



FAMILY PENSION TRUST

Member Questionnaire Form

February 2025



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Overview

Please complete the Member Questionnaire in full using BLOCK CAPITALS and dark ink.

There are notes to help you. Any omission could delay the registration of the scheme with HM Revenue & Customs (HMRC) and any proposed investments in the scheme. Please initial any changes you make and do not use correction fluid if you make a mistake.

On completion, sign and date the Declaration before returning it to us with a completed Installation Questionnaire. An Installation Questionnaire is not required for a member joining an existing Alltrust Family Pension Trust.

The information supplied will be held in the strictest confidence and subject to the provisions of Data Protection Legislation.

Name of Scheme

Name of Member

Member Questionnaire

To be completed in full and where employer contributions are to be received, the declaration on page 15 must be signed by your employer.

Member Questionnaire

An Installation Questionnaire should also be completed, unless the member is joining an existing Alltrust Family Pension Trust.



1 | Member details

Applications for members under 16 years of age must be completed on their behalf by a person who has parental responsibility for them. All applications require identity verification through our digital solution and this will include the parent responsible for any under 16 year olds as well as the under 16 year old.

Title

Mr

Mrs

Miss

Other

Forename(s)

Surname

Previous name
(including maiden name)

Date of birth

Permanent residential address

Postcode

Country

Time spent at address years months

If less than 3 years, please provide details of previous residential address in the box below.

Previous residential address

Postcode

Country

Telephone number

Email address

National Insurance Number

If you do not have a National Insurance number please detail the reason why in the notes section on page 21.

Unique tax payer reference
(Tax Identification Number (TIN))

Nationality/Citizenship

If you have multiple nationalities/citizenships please use the notes section on page 21 to note those nationalities/citizenships.

Marital status	Married	Divorced	Widowed	Separated	Single
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What is your employment status? Please tick the box which most closely applies to your employment status.

Employed	Caring for child under 16 or dependent
Unemployed	In full time education
Professional	Pensioner (please state previous occupation below)
Self employed (Director/Partner is not self-employed unless a sole trader contractor please confirm in what industry).	
Other, please state below current or previous occupation.	

Employer Name

Job Title

Occupation

Please note: If a Director or Consultant please state in what business type / area.

Have you opted out of any occupational or employer-sponsored, pension arrangement in favour of this pension arrangement?	Yes	No
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Do you have protection of existing pension rights with HMRC?	Yes	No
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We will need to take into account any 'protection' you might have when calculating your retirement benefits and will require documented evidence.

Some benefits, which are subject to protection of existing rights, may be lost if they are transferred or assigned to your Family Pension Trust.

Please ensure you seek financial advice on matters relating to the protection of existing rights.

If 'Yes' please confirm which of the following boxes are applicable:

Primary Protection	Enhanced Lifetime Allowance	Individual Protection 2014
Primary Protection with Lump Sum Protection	Fixed Protection 2012	Individual Protection 2016
Enhanced Protection	Fixed Protection 2014	
Enhanced Protection with Lump Sum Protection	Fixed Protection 2016	

Are you subject to the Money Purchase Annual Allowance?	Yes	No
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If you have already received pension benefits you may have triggered a Money Purchase Annual Allowance test.

If 'Yes' please confirm the date the first payment occurred.

Please provide a copy of the statement issued by the scheme Administrator of the scheme which triggered this event, confirming the date of the first payment.

Have you received any Lump Sum and Death Benefit Allowance?

Yes

No

If you have please confirm how much you have received.

Source of wealth

These questions aim to provide a thorough understanding of how you generated the funds for your SIPP and your future aspirations.

As a financial institution, it is necessary for us to determine the method by which your assets have been accumulated, please provide as much detail as possible:

Yes	No	Annual income from employment/self-employment – approx amount
Yes	No	Annual Income from pension – approx amount
Yes	No	Income from savings/investments – approx amount
Yes	No	Gifted funds – approx amount
Yes	No	Lottery and/or other winnings – approx amount
Yes	No	Property – approx amount
Yes	No	Inheritance – approx amount
Yes	No	Divorce Settlements – approx amount
Yes	No	Other (Please state) – approx amount
Yes	No	Are any of your assets located outside of the UK? If yes, please give details.

