



## Contribution Amendment Form

### Application guide

Please use this form if you have a regular contribution instruction in place and wish to:

- increase/decrease, suspend/reinstate or cancel your regular contributions.

If you would like to pay in a single contribution, set up a new regular contribution, or change the bank that an existing regular contribution is being collected from, please instead complete a SIPP Supplementary Contribution Form which is available on our website at [www.jameshay.co.uk](http://www.jameshay.co.uk).

If you wish to amend contributions coming from an employer or a third party, we require this form to be signed by both the SIPP member and the payer. If these parties are the same person, they should sign both of the relevant sections.

**Please note that if you are changing or restarting a regular contribution that is paid by Direct Debit, the date you provide must be between the 1st - 28th of the month.**

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 need any help, please call your Customer Support Team or our general enquiry number 03455 212 414.

**Please note: You must cease making contributions to our SIPPs by age 75.**

**Please allow 10 working days for us to make any changes to existing Direct Debits. If you wish to cancel a regular contribution, we recommend that you also cancel the Direct Debit directly with your bank.**

### 1 Personal details

Applicant to complete

Title	<input type="text"/>	
Forename(s)	<input type="text"/>	
Surname	<input type="text"/>	
Member number	<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"/>	
Address	<input type="text"/> <input type="text"/> <input type="text"/>	
	Postcode	<input type="text"/>
Telephone	<input type="text"/>	Mobile <input type="text"/>
Email	<input type="text"/>	
National Insurance number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>OR</b> I have never had a National Insurance number <input type="checkbox"/>
Please tick the status which applies to you:		
Employed	<input type="checkbox"/>	Self employed <input type="checkbox"/>
Pensioner	<input type="checkbox"/>	Child under the age of 16 years <input type="checkbox"/>
Caring for one or more children under the age of 16 years	<input type="checkbox"/>	Caring for a person aged 16 years or over <input type="checkbox"/>
In full time education	<input type="checkbox"/>	Unemployed <input type="checkbox"/>
Other (please provide details)	<input type="text"/>	

If you are making any changes to contributions from an employer, please also complete the following:

Employer/ business name	<input type="text"/>
Nature of business	<input type="text"/>



Please complete this section if you wish to make amendments to your regular personal contributions.

**(i) Amend contribution amount**

Current amount £  (net) by Direct Debit

New amount £  (net) by Direct Debit

Effective date of amendment

If no effective date is provided, we will change your contribution from the next available collection date. If the amount is increasing, this may require us to take a backdated payment once the change has been made.

**Please state the net amount that you would like to pay into your SIPP. If, as per Section 2, 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 annual allowance or money purchase annual allowance.**

**(ii) Amend contribution frequency**

Current frequency  Monthly  Quarterly  Half-yearly  Annually

New frequency  Monthly  Quarterly  Half-yearly  Annually

Effective date of amendment

**(iii) Amend payment collection date**

Current collection date

New collection date

Effective date of amendment

**(iv) Suspend/reinstate/cancel regular contributions**

I wish to **suspend** existing contributions until further notice:

with immediate effect  or with effect from

I wish to **reinstate** existing contributions:

with immediate effect  or with effect from         <sup>1</sup>

I wish to **cancel** existing contributions:

with immediate effect  or with effect from

<sup>1</sup> Please note that the reinstatement date must be within 12 months of the suspension effective date. If you wish to reinstate a contribution after 12 months has elapsed, please complete a new SIPP Supplementary Contribution Form which is available on our website.

Please complete this section if you wish to make amendments to regular employer contributions.

**Please note that the employer will also need to sign this section of the form.**

Contact name

Contact number

Registered address   
  
  
 Postcode

Telephone

Email

**(i) Amend contribution amount from your employer's funds**Current amount £  (gross) by Direct DebitNew amount £  (gross) by Direct DebitEffective date of amendment        **Please note that employer contributions to your SIPP (including salary sacrifice arrangements) are paid gross.****(ii) Amend contribution amount from your taxed income, sourced from your employer**Current amount £  (net) by Direct DebitNew amount £  (net) by Direct DebitEffective date of amendment        

If no effective date is provided, we will change your contribution from the next available collection date. If the amount is increasing, this may require us to take a backdated payment once the change has been made.

