(vi) None of the above.

# Supplementary Contribution Application Form

(For James Hay Partnership SIPP only)





Application Guide							
Please complete this form in BLOCK CAPITALS and black ink.							
Please note: Contributions must cease by age 75.							
1 Personal Details	Applicant to complete						
Mr Mrs Ms Miss	Please tick the most appropriate box below – one box must						
Other If 'Other' please state	be ticked: Employed						
Forename(s)	Employer Name						
Surname	Employer address						
Member number							
National Insurance Number	Postcode						
Address	Pensioner Self-employed						
	Caring for one or more Caring for a person aged						
Postcode	children under the age 16 years or over of 16 years						
Telephone	In full-time education Unemployed						
	Other						
	If 'Other' please state						
2 Contributions							
Important: If you have enhanced or fixed protection any contribution made to this SIPP means you will lose this							
protection. You should speak to your Financial Adviser.							
2a Entitlement to Tax Relief (please tick one option)	Applicant to complete						
(i) I have relevant UK earnings chargeable to income tax,	If you have ticked (i) or (ii) we will reclaim basic rate tax on your						
or general earnings from overseas Crown employment	personal contributions. If you have ticked (iii), (iv) or (v) we will						
subject to UK tax, in this tax year.	reclaim basic rate tax on your personal contributions up to £3,600 gross. If you have ticked (vi) we will not reclaim any basic rate tax						
(ii) I am, or have been, resident in the UK at some time during this tax year.	relief on your personal contributions.						
(iii) My spouse or civil partner has for this tax year general	Discon National form of a gradual data this continuous will grad						
earnings from overseas Crown employment subject to UK tax.	Please Note: If you do not complete this section, we will not be able to determine if you are entitled to have basic rate tax						
(iv) I am, or my spouse or civil partner, is in overseas Crown	reclaimed on your personal contribution and so will not be able to reclaim this.						
employment but for this tax year do/does not have general earnings from overseas Crown employment							
subject to UK tax.							
(v) I was resident when I became a member of the SIPP and have been resident in the UK at some time during							
five tax years immediately before this tax year.							

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**Personal Contributions** Applicant to complete How much would you like to pay into your SIPP? Please state the gross Or, amount. If, as per section 2a, we are able to reclaim basic rate tax on Organisation name your personal contributions, the amount you actually pay into your SIPP should be the net amount i.e. gross amount less basic rate tax. Single contribution £ Address of third party Cheques should be made payable to 'James Hay Pension Trustees Limited'. Regular contribution £ gross Postcode Frequency of contributions You will need to supply documentary evidence of the identity Quarterly Monthly and address of the third party. Half yearly Annually If personal contributions are received from your employer please forward them the Record of Payments Due form for completion and return to us. Start date for regular contribution payments 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 If regular contribution payments are to be made to your SIPP your designated SIPP Bank Account and it has cleared. please forward a completed Direct Debit Mandate to us. Please allow 20 Business Days for us to set up any Direct Debit Important: If your contributions in respect of a tax year exceed Mandate. the annual allowance (£40,000\* for the 2016/17 tax year), then you may be subject to an annual allowance tax charge. It is Will your personal contributions be paid to James Hay Partnership by possible for unused annual allowance to be carried forward for a third party, other than your employer? up to three years. You should speak to your Financial Adviser about this. Yes No \*If you have 'adjusted income' (including the value of any pension If 'Yes' please provide the name and address of the third party: contributions) of over £150,000 per annum, your annual allowance will be reduced by £1 for every £2 of income above £150,000, with a maximum reduction of £30,000. Title Please note: If you have flexibly accessed your SIPP or any other Miss Mr Mrs money purchase pension you may have, you will be subject to the money purchase annual allowance limit (£10,000 for the Other If 'Other' please state 2016/17 tax year). If your contributions exceed this amount, you may be subject to an annual allowance tax charge. You Forename(s) must inform us if you have flexibly accessed another money purchase pension scheme within 91 days of doing so. Surname Please note: The tax treatment depends on the individual circumstance and may be subject to change in the future. Any other name the third party has been, or is known by Date of birth 2c Employer Contributions - employer contact details (if applicable) Applicant to complete Employer's details: Telephone Company name Fax Contact name I am happy for James Hay Partnership to correspond with my employer directly Country of establishment / incorporation Yes No If your employer wishes to regularly contribute to your Registered number (If applicable) SIPP please ask them to complete and sign section 2e below. For regular contributions your employer will also need to complete a Direct Debit Mandate. Where applicable, please Nature of business enclose any Direct Debit Mandates with this form. Please allow 20 Business Days for us to set up Direct Debits. Correspondence address

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Postcode

## 2d Employer Contributions - Single Payments (if applicable)

Applicant to complete

All employer contributions are paid gross.