2 | Entitlement to tax relief

Please tick one box only:

-
1. I have relevant UK earnings chargeable to UK income tax, and I have been resident in the UK some time during the current tax year.
-
2. I have general earnings from overseas Crown employment subject to UK tax in the current tax year.
-
3. My spouse/civil partner has general earnings from overseas Crown employment subject to UK tax in the current tax year.
-
4. I am not resident in the UK in the current tax year, but
- I was resident in the UK at some time during the five tax years immediately before the tax year in question, and
 - I was resident in the UK when I joined the pension scheme, and
 - I have relevant UK earnings chargeable to UK income tax.
-
5. I have no relevant UK earnings chargeable to income tax, but I have been resident in the UK some time during the current tax year.
-
6. I or my spouse/civil partner are in overseas Crown employment but do not have general earnings subject to UK tax in the current tax year.
-
7. I cannot tick any of the above, but
- I was resident in the UK, or had earnings chargeable to UK income tax, at some time during the five years immediately before the tax year in question, and
 - I was resident in the UK when I joined the pension scheme.
-
8. I cannot tick any of the above.
-

If you have ticked 1, 2, 3 or 4 we will claim basic rate tax on your personal contributions.

If you have ticked 5, 6 or 7 we will claim basic rate tax on your personal contributions up to £3,600 gross.

If you have ticked box 8 you can contribute to the pension scheme but we cannot claim basic rate tax on your contributions. Your entitlement to tax relief should be discussed with your tax adviser.

3 | Financial adviser

If you are appointing an additional financial adviser which is different to the existing scheme adviser named in the Installation Questionnaire, who will be advising you personally, please provide their details here. Please note that all correspondence relating to the scheme will still be sent to the scheme adviser, however by providing these details you are giving us authority to correspond with your personal financial adviser if required to do so.

Is your personal financial adviser the same as the scheme adviser? Yes No

If **'No'** please provide your personal financial adviser's details:

Contact Name

Company Name

Address

Country

Postcode

Telephone number

Email address

Regulated by

Authorisation Number

If the adviser is an appointed representative of another regulated adviser please complete the 3 questions below:

Name of Network or Principal

Regulated by

Company authorisation no.

4 | Common investment funds

Please tell us which of the scheme's common investment funds you will be participating in (if any).

We require a minimum of £3,000 in cash, or other easily realisable assets, to be held within the Family Pension Trust at all times to meet ongoing charges.

Decisions relating to investments held in a common investment fund must be agreed unanimously by all members participating within that fund.

A bank account for each common investment fund is opened with Alltrust SIPP Limited's designated bank. Alltrust SIPP Limited will act as sole signatory to the account, under the direction of the chairperson provided it is within the scheme rules.

Name of Common Investment

Name of Investment

It helps us to provide smooth administration if any other factors likely to affect your arrangement within the first 12 months are known, e.g. property purchase. Please provide as much detail as you can, including timescales if known.

5 | Member's investment funds

Please also tell us which investments you will be making yourself.

Name of Member investment

6 | Nomination of beneficiaries

In the event of your death, please confirm the percentage split of any benefits you wish to be paid to your nominated beneficiaries.

The SIPP Operator, Alltrust Services Limited, together with the member trustees, will consider the wishes expressed below but shall not necessarily be bound by these. This will include offering a named dependant/beneficiary the option of a drawdown income or a lump sum. Where you wish the member trustees to consider only offering a lump sum or drawdown, please notify us in writing. If you do not complete this section the member trustees, with the agreement of the operator, Alltrust Services Limited, will exercise their full discretion as to whom your benefits should be paid. This may include payment to your estate. Death benefits paid to a beneficiary are usually not liable to inheritance tax under current rules, but the government is looking to introduce inheritance tax on unused pensions by 2027.

You may change your nominated beneficiaries in writing at any time. We will keep this information confidential.

Should there be an entitlement to a lump sum payment or beneficiary's pension(s) I wish the payment(s) to be made as follows:

Name of Dependant/Beneficiary	Relationship	%
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If you wish to nominate a charity/charities this should be done now as it cannot be left to the member trustees' discretion.

If you need to provide further information please use the notes section on page 21.

Should you require further information please seek financial advice from a suitably qualified professional.

Nomination of a Charity

In the event of there being no surviving financial dependant the part of your fund not payable to a nominated beneficiary, as listed above, may instead be paid to a charity. If you wish to nominate a charity/charities please give the name(s) below.

Name of charity	%
-----------------	---

7 | Personal contributions

Please complete this section if you will be paying personal contributions into the scheme. Do not include details of any employer contributions or benefits transferring from other pension arrangements in this section. If you have benefits which are subject to enhanced protection, or fixed protection, the protection will be lost if a contribution is paid by/for you.

Tax relief can only be claimed on contributions made before age 75.

Please note that payment of any basic rate tax relief due can take up to 11 weeks on claims for tax relief of more than £50.

