

1 Introduction

Please refer to Yorsipp's Key Features for further information on the Yorsipp Registered Pension Scheme, prior to completing this application form. Yorsipp Ltd would strongly recommend that financial advice is sought from your Independent Financial Adviser.

Please note that making a false declaration on this application can have serious consequences.

Incomplete information may cause delays in the processing of this application form.

Startup SIPP SIPP

2 Personal Information

Name	Title	Forename(s)	Surname
Address			
	Postcode		
Home Tel No		Work Tel No	
Email Address		Mobile No	
Marital Status		Nationality	
Date of Birth		Spouses Date of Birth	
N.I. Number		Member's Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Tax Reference		Tax Reference District	
Expected Retirement Age		Country of Residence	

Please indicate here as to whether you wish Yorsipp to accept instructions from the email address detailed above Yes No

Employment Status Employed Self-Employed Pensioner Full Time Education Unemployed Other

3 Protection

Primary Protection	HMRC Reference Number	<input type="text"/>
Enhanced Protection	HMRC Reference Number	<input type="text"/>

4 Contributions

Earnings for Current Tax Year	£ <input type="text"/>	Input Period Commencement Date (if different from date of first contribution)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Member and Third Party Contributions	Employer	Nil Relief			
Single	£ <input type="text"/> net	£ <input type="text"/> gross	£ <input type="text"/>			
Regular	£ <input type="text"/> net	£ <input type="text"/> gross	£ <input type="text"/>			

If contributions are being made by a third party and/or your employer the relevant Identity Verification Certificate should be completed.

If your employer wishes to contribute to your SIPP please arrange for them to complete a Record of Payment Due form.

In Specie contributions? Yes No If yes, please contact the administrator for further instruction.

5 Transfers

Are you transferring the benefits under one or more registered pension scheme(s) into your SIPP? Yes No

If yes, please provide the following information and complete a separate Transfer form for each transfer.

	Number	Total estimated value
Cash transfer	<input type="text"/>	£ <input type="text"/>
In Specie	<input type="text"/>	£ <input type="text"/>
Protected Rights	<input type="text"/>	£ <input type="text"/>

6 Benefits

Do you intend to commence benefits immediately? Yes No

Are you currently in receipt of benefits? Yes No

If yes, please complete a Benefit Payment Form.

7 Expression of Wish

Please provide details of who you wish your death benefits to be paid to.

NON PROTECTED RIGHTS

Full Name	<input type="text"/>	Relationship	<input type="text"/>	% share	<input type="text"/>
Full Name	<input type="text"/>	Relationship	<input type="text"/>	% share	<input type="text"/>
Full Name	<input type="text"/>	Relationship	<input type="text"/>	% share	<input type="text"/>

PROTECTED RIGHTS

If you are survived by a spouse or UK registered civil partner, an income must be provided from any protected rights fund. If you do not have or do not anticipate having a spouse or UK registered civil partner, please indicate below how any lump sum benefits should be paid.

Full Name	<input type="text"/>	Relationship	<input type="text"/>	% share	<input type="text"/>
Full Name	<input type="text"/>	Relationship	<input type="text"/>	% share	<input type="text"/>

Your death benefit nomination can be changed at any time by a separate written instruction.

Yorsipp (Trustees) Ltd suggest you take professional advice on this matter.

8 Financial Adviser Details

Name	Title	Forename(s)	Surname
Company Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	Postcode		
Tel No		Mobile No	<input type="text"/>
Email Address		FSA No	<input type="text"/>

Do you wish your Financial Adviser to receive remuneration from your Yorsipp Plan? Yes No

Do you wish your Financial Adviser to make investment decisions on your behalf? Yes No

Remuneration	Initial (Set Up)	Amount	£ <input type="text"/>	or	Percentage	<input type="text"/> %
	Additional Funds	Amount	£ <input type="text"/>	or	Percentage	<input type="text"/> %
	Annual (Renewal)	Amount	£ <input type="text"/>	or	Percentage	<input type="text"/> %

The Annual fee payable will be calculated as a percentage of the total fund value at the date of the annual valuation and will be paid at that time. Any additional fees must be submitted by an invoice signed off by the member.

9 Member Declaration

I wish to become a member of the Yorsipp Registered Pension Scheme.

I confirm that my eligibility to join the Registered Pension Scheme falls into one of the following categories:

- I have relevant UK earnings chargeable to income tax in the current tax year and I was resident in the UK at some time in that tax year.
- I have been resident in the UK at some time during the five years immediately before the current tax year and I was resident in the UK when I joined the scheme.
- I have for the current tax year general earnings from overseas Crown employment subject to UK tax.
- I am the spouse of an individual who has for the current tax year general earnings from overseas Crown employment subject to UK tax.

I agree to be bound by the Trust Deed and Rules of the scheme and as amended from time to time.

I have received and read the Yorsipp Key Features.

I confirm that the 'total' contributions to any registered pension scheme in respect of which I am entitled to receive tax relief, will not exceed the higher of the basic amount or my relevant UK earnings and in any event shall not exceed the annual allowance as determined by HM Revenue and Customs.

