



JHAY0186

Wrap SIPP Application Form

Application guide

Please complete this form in BLOCK CAPITALS and return it to James Hay, Suite 202 Warner House, 123 Castle Street, Salisbury, SP1 3TB. If you require any assistance, please call your Customer Support Team or our general enquiry number 03455 212 414.

If you already have a SIPP with James Hay, please state the Member number.

1 Personal details

Applicant to complete

IMPORTANT: Please answer all questions in this section. If you do not fully complete this part of the form, it may delay the application process.

Title

Forename(s)

Surname

Any other name you have been, or are, known by

Date of birth

Permanent residential address

 Postcode

Time at current address Years Months

If you have lived at your current address for less than 18 months, please provide your previous address

Previous address

 Postcode

Telephone Mobile

Email

National Insurance number **OR** I have never had a National Insurance number ☐

Nationality

Do you have dual nationality? Yes ☐ No ☐

If **Yes**, please specify

Country of residence

Marital status

Gender ☐ Male ☐ Female

Occupation

1 Personal details (continued)

Applicant to complete

Approximate annual earnings from your occupation

Selected retirement date

Are you a US Person or resident of the US for tax purposes?¹ Yes ☐ No ☐

Are you an undischarged bankrupt? Yes ☐ No ☐

¹ A US Person is a person who is a citizen or national of the United States of America (US) or resident in the US for US tax purposes, or a holder of a green card.

² If **Yes**, we may not be able to proceed with your application. Please contact us for further details.

1a Employment details

Applicant to complete

Employment status:

Employed ☐ Self employed ☐ Unemployed ☐

Caring for one or more children under the age of 16 years ☐ Pensioner ☐

Caring for a person aged 16 years or over ☐ In full time education ☐

Other (please provide details)

Occupation

Nature of business

Employer name

Employer address

 Postcode

Have you decided to opt out of or not join your employer's pension scheme? Yes ☐ No ☐

Please note: If you are not employed or if your employer does not offer a pension scheme that you would be eligible to join, please answer No to the above question.

1b Source of wealth

Applicant to complete

Please tick one or more of the following options to indicate from which source(s) you have accumulated the personal wealth that will be used to fund your Wrap SIPP. Please also include the source of wealth for any contributions made by a third party (excluding an employer):

	Your contribution	Third party contribution
Income from employment	<input type="checkbox"/>	<input type="checkbox"/>
Income from savings/investments	<input type="checkbox"/>	<input type="checkbox"/>
Gift	<input type="checkbox"/>	<input type="checkbox"/>
Lottery and other winnings	<input type="checkbox"/>	<input type="checkbox"/>
Property sale	<input type="checkbox"/>	<input type="checkbox"/>
Inheritance	<input type="checkbox"/>	<input type="checkbox"/>
Divorce settlement	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>	

IMPORTANT NOTE: If you are transferring an occupational defined benefits (final salary) scheme, we will require written confirmation from your financial adviser that they have advised you in respect of this transfer and recommended that you proceed with the transfer.

If you wish to transfer an occupational money purchase (defined contribution) scheme, we may accept the transfer if you provide either written confirmation from your financial adviser that they have recommended that you proceed with the transfer, or written confirmation from the transferring scheme that the transfer contains no safeguarded benefits.

If applicable, your financial adviser can submit a completed 'Confirmation of Advice to Transfer Pension Fund' form, available from www.jameshay.co.uk.

Please list details of any schemes you wish to transfer here and provide further details in the sections that follow.

Scheme name	Policy number(s)	Estimated value
Total amount		

Please note:

- Please ensure you complete the following 'Transferring scheme' sections fully for each transfer you would like to make. Whether or not you have already requested the transfer, you will still need to provide us with all the information relating to the transfer. For any transfers that you have not already requested, we will request them on your behalf.
- If the transfers are made up of a mixture of plans in capped drawdown and flexi-access drawdown, we will convert all to flexi-access drawdown upon receipt.
- The transferring schemes may require additional information before releasing any funds and this could delay your transfer to us.
- If you are transferring beneficiary pension rights in addition to other non-beneficiary pension rights, we will open a separate Wrap SIPP for the beneficiary pension rights. If you are transferring beneficiary pension rights which have different tax treatment, a separate Wrap SIPP will be opened for each type of beneficiary pension right.

2a Transferring scheme

Applicant to complete

I wish to transfer my entitlement to benefits from the following pension scheme to the James Hay Personal Pension Plan administered by James Hay.

Scheme name	<input type="text"/>		
Scheme provider	<input type="text"/>		
Scheme address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Policy number(s)	<input type="text"/>		
Scheme type	<input type="checkbox"/> Occupational money purchase (defined contribution) ³	<input type="checkbox"/> Occupational defined benefits (final salary) ³	
	<input type="checkbox"/> Other registered pension scheme	<input type="checkbox"/> Qualifying recognised overseas pension scheme	

³ Please read the important note at the beginning of Section 2 regarding financial advice.

Guaranteed transfer value expiry date (if applicable)

Important: If we receive this form 10 working days or less before the guaranteed transfer value expiry date, we are unable to guarantee that we can process the transfer within this timescale and will not accept any liability for the expiry date being missed.

Estimated value £

Do you wish to transfer the full value of this scheme? Yes ☐ No ☐

If **No**, please state the amount you wish to transfer £

Status of transfer value ☐ Uncrystallised ☐ Crystallised ☐ Phased Drawdown

Please detail any guarantees and/or protection attached to the scheme:

Does the transfer contain safeguarded benefits? Yes ☐ No ☐

Are the assets to be re-registered into your Wrap SIPP as part of an in-specie transfer? Yes ☐ No ☐

If **Yes**, we will require a current valuation from the transferring scheme and a list of assets. We will then confirm which assets can be re-registered.

