



alltrust SIPP

Member Application Form

overview

The alltrust SIPP (Self-Invested Personal Pension) is a personal pension arrangement registered with HM Revenue and Customs (HMRC) under Chapter 2 of Part 4 of Finance Act 2004 where an individual has the option to hold a wide range of investments.

It is governed by an irrevocable Trust Deed and a set of Scheme Rules ('the Rules') which set out the terms and conditions that apply to it. These may be amended from time to time.

The alltrust SIPP is arranged with Alltrust SIPP Limited, the SIPP Trustee, in conjunction with Alltrust Services Limited (trading as alltrust), the SIPP Administrator and Provider, both of whom have agreed to administer the alltrust SIPP in accordance with the Rules.

An individual can establish a SIPP by making contributions (either personal or from an employer) and/or by transferring pension fund monies from other approved pension arrangements.

This application form is designed to deal with all of these possibilities but if there is insufficient space to provide full details, please attach additional notes to this form.

Completed forms should be returned to your financial adviser, or to alltrust at Fountain House, Fountain Lane, St Mellons, Cardiff CF3 0FB.

sections

The application form consists of the following sections:

Section One	Member Details	This Section must be completed.
Section Two	Contributions	Please complete if you intend to make contributions to the Plan this tax year.
Section Three	Transfers In	Please complete if you wish to transfer pension fund monies from other approved sources. We are only asking for basic information and will contact your previous Schemes and/or providers for the complete details.
Section Four	Adviser Details	Please complete if you have a Financial Adviser or will be investing directly with Fund Managers.
Section Five	Nomination Form	Please provide details of those people you would like to nominate to receive any benefit from the Plan on your death. These nominations can be changed at any time.
Section Six	Declaration	Please read this section carefully and then sign.
Section Seven	Waiver	When you send us this application form we would normally offer you the right to cancel your plan within 30 calendar days from the date we receive it. In certain circumstances you may wish to waive your rights to this Cancellation Period. Please seek advice from your Financial Adviser if necessary.

next steps

In order to apply for the alltrust SIPP (including the Oasis Option), the following documents need to be completed, signed and returned:

- This application form
- Cancellation Waiver Notice (contained in the application form - optional)
- Bank Account Application & Mandate
- Supplemental Deed
- Information Authority Form
- Identity Verification Certificate (IVC)

Note: All material facts must be disclosed. These are facts that would be regarded as likely to influence the assessment and acceptance of an application. If you are in any doubt about whether a fact is material it should be disclosed since non-disclosure or misrepresentation of a material fact may result in voiding the SIPP.

On satisfactory completion of this application, alltrust agrees to administer your SIPP on behalf of Alltrust SIPP Limited, the SIPP Trustee, in accordance with the Trust Deed & Rules.

ALLTRUST SIPP OPTIONS

Please select the SIPP Option that you wish to establish:

Alltrust SIPP The Alltrust SIPP allows immediate access to the full range of investments as permitted by HM Revenue & Customs.	<input type="checkbox"/>
Oasis Option The Oasis Option forms part of the Alltrust SIPP and is designed to allow lower cost access to a single Discretionary Fund Manager or Fund Platform. Please note additional terms apply as contained in the alltrust SIPP Oasis Key Features document.	<input type="checkbox"/>

Please confirm any further options that you wish us to facilitate as part of your SIPP Application so that we may provide additional assistance or documents:

Flexible Access of your pension benefits from the SIPP	<input type="checkbox"/>
Commercial Property Purchase / Transfer	<input type="checkbox"/>
Other form of investment (please specify below)	<input type="checkbox"/>

SECTION ONE – MEMBER DETAILS

PERSONAL DETAILS

Title	Mr	Miss	Mrs	Ms	
Surname					
Forenames (in full)					
Address					
	Post Code				
Daytime Telephone Number (inc STD)					
Private E-Mail Address					

IMPORTANT: Please only supply an e-mail address that you consider secure

Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>				
Date of Birth	D	D	M	M	Y	Y	Y	Y
National Insurance Number								
Marital Status								
Intended Retirement Date	D	D	M	M	Y	Y	Y	Y

IMPORTANT: If a Retirement Date is not entered, this will default to age 65 or 75 where appropriate

