

Premier SIPP

Member Application



PREMIER
PENSION
SERVICES

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: <input type="text"/>
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"/>

B – Your Employment Details

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

PART 1

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.

The Applicant's NI number must be completed before the application can be processed.

C – Plan Details

Intended retirement date

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Drawdown Pension facility required immediately?

Yes

No

Flexible Drawdown facility required Immediately?

Yes

No

This acts as an indication only and does not bind you in any way. If the date is left blank we will default this date to your 65th birthday.

D – 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

In receipt of a pension chargeable to tax under schedule E

Self-employed - chargeable to tax under schedule D in respect of annual profits or gains from a trade, profession or vocation.

Caring for one or more children under 16

Caring for a person aged 16 or over

In full time education

Unemployed

Other – please state

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)

Carry Forward

Tax Year e.g. 2011/12	Member of a pension scheme for year (Y/N)	Pensionable Earnings	Value of Contributions to all Pension schemes for the tax year	Unused Annual Allowance after considering contributions
			Total	
			Amount of unused allowances to be carried forward	
If there is a split between employer and employee contributions relating to carry forward please give details			Employee	
			Employer	

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

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.

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

£

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

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 ticked box 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

Transfers in (Not in Drawdown Pension)

I Transferring Scheme Details

Full title of Scheme

Scheme Provider

Pension Scheme Tax Reference/
Approval Number

Transfer Amount Non-Protected Rights
 Protected Rights
 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

On behalf of the administrators

Date

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 (Already in Drawdown Pension)

I Transferring Scheme Details

Full title of Scheme/Arrangement	<input type="text"/>	
Address of Administrator	<input type="text"/>	
	<input type="text" value="POSTCODE:"/>	
Pension Scheme Tax Reference/ Approval Number	<input type="text"/>	
Arrangement number/Reference	<input type="text"/>	
Amount of transfer payment	<input type="text" value="£"/>	
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" value="£"/>	Current maximum levels of pension <input type="text" value="£"/>
Next statutory review of pension level due	<input type="text"/>	

II Member 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 pension 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

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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.

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, subcontractors, 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.

For the purpose of administering the Premier SIPP and your membership of it, some or all of the personal data provided by you may be transferred to and processed outside the European Economic Area ("EEA"), either by JLTBS or any subcontractor appointed by it. While such areas may not have data protection laws as comprehensive as those in the EEA, contractual protections are in place in accordance with the Data Protection Act 1998, to ensure appropriate security for, and protection of such data.

Under the Act you have the right, subject to a written request and payment of a fee, to inspect any or all of your personal data held for Scheme purposes. This will be provided within a period laid down by Law although in certain circumstances data may be withheld (for example, if it would identify another individual). 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"/>	

APPENDIX 2

Death Benefit Nomination Form

Member Name

SIPP Reference No

Nominated Beneficiaries		
Full Name		
Address		
Relationship to you		
Proportion of benefit they should receive		

Nominated Beneficiaries		
Full Name		
Address		
Relationship to you		
Proportion of benefit they should receive		

Nominated Beneficiaries		
Full Name		
Address		
Relationship to you		
Proportion of benefit they should receive		

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.

APPENDIX 3

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

Please complete the name of your appointed adviser(s)

APPENDIX 4

Adviser bank details for payment and basis of advice declaration

Bank	<input type="text"/>
Branch	<input type="text"/> <input type="text"/> <input type="text"/>
Sort Code	<input type="text"/>
Account No	<input type="text"/>
Payment ref:	<input type="text"/>
Was advice given?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature	<input type="text"/>
Name	<input type="text"/>
Position	<input type="text"/>
Date	<input type="text"/>
Full name of regulated firm (or sole trader)	<input type="text"/>
FSA Reference Number	<input type="text"/>

To meet Financial Services (FSA) regulatory reporting requirements, Premier Pension Services must record whether advice was given to your client regarding the sale of this product. Please tick the box below.

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 0EL



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