Is James Hay the administrator of this scheme? Yes ☐ No ☐

Does James Hay need to complete the transferring scheme's transfer discharge form? Yes ☐ No ☐

If **Yes**, please enclose the form with this document.

Do you wish to immediately withdraw benefits from this scheme once it has been transferred? Yes ☐ No ☐

If **Yes**, please also complete the relevant James Hay 'Benefit Payment Form' to initiate benefits, or our 'Drawdown to Drawdown Transfer Form' if the scheme being transferred in is already in drawdown.

Have you taken income through flexi-access drawdown, or an uncrystallised funds pension lump sum, from any pension you hold with other providers? Yes ☐ No ☐

Is the transfer payment subject to an earmarking order or any other type of attachment order? Yes ☐ No ☐
If **Yes**, please supply a certified copy of the order.

Is the transfer payment in respect of a pension credit (pension rights received as part of a divorce settlement)? Yes ☐ No ☐

If **Yes**, please supply a certified copy of the court order, final order of divorce and pension sharing annex.

Is this part of a block transfer? Yes ☐ No ☐

Have you already instructed this scheme that you wish to transfer? Yes ☐ No ☐

Does the payment include beneficiary pension rights? Yes ☐ No ☐

If **Yes**, please complete the deceased's personal details below.

If **Yes**, is income from the beneficiary pension rights taxable? Yes ☐ No ☐

Deceased's personal details (if applicable)

Full name

Date of birth

Date of death

National Insurance number

2b Transferring scheme

Applicant to complete

I wish to transfer my entitlement to benefits from the following pension scheme to the James Hay Personal Pension Plan administered by James Hay.

Scheme name

Scheme provider

Scheme address

Postcode

Policy number(s)

Scheme type ☐ Occupational money purchase (defined contribution) ³ ☐ Occupational defined benefits (final salary) ³
☐ Other registered pension scheme ☐ Qualifying recognised overseas pension scheme

³ Please read the important note at the beginning of Section 2 regarding financial advice.

Guaranteed transfer value expiry date (if applicable)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Important: If we receive this form 10 working days or less before the guaranteed transfer value expiry date, we are unable to guarantee that we can process the transfer within this timescale and will not accept any liability for the expiry date being missed.

Estimated value

 £

Do you wish to transfer the full value of this scheme?

Yes

☐

No

☐If **No**, please state the amount you wish to transfer

£

Status of transfer value

☐

Uncrystallised

☐

Crystallised

☐

Phased Drawdown

Please detail any guarantees and/or protection attached to the scheme:

Does the transfer contain safeguarded benefits?

Yes

☐

No

☐

Are the assets to be re-registered into your Wrap SIPP as part of an in-specie transfer?

Yes

☐

No

☐

If **Yes**, we will require a current valuation from the transferring scheme and a list of assets. We will then confirm which assets can be re-registered.

Is James Hay the administrator of this scheme?

Yes

☐

No

☐

Does James Hay need to complete the transferring scheme's transfer discharge form?

Yes

☐

No

☐If **Yes**, please enclose the form with this document.

Do you wish to immediately withdraw benefits from this scheme once it has been transferred?

Yes

☐

No

☐

If **Yes**, please also complete the relevant James Hay 'Benefit Payment Form' to initiate benefits, or our 'Drawdown to Drawdown Transfer Form' if the scheme being transferred in is already in drawdown.

Have you taken income through flexi-access drawdown, or an uncrystallised funds pension lump sum, from any pension you hold with other providers?

Yes

☐

No

☐

Is the transfer payment subject to an earmarking order or any other type of attachment order?

Yes

☐

No

☐If **Yes**, please supply a certified copy of the order.

Is the transfer payment in respect of a pension credit (pension rights received as part of a divorce settlement)?

Yes

☐

No

☐If **Yes**, please supply a certified copy of the court order, final order of divorce and pension sharing annex.

Is this part of a block transfer?

Yes

☐

No

☐

Have you already instructed this scheme that you wish to transfer?

Yes

☐

No

☐

Does the payment include beneficiary pension rights?

Yes

☐

No

☐If **Yes**, please complete the deceased's personal details below.If **Yes**, is income from the beneficiary pension rights taxable?

Yes

☐

No

☐**Deceased's personal details (if applicable)**

Full name

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date of death

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

National Insurance number

--	--	--	--	--	--	--	--	--	--

2c Transferring scheme

Applicant to complete

I wish to transfer my entitlement to benefits from the following pension scheme to the James Hay Personal Pension Plan administered by James Hay.

Scheme name

Scheme provider

Scheme address

Postcode

Policy number(s)

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Scheme type

☐Occupational money purchase (defined contribution) ²☐Occupational defined benefits (final salary) ²☐

Other registered pension scheme

☐

Qualifying recognised overseas pension scheme

² Please read the important note at the beginning of Section 2 regarding financial advice.

Guaranteed transfer value expiry date (if applicable)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Important: If we receive this form 10 working days or less before the guaranteed transfer value expiry date, we are unable to guarantee that we can process the transfer within this timescale and will not accept any liability for the expiry date being missed.

Estimated value

£

--

Do you wish to transfer the full value of this scheme?

Yes

☐

No

☐If **No**, please state the amount you wish to transfer

£

--

Status of transfer value

☐

Uncrystallised

☐

Crystallised

☐

Phased Drawdown

Please detail any guarantees and/or protection attached to the scheme:

--

Does the transfer contain safeguarded benefits?

Yes

☐

No

☐

Are the assets to be re-registered into your Wrap SIPP as part of an in-specie transfer?

Yes

☐

No

☐

If **Yes**, we will require a current valuation from the transferring scheme and a list of assets. We will then confirm which assets can be re-registered.