STATUS OF APPLICANT

An employee chargeable to tax under schedule E	<input type="checkbox"/>
Employer Name	
Address	
	Post Code
In receipt of a pension chargeable to tax under schedule E	<input type="checkbox"/>
Self-employed - chargeable to tax under schedule D	<input type="checkbox"/>
A child under the age of 16 years	<input type="checkbox"/>
Caring for one or more children under the age of 16 years	<input type="checkbox"/>
Caring for a person aged 16 years or over	<input type="checkbox"/>
In full time education	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>
Other - please state	

SECTION TWO – CONTRIBUTIONS

CONTRIBUTION DETAILS

Do you or your employer want to make contributions to this plan?

Yes

No

Are you subject to the Money Purchase Annual Allowance?

Yes

No

Single Contributions

By You	£	(Net Payment)	Note: Payments made by you should be made net of basic rate tax. Payments made by your employer should be made gross.
By Your Employer	£	(Gross Payment)	

Regular Contributions

By You	£	(Net Payment)	Note 1: Please read note above. Note 2: Please state total annual amount of payment
By Your Employer	£	(Gross Payment)	
Start Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Note: Date you wish the first contribution to be paid.	
Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually	Note: If Monthly is selected, the amount stated above will be divided by 12.

Investment intention for contributions:

ELIGIBILITY CRITERIA

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

- | | |
|--|--------------------------|
| 1. I am resident and ordinarily resident in the UK | <input type="checkbox"/> |
| 2. I am resident overseas as a Crown Servant | <input type="checkbox"/> |
| 3. I am the spouse of a Crown Servant | <input type="checkbox"/> |
| 4. I am none of the above | <input type="checkbox"/> |

If you have indicated 4, do you have net relevant earnings in the UK on which to base your contributions?

Yes

No

If you have indicated 'No' tax relief may not be claimable on your contribution.

Are you and any employer(s) of yours paying, or intending to pay, contributions totalling a gross amount of more than the threshold (£3,600 Gross) in this tax year?

Yes

No

If you have indicated 'Yes' we may require you to produce satisfactory evidence of earnings to support the level of any contribution.

OTHER PENSION BENEFITS

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 contributions (including Employer) being made.

SECTION THREE – TRANSFERS IN

TRANSFER DETAILS

Name of Provider	Type of Scheme	Policy/Plan Number
1.		
2.		
3.		
4.		
5.		
6.		

OTHER DETAILS

Is any income being drawn from any transferring Scheme?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have any benefits been accessed flexibly (Flexi-Access Drawdown or UFPLS)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is any transferring Scheme subject to a pension sharing order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is any transferring Scheme subject to a retirement age of 45 or less?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is any transfer part of a block transfer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are any assets to be transferred in specie?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the Member applied for Enhanced, Primary, Fixed or Individual Protection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is any Transferring Scheme a Defined Benefit / Final Salary Scheme?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If any of the above questions apply to the transfers, please clearly indicate which transfer it applies to so that we can make further investigations.

CANCELLATION

For each transfer in detailed above the applicant hereby understands that they will have a right to a 30 day cancellation of the transfer. This means that on receipt of the transfer to the SIPP the applicant can request in writing that the transfer be cancelled, and returned to the transferring provider. If the transfer monies cannot be returned, the applicant will have to elect for an alternative Scheme to receive the monies.

SECTION FOUR – ADVISER DETAILS

FINANCIAL ADVISER

I have appointed my financial adviser as detailed below and agree to remunerate for these services as indicated below. I hereby authorise and request the Trustee to pay them on my behalf from the funds held in the Scheme until otherwise instructed.

Contact Name	
Company Name	
Company Address	
	Post Code
Telephone Number	
E-Mail Address	
Firm's Regulatory No. (FRN)	

REMUNERATION DETAILS

Initial Fee £ OR % of fund

Where the fee is a fixed monetary amount, this will be paid once there are sufficient funds available in the SIPP Bank Account. Where the fee is a percentage of fund, payment will be made once all transfers and initial lump sum single contributions have been received.