I understand that if I have not used all of my allowance in one or more of the last three tax years, such unused amounts may be added to the annual allowance available to me in a current tax year on the basis that the annual allowance for each of those earlier tax years shall be assumed to have been £50,000.

The information provided on this form is correct and complete, to the best of my knowledge.

I accept the Yorsipp (Trustees) Ltd fees (as amended from time to time) and that they will be deducted from my fund.

I confirm that for any fees (financial adviser or administration) that are due to be paid from my fund I will ensure that the appropriate cleared funds are made available. Should additional administration require to be carried out by the administrators I understand that an extra cost may be applied to my fund.

I wish to nominate the persons named in the Expression of Wish section to receive any death benefits payable under the scheme on my death. I understand that this request does not bind the trustees of the scheme to carry out my wishes.

I hereby consent to Yorsipp obtaining details from any Pension Scheme or arrangement I am or have been a member and authorise to receive the information.

I consent to the transfer of any benefits from a Pension Scheme or contract I am or have been a member of as detailed in the Transfer Form.

I understand that any transfers of pension benefits made in the scheme can only provide benefits at retirement or on my death.

I consent to my Financial Adviser receiving fees as detailed in the Financial Adviser Details section until such a time as I cancel them in writing.

I undertake to inform the Scheme Administrator in writing (and within 30 days) if:

- I cease to be a UK resident
- I contribute in excess of the annual allowance
- I cease to have UK relevant earnings
- I change my permanent residential address
- I apply for or lose enhanced protection in respect of a pension benefit or overseas transfer
- I apply for primary protection

Instructions

The member should give all instructions or notices regarding the scheme to the Trustees as Trustees and Administrator. The Trustees may act upon oral, facsimile instruction or electronic instructions in a form acceptable to the Trustees but reserve the right to refuse to act until the original written is received. Subject to the aforesaid, any notice, request or consent under this agreement shall be in writing. Any notice to the member shall be sufficiently served if sent by first class post to the member's address as stated herein or otherwise as formally notified to the Trustee. Any notice to the Trustee to be sufficiently served shall require to be sent by first class recorded delivery post to the Registered Office concerned, marked for the attention of the Company Secretary or other such official as the party concerned may from time to time intimate in writing to the member. Any notice sent by first class post shall be deemed to have been duly served on expiry of two days after the day of posting. In proving service it shall be sufficient to prove that the envelope containing the notice was duly addressed to the party concerned and in accordance with this clause and posted to the place to which it was so addressed.

If agreed with you in advance Yorsipp may accept instructions from you by e-mail provided that such instructions bear to have been sent from an e-mail address which has been notified to us for this purpose. Yorsipp will send you written confirmation that we have acted on your instructions by post to your address and in the event that the instruction was not sent by you, you must contact Yorsipp to advise us of this immediately. The security of emails cannot be guaranteed as they are transmitted over a public network and Yorsipp accepts no responsibility in respect of it. You agree to accept this risk and shall indemnify Yorsipp against any resulting liability provided that we have acted in good faith.

The Trustee will use reasonable endeavours to ensure that any paper instruction given by the member is acted upon by the Trustee within a reasonable time. However the member accepts that delay may ensue in relation to any instruction:

- (a) which is received late, in particular after 3pm or on a bank holiday, local holiday or non business day for financial purposes, or
- (b) which requires clarification, or
- (c) on which the Trustee is of the view that independent or additional advice is requested

Where an instruction for the member involves instructing the scheme administrator, other adviser, consultant or third party, the Trustee will have no responsibility or liability beyond taking reasonable steps to ensure that the instruction is, in terms hereof, duly passed on.

Data Protection

I understand that under the Data Protection Act 1998, Yorsipp (Trustees) Ltd (the trustees) are required to obtain my consent to process data about me. I therefore consent to the trustees and Yorsipp Ltd (the administrators) processing data relating to me for the purpose of administering and operating the scheme. In addition to this I authorise the data being transferred to third parties in connection with the administration and operation of the scheme.

I have the right to ask for a copy of the personal data held on record of me for the payment of a nominal fee. Any inaccuracies that require to be corrected will be amended as and when requested.

Signature

Date

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SIPP Cancellation Rights

When your SIPP is set up we will offer you the right to cancel your plan within 30 calendar days of us accepting your application. Within this period Yorsipp will retain all monies in your designated trustee bank account until the period is up before we can proceed with actioning your benefit and/or investment instructions.

If you wish to waive your right to this 30 day cancellation period and take your benefits and/or investments immediately you can complete the following waiver.

I would like to waive my right to the 30 day cancellation period and I fully understand the implications of this, including the fact that once I have waived my right to this cancellation period, I will no longer be able to have any contributions made refunded or transfer payments automatically returned to the transferring pension scheme provider.

Signature

Date

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PENSION ADMINISTRATORS

Eadie House, 74 Kirkintilloch Road, Bishopbriggs, Glasgow G64 2AH

Tel 0141 772 3365 Fax 0141 762 1862

Email: info@yorsipp.com

Web: www.yorsipp.com

Registered office: Unit 8, 8 Victoria Court, Bank Square, Morley, Leeds, LS27 9SE Registration number 05743279

Yorsipp Limited is authorised and regulated by the Financial Services Authority