Is James Hay the administrator of this scheme?

Yes

☐

No

☐

Does James Hay need to complete the transferring scheme's transfer discharge form?

Yes

☐

No

☐If **Yes**, please enclose the form with this document.

Do you wish to immediately withdraw benefits from this scheme once it has been transferred?

Yes

☐

No

☐

If **Yes**, please also complete the relevant James Hay 'Benefit Payment Form' to initiate benefits, or our 'Drawdown to Drawdown Transfer Form' if the scheme being transferred in is already in drawdown.

Have you taken income through flexi-access drawdown, or an uncrystallised funds pension lump sum, from any pension you hold with other providers?

Yes

☐

No

☐

Is the transfer payment subject to an earmarking order or any other type of attachment order?

Yes

☐

No

☐If **Yes**, please supply a certified copy of the order.

Is the transfer payment in respect of a pension credit (pension rights received as part of a divorce settlement)?

Yes

☐

No

☐

If **Yes**, please supply a certified copy of the court order, final order of divorce and pension sharing annex.

Is this part of a block transfer?

Yes

☐

No

☐

Have you already instructed this scheme that you wish to transfer?

Yes

☐

No

☐

Does the payment include beneficiary pension rights?

Yes

☐

No

☐If **Yes**, please complete the deceased's personal details below.If **Yes**, is income from the beneficiary pension rights taxable?

Yes

☐

No

☐**Deceased's personal details (if applicable)**

Full name

--

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date of death

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

National Insurance number

--	--	--	--	--	--	--	--	--	--

I wish to transfer my entitlement to benefits from the following pension scheme to the James Hay Personal Pension Plan administered by James Hay.

Scheme name

Scheme provider

Scheme address

Postcode

Policy number(s)

Scheme type ☐ Occupational money purchase (defined contribution) ³ ☐ Occupational defined benefits (final salary) ³
☐ Other registered pension scheme ☐ Qualifying recognised overseas pension scheme

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Guaranteed transfer value expiry date (if applicable)

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Estimated value £

Do you wish to transfer the full value of this scheme? Yes ☐ No ☐

If **No**, please state the amount you wish to transfer

£

Status of transfer value ☐ Uncrystallised ☐ Crystallised ☐ Phased Drawdown

Please detail any guarantees and/or protection attached to the scheme:

Does the transfer contain safeguarded benefits? Yes ☐ No ☐

Are the assets to be re-registered into your Wrap SIPP as part of an in-specie transfer? Yes ☐ No ☐

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Does James Hay need to complete the transferring scheme's transfer discharge form? Yes ☐ No ☐

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Is the transfer payment subject to an earmarking order or any other type of attachment order? Yes ☐ No ☐

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If **Yes**, please supply a certified copy of the court order, final order of divorce and pension sharing annex.

Is this part of a block transfer? Yes ☐ No ☐

Have you already instructed this scheme that you wish to transfer? Yes ☐ No ☐

2d Transferring scheme (continued)

Applicant to complete

Does the payment include beneficiary pension rights?

Yes ☐No ☐If **Yes**, please complete the deceased's personal details below.If **Yes**, is income from the beneficiary pension rights taxable?Yes ☐No ☐**Deceased's personal details (if applicable)**

Full name

Date of birth

Date of death

National Insurance number

3 Contributions

Please complete this section if single or regular contributions will be paid into your Wrap SIPP.

Please note: If you applied for lifetime allowance/lump sum protection on or after 15 March 2023, any contribution made to your Wrap SIPP means you will lose this protection. If your contributions in respect of a tax year exceed your applicable annual allowance, then you may be subject to a personal tax charge called the annual allowance charge. It is possible for unused annual allowance to be carried forward for up to three years. You should speak to your financial adviser about this.

3a Entitlement to tax relief

Applicant to complete

Please tick one option only:

- (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 or civil partner has for this tax year general earnings from overseas Crown employment subject to UK tax. ☐
- (iv) I am, or my spouse or civil partner 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 in the UK when I became a member of the SIPP and have been resident in the UK at some time during the five tax years immediately before this tax year. ☐
- (vi) None of above. ☐

If you have ticked (i) or (ii), we will reclaim basic rate tax on your personal contributions. If you are liable to income tax at a rate above basic rate, you will be able to claim any additional relief from HM Revenue and Customs (HMRC) either through your self assessment return or, if you do not complete one, by contacting HMRC.

If you have ticked (iii), (iv) or (v), we will reclaim basic rate tax on your personal contributions up to the basic amount of £3,600 gross.

If you have ticked (vi) or have not completed this section at all, 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.

Residency

If you are a Scottish resident (as determined by HMRC) your tax rate may differ.

For example, you may be liable to income tax at no more than the Scottish starter rate of 19%. For the 2025/26 tax year we will still claim tax relief of 20% where applicable. HMRC has stated that it will not recover the difference between the Scottish starter rate and the Scottish basic rate for the 2025/26 tax year.

If you are liable to income tax at a rate above the Scottish basic rate of 20%, you will be able to claim the additional relief from HMRC either through your self assessment return or, if you do not complete one, by contacting HMRC.

The Welsh government has the power to amend the rate of income tax paid by Welsh residents, and if they do, this may impact the amount of tax we can reclaim on contributions made by Welsh residents. The Welsh government has indicated that they will not amend the rate of income tax for the 2025/26 tax year.

3b Personal contributions

Applicant to complete

Please state the net amount that you would like to pay into your Wrap SIPP. If, as per Section 3a, we are able to reclaim basic rate tax on your personal contributions, this tax amount will be added to your stated net contribution amount. Please note that the gross figure (the net amount you are contributing plus the value of any tax reclaim) is the figure used to calculate against your applicable annual allowance.