Claims for tax relief of less than £50 can only be submitted to HMRC annually after the end of the tax year. The payment will only be available for investment once it has been received in your bank account. Tax relief above the basic rate of tax should be reclaimed via your annual self-assessment tax return.

Please ensure you seek advice from a suitably qualified professional before paying contributions into the scheme. Please DO NOT attach any contribution cheques, as they cannot be accepted until the scheme has been registered with HMRC.

Once the scheme has been registered we will provide you with bank account details to enable any contributions to be made. To comply with Anti Money Laundering regulations, if personal contributions are to be made by a third party, we will need to verify their identity.

Regular contribution

Single contribution

Source of Funds (Remitting bank details, beneficial owner of the funds and the origin of the funds).

Regular contribution payment frequency

Monthly

Quarterly

Half yearly

Yearly

Start date for regular contributions

Will your employer pay your personal contributions on your behalf?

Yes

No

If 'Yes' the employer details section of this form must be completed.

8 | Employer details

Please complete this section if your employer will be contributing to the scheme or paying your personal contributions on your behalf.

More than one employer may contribute. We will need to complete anti-money laundering checks on each employer and the ultimate beneficial owner of each company. The notes section on page 21 may be used to provide employer details.

Tax relief can only be claimed on contributions made before age 75.

Name

Registered address
(if applicable)

Country

Postcode

Telephone number

Email address

Trading address
(if different from above)

Country

Postcode

Telephone number

Email address

Please advise if the employer is limited, limited by guarantee, unlimited, limited by liability, a partnership, or other, e.g.

Employer status

Name of business

Employer year end

Registration number
(If applicable)

Date you joined employer

Are you a Director? Yes No

Date you became a director

Please provide details of your shareholdings in the employer (if applicable).

% of Company Owned

9 | Employer contributions

This section is to be completed by the employer.

Please confirm the level of contributions you propose to pay for this member.

If the member has benefits which are subject to enhanced protection or fixed protection, the protection will be lost if a contribution is paid.

The Pensions Regulator's code of practice requires us to report late payment of contributions made by an employer on behalf of an employee, under a direct payment arrangement.

Please DO NOT attach any contribution cheques, as they cannot be accepted until the scheme has been registered with HMRC.

Once we have registered the scheme we will provide you with bank account details to enable any contributions to be made.

Employer Contributions (gross)

Regular contribution

Single contribution

Regular contribution payment frequency

Monthly

Quarterly

Half yearly

Yearly

Processed start date for regular contributions

10 | Employer declarations

To be signed by an authorised signatory of the employer other than the member, unless the member is the only authorised signatory or self-employed.

The information provided on this form is correct to the best of my knowledge. I confirm I understand that once a contribution has been made to a scheme, it cannot be returned.

Signature

Print name

Position

Date

11 | Transfers to be made into this plan

Please provide details of the benefits you have in other pension arrangements you wish to transfer to the Family Pension Trust. Transfers and assignments to the Family Pension Trust can only be made once the scheme has been registered with HMRC.

If you have more than one pension arrangement please photocopy this page and the page overleaf for each additional pension plan/scheme and complete and sign one form for each plan/scheme. This will give us the authority required to contact the provider about all of your pension benefits.

You should seek financial advice, from a suitably qualified adviser, before making any transfers or assignments.

Provider's full name and address

Name

Telephone number

Email address

Plan/scheme type

Address

Country

Postcode

Is this an occupational scheme? Yes No

Plan/Scheme Name (In full)

Plan/Scheme Number (In full)

Pension Scheme Tax Reference

Value of Fund

Do you wish to transfer this pension arrangement into your FPT? Yes No

Does this represent the full value of the current plan/scheme? Yes No

A pension arrangement is in drawdown if any benefits have been taken, including pension commencement lump sum. We cannot accept a partial transfer of funds in drawdown.

Is the pension arrangement being transferred

Already entirely in drawdown

Already partially in drawdown

Not in drawdown

If in drawdown, please confirm how they are crystallised

Capped drawdown

Flexi-Access drawdown

Other

If you are transferring in any funds that are already in drawdown and you have protected benefits, you will need to provide evidence of the % of any Protections already used. This should be provided by your current scheme administrator/provider. Please refer to section 1.

Do you want to transfer assets 'in specie'?

Yes (all assets)

Yes (some assets)

No

If 'Yes' to 'all assets' or 'some assets', please provide a list of assets you wish to transfer 'in specie' in the notes section on page 21. 'In specie' transfer of assets can be a complex process involving several different parties and may take some time to complete. We reserve the right to make enquiries before proceeding with a transfer.

Some benefits that are subject to protection of existing rights may be lost if they are transferred or assigned to your Family Pension Trust. In these cases we require you to have taken advice on the transfer.

