above Waiver Notice, I have decided that I wish my application for membership of the Premier SIPP to be processed as soon as possible and that I waive my right to cancel. I understand that by giving this notice and becoming a member of the Premier SIPP, I will not be able to change my mind later.

Signed

Date

APPENDIX 1

**A separate standing order should be completed if you and your employer want to pay separately.
Please complete the instruction(s) in BLOCK CAPITALS.**

INSTRUCTION TO BANK OR BUILDING SOCIETY TO PAY BY STANDING ORDER From Employee's account

Name of Bank/Building Society	<input type="text"/>	
Bank/Building Society address	<input type="text"/>	
	<input type="text" value="POSTCODE:"/>	
Name(s) of Account holder(s)	<input type="text"/>	
Account Number	<input type="text"/>	Branch Sort Code <input type="text"/>
Reference Number	<input type="text"/>	
Please pay the Bank of Scotland for the credit of the Premier SIPP (Member's Name)	<input type="text"/>	
Account Number	<input type="text"/>	Branch Sort Code <input type="text"/>
Address	<input type="text"/>	
And debit the amounts to my current account.		
Monthly Premium	<input type="text"/>	Date each month of payment <input type="text"/>
First payment to be made	<input type="text"/>	Last payment to be made <input type="text"/>
Your address	<input type="text"/>	
	<input type="text" value="POSTCODE:"/>	
Signed	<input type="text"/>	

INSTRUCTION TO BANK OR BUILDING SOCIETY TO PAY BY STANDING ORDER From Employer's account

Name of Bank/Building Society	<input type="text"/>	
Bank/Building Society address	<input type="text"/>	
	<input type="text" value="POSTCODE:"/>	
Name(s) of Account holder(s)	<input type="text"/>	
Account Number	<input type="text"/>	Branch Sort Code <input type="text"/>
Reference Number	<input type="text"/>	
Please pay the Bank of Scotland for the credit of the Premier SIPP (Member's Name)	<input type="text"/>	
Account Number	<input type="text"/>	Branch Sort Code <input type="text"/>
Address	<input type="text"/>	
And debit the amounts to my current account.		
Monthly Premium	<input type="text"/>	Date each month of payment <input type="text"/>
First payment to be made	<input type="text"/>	Last payment to be made <input type="text"/>
Your address	<input type="text"/>	
	<input type="text" value="POSTCODE:"/>	
Signed	<input type="text"/>	

Death Benefit Nomination Form

Member Name

SIPP Reference No

Nominated Beneficiaries		
Full Name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>
Proportion of benefit they should receive	<input type="text"/>	<input type="text"/>

Nominated Beneficiaries		
Full Name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>
Proportion of benefit they should receive	<input type="text"/>	<input type="text"/>

Nominated Beneficiaries		
Full Name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>
Proportion of benefit they should receive	<input type="text"/>	<input type="text"/>

Signed

Date

This form should be updated on a regular basis.

You need to write to us or your Financial Adviser if you want to change your nomination.

Please note that the nominations contained on this form are not binding on the Trustees.

Appoint IFA / Accountant

To: Premier Pension Services

Premier SIPP

I have appointed

as my financial adviser / personal accountant * and provide me with ongoing advice.

*delete as appropriate

If applicable, I agree to remunerate for these services as indicated below, in respect of the investments held in this arrangement.

Amount £ % of fund

Frequency Payable in advance Payable in Arrears

Initial Fee £

Regular/annual fee £

I authorise the release of information relating to my Premier SIPP to my adviser as detailed below.

Adviser Name

Adviser Address

I confirm my agreement to these charges and hereby authorise and request the Trustee to pay them on my behalf, in accordance with the provisions of the Premier SIPP, from the funds held in my Premier SIPP, until otherwise instructed.

These terms amend and replace any existing remuneration arrangements which would otherwise apply to the Premier SIPP.

Member's Full Name

Member's Signature

Date

Adviser bank details for payment

Bank

Branch

POSTCODE:

Sort Code

Account No

Payment ref:

Thank you for completing this application.

Please return this application form, and any enclosures, to:

Premier Pension Services, Fitzalan House,
Fitzalan Court, Fitzalan Road ,Cardiff CF24 OEL

Please complete the name of your appointed adviser(s)



PREMIER
PENSION
SERVICES

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