Single contribution

£ (net)

Payment method

Electronic Bank Transfer ⁴ ☐New/Existing Direct Debit ⁵ ☐

Date I wish the single Direct Debit amount to be taken

⁴ If you wish to make a contribution by electronic bank transfer, you can view your SIPP Bank Account details on the 'trustee cash' screen of your James Hay Online account.

⁵ If a single contribution is to be taken as part of a new Direct Debit, please also complete the attached Direct Debit Mandate.

3b Personal contributions (continued)

Applicant to complete

Regular contribution £ (net)

Frequency of contributions

Monthly ☐ Quarterly ☐ Half-yearly ☐ Annually ☐

Start date for regular contribution payments (this must be between 1st - 28th of the month)

 If regular contribution payments are to be made to your SIPP please also complete the attached Direct Debit Mandate. Please allow 10 business days for us to set up any Direct Debits.

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.

Annual Allowances

Important: If your contributions in respect of a tax year exceed the annual allowance (£60,000⁶ for the 2025/26 tax year), then you may be subject to an annual allowance tax charge. It is possible for unused annual allowance to be carried forward for up to three years. You should speak to your financial adviser about this.

If you have flexibly accessed your SIPP or any other money purchase pension you may have (for example, by taking flexi-access drawdown payments or an uncrystallised funds pension lump sum), you will be subject to the money purchase annual allowance (MPAA) limit (£10,000 for 2025/26 tax year). Again, exceeding this will trigger a tax charge. You must inform us if you have flexibly accessed another money purchase pension scheme within 91 days of doing so.

⁶ If you have adjusted income (that is your total income before the deduction of personal allowances or reliefs) of more than £260,000 per annum, your annual allowance will be reduced by £1 for every £2 of income above £260,000 with a maximum reduction of your annual allowance to £10,000.

Please note: The tax treatment depends on the individual's circumstances and may be subject to change in the future.

3c Third party contributions

Applicant to complete

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

Yes ☐ No ☐If **Yes**, please provide the name and address of the third party:Title Forename(s) Surname Any other name the third party has been, or is known by Date of birth

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 it to us.

Or,Organisation name Address of third party

 Postcode

3d Employer contributions - employer contact details (if applicable)

Applicant to complete

Company name	<input type="text"/>		
Contact name	<input type="text"/>		
Country of establishment/ incorporation	<input type="text"/>		
Registered number (if applicable)	<input type="text"/>		
Nature of business	<input type="text"/>		
Registered address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	Postcode <input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>

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

Yes ☐No ☐**For a single employer contribution, please ask your employer to complete Section 3e.****If your employer wishes to regularly contribute to your SIPP please ask them to complete and sign Section 3f. For regular contributions your employer will also need to complete the attached Direct Debit Mandate. Where applicable, please enclose any Direct Debit Mandates with this form.****Please allow 10 business days for us to set up Direct Debits.****3e Employer contributions - single payments (if applicable)**

Applicant to complete

All employer contributions are paid gross. How much will your employer pay into your SIPP?Single contribution £ (gross)

Payment method

Electronic Bank Transfer ⁷ ☐New/Existing Direct Debit ⁸ ☐

Date I wish the single Direct Debit amount to be taken

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

⁷ If your employer wishes to make a single contribution by electronic bank transfer, you can provide them with your SIPP Bank Account details from the 'trustee cash' screen of your James Hay Online account.⁸ If a single contribution is to be taken as part of a new Direct Debit, please forward a completed Direct Debit Mandate.**To be signed on behalf of the employer**

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

Signed

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Print name

Position

Contact number (if different from details already given)

You, the employer, should complete this section if you will be making regular payments into your employee's SIPP, either deducted from the employee's salary, or from your own funds. Regular payments must be submitted via Direct Debit. You, the employer, must prepare and maintain a record of the payments due to be paid to your employee's SIPP.

Regular employer contribution amount (including salary sacrifice arrangements) £ (gross)

Please note that employer contributions to your SIPP (including salary sacrifice arrangements) are paid gross.

Regular employee contribution amount £ (net)

Employee contributions should be paid net of tax.

Frequency of contributions

Monthly ☐ Quarterly ☐ Half-yearly ☐ Annually ☐

Date of the first employer contribution (this must be between 1st - 28th of the month)

Please allow 10 business days for us to set up the Direct Debit.

Any contributions due prior to the specified date above should be paid in accordance with Section 3e 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 information in this section is accurate and I will notify you if any of these details change.

Signed

Date

Print name

Position

Contact number (if different from details already given)

I wish to invest in the following investment options (tick appropriate boxes):

☐ **MANAGED PORTFOLIO PANEL**

Your financial adviser can select a model portfolio on the Managed Portfolio Panel using James Hay Online.

Please note: Your financial adviser will need to agree to the investment manager's terms of business prior to investing into a model portfolio on the Managed Portfolio Panel. If you select this option you will be unable to hold any Investment Centre funds outside of one of the model portfolios on the panel.

☐ **CASH PANEL**

Please complete our Application for Cash Panel Accounts form and send it to us at the address below. Upon receipt of the completed form, if there is sufficient cash in your SIPP Bank Account, we will forward the instruction to the provider.

☐ **INVESTMENT MANAGER**

Please complete Section 4b of this Application Form.

☐ **INVESTMENT CENTRE FUNDS**

If you have sufficient cash available in your SIPP Bank Account, Investment Centre trades may be placed via the 'Trade' area of James Hay Online. Alternatively, you may submit paper instructions to us using an 'Investment Centre Buy Form'. Please note there is no charge for placing trades online but there is a charge if you submit paper investment instructions.