Does the plan/scheme contain any guaranteed annuity rates, guaranteed minimum pension rights or safeguarded benefits?

Yes No

Is your transfer from a Defined Benefit Scheme?

Yes No

If you have ticked 'Yes' to any of the above two questions, please confirm that you have taken advice from a suitably qualified Financial Adviser with regard to this transfer and have considered the impact on any protection you may have. We will need to check with that adviser that they have given a recommendation to transfer. If you have not taken advice we will confirm what further requirements we will need.

Yes No

We will need to take any Pension Sharing or Pensions Earmarking Order into account when calculating your retirement benefits. If you answer 'Yes' we reserve the right to make enquiries before proceeding with a transfer.

Is the plan/scheme subject to any existing or proposed trustee in bankruptcy orders, or earmarking or pension sharing orders, or other receiving orders?

Yes No

Is the transfer part of a block transfer?

Yes No

Please select one or more of the following options to indicate how the funds were received into your initial pension plan, and give details for each below:

Pension funded by the transfer of a former pension plan Employer Contributions?

Which employer?

Were contributions paid from a personal bank account?

Yes No

Other (please specify)

Have any funds been generated outside of the UK?

Yes No

12 | Transfers authority

I authorise, instruct and apply to you to transfer sums and assets from the plan/scheme as listed directly to Alltrust Services Limited and to provide any instructions and/or discharge required by any relevant third party to do so. Where you have asked me to give you any original policy document(s) in return for the transfer of sums and assets and I am unable to do so, I promise that I will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information deliberately or carelessly given by me, or on my behalf, either in this form or with respect to benefits from the plan/scheme.

I authorise Alltrust Services Limited, you, any contributing Employer and any financial intermediary named in this application, to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to Alltrust Services Limited. Until this application is accepted and complete, Alltrust Services Limited responsibility is limited to the return of the total payment(s) to the named provider. When payment is made to Alltrust Services Limited as instructed, this means that I shall no longer be entitled to receive pension benefits from the whole of the plan/scheme listed above where the whole of the plan/scheme is transferring or that part of the plan/scheme represented by the payment if only part of the plan/scheme is transferring.

I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that Alltrust Services Limited and the named provider may incur as a result of any incorrect, untrue or misleading information in this application or given by me or on my behalf or any failure on my part to comply with any aspect of this application.

Signature

Print name

Plan/Scheme No

Date

13 | Member consent

Alltrust Services Limited may want to contact you occasionally by post or email to let you know about other products and services available from us, or to forward your contact details to another firm associated with Alltrust. Please indicate your preferences by ticking the relevant boxes.

I consent to Alltrust Services Limited contacting me about other products and services.	Yes	No
--	-----	----

I consent to Alltrust Services Limited passing my contact details to other Alltrust subsidiaries and for them to contact me about their products and services.	Yes	No
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You can withdraw this consent or change this instruction at any time.
Our contact information is detailed on the last page of this document.

If you have answered 'Yes' to any of the above, please confirm how you would prefer to be contacted.

I would prefer to be contacted by email using the email address provided on page 5.

I would prefer to be contacted by post.

Signature

Print name

Date

- | | | |
|--|-----|----|
| 1. Are you satisfied that your adviser has matched this pension product to your personal needs and objectives? | Yes | No |
| 2. Are you aware of and have received information on the fees for the pension and investment advice from your financial adviser, the pension scheme and investment linked costs for the setup and ongoing for your pension scheme? | Yes | No |
| 3. Has all the communication that you have received been clear and easy to understand with any questions that you have asked being answered to your satisfaction? | Yes | No |
| 4. Have you received the information for each of the products that you are using, pension, investment provider and any investments? | Yes | No |
| 5. Are there any personal circumstances that Alltrust need to be aware of to enable us to support you and provide you with services? If you tick yes to this, someone from our team will contact you directly to discuss. | Yes | No |

14 | Our privacy notice

Our Privacy Notice contains information in respect of the personal data that we collect about you. This is available from our website, <https://alltrust.co.uk/privacy-notice-and-cookie-policy/> or in hard copy by emailing ftp@alltrust.co.uk.

Please read this information carefully before submitting your application to us. By signing the application, you consent to the use of your personal information for the purposes and on the terms set out within our Privacy Notice. You have the right to withdraw consent at any time.

Please note that questions, comments and requests regarding our Privacy Notice are welcomed and should be addressed to ftp@alltrust.co.uk.

Alternatively, please telephone 01722 770478 or write to us Alltrust, Suite 201 Warner House, 123 Castle Street, Salisbury SP1 3TB.