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

Single contribution

Ξ	(gross)

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

Employer to complete

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 £

(gross)

(net)

Frequency of contributions:

Monthly Quarterly

Regular employee contribution amount | £

Half yearly Annually

Date of the first employer contribution

D D M M Y Y Y Y

# Please allow 20 Business Days for us to set up the Direct Debit Mandate.

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

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

#### To be signed on behalf of the employer

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

Signed

Please sign once printed and before sending to James Hay Partnership

Name

Position

Date

D D M M Y Y Y

Contact number (if different from details already given)

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

## 3 Declaration Applicant to complete

- a) I confirm that to the best of my knowledge and belief, the particulars given on this Application Form are correct and complete.
- b) I undertake to tell James Hay Partnership in writing within 30 days if:
  - There is any change in my residency status
  - There is any change in my name or permanent residential address.
- I accept that this application determines whether I am entitled to basic rate tax relief at source on my contributions.
- d) I agree that the total contributions to any registered pension schemes in respect of which I am entitled to tax relief will not exceed the higher of:
  - £3,600, **or**
  - My relevant UK earnings for that tax year.
- e) If I am no longer entitled to tax relief on my contributions I will undertake to tell James Hay Partnership in writing no later than:
  - 5 April in the year of assessment in which this occurs, or
  - Within 30 days of this change.
- f) I accept it is an offence to make false statements and that the penalties are severe and could lead to prosecution.

Signature

Please sign once printed and before sending

Date D D M M Y Y Y Y

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#### **Notes**

#### **CONTRIBUTIONS**

- Legislation requires James Hay Partnership to monitor payments into a personal pension scheme by employers from their own bank account in respect of the employee, or on behalf of the employee out of deductions from the employee's earnings. The legislation also states that the employer must specify the 'Due Date' for such payments, this information is detailed in section 2e of the application form.
- For payments deducted from an employee's earnings, the due date this money must be received by James Hay Partnership is the 19th of the month after the end of 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.
- The employer must make sure that the payments are correct and paid on time. By law, James Hay Partnership must monitor the payments to ensure they are made on time using the Employer's Payment Record information provided.
- We must tell the Pensions Regulator if payments are missed or received late. The employer may be fined by the Pensions Regulator if late or incorrect payments are made.

#### **Checklist of Additional Documentation Required**

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

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

OR

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

#### List A

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

#### List B

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

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

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

Completed Direct Debit Mandate if regular contributions are to be paid by you or your employer (if applicable).

Cheque made payable to James Hay Pension Trustees Limited for single contributions.

Your employer has completed and signed section 2e if they are to pay into your SIPP.

James Hay Partnership is able to provide literature in alternative formats. The formats available are: Large Print (as recommended by RNIB), Braille, Audio Tape and PC Disk. If you would like to receive this document in an alternative format please contact us on 03455 212 414. For the hard of hearing and / or speech impaired, please use the Typetalk service via 18001 03455 212 414.

James Hay Partnership is the trading name of James Hay Insurance Company Limited (JHIC) (registered in Jersey number 77318); IPS Pensions Limited (JPS) (registered in England number 2601833); James Hay Administration Company Limited (JHC) (registered in England number 4068398); James Hay Pension Trustees Limited (JHIPT) (registered in England number 1455887); James Hay Wrap Managers Limited (JHWM) (registered in England number 145595); James Hay Wrap Managers Limited (JHWM) (registered in England number 145595); James Hay Wrap Managers Limited (JHWM) (registered in England number 145595); James Hay Wrap Managers Limited (JHWM) (registered in England number 145595); James Hay Wrap Managers Limited (JHWM) (registered in England number 145595); James Hay Wrap Managers Limited (JHWM) (registered in England number 145595); James Hay Wrap Managers Limited (JHWM) (registered in England number 145595); James Hay Wrap Managers Limited (JHWM) (registered in England number 145595); James Hay Wrap Managers Limited (JHWM) (registered in England number 145595); James Hay Wrap Managers Limited (JHWM) (registered in England number 145595); James Hay Wrap Managers Limited (JHWM) (registered in England number 145595); James Hay Wrap Managers Limited (JHWM) (registered in England number 145595); James Hay Wrap Managers Limited (JHWM) (registered in England number 145595); James Hay Wrap Managers Limited (JHWM) (registered in England number 145595); James Hay Wrap Managers Limited (JHWM) (registered in England number 145595); James Hay Wrap Managers Limited (JHWM) (registered in England number 145595); James Hay Wrap Managers Limited (JHWM) (registered in England number 145595); James Hay Wrap Managers Limited (JHWM) (registered in England number 145595); James Hay Wrap Managers Limited (JHWM) (registered in England number 145595); James Hay Wrap Managers Limited (JHWM) (registered in England number 145595); James Hay Wrap Managers Limited (JHWM) (registered in England number 145595); James Hay Wrap Managers Limited (JHWM) (regist





James Hay Partnership 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 Dunn's House St Paul's Road Salisbury SP2 7BF	Service 8	e User N	umber 0	1	1	3					
Name(s) of Account Holder(s)	Refere	nce									
Bank/Building Society Account Number  Branch Sort Code	Please the acc assure I unde Pensio	etion to ye pay Jam count detailed by the larstand that on Trustee inically to	nes Hay ailed in f Direct D at this In es Limite	Pension this Instruction struction and,	n Truster ruction s arantee. n may re if so, de	es Limi subject emain v tails wil	ted Directory to the sa	ifegua es Ha	ards	1	
Name and full postal address of your Bank or Building Society  To: The Manager  Bank/Building Society	Signatu	re(s)								]	
Address  Postcode	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.