☐ **EQi**

Please read the EQi Terms and Conditions and EQi Order Execution Policy and complete Section 4a of this Application Form. We will notify you when your EQi account has been opened. You can then instruct us to send EQi cash from your SIPP Bank Account and access the trader terminal via the 'Trade' area of James Hay Online. You must be resident in the UK to apply for a EQi Dealing account.

☐ **COMMERCIAL PROPERTY**

Please read the 'Commercial Property Purchase and Maintenance Guide' and complete a 'SIPP Commercial Property Questionnaire' and send it to us at the address below.

☐ **OTHER PERMISSIBLE INVESTMENTS**

Please enclose the appropriate fund manager's application form having completed the amount to be invested, the fund choice and remuneration details. As the investment will be made in our name, we will complete the rest of the investment application form.

☐ **STANDARDISED INVESTMENT OPTION - For non-advised pension investors**

If you are not following financial advice with regard to your investment choices and do not wish to select your own investments, one option available to you is a range of target retirement funds via our Investment Centre.

We have identified them as being suitable to meet the needs of a typical non-advised pension investor. Please note they are ready-made portfolios, aligned to a preset range of retirement dates, and are not tailored to an individual's retirement goals.

Please note these funds are managed by Vanguard, and their inclusion on our platform does not mean we endorse or recommend them.

If your investment needs and objectives fall outside of this standardised option, you may wish to consider other investment choices. If you want to ensure that your investment choices are suitable for your financial goals, we strongly suggest you engage with a financial adviser.

For more information, please see the Standardised Investment Option page of our website at www.jameshay.co.uk/standardised-investment-option-for-non-advised-pension-investors/.

Please note: The forms and documents detailed above can be obtained from our website at www.jameshay.co.uk.

Address to send forms to: James Hay, Suite 202 Warner House, 123 Castle Street, Salisbury, SP1 3TB.

4a EQi dealing account

Applicant to complete

I would like to open a EQi dealing account ☐

I accept the EQi Terms and Conditions ☐

I accept the EQi Order Execution Policy ☐

Mother's maiden name

Town of birth

Email

4a EQi dealing account (continued)

Applicant to complete

Are you resident in the UK for tax purposes?

Yes ☐ No ☐

Do you anticipate dealing in US securities, either now or later?

Yes ☐ No ☐

Do you wish to deal in warrants?

Yes ☐ No ☐

We will contact you with details of your EQi account once we have successfully processed your Wrap SIPP application.

4b Investment manager

Applicant to complete

I would like to appoint an investment manager to act on my behalf in respect of my Wrap SIPP. ☐

The following information allows us to identify and begin account opening conversations with your selected investment manager. The information is optional at this stage but if you do not provide it now we will need to contact you to obtain it once your Wrap SIPP has been opened. Please be aware this may delay the account opening process with the investment manager. Please note that any investment manager must be UK based and FCA authorised and agree to our operational requirements.

Firm name

Address

Postcode

Email

FCA firm reference number (if known)

Telephone

Basis of appointment

☐

Execution only

☐

Advisory

☐

Discretionary

Once we have confirmed to you that the account is open, please use the 'Cash Transfer' tool via James Hay Online to transfer money to/from your investment manager. For help with this, please contact your Customer Support Team or our general enquiry number 03455 212 414.

If you wish to set up a regular transfer of money, please submit a written instruction via fax, post or secure message, confirming the amount, frequency and start date.

5 Request to take benefits

Applicant to complete

I wish to take immediate income drawdown or an uncrystallised funds pension lump sum from my Wrap SIPP

Yes ☐ No ☐

The expected transfer is already in income drawdown

Yes ☐ No ☐

If you have answered **Yes** to the first question above, please complete a 'Benefit Payment Form' which is available from our website at www.jameshay.co.uk and return it to James Hay, Suite 202 Warner House, 123 Castle Street, Salisbury, SP1 3TB. We do not require the 'Benefit Payment Form' to establish your Wrap SIPP but we are unable to calculate benefits or commence income payments without it. If you have answered **Yes** to the second question above, please complete a 'Drawdown to Drawdown Transfer Form' also available from our website, to provide us with your on-going income requirements.

Please also forward your birth certificate or a black and white copy of your passport. In the absence of either of the above, please ask your financial adviser to complete an 'Evidence of age proforma' on your financial adviser's company headed paper.

Please note: We cannot commence benefit payments until we have received evidence of your age.

6 Flexibly accessing your pension with another provider

Applicant to complete

You must inform us if you have flexibly accessed your pension with another provider.

Have you purchased a flexible annuity, taken an income through flexi-access drawdown or taken an uncrystallised funds pension lump sum from a pension you hold with another provider (including any schemes you are transferring to James Hay)?

Yes ☐ No ☐

Please note: If you have answered Yes to the above question, you will be subject to a reduced money purchase annual allowance of £10,000 on contributions to your money purchase pension arrangements.

7 Financial adviser's details

Applicant to complete

Company name	<input type="text"/>
Network name (if applicable)	<input type="text"/>
Contact name	<input type="text"/>
FCA firm reference number	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Postcode
Telephone	<input type="text"/>
Email	<input type="text"/>

7a Financial adviser's initial adviser charges

Applicant to complete

You may agree with your financial adviser to pay them an initial adviser charge on investments made within your Wrap SIPP.

Please state below the maximum amount of any such initial adviser charges (the maximum allowed is 5% (including VAT)).

 %

Please note: The investment level adviser charge will need to be confirmed on each instruction, and the above amount represents the maximum that can be paid.

7b Financial adviser's ongoing adviser charges

Applicant to complete

PLEASE NOTE: A maximum of 7% p.a. (including VAT) adviser charges will be applied.

Please pay the organisation named above the same level of ongoing adviser charges as set out in my initial Wrap Application Form.