Regular Amount £ OR % of fund

For regular payments, the anniversary of the Scheme will be deemed to be the 1st day of the month following establishment. The value of the Scheme will be determined at this time each year to calculate the next regular fee.

Frequency (Annual / Specify Frequency)

Payments can be made annually, bi-annually, quarterly or monthly.

Payable in Advance / Arrears Advance Arrears

Annual Payments in advance are payable at the same time as the initial fee, and are calculated based on the initial fund. Annual payments in arrears are payable on each anniversary of the Scheme starting at the end of year 1, and will be based on the value of the Scheme at the end of each year.

For other frequencies of payment, these will commence within year 1 and will be paid either at the start of the specified frequency (for advance payments) or at the end of each specified frequency (for arrears payments).

ADVISER BANK DETAILS

Bank Name	<input type="text"/>	Sort Code	<input type="text"/>
Account No	<input type="text"/>	Account Name	<input type="text"/>
Payment Reference	<input type="text"/>		

Signed by Member

Date

D	D	M	M	Y	Y	Y	Y
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SECTION FIVE – NOMINATION FORM

I _____ (Full Name)

would like to nominate the person(s) listed below to receive any sums payable under the Scheme on my death. I understand that this form will not bind the Trustees of the alltrust SIPP but will help them to pay the benefits as I would wish.

Full Name			
Relationship		Amount of Benefit	%

Full Name			
Relationship		Amount of Benefit	%

Full Name			
Relationship		Amount of Benefit	%

Full Name			
Relationship		Amount of Benefit	%

Full Name			
Relationship		Amount of Benefit	%

I would also wish you to take the following into account, and/or consider the following individuals:

Changes in your personal circumstances (e.g. a birth, death, or marriage/divorce in your family) may affect whom you wish to benefit. If you wish to alter your nomination at any time, you must complete a new form of nomination.

We strongly recommend that you complete a new nomination form every three years, or confirm that the existing form is still correct.

The information on this form will be kept confidential.

Signed

Date							
D	D	M	M	Y	Y	Y	Y

SECTION SIX – DECLARATION

Important notice: alltrust, the SIPP Administrator, is required by HM Revenue & Customs to remind you that it is a serious offence to make false statements. The penalties are severe and could lead to prosecution.

I hereby declare that:

- a. I apply to alltrust to become a member of the alltrust SIPP.
- b. I agree to be bound by the Trust Deed and Rules of the alltrust SIPP (a copy of which I acknowledge is available on request) and any subsequent amendment that may be adopted from time to time.
- c. I hereby request that the Trustees make an application to Metro Bank plc to open a bank account in the name of the Trustees (see Note 1).
- d. I declare that (if contributions are to be paid):
 - i. I am under age 75 and am a relevant UK individual (see Note 2).
 - ii. The total of the member contributions made to this Scheme and to other registered pension schemes, on which I am entitled to tax relief, under Section 188 of Finance Act 2004, will not exceed, in any tax year the higher of; the basic amount (£3,600 gross for the tax year) or 100% of my relevant UK earnings (see Note 3) in that tax year.
 - iii. The declaration in ii. is correct, to the best of my knowledge and belief.
 - iv. I will give notice to the Administrator if an event occurs, as a result of which I will no longer be entitled to relief on member contributions, under Section 188 of Finance Act 2004. I will give this notice by the later of; 5 April in the year of assessment in which the event occurs and the date which is 30 days after the occurrence of that event.
- e. I undertake to notify the Administrator in writing within 30 days in the event of:
 - i. ceasing to have relevant UK earnings or beginning to have relevant UK earnings again; or
 - ii. ceasing to be a UK resident or having any change in my residency status; or
 - iii. changing my employer; or
 - iv. changing my name or permanent residential address.
- f. In return for the services to be provided by the Administrator, I agree to pay the charges detailed on the alltrust SIPP Fee card current at the date of this application and those charges detailed in Section Four above, if any. I authorise the Administrator to realise investments attributable to me in order to pay an annual charge and transaction charges and in order to settle any third party charges payable in respect of investment transactions to the extent that such charges have not been otherwise paid within seven days of falling due.
- g. I hereby request alltrust to appoint the nominated financial adviser and investment manager if detailed but fully understand and agree that no advice has been given and that I am solely responsible for all decisions relating to the purchase retention and sale of my investments under the alltrust SIPP and I shall hold Alltrust SIPP Limited, alltrust and Metro Bank plc fully indemnified against any claim in respect of such decisions.
- h. Where I exercise any decision to purchase sell or otherwise deal in any way with property within the alltrust SIPP I agree to abide by any additional terms and conditions of the Administrator that may be in place at the time the transaction takes place. I understand that the Administrator may at any time refuse to participate in any property transaction and that the property transaction would not be able to proceed without the consent of the Administrator. Where VAT is applicable in relation to any property transaction I agree that I shall obtain whatever advice is necessary from a suitably qualified party or parties. Where required I shall provide a copy of any advice received to the Administrator. I also agree and understand that the Administrator and Alltrust SIPP Limited cannot provide any advice in relation to VAT matters and cannot be held liable for any decisions or actions relating to property transactions where VAT is involved.

