

## Beneficiary's Modular iSIPP Application Form



As part of our overall responsibility to our clients, our aim is to protect clients from excessive risks. If you have not engaged a Financial Conduct Authority (FCA) authorised financial adviser who is advising you to purchase particular investments then we would normally not accept an instruction to invest outside of the Core Modular iPlan investments without a minimum of £100,000 within the plan being applied for.

Core Modular iPlan investments include our Investment Centre (including Managed Portfolio Panel), Cash Panel and Panel of Stockbrokers.

## Application guide

You should complete this form if you are receiving a beneficiary's or dependant's pension from the death benefits of a former member of the James Hay Personal Pension Plan. Please note that evidence of age is required in addition to evidence of identity documentation for each beneficiary.

**Please complete this form in BLOCK CAPITALS and return it to James Hay Partnership, Dunn's House, St. Paul's Road, Salisbury, SP2 7BF. If you require any assistance please call your Customer Support Team or our general enquiry number 03455 212 414.**

As this SIPP is being opened to receive beneficiary pension rights only, you will not be able to make any further transfers or contributions to this SIPP.

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

## 1 Deceased member's details

Applicant to complete

Please provide the details of the deceased member from whom you are to receive the beneficiary pension rights:

Full name Their James Hay Partnership Member number 

Where the member died under the age of 75, please provide the name and address of their personal representatives:

Name(s) Address Postcode 

## 2 Your 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

Country of residence

Nationality

Do you have dual nationality?

Yes

No

If **Yes**, please specify

Marital status

Gender

Male

Female

Occupation

Selected retirement date

D

D

M

M

Y

Y

Y

Y

Are you a US Person or resident of the US for tax purposes?

Yes <sup>1</sup>

No

Are you an undischarged bankrupt?

Yes <sup>1</sup>

No

<sup>1</sup> If **Yes**, we may not be able to proceed with your application. Please contact us for further details.

Do you intend to hold at least £200,000 in a combination of Investment Centre Funds (including Managed Portfolio Panel), the Cash Panel and in the SIPP bank account of your Beneficiary's Modular iSIPP? Yes ☐ No ☐

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

☒ **CORE INVESTMENTS**

☐ **Cash Panel**

Please complete our Application for Cash Panel Accounts 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.

☐ **Managed Portfolio Panel**

If you have sufficient cash available in your SIPP Bank Account, your financial adviser can begin investing into a model portfolio on the Managed Portfolio Panel via James Hay Online.

**Please note: You must have a financial adviser appointed to access the Managed Portfolio Panel. 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.**

☐ **Investment Centre**

If you have sufficient cash available in your SIPP Bank Account, Investment Centre trades may be placed via the 'Trade' area of your James Hay Online account. 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 3a 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.

☐ **Panel Stockbroker <sup>2</sup>**

Please see our list of Panel Stockbrokers at [www.jameshay.co.uk](http://www.jameshay.co.uk) and complete Section 3b of this 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/](http://www.jameshay.co.uk/standardised-investment-option-for-non-advised-pension-investors/).

☐ **COMMERCIAL PROPERTY MODULE**

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.

☐ **WHOLE OF MARKET MODULE**

☐ **Whole of Market investments not held through a Stockbroker or Investment Manager**

Please complete an 'Instruction to Trade Form' and follow the instructions on the form.

☐ **Off Panel Stockbroker/Investment Manager <sup>2</sup>**

Please complete Section 3b of this application form.

<sup>2</sup> Please visit our website [www.jameshay.co.uk](http://www.jameshay.co.uk) to view a list of stockbrokers and investment managers with whom we have agreed Terms of Business. Please source and complete their application form, and complete Section 3b below. We will add our details to the application form and forward it to your stockbroker/investment manager. When your stockbroker/investment manager account has been opened, you can instruct us to send them money via the 'Cash Transfer' area of your James Hay Online account.

Address to send forms to: James Hay Partnership, Dunn's House, St Paul's Road, Salisbury SP2 7BF.