Yes ☐ No ☐

If **No**, please specify the level of annual ongoing adviser charges required for this Wrap SIPP, choose one option below:

Option One

Value of assets in your product (excluding assets selected below)

Total	Level of ongoing adviser charge
£	% p.a.

OR Option Two (Tiered)

Amount	Level of ongoing adviser charge
First £	% p.a.
Next £	% p.a.
Next £	% p.a.
Next £	% p.a.
Over £	% p.a.

OR Option Three (Monthly)

Level of ongoing adviser charge
£ per month

Transaction charges in respect of these adviser charges will be charged monthly on a pro rata basis.

Are ongoing adviser charges to be applied across all assets within the product?

Yes ☐ No ☐

7b Financial adviser's ongoing adviser charges (continued)

Applicant to complete

If you wish to **exclude** any asset groups from the calculations above, please specify below. Please note that we are unable to exclude individual investments or investment manager/stockbroker accounts.

Cash in the SIPP Bank Account	<input type="checkbox"/>
All Investment Centre funds (including Managed Portfolio Panel)	<input type="checkbox"/>
All assets held with EQi	<input type="checkbox"/>
All assets held with an investment manager	<input type="checkbox"/>
Cash held with cash panel providers	<input type="checkbox"/>
Commercial property	<input type="checkbox"/>
All other assets held directly within the SIPP	<input type="checkbox"/>

8 Expression of wish

Please provide details of those people you would like to receive any benefit payable under your Wrap SIPP on your death.

This Expression of Wish does not bind the Trustee or Scheme Administrator of the Wrap SIPP, but will help them to pay out benefits in line with your wishes. Your Expression of Wish can be changed in writing at any time.

Please note: If you disclose personal information about a third party, please ensure you have their permission and have informed them of the purposes for which their information will be processed, before doing so.

8a Individual details

Applicant to complete

Please provide details of any individuals to whom you would like the proceeds of your Wrap SIPP to be paid, in the event of your death.

Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	Postcode <input type="text"/>		
Date of birth	<input type="text"/>	Relationship	<input type="text"/>
% of death benefits	<input type="text"/>		%

Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	Postcode <input type="text"/>		
Date of birth	<input type="text"/>	Relationship	<input type="text"/>
% of death benefits	<input type="text"/>		%

Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	Postcode <input type="text"/>		
Date of birth	<input type="text"/>	Relationship	<input type="text"/>
% of death benefits	<input type="text"/>		%

8b Charity details

Applicant to complete

Please provide details of any charity to which you would like the proceeds of your Wrap SIPP to be paid, in the event of your death.

Charity name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	Postcode <input type="text"/>		
Registered charity number (if known)	<input type="text"/>	% of death benefits	<input type="text"/> %

Please note: Any chosen charity must be a UK registered charity.

8c Trust details

Applicant to complete

Please provide details of any Trust to which you would like the proceeds of your Wrap SIPP to be paid, in the event of your death.

Name of Trust	<input type="text"/>		
Address where Trust is held	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	Postcode <input type="text"/>		
Date of Trust	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Trustee(s)	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
% of death benefits	<input type="text"/>	%	

Please note:

- We require a certified true copy of any Trusts detailed above for our records. Please ensure this is sent to James Hay, Suite 202 Warner House, 123 Castle Street, Salisbury, SP1 3TB once you have submitted this Application Form.
- We are not Trust experts and cannot be held responsible for ensuring a Trust fulfils the purposes for which it was intended.

9 Cancellation rights

You have the right to cancel this Wrap SIPP application.

Once you have submitted your application we will send you a cancellation notice, which confirms that you will have 30 days from receipt of the notice to let us know that you have changed your mind and therefore wish to cancel your application.

We will set up your Wrap SIPP during your 30 day cancellation period and you can give us investment instructions during this time. However, if you choose to cancel your Wrap SIPP under the terms of the cancellation rights, any investment held by your Wrap SIPP will be sold, we will return any contributions made into your Wrap SIPP to their original source, and we will arrange to transfer any money that has been transferred to us from previous pensions to another provider chosen by you. Please note that if the value of your investments has fallen in the period between your money being invested and the time your cancellation instruction is received by us, you will not receive back the full amount that you invested. This is explained in the cancellation notice that we will send to you.

James Hay Pension Trustees Limited is the Trustee of the Scheme and James Hay Administration Company Limited is the administrator of the Scheme. Reference to James Hay in this document includes these companies where relevant in the particular context and unless a specific company name is mentioned.

TRANSFERS

1. We are not an annuity provider and we are unable to accept Open Market Options.
2. Rather than your current pension assets having to be sold and a cash value transferred, it may be possible to transfer the physical assets with the agreement of your existing pension provider. This is called an in-specie transfer. For more information on the availability of this facility please call 03455 212 414.
3. Any entitlement to take lump sum rights in excess of 25% may be retained provided the transfer is part of a block transfer.

BENEFITS

1. The maximum pension commencement lump sum payable when you designate funds for income drawdown will normally be up to the lower of 25% of your Wrap SIPP, or 25% of your Wrap SIPP up to your lump sum allowance. The pension commencement lump sum has to be taken as a lump sum and cannot be taken in installments.
2. If taking an Uncrystallised Funds Pension Lump Sum, the tax free element of 25% will be paid separately to the balance which is paid after the deduction of income tax. Both are paid as lump sums and cannot be taken in installments.
3. Before any benefits can be paid from your Wrap SIPP, we will require the full transfer value and associated transfer information, including any HMRC certificates enhancing your allowances, the re-registration of any assets being transferred in-specie to be complete, any contributions to be settled and evidence of your age, name and address.
4. If taking income drawdown, to ensure that your income payment is included within our monthly income payroll, sufficient cleared money must be held in the SIPP Bank Account at least 9 business days before the end of the month prior to the date the income payment is to be made.
5. We will always pay income on the first business day of the month.
 - If you wish to start taking an income from your Wrap SIPP, you must notify us at least 15 business days before the end of the month prior to the date the first income payment is to be made.
 - If you wish to vary the amount of income you receive, you must notify us at least 10 business days before the end of the month prior to the date the change is to come into effect.
 - If you are in partial drawdown and wish to take income from your remaining uncrystallised funds, you must notify us at least 15 business days before the end of the month prior to the date the change is to come into effect.

