SIPP

JAMES HAY PARTNERSHIP

Supplementary Contribution Application Form

(For IPS SIPP, IPS 2008 SIPP, Family SIPP, and Pension Builder only)

JHAY0251B

Application Guide

Please complete this form in BLOCK CAPITALS and black ink.

1 Personal Details

Applicant to complete

Mr ☐ Mrs ☐ Ms ☐ Miss ☐

Other ☐ If 'Other' please state

Forename

Surname

Member number

National Insurance Number

Address

Post Code

Telephone (eve)

Please tick the most appropriate box below – one box must be ticked:

Employed ☐

Employer Name

Employer address

Post Code

Pensioner ☐ Self-employed ☐

Caring for one or more children under the age of 16 years ☐ Caring for a person aged 16 years or over ☐

In full-time education ☐ Unemployed ☐

Other ☐

If 'Other' please state

2 Contributions

Important: If you have enhanced or fixed protection any contribution made to this SIPP means you will lose this protection. You should speak to your Financial Adviser.

2a Entitlement to Tax Relief (please tick one option)

Applicant to complete

(i) I have relevant UK earnings chargeable to income tax, or general earnings from overseas Crown employment subject to UK tax, in this tax year. ☐

(ii) I am, or have been, resident in the UK at some time during this tax year. ☐

(iii) My spouse has for this tax year general earnings from overseas Crown employment subject to UK tax. ☐

(iv) I am, or my spouse, is in overseas Crown employment but for this tax year do/does not have general earnings from overseas Crown employment subject to UK tax. ☐

(v) I was resident when I became a member of the SIPP and have been resident in the UK at some time during five tax years immediately before this tax year. ☐

(vi) None of the above. ☐

If you have ticked (i) or (ii) we will reclaim basic rate tax on your personal contributions. If you have ticked (iii), (iv) or (v) we will reclaim basic rate tax on your personal contributions up to £3,600 gross. If you have ticked (vi) we will not reclaim any basic rate tax relief on your personal contributions.

Please Note: If you do not complete this section, we will not be able to determine if you are entitled to have basic rate tax reclaimed on your personal contribution and so will not be able to reclaim this.

2b Personal Contributions

Applicant to complete

How much would you like to pay into your SIPP? If you are entitled to tax relief, please state the amount net of basic rate tax. Otherwise, please enter a gross figure.

Single contribution £

Cheques should be made payable to your pension scheme name for example 'IPS SIPP - AJ Smith'

Regular contribution

£

Frequency of contributions

Monthly ☐ Quarterly ☐

Half yearly ☐ Yearly ☐

Start date for regular contribution payments

D D M M Y Y Y Y

If regular contribution payments are to be made to your SIPP please forward a completed Standing Order Mandate to James Hay Partnership and we will forward this to your bank. As this is an agreement between you and your bank please contact them directly if you have any queries about these payments.

Will your personal contributions be paid to James Hay Partnership by a third party, other than your employer?

Yes ☐ No ☐

If '**Yes**' please provide the name and address of the third party:

Title

Mr ☐ Mrs ☐ Ms ☐ Miss ☐

Other ☐ If 'Other' please state

Forename(s)

Surname

Any other name the third party has been, or is known by

Date of birth D D M M Y Y Y Y

Or,

Organisation name

Address of third party

Post Code

You will need to supply documentary evidence of the identity and address of the third party.

If personal contributions are received from your employer please forward them the Record of Payments Due form for completion and return to James Hay Partnership.

If applicable, we will reclaim basic rate tax on personal contributions. The tax reclaim will take between 7–11 weeks. Please note that the value of the reclaim can only be invested once it has been paid into your designated SIPP bank account and it has cleared.

Important: If your contributions in respect of a tax year exceed the annual allowance (currently £50,000), then you may be subject to an annual allowance tax charge. You should speak to your Financial Adviser about this.

2c Employer Contributions - employer contact details (if applicable)

Applicant to complete

Employer's details:

Company name

Contact name

Country of establishment / incorporation

Registered number (If applicable)

Nature of business

Correspondence address

Post Code

Telephone

Fax

I am happy for James Hay Partnership to correspond with my employer directly

Yes ☐ No ☐

If your employer wishes to regularly contribute to your SIPP please ask them to complete and sign section 3 below. For regular contributions your employer will also need to complete a standing order mandate. Where applicable, please enclose any standing order forms with this form and we will forward this to their bank. As this is an agreement between your employer and the bank they will need to contact them directly if they have any queries about these payments.

2d Employer Contributions - Single Payments (if applicable)

Applicant to complete

All employer contributions are paid gross.

How much would your employer like to pay into your Plan?