This part only applies if you ticked question 1 and/or 2 of Section Three indicating that you are drawing down income from your transferring scheme

- i. I elect to defer the purchase of an annuity and take income withdrawals in accordance with the legislation as advised by the Trustee. Further I understand that:
 - i. no Pension Commencement Lump Sum (tax free lump sum) is available from the Plan in respect of any crystallised funds forming part of this transfer.
 - ii. no contributions can be paid to this section of my Plan.

- iii. no further transfer may be accepted into this part of the Plan unless the transfer is from another arrangement in drawdown.
- iv. where I have accessed my pension fund flexibly (by flexi-access drawdown or uncrystallised funds pension lump sum) my total contributions to all pension schemes will be capped to £4,000 gross per annum.

Right to Cancel

I understand that I will have a right to cancel my application to the alltrust SIPP for 30 days from the date my application is received, unless I elect to waive that right.

Additionally, I understand that I will continue to have a right to cancel any transfers in to the alltrust SIPP that are received on my behalf for a 30 day period from the date they are received into the SIPP, irrespective of whether I waive my right to cancellation of my application. If I elect to cancel any transfer, I agree to instruct alltrust in writing, at which point the monies will be returned to the transferring scheme. If it is not possible for the monies to be returned to the transferring scheme, I will provide alltrust with details of an alternative scheme to which the payments can be made.

Furthermore, I understand that I will have a right to cancel any option I make to take drawdown pension from my SIPP for a period of 30 days from the date any payment is made. If I elect to cancel this option, I agree to repay any and all amounts back to my SIPP.

Using Your Personal Information

Alltrust Services Limited ("Alltrust") will be regarded as a 'Data Controller' for the purposes of the Data Protection Act 1998 and the General Data Protection Regulation (GDPR). This means that we are responsible for both the manner in which any personal data is processed, and also the purposes for which personal data is held.

Here at Alltrust we take your privacy seriously and we will only use your personal data to establish and administer your Alltrust SIPP, and in order to pay retirement and death benefits to you and your beneficiaries.

We will not use your data to market other products and services to you.

What personal data do we collect?

We collect personal information about you that can be used to identify you, such as your full name, home address, and national insurance number. We also collect financial data including information relating to pension arrangements and salary. We may also need to collect special category data such as health and medical information in order to administrate your Alltrust SIPP, for example if you retire from ill health.

Who do we share it with?

In order to provide you with the services you have requested of us, we will need to share your personal data with the following organisations:

- Metro Bank plc, in order to establish a Bank Account for your SIPP
- Other companies that form part of the Alltrust Group of Companies, including third party data processors, but only to the extent that it is required for providing you with your required services, and not for marketing
- HM Revenue & Customs, the Financial Conduct Authority, The Pensions Regulator, and any other Government Regulator that will require that information
- Your appointed Financial Adviser, Solicitor, and any other professional firm that you appoint to provide you with services relating to your Alltrust SIPP.

We will hold your personal data and keep it up to date during the period where we are providing services to you. We may continue to hold such personal data after we cease to provide you with services where necessary to comply with relevant regulations or to protect both your and Alltrust's interests in the event of any future dispute.

You have the right to access the personal data and supplementary information that we hold on file. If you require a copy of the data we hold, please write to us to request it.