The 'date the change is to come into effect' is always the first business day of the month.

INVESTMENTS

1. We will deposit all money received into your SIPP Bank Account until you or your financial adviser give us investment instructions.
2. We will require satisfactory transfer information from the transferring scheme administrator(s) before investments can take place.
3. Investments will only take place upon receipt of all expected money, unless we have received alternative written instructions.
4. We will not normally process your investments until your new income has been calculated, unless we have received alternative written instructions.

10 My declaration

Applicant to complete

Before signing this declaration, it is important that you carefully read the Wrap SIPP Specific Terms and Conditions; the Wrap Charges Schedule; the Wrap SIPP Permitted Investments List; and the Key Features of the products within the James Hay Wrap Service. These documents specify important information about your Wrap SIPP, how the product works, the benefits and risks and the charges you will pay.

There is a lot of information for you to consider so, if you are in any doubt about whether the Wrap SIPP is right for you, we strongly recommend that you seek advice from your Financial Adviser.

If you have any queries for James Hay, please direct them to James Hay, Suite 202 Warner House, 123 Castle Street, Salisbury, SP1 3TB; or telephone us on: 03455 212 414.

I hereby apply to James Hay Administration Company Limited for membership of the Wrap SIPP, and declare as follows:

- a. I agree at all times to be bound by, and comply with, the Trust Deed and Rules of the James Hay Personal Pension Plan, as amended from time to time; the Wrap SIPP Specific Terms and Conditions; the Wrap SIPP Charges Schedule; and the Wrap SIPP Permitted Investments List.
- b. To the best of my knowledge and belief, the particulars and declarations given on this Application Form are correct and complete.
- c. I undertake to tell you in writing within 30 days if:
 - there is any change to my name, permanent residential address or residency status;
 - I am made bankrupt; or
 - there are any changes to the information contained in this Application Form as soon as I am aware that what is stated is no longer true and complete.
- d. I accept that this application determines whether I am entitled to basic rate tax relief at source on my contributions.

- e. 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:
- the basic amount of £3,600; or
 - my relevant UK earnings for that tax year.
- f. If an event occurs, and as a result of which I am no longer entitled to tax relief on my contributions, I undertake to tell you in writing no later than:
- 5 April in the year of assessment in which this occurs; or
 - if later, within 30 days of the event.
- g. I accept that you will send correspondence to my financial adviser unless I have requested otherwise.
- h. I accept that the value of my Wrap SIPP may only be applied to provide benefits at the time I take retirement benefits or upon my death and that James Hay Pension Trustees Limited will provide the appropriate benefits as required.
- i. I give my authority for you to accept investment and disinvestment instructions from my financial adviser and to pay adviser charges to them as detailed in this Application Form.
- j. If I have indicated that I wish to use the services of EQi or any other investment manager under Section 4 of this Application Form, I accept and agree that:
- I am solely responsible for all decisions relating to the purchase, retention and sale of the investments forming part of the Wrap SIPP, furthermore where my account is operated on an Execution only or Advisory basis then I accept that it is the joint responsibility of myself and my financial adviser to ensure any investments purchased comply with the Wrap SIPP Permitted Investments List.
 - I shall hold James Hay Pension Trustees Limited and James Hay Administration Company Limited harmless against any claim in respect of such decisions, and will make good any losses, costs or expenses they suffer as a result of such a claim.
 - I acknowledge and accept that James Hay Administration Company Limited and James Hay Pension Trustees Limited have not carried out and shall not in future carry out any review of the nominated stockbroker's/investment manager's financial status, their investment and/or risk strategies nor will James Hay monitor the ongoing performance of them. I am, or my financial adviser is, responsible for checking these matters on my behalf and ensuring that the stockbroker/investment manager is suitable for my investment objectives.
 - My stockbroker/investment manager will be bound by the stockbroker/investment manager terms of business agreed with James Hay. I will not take any action, intentionally or otherwise, or instruct my stockbroker/investment manager to take actions that result in a breach of this agreement.
 - I have seen and I accept the terms and conditions and charges schedule of the stockbroker/investment manager I wish to appoint.
- k. If I am investing in a UCITS fund, I certify that before providing investment instructions to you I will have either:
- printed a copy of the current version of the Key Investor Information Document (KIID) or Key Information Document (KID) as appropriate; or
 - saved an electronic copy of the current version of the KIID or KID, as appropriate.
- l. I accept that James Hay will not assess me against an investment manufacturer's target market when I make any investments within my Wrap SIPP. If I am receiving financial advice on the investment, my financial adviser will make such an assessment. If I am not receiving financial advice, I am responsible for considering the investment manufacturer's target market before making my investment decision.
- m. I authorise and instruct you to transfer funds from the scheme(s) listed in this application directly to you. Where you have asked me to give you any original policy document(s) in return for the transfer of funds and I am unable to do so, I accept full responsibility 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 Application Form or with respect to benefits from the scheme(s).
- n. I authorise any relevant third parties to release all necessary information to you to enable the transfer of funds to you.
- o. I authorise you to obtain from and release to the financial adviser named in this application any additional information that may be required to enable the transfer of funds.
- p. If an employer is paying contributions to any of the schemes listed in this application, I authorise you to release to that employer any relevant information in connection with the transfer of funds from the relevant scheme(s).
- q. Until this application is accepted and complete, your responsibility is limited to the return of the total payment(s) to the provider(s) of the scheme(s) listed in this application.
- r. Where the payment(s) made to you represent(s) all of the funds under the scheme(s) listed in this application, then payment made as requested will mean that I shall no longer be entitled to receive pension or other benefits from the scheme(s) listed.
- s. Where the payment(s) made to you represent(s) part of the funds under the scheme(s) listed in this application, then the providers of the scheme(s) listed in this application will be discharged of all claims and responsibilities only in respect of the part of the scheme(s) represented by the payment(s).
- t. I accept full responsibility in respect of any claims, losses and expenses that you and the current provider(s) may incur as a result of any incorrect information provided by me in this Application Form or of any failure on my part to comply with any aspect of this application.
- u. Where transferring funds from schemes that are already in income drawdown, if the funds are a mixture of capped drawdown and flexi-access drawdown, I elect to convert all the drawdown funds to flexi-access drawdown.