**3a 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

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 Beneficiary's Modular iSIPP application.

**3b Stockbroker or investment manager (other than EQi)**

Applicant to complete

I would like to appoint a:

Panel Stockbroker

☐

Investment manager/off panel stockbroker

☐

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

Firm name

Address

  
  
  

Postcode

FCA firm reference number (if known)

Telephone

Basis of appointment

☐

Execution only

☐

Advisory

☐

Discretionary

I wish to take immediate income from my Beneficiary's Modular iSIPP

Yes

☐

No

☐

Please state the amount of annual gross income you wish to take:

£

gross per annum

Please state the frequency you wish to receive the income:

**Monthly**☐**Quarterly**

in advance

☐

in arrears

☐**Half-yearly**

in advance

☐

in arrears

☐**Annually**

in advance

☐

in arrears

☐**One-off payment**☐

Please provide us with your bank/building society details to which any income should be paid. **This account must be able to accept payments made by CHAPS or Faster Payments.**

**UK bank account details**

Account holder's name

Sort code

 -  - 

Account number

Building society  
reference numberBank name and  
address

Postcode

**Foreign bank account details**

IBAN/Account number

Payee

Bank name and  
address

Postcode

Intermediary bank/Swift code

Swift code

Beneficiary bank code

Routing number (if USA)

Currency

**4a Disinvestments for pension income**

Applicant to complete

Please confirm which pension funds should be used to pay your regular income payments:

- (i) Money in your SIPP Bank Account ☐
- (ii) Proportionally across all Investment Centre funds ☐
- (iii) Specific investments listed in the table below <sup>3</sup> ☐

Name of investment provider	Fund name	Policy/plan number	Amount in £ sterling or %

<sup>3</sup> You will need to check that your chosen investment providers/fund managers are able to set up the required disinvestments.

**If you do not provide instructions, and there is insufficient money in your SIPP Bank Account, it may mean that your pension income cannot be paid on time.**

**5 Financial adviser details**

Applicant to complete

Please only complete this section if you have appointed an FCA regulated financial adviser.

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"/>

**PLEASE NOTE: Your financial adviser will need to sign up to our Financial Adviser Terms of Business. This form is available from our website at [www.jameshay.co.uk](http://www.jameshay.co.uk) or by calling 03455 212 414.**

**5a Adviser charges: One-off charge**

Applicant to complete

If the financial adviser intends to charge a one-off amount for the establishment of your Beneficiary's Modular iSIPP, please indicate the amount that is required below. We will make this payment automatically when sufficient funds are available.

One-off charge amount

OR

One-off charge percentage amount  %

**5b Adviser charges: Product level**

Applicant to complete

All adviser charges will be calculated and paid automatically by James Hay. If your financial adviser would prefer to invoice us instead, please tick here ☐

Upon receipt of an invoice, we will check to ensure the amount does not exceed the amounts detailed below and/or overleaf.

**PLEASE NOTE: The maximum adviser charge we will facilitate from the SIPP is 5% (including VAT).**

**ONGOING ADVISER CHARGES****Option 1**

Percentage  % of the value of your SIPP

OR

**Option 2**

Fixed amount

OR

**Option 3**

Tiered percentage

From	<input type="text" value="£0.00"/>	to	<input type="text" value="£"/>	take	<input type="text" value=""/>	%
From	<input type="text" value="£"/>	to	<input type="text" value="£"/>	take	<input type="text" value=""/>	%
From	<input type="text" value="£"/>	to	<input type="text" value="£"/>	take	<input type="text" value=""/>	%
From	<input type="text" value="£"/>	to	<input type="text" value="£"/>	take	<input type="text" value=""/>	%
Over	<input type="text" value="£"/>	take	<input type="text" value=""/>	%		

For Options 1 and 3, are any percentage based ongoing adviser charges to be applied across **all** assets in your SIPP? Yes ☐ No ☐

If **No**, which category do you wish to **exclude**? Please note that we are unable to exclude individual investments or stockbroker/investment manager accounts.