Single contribution £ (gross)

2e Employer's Payment Record for Regular Contributions (if applicable)

Applicant to complete

Your employer should complete this section if they will be making regular payments into your SIPP, either deducted from your salary, or from their own funds. This is known as a direct pension arrangement. Regular payments can be submitted via standing order. Employers must prepare and maintain a record of the payments due to be paid to an employee's pension.

Regular employer contribution amount £ (gross)

Regular employee contribution amount £ (net)

Frequency of contributions:

Monthly ☐ Quarterly ☐ Half yearly ☐ Annually ☐

Date of the first employer contribution

D D M M Y Y Y Y

Any contributions due prior to the specified date above should be paid in accordance with section 2d of this form.

We will use the day of the first contribution date as the ongoing collection day for the stated contributions. The due date for pension regulator purposes, in relation to these regular payments, will always be the 19th day of the following month.

To be signed on behalf of the employer

I confirm that, the above information in this section is accurate and I will notify you if any of these details change.

Signed

Name

Position

Date

D D M M Y Y Y Y

Contact number (if different from details already given)

Additional information on contributions is available in the notes section at the back of this document.

3 Declaration

Applicant to complete

a) I confirm that to the best of my knowledge and belief, the particulars given on this Application Form are correct and complete.

b) I undertake to tell James Hay Partnership in writing within 30 calendar days if:
   - There is any change in my residency status
   - There is any change in my name or permanent residential address.

c) I accept that this application determines whether I am entitled to basic rate tax relief at source on my contributions.

d) I agree that the total contributions to any registered pension schemes in respect of which I am entitled to tax relief will not exceed the higher of:
   - £3,600, **or**
   - My relevant UK earnings for that tax year.

e) If I am no longer entitled to tax relief on my contributions I will undertake to tell James Hay Partnership in writing no later than:
   - 5 April in the year of assessment in which this occurs, **or**
   - Within 30 calendar days of this change.

f) I accept it is an offence to make false statements and that the penalties are severe and could lead to prosecution.

Signature

Date D D M M Y Y Y Y

Notes

CONTRIBUTIONS

- Legislation requires James Hay Partnership to monitor payments into a personal pension scheme by employers from their own bank account in respect of the employee, or on behalf of the employee out of deductions from the employee's earnings. The legislation also states that the employer must specify the 'Due Date' for such payments, this information is detailed in section 2e of the application form.
- The employer must make sure that the payments are correct and paid on time. By law, James Hay Partnership must monitor the payments to ensure they are made on time using the Employer's Payment Record information provided.
- We must tell the pensions regulator if payments are missed or received late. The employer may be fined by the Pensions Regulator if late or incorrect payments are made.

Checklist of Additional Documentation Required

☐ EVIDENCE OF A THIRD PARTY'S NAME AND ADDRESS (EXCEPT EMPLOYER) IF CONTRIBUTING TO YOUR SIPP

If the third party is an individual, please request a separate Confirmation of Verification of Identity from James Hay Partnership to be completed by your Financial Adviser

OR

Black and white photocopies of two documents - one from list A and one from list B. (Items from the same source cannot be used twice)

List A

- Unexpired passport
- Unexpired UK old style driving licence (not provisional)
- Unexpired UK Photocard driving licence
- Firearms certificate or shotgun licence
- EEA of Switzerland National Identity Card and Northern Ireland Voters

List B

- Unexpired UK old style driving licence (not provisional)
- Unexpired UK Photocard driving licence
- Council Tax Bill
- Firearms certificate or shotgun licence
- Bank Statement (not internet printed)
- Credit Card statement (not internet printed)
- Utility Bill (not mobile phone, satellite/cable TV or internet printed bills)
- HM Revenue & Customs coding/assessment/ statement/tax credit

If the third party is an unincorporated business please supply a photocopy of:

- Latest reports and accounts
- HM Revenue & Customs tax return or invoice

☐ **Completed Standing Order Mandate** if regular contributions are to be paid by you or your employer (if applicable).

☐ **Cheque** made payable to the pension scheme name for single contributions.

OR

We may be able to verify the identity of the third party by an electronic search with a third party agency if they provide their full UK passport number.

Passport number

☐☐☐☐☐☐☐☐☐☐ ☐☐☐

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This is the full number from the bottom line of the passport including the two digits at the end.

Passport expiry Date D D M M Y Y Y Y

James Hay Partnership is able to provide literature in alternative formats. The formats available are: Large Print (as recommended by RNIB), Braille, Audio Tape and PC Disk. If you would like to receive this document in an alternative format please contact us on 0845 850 4455. For the hard of hearing and / or speech impaired, please use the Typetalk service via 18001 0845 850 4455.

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