- v. I acknowledge and accept that if the information supplied in this application and other required documentation is incomplete or incorrect this will result in a delay in processing my application and any associated transfers. In respect of transfers from Occupational Defined Benefit Schemes I acknowledge and accept this may result in any guaranteed transfer value expiry date being missed.
- w. I understand that if the Scheme Administrator chooses a beneficiary who has not been named in Section 8 of this form, drawdown income would normally only be available in limited circumstances. Therefore in order to allow the Scheme Administrator to pay drawdown income to as wide a range of beneficiaries as possible and for the purposes of the relevant tax legislation, I nominate any individual who is eligible to receive a lump sum on my death under the rules of the scheme.

Data Protection Statement

You can access full details on what to expect when we process your personal data in our group Privacy Notice, which is available on our website at www.jameshay.co.uk or by calling us on 03455 212 414. If you have any questions about data protection, please contact us.

☐ At James Hay, we conduct market research to improve our products and services. Please tick this box if you do not wish to receive invitations to participate.

You can change your mind at any time by contacting us.

This Application Form must be completed by you or an FCA authorised financial adviser who holds the appropriate permissions. If completed by an FCA authorised financial adviser, you must still check that the completed information is correct, as by signing below you are confirming this.

It is an offence to make false statements and the penalties are severe and could lead to prosecution.

By signing this Application Form below, I confirm:

- **My financial adviser has provided me with the following documents: the Wrap SIPP Specific Terms and Conditions; the Wrap Charges Schedule; the Wrap SIPP Permitted Investments List; and the Key Features of the products within the James Hay Wrap Service.**
- **I agree to be bound by, and to at all times comply with, the Wrap SIPP Specific Terms and Conditions; the Wrap Charges Schedule; the Wrap SIPP Permitted Investments List; and the above Declaration.**

Applicant's name

Applicant's signature

Date

D	D	M	M	Y	Y	Y	Y
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We are able to provide literature in alternative formats. For a Braille, large print, audio or E-text version of this document call us on 03455 212 414 (or via the Typetalk service on 18001 03455 212 414).

"James Hay Partnership" is the trading name of Nucleus Group Services Limited (NGSL) (registered in England, number 02538532); James Hay Services Limited (JHS) (registered in Jersey, number 77318); IPS Pensions Limited (IPS) (registered in England, number 02601833); James Hay Administration Company Limited (JHAC) (registered in England, number 04068398); James Hay Pension Trustees Limited (JHPT) (registered in England, number 01435887); James Hay Wrap Managers Limited (JHWM) (registered in England, number 04773695); James Hay Wrap Nominee Company Limited (JHWNC) (registered in England, number 07259308); PAL Trustees Limited (PAL) (registered in England, number 01666419); Sarum Trustees Limited (SarumTL) (registered in England, number 01003681); The IPS Partnership Limited (IPSP) (registered in England, number 01458445); Union Pension Trustees Limited (UPT) (registered in England, number 02634371). NGSL, IPS, JHAC, JHPT, JHWM, JHWNC, PAL, SarumTL, IPSP, UPT have their registered office at Suite B & C, First Floor, Milford House, 43-55 Milford Street, Salisbury, SP1 2BP. JHS has its registered office at Aztec Group House, IFC6, The Esplanade, St Helier, Jersey, JE4 0QH. JHAC, JHWM, IPS, IPSP, are authorised and regulated by the Financial Conduct Authority. NGSL, IPS, IPSP, PAL, UPT, JHWM, JHPT, JHAC, SarumTL and JHS are members of a VAT group with VAT registration number 514 0358 80. All companies are wholly owned subsidiaries of Nucleus Financial Platforms Limited (registered in England, number 06033126) whose registered office is at Suite B & C, First Floor, Milford House, 43-55 Milford Street, Salisbury, SP1 2BP, and are members of the Nucleus Group. Further details of the Nucleus Group can be found at nucleusfinancial.com. (12/24)

SIPP

Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:

 James Hay Pension Trustees Limited
 Suite 202 Warner House,
 123 Castle Street,
 Salisbury,
 SP1 3TB

Service User Number

8	8	0	1	1	3
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Reference

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name(s) of Account Holder(s)

Bank/Building Society Account Number

--	--	--	--	--	--	--	--

Branch Sort Code

--	--	--	--	--	--

Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Instruction to your Bank or Building Society

Please pay James Hay Pension Trustees Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this Instruction may remain with James Hay Pension Trustees Limited and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the Payer

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit, James Hay Pension Trustees Limited will notify you 10 business days in advance of your account being debited or as otherwise agreed. If you request James Hay Pension Trustees Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by James Hay Pension Trustees Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
 - If you receive a refund you are not entitled to, you must pay it back when James Hay Pension Trustees Limited asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.