- ☐ Cash in the SIPP Bank Account
- ☐ Cash held with cash panel providers
- ☐ All Investment Centre funds (including Managed Portfolio Panel)
- ☐ All assets held with a stockbroker/investment manager
- ☐ Commercial property
- ☐ All other assets held directly within the product

How frequently would you like your ongoing adviser charges paid? Monthly ☐ Quarterly ☐ Half-yearly ☐ Annually ☐

**If the fixed amount of product level adviser charges exceeds 5% (including VAT) this may be queried with you.**

**5c Adviser charges: Investment level**

Applicant to complete

**INITIAL ADVISER CHARGES FOR INVESTMENTS IN THE JAMES HAY INVESTMENT CENTRE**

Percentage  %

## INITIAL ADVISER CHARGES FOR WHOLE OF MARKET INVESTMENTS

## Option 1

Percentage  %

OR

## Option 2

Fixed amount  £

## ONGOING ADVISER CHARGES FOR WHOLE OF MARKET INVESTMENTS

## Option 1

Percentage  %

OR

## Option 2

Fixed amount  £

If your financial adviser wishes to take investment level adviser charges on any investment this should be stated when the trades are placed.

If the level of investment level adviser charges stated on a trade instruction exceeds the levels stated above, this may delay the trade as we will query this.

**PLEASE NOTE: The maximum adviser charge to be facilitated must not exceed 5% (including VAT).**

## 6 Expression of wish

Applicant to complete

Please provide details of those people you would like to receive any benefit payable under your Beneficiary's Modular iSIPP on your death.

This Expression of Wish does not bind the Trustee or Scheme Administrator of the Beneficiary's Modular iSIPP, 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.**

## 6a Individual details

Applicant to complete

Please provide details of any individuals to whom you would like the proceeds of your Beneficiary's Modular iSIPP 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship <input type="text"/>

% of death benefits  %

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

% of death benefits  %

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

% of death benefits  %



**6b Charity details**

Applicant to complete

Please provide details of any charity to which you would like the proceeds of your Beneficiary's Modular iSIPP to be paid, in the event of your death.

Charity name

Address

Postcode

Registered charity  
number (if known)

% of death benefits

%

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

**6c Trust details**

Applicant to complete

Please provide details of any Trust to which you would like the proceeds of your Beneficiary's Modular iSIPP to be paid, in the event of your death.

Name of Trust

Address where  
Trust is held

Postcode

Date of Trust

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

Name of Trustee(s)

% of death benefits

%

**Please note:**

- We require a certified true copy of any Trusts detailed above for our records. Please ensure this is sent to James Hay Partnership, Dunn's House, St Paul's Road, Salisbury, SP2 7BF 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.

**7 Your right to cancel**

You have the right to cancel this Beneficiary's Modular iSIPP 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.

**For applicants who have appointed a financial adviser**

We will set up your Beneficiary's Modular iSIPP during your 30 day cancellation period and you can give us investment instructions during this time. However, if you choose to cancel your Beneficiary's Modular iSIPP, under the terms of the cancellation rights, any investment held by your Beneficiary's Modular iSIPP will be sold and your only option will be to take the death benefits as a lump sum. The amount payable under this option may be less than the amount originally invested if the value of your investment has fallen at the time it is sold. This is explained in the cancellation notice that we will send to you.

**For applicants who do not have a financial adviser**

As you have not received any advice from a financial adviser before applying for your Beneficiary's Modular iSIPP, we will not permit any investments within your Beneficiary's Modular iSIPP during your 30 day cancellation period in case you decide to cancel. However, you have the option to waive your right to your 30 day cancellation period. If you choose to do this, we will proceed with your application and any money held within your Beneficiary's Modular iSIPP will be available for immediate investment upon receipt of your instructions.

If you **do not** wish to waive your right to a cancellation period, we will send you a cancellation notice and wait for 30 days before continuing with setting up your Beneficiary's Modular iSIPP.