Financial Adviser Appointment

Where a Financial Adviser acts on my behalf, I understand and agree to the following:

- a. The Financial Adviser shall be any person, company or firm, regulated by the Financial Conduct Authority, who advises and/or makes arrangements on my behalf in respect of the alltrust SIPP and which holds itself out as acting on my behalf.

- b. The appointment and remuneration of the Financial Adviser shall be detailed in Section Four, or in any other appropriate document supplied to alltrust that provides details of such an appointment and corresponding remuneration whether provided by the Financial Adviser or by me.
- c. Payment in respect of Financial Adviser fees will be made from the SIPP Bank Account. I expressly and irrevocably authorise the payment of such amounts from the Bank Account and understand that no further authority will be sought or required from me in order to make payment and that payment will be made without further reference to me.
- d. Where I terminate the appointment of a Financial Adviser and/or appoint a new Financial Adviser I will advise alltrust immediately. I warrant that I will advise this in writing.
- e. Where the termination of the appointment of a Financial Adviser does not arise as a result of any dispute, I understand and agree that any remuneration will be paid pro rata up to the point of termination. This remuneration will be paid from the SIPP in accordance with point c. above.

Notes

Note 1: Metro Bank plc. Registered in England & Wales No. 6419578. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Note 2: an individual is a relevant UK individual for a tax year if they:

- a. Have relevant UK earnings (see Note 3) chargeable to income tax for that year or
- b. Are resident in the UK at some time during that tax year or
- c. Were resident in the UK at some time during the five tax years immediately before the tax year in question and they were also resident in the UK when they joined the pension scheme or
- d. Have for that tax year general earnings from overseas Crown employment subject to UK tax (as defined by Section 28 of the Income Tax (Earnings and Pensions) Act 2003 (ITEPA) or
- e. Are the spouse of an individual who has for the tax year general earnings from overseas Crown employment subject to UK tax (as defined by Section 28 of ITEPA).

For individuals within b) to e) above, who do not have relevant UK earnings, the maximum member contribution is the basic amount.

Note 3: relevant UK Earnings are:

- a. Employment income such as salary, wages, bonus, overtime, commission chargeable to tax under Section 7 (2) ITEPA or
- b. Income derived from the carrying on or exercise of a trade, profession or vocation (whether individually or a partner acting personally in a partnership) chargeable under Part 2 Income Tax (Trading and Other Income) Act 2005 or
- c. Income arising from patent rights and treated as earned income under Section 883 (5B) Income and Corporation Taxes Act 1988 (ICTA) or
- d. General earnings from an overseas Crown Employment which are subject to tax in accordance with Section 28 of ITEPA.

Where relevant UK earnings are not taxable in the United Kingdom due to a double taxation agreement (Section 788 of ICTA 1988), those earnings are not regarded as chargeable to income tax so will not count towards the annual limit for relief.

Declaration

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

I understand that I am allowing Alltrust to process my application using the information that I have provided and that they will share my personal data with organisations relevant to the services that I require.

Signed
Name of Person Signing Application (In Capitals)

Date							
D	D	M	M	Y	Y	Y	Y

PROMINENT APPOINTMENTS

At any time in the past year, have you been entrusted with a prominent public function either in the UK or another country? Examples include political or government office, a member of the judiciary, senior members of the armed forces, security forces or police force.

Please answer 'Yes' if you are connected to or a close associate of such an individual.

Yes

No

If 'Yes' please provide details below:

SECTION SEVEN – WAIVER

IMPORTANT – YOU SHOULD READ THIS CAREFULLY

Once we receive your application to become a member of the alltrust 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.

The following points may help you to decide:

If you retain your 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.

If you waive your 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 you waive your right to cancel and subsequently change your 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 alltrust 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 alltrust 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 alltrust SIPP, I will not be able to change my mind later.

Signed
Name of Person Signing (In Capitals)

Date							
D	D	M	M	Y	Y	Y	Y

Authorised and Regulated by the Financial Conduct Authority for SIPP business

alltrust is a registered trademark of Alltrust Services Limited. Registration Number 5365396.
Registered Office: Fountain House, Fountain Lane, St Mellons, CARDIFF CF3 0FB.