**Employer contributions paid from your taxed income should be paid net of tax. If, as per Section 2, 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 annual allowance or money purchase annual allowance.****(iii) Amend contribution frequency**Current frequency  Monthly  Quarterly  Half-yearly  AnnuallyNew frequency  Monthly  Quarterly  Half-yearly  AnnuallyEffective date of amendment        **(iv) Amend payment collection date**Current payment date        New payment date        Effective date of amendment        **(v) Suspend/reinstate/cancel regular contributions**I wish to **suspend** existing contributions until further notice:with immediate effect  or with effect from        I wish to **reinstate** existing contributions:with immediate effect  or with effect from        <sup>2</sup>I wish to **cancel** existing contributions:with immediate effect  or with effect from        <sup>2</sup> Please note that the reinstatement date must be within 12 months of the suspension effective date. If you wish to reinstate a contribution after 12 months has elapsed, please complete a new SIPP Supplementary Contribution Form which is available on our website.Employer signature Name Date        Contact number   
(if different from details already given)**Please note:** Additional information on contributions is available in the Notes section at the back of this document.**Please note:** For payments deducted from an employee's earnings, the due date these payments must be received by James Hay Partnership is the 19th of the month after the calendar month in which the contributions were deducted from the employee's pay. For example if the deduction from the employee's salary is 29 April the due date is 19 May.

Please complete this section if you wish to make amendments to regular third party contributions.

Third party name

Address   
  
  
 Postcode

Date of birth

Third party's James Hay plan number (if applicable)

**(i) Amend contribution amount**

Current amount £  (net) by Direct Debit

New amount £  (net) by Direct Debit

Effective date of amendment

If no effective date is provided, we will change your contribution from the next available collection date. If the amount is increasing, this may require us to take a backdated payment once the change has been made.

**Please state the net amount that you would like to pay into your SIPP. If, as per Section 2, 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 annual allowance or money purchase annual allowance.**

**(ii) Amend contribution frequency**

Current frequency  Monthly  Quarterly  Half-yearly  Annually

New frequency  Monthly  Quarterly  Half-yearly  Annually

Effective date of amendment

**(iii) Amend payment collection date**

Current collection date

New payment date

Effective date of amendment

**(iv) Suspend/reinstate/cancel regular contributions**

I wish to **suspend** existing contributions until further notice:

with immediate effect  or with effect from

I wish to **reinstate** existing contributions:

with immediate effect  or with effect from        <sup>3</sup>

I wish to **cancel** existing contributions:

with immediate effect  or with effect from

<sup>3</sup> Please note that the reinstatement date must be within 12 months of the suspension effective date. If you wish to reinstate a contribution after 12 months has elapsed, please complete a new SIPP Supplementary Contribution Form which is available on our website.

Payer's signature

Name

Date

Contact number

(if different from details already given)

- a) I confirm that to the best of my knowledge and belief, the particulars and declarations given on this Form are correct and complete.
- b) I undertake to tell James Hay Partnership in writing within 30 days if:
- there is any change in my residency status
  - there is any change in my name or permanent residential address.
- c) I accept that if I have completed Section 2 "Entitlement to tax relief" then this form will be used by James Hay Partnership to assess my entitlement (if any) to tax relief.
- d) I agree that the total contributions to any registered pension schemes in respect of which I am entitled to tax relief will not exceed the higher of:
- the basic amount of £3,600, or
  - my relevant UK earnings for that tax year.
- e) If I am no longer entitled to tax relief on my contributions I undertake to tell James Hay Partnership in writing no later than:
- 5 April in the year of assessment in which this occurs, or
  - within 30 days of this change.
- f) I accept it is an offence to make false statements and that the penalties are severe and could lead to prosecution.

Member's name

Member's signature

Date

## Notes

## Contributions

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

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 Tynetalk service on 18001 03455 212 414).

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