If you **do** wish to waive your right to a cancellation period, please read the following confirmation and then tick the box to confirm your acceptance:

☐

I confirm my decision to waive my right to a cancellation period for my Beneficiary's Modular iSIPP application. I accept that once I have waived my right to this cancellation period, I will no longer be able to cancel my Beneficiary's Modular iSIPP or have any money received into my Beneficiary's Modular iSIPP returned (unless it is subject to separate cancellation rights). I also accept that my Beneficiary's Modular iSIPP will be fully opened and will be subject to all the applicable charges as detailed in the Beneficiary's Modular iSIPP Charges Schedule.

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 Partnership in this document includes these companies where relevant in the particular context and unless a specific company name is mentioned.

## CONTRIBUTIONS AND TRANSFERS

1. The SIPP we will open upon receipt of this application form is only to be used to hold beneficiary pension rights and you are not able to transfer in any other pension rights or make any further contributions to this SIPP. If you wish to make further transfers or contributions, these must be made to another SIPP product.

## BENEFITS

1. You can elect to take money out of your Beneficiary's Modular iSIPP. This will normally be paid tax-free provided certain requirements have been met and the deceased was aged under 75 at the time of their death.
2. If taking income, 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 nine business days before the end of the month prior to the date the income payment is to be made.
3. We will always pay income on the first business day of the month.
  - If you wish to start taking an income from your Beneficiary's Modular iSIPP, 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 not normally process your investments until your new income has been calculated, unless we have received alternative written instructions.

## 8 My declaration

Applicant to complete

Before signing this declaration, it is important that you carefully read the SIPP Terms and Conditions; the Beneficiary's Modular iSIPP Charges Schedule; the Modular iSIPP Permitted Investments List; and the Key Features of the Modular iSIPP. These documents specify important information about your Beneficiary's Modular iSIPP, 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 Beneficiary's Modular iSIPP is right for you, we strongly recommend that you seek advice from a regulated financial adviser.

If you would like to speak to a financial adviser, but do not have one, please visit [www.moneyhelper.org.uk](http://www.moneyhelper.org.uk) to obtain a list of financial advisers in your local area.

If you have any queries for James Hay Partnership, please direct them to James Hay Partnership, Dunn's House, St Paul's Road, Salisbury, Wiltshire, SP2 7BF; or telephone us on 03455 212 414.

I hereby apply to James Hay Administration Company Limited for membership of the Beneficiary's Modular iSIPP, 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 SIPP Terms and Conditions; Section 1 of the Beneficiary's Modular iSIPP Charges Schedule; and the Modular iSIPP Permitted Investments List.
- b. To the best of my knowledge and belief, the particulars 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 if I appoint a financial adviser, you will send correspondence to my financial adviser unless I have requested otherwise or if I cease to use the services of a financial adviser.
- e. I accept that as this Beneficiary's Modular iSIPP is being opened to receive beneficiary pension rights only, I am unable to make any further transfers or contributions to this Beneficiary's Modular iSIPP.
- f. If I have appointed a financial adviser, I give my authority for you to accept investment and disinvestment instructions from them and to pay adviser charges to them as detailed in this Application Form.
- g. If I have indicated that I wish to use the services of EQI or any other stockbroker/investment manager under Section 3 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 Beneficiary's Modular iSIPP, 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 Modular iSIPP Permitted Investments List.

- I shall hold James Hay Services Limited, 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 Services Limited, 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 Partnership 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 Partnership. 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.

h. 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.

i. I accept that James Hay Partnership will not assess me against an investment manufacturer's target market when I make any investments. 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.

j. I understand that if the Scheme Administrator chooses a beneficiary who has not been named in Section 6 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](http://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.

If you have appointed a financial adviser, they may view any additional products you hold with us on James Hay Online, even though your financial adviser is not appointed for those additional products.