15 | Member declaration

This is our standard Member Questionnaire upon which we intend to rely. For your own benefit and protection you should read this declaration carefully before signing. If you do not understand any point please ask for further information or seek advice from a suitably qualified professional.

Please tick if applicable:

I am aware of my cancellation rights as detailed in the Family Pension Key Features document and agree to waive my cancellation rights to become a member of the Family Pension Trust.	Yes	No
--	-----	----

I have parental responsibility for the child named on this application form.	Yes	No
---	-----	----

I confirm that by completing this application, I agree to become a member of the Family Pension Trust and agree to be bound by the Trust Deed and Rules. I have read and agree to the charges as outlined in the Family Pension Trust Fee Schedule and I am aware that fees will be deducted from my fund.

I understand that Alltrust SIPP Limited is the independent trustee and Alltrust Services Limited will be the scheme Administrator/ Operator.

I confirm the information provided in this application is true and correct to the best of my knowledge. I undertake to inform Alltrust Services Limited of any event that would result in my no longer being entitled to tax relief on my contributions under section 188 of the Finance Act 2004. I will inform Alltrust Services Limited by the later of:

A) 5 April in the year of assessment in which the event occurred, and

B) the date 30 days after the occurrence of that event.

I will also inform Alltrust Services Limited within 30 days if I change my name or permanent residential address or I start to receive pension benefits from any other scheme.

My employer may be paying contributions to this scheme and I give Alltrust Services Limited authority to correspond directly with them. I agree that my total contributions to any registered pension scheme in respect of which I am entitled to receive tax relief, under section 188 of the Finance Act 2004, will not exceed the higher of the basic amount, currently £3,600 as at the date of this application, or my relevant UK earnings, within the meaning of Section 189 of the Finance Act 2004, in that year, subject to HMRC limits.

I authorise any insurer or other pension provider and HMRC to disclose to Alltrust Services Limited any details they request about the benefits provided for me.

I agree to Alltrust Services Limited opening a member bank account with Alltrust SIPP Limited's designated bank, to which all payments into my arrangement will be made. I understand Alltrust SIPP Limited will be sole signatory to the account. I understand that once a tax relievable contribution has been made to a scheme, it cannot be returned.

I hereby give authority for Alltrust Services Limited to accept investment and disinvestment instructions from my appointed financial adviser and fully understand and agree:

- that I am solely responsible for all decisions relating to the purchase, retention and sale of the investments forming my personal arrangement under the scheme;
- that I will share responsibility for all decisions relating to the purchase, retention and sale of the investments within any common investment fund of which I am a member under the scheme, with the other participating members;
- decisions and correspondence relating to any common investment funds will be communicated via the scheme chairperson;
- not to hold Alltrust Services Limited, Alltrust SIPP Limited or the designated bank liable for any claim in respect of the decisions made by myself or any appointed adviser;
- that I will be responsible for any losses and/or expenses which are the result of any untrue, misleading or inaccurate information given by me or on my behalf either in this form or with respect to the benefits under the scheme;
- that Alltrust Services Limited and Alltrust SIPP Limited have not carried out and shall not carry out any review of the nominated investment manager's financial status or their investment and/or risk strategies.

I understand to comply with Money Laundering Regulations, Alltrust Services Limited may verify my identity through the use of an electronic identity verification system. Where a check is carried out, the system will also check whether I have a credit history, but it will not disclose any details. The system will add a note to my credit file to show that an identity check was made, but this information will not be available to third parties for credit assessment purposes. If the check does not confirm my identity, Alltrust Services Limited will need to carry out a manual check and may need to contact me for further information. Acceptance of my application is subject to satisfactory completion of identity verification checks.

Signature

Print name

Date

16. Notes

16. Notes

Additional notes and important information

Alltrust requires members to obtain regulated financial advice for certain pension transactions, including but not limited to benefit crystallisation, the transfer of pensions into or out of your Alltrust pension, and the transfer or purchase of non-standard investments, unless the member has been formally assessed and accepted as a Knowledgeable Investor by Alltrust.

Where advice is required, it must be provided by a suitably qualified and regulated financial adviser. That adviser must have a signed agreement with us, except in the case of transfers out, where they must simply hold the appropriate regulatory permissions. This requirement is in place to ensure decisions are made in the best interests of our members and in line with regulatory expectations.

Alltrust reserves the right to decline any instruction that does not meet this requirement.

If you are unsure whether advice is required for your specific request, please contact us before proceeding.

Alltrust Current Terms of Business are available to view on our website.

Alltrust Services Limited

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E: fpt@alltrust.co.uk W: alltrust.co.uk

Alltrust is part of the UAP Group

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