

Part A Personal Information

@sipp Member Number										
National Insurance Number										
	Mr/Mrs/Miss/Ms/Other Surname									
	Forename(s)									
Permanent Residential Address										
	Postcode	Date of Birth								
Marital Status Married	Married Single Widowed Divorced Registered Civil Partner									
Employed										
Self-Employed – Trading as										
Pensioner										
Child under 16										
Other (please specify):	Caring for one or more children under 16									
	Caring for person aged 16 or over									
	In full time education									
	Unemployed									
	Other (give details below)									

Part B Contributions

Are you subject to the money purchase annual allowance rules?									
Yes No									
			back the tax relief from HM Revenue & leven weeks. Any employer contributions must						
Important: if you have prote mean you may lose this pro			any contributions made to this SIPP could ancial adviser.						
	Start date for regular contributions								
a) Personal	Single	£							
	Regular	£	Monthly Annually						
	Gross Amo	ount (of Basic Rate)	Start date for regular contributions						
b) Employer	Single	£							
	Regular	£	Monthly Annually						
			ding Order form and a Record of Payments will require a new Record of Payments Due						
Do you give authority to @sipp	to correspon	d directly with the Employer	?						
Yes No									
Contribution Payment Deta	ils								
Cheque Payment Details	"@sipp (Pension Trustees) Ltd – [Me	ember Surname + Member number]"						
Bank Transfer Details Account Name: Sortcode: Account Number:	Atsipp F	Barclays Corporate, Aurora, 1st Floor, 120 Bothwell St, Glasgow, G2 7JT Atsipp Pension Trustees Limited re SIPP Receipt Account 20-33-70							
Sender's reference:		[Member Surname + Member number]							

Part C Employer's Details

Name of Employer											
Nature of Business											
Address											
	Postcod	Postcode									
Contact Name											
Telephone Number											
Employer's Contribution Ag											
I/We agree that I am/we are v	villing to pay @sipp (F	ension Trustees)) Ltd the amount(s) indicated in Part B (b).								
Signature											
Position											
Date											
Part D Investm	ent Instruct	ions									
Ture mivestin											
Please provide your investme	nt instructions for the	Contribution(s)	stated in Part B.								
Please provide your investment instructions for the Contribution(s) stated in Part B. Where no instruction is given, all money will be held in the SIPP bank account until we receive investment											
instructions from you.											
In the state of th	Dalian Manakan	0 0/	Curacidia Fund Instructions								
Investment Provider	Policy Number	£ or %	Specific Fund Instructions								

Part E Financial Adviser's Details

Please give details of your Financial Adviser.											
Adviser's Name											
Company Name											
Address											
	Postcode	Email									
	Tel No	Fax									
FCA Number											
Fees Is your Financial Adviser to be paid an initial fee for the contribution from your @sipp trustee bank account? Yes No If yes, please complete below.											
	Amount	or % of Initial Investment									
Initial Fee	£	%									

Where an annual fee is being paid, it will continue to be paid at review date.

Please note, if you are paying a percentage of initial investment to your Financial Adviser, this will be calculated on gross contributions amounts, where applicable.

Part F Member Declaration

- I declare that the total contributions to any registered pension schemes in respect of which I am entitled to relief under section 188 of the Finance Act 2004 will not exceed the higher of:
 - a) The basic amount, or
 - b) My UK relevant earnings within the meaning of section 189 of the Finance Act 2004 in any tax year.
- I declare, where my total gross contributions exceed the Annual Allowance in the current tax year, that I have sufficient unused annual allowances to carry forward from the three previous tax years.
- I declare that:
 - a) in relation to:
 - i) the particulars specified in Part A are to the best of my knowledge and belief, correct and complete and
 - ii) the second bulleted contributions declaration above is to the best of my knowledge and belief, correct.
 - b) no later than either the date which is 30 days after the occurrence of the event or 5th April in the tax year of assessment, I will give notice to you if an event occurs, as a result of which I am no longer entitled to tax relief for contributions pursuant to section 188 of the Finance Act 2004.
- I undertake to inform the @sipp Limited in writing (within 30 days) if:
 - a) I cease to be a UK resident
 - b) There is any change in my name or permanent residential status or employment status or
 - c) I contribute on aggregate more than 100% of my earnings to this and any other pension scheme in any tax year
 - d) I cease to have UK relevant earnings.

Signature							
Date							

The information on this application is used in dealings with HM Revenue & Customs for tax relief purposes. It is a serious offence to make false statements with penalties being severe. False statements could lead to prosecution.

If you have applied for enhanced protection against the lifetime allowance, making a contribution could invalidate this protection.



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@sipp Limited is registered in Scotland (Registered No. SC217126) and has its registered office at 6th Floor, Mercantile Building, 53 Bothwell Street, Glasgow, G2 6TS and is authorised and regulated by the Financial Conduct Authority under Firm Reference No. 462907 and you can check this authorisation at www.fca.org.uk or by calling the FCA on 0800 111 6768.