**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:**

- Where I have received advice in relation to opening this product, that my financial adviser has provided me with the following documents: the SIPP Terms and Conditions; the Beneficiary's Modular iSIPP Charges Schedule; the Modular iSIPP Permitted Investments List; and the Key Features of the Modular iSIPP.
- Where I have not received financial advice in relation to opening this product, I have accessed and read the following documents: the SIPP Terms and Conditions; the Beneficiary's Modular iSIPP Charges Schedule; the Modular iSIPP Permitted Investments List; and the Key Features of the Modular iSIPP.
- I agree to be bound by, and to at all times comply with, the SIPP Terms and Conditions; Section 1 of the Beneficiary's Modular iSIPP Charges Schedule; the Modular iSIPP Permitted Investments List; and the above Declaration.

Applicant's name

Applicant's signature

Date

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

# Checklist of identity documentation required

## Explanatory notes

When you apply for a product through James Hay, we need to verify your identity. If you have a financial adviser, they will do this for us and confirm they have done so by completing a 'Confirmation of Verification of Identity' form. If you do not have a financial adviser, you will need to supply us with appropriate documentation from the list below.

Please send photocopies of the documentation to us at James Hay Partnership, Dunn's House, St Paul's Road, Salisbury SP2 7BF.

If you require any assistance, please call your Customer Support Team or our general enquiry number 03455 212 414.

### 1. EVIDENCE OF YOUR IDENTITY TO OPEN YOUR SIPP ☐

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 or Switzerland National identity card
- Northern Ireland voters card.

#### 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
- Northern Ireland voters card.

### 2. PROOF OF YOUR AGE FOR BENEFIT PAYMENT ☐

- Black and white photocopy of unexpired passport; or
  - Original birth certificate (and marriage certificate if your name has changed on marriage) <sup>4</sup>
- <sup>4</sup> Crown Copyright rules mean that we can only accept originals of birth and marriage certificates as proof of your age

**OR** An original letter from your financial adviser. An example letter which satisfies our requirements (Evidence of Age proforma) is available at [www.jameshay.co.uk](http://www.jameshay.co.uk).

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).

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# Confirmation of Verification of Identity

## Private Individual

### Introduction by an FCA-regulated firm

#### Explanatory notes

This form should be completed by an FCA approved financial adviser or a representative of the introducing firm.

A separate confirmation must be completed for each customer (e.g. joint holders, trustee cases and joint life cases). Where a third party is involved, e.g. a payer of contributions who is different from the customer, the identity of that person must also be verified, and a confirmation provided.

This form cannot be used to verify the identity of any customer that falls into one of the following categories:

- Those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification, **or**
- Those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering Regulations, **or**
- Those whose identity has been verified using the source of funds as evidence.

This confirmation must carry an original signature.

**Please complete this form in BLOCK CAPITALS and return it to: James Hay Partnership, Dunn's House, St Paul's Road, Salisbury SP2 7BF. If you require any assistance, please call your Customer Support Team or our general enquiry number 03455 212 414.**

#### 1 Details of individual

Full name of customer	<input type="text"/>
Current address	<input type="text"/>
	<input type="text"/>
	Postcode <input type="text"/>
Date of birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Previous address details if individual has changed address in the last 18 months	<input type="text"/>
	<input type="text"/>
	Postcode <input type="text"/>

#### 2 Details of introducing firm (or sole trader)

Full name of regulated firm (or sole trader)	<input type="text"/>
FCA reference number	<input type="text"/>

#### 3 Confirmation

I/We confirm that:

- The information in Section 1 above was obtained by me/us in relation to the customer;
- The evidence I/we have obtained to verify the identity of the customer: (tick only one)

- ☐ meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG, **or**
- ☐ exceeds the standard evidence.

Copies of the underlying evidence taken in relation to the verification of the customer's identity will, on request from you (or from UK law enforcement agencies or regulators under court order or relevant mutual assistance procedure), be made available, to the extent that we are required under local law to retain these records.

Name	Signature
<input type="text"/>	<input type="text"/>
Position	Date
<input type="text"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>