

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 is not authorised to provide financial advice and would strongly recommend that advice is sought from an FCA regulated Financial Adviser. If you do not currently have an adviser, you may wish to obtain details of advisers in your area via www.unbiased.co.uk

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.

Please tick to confirm which product you wish to apply for:

Singular SIPP Step Up SIPP Full 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		Spouse's Date of Birth	
N.I. Number		Member's Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
I do not have a National Insurance Number <input type="checkbox"/>			
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 <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employment Status	Employed <input type="checkbox"/>	Self-Employed <input type="checkbox"/>	Pensioner <input type="checkbox"/>
	Full Time Education <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Other <input type="checkbox"/>
If you have ticked "Other" please complete the following: Caring for a person over age 16 <input type="checkbox"/> Full time education <input type="checkbox"/>			
Unemployed <input type="checkbox"/>	Other <input type="checkbox"/>	(Please give details) <input type="text"/>	

3 Protection against the Lifetime Allowance Charge

Have you registered with HM Revenue & Customs for protection against the Lifetime Allowance Charge? Yes No

If yes, please tick all that apply and provide a copy of the certificate or enter the HMRC reference number, as appropriate.

Enhanced Protection	<input type="checkbox"/>	Certificate Enclosed	<input type="checkbox"/>
Enhanced Protection with Lump Sum Protection	<input type="checkbox"/>	Certificate Enclosed	<input type="checkbox"/>
Primary Protection	<input type="checkbox"/>	Certificate Enclosed	<input type="checkbox"/>
Primary Protection with Lump Sum Protection	<input type="checkbox"/>	Certificate Enclosed	<input type="checkbox"/>
Fixed Protection (2012)	<input type="checkbox"/>	Certificate Enclosed	<input type="checkbox"/>

Fixed Protection 2014	<input type="checkbox"/>	Certificate Enclosed	<input type="checkbox"/>
Individual Protection 2014	<input type="checkbox"/>	Certificate Enclosed	<input type="checkbox"/>
Fixed Protection 2016	<input type="checkbox"/>	HMRC Reference	<input type="text"/>
Individual Protection 2016	<input type="checkbox"/>	HMRC Reference	<input type="text"/>

4 Contributions

Have you drawn flexible benefits from any UK Registered Pension Scheme? Yes No
 (i.e. Flexi Access Drawdown or Uncrystallised Funds Pension Lump Sum)

Earnings for Current Tax Year

	Member and Third Party Contributions	Employer Contributions	Nil Relief Contributions
Single	<input type="text" value="£ net/gross*"/>	<input type="text" value="£ gross"/>	<input type="text" value="£"/>
Regular	<input type="text" value="£ net/gross*"/>	<input type="text" value="£ gross"/>	<input type="text" value="£"/>

** Delete as appropriate*

Frequency of regular contributions:

Monthly Quarterly Half-yearly Annually

Yorsipp will need to verify the identity of any person or company making contributions to your SIPP. Please speak to your adviser for further details or contact us if you do not have an adviser.

If your employer wishes to contribute to your SIPP please arrange for them to complete a Record of Payment Due form. Please visit our website or contact us if you require a copy of this form.

In Specie contributions? Yes No If yes, please contact us 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 SIPP Transfer In Application for each transfer.

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

6 Investment Instructions

Please confirm where you intend to invest the assets of the SIPP.

7 Benefits

Do you intend to commence benefits immediately?

Yes

No

Are you currently in receipt of benefits?

Yes

No

If yes, please complete a SIPP Benefit Payment Form

8 Expression of Wish

On your death, your remaining Individual Funds will be applied in accordance with the rules of the Scheme to provide lump sum and/or pension death benefits. Within the overall limits of the tax legislation, the rules give wide discretion over the exact form of benefits, and the recipients.

Do you want the Scheme Trustees to consider paying benefits to a particular individual(s), a trust, or a charity? Yes No

If yes, please complete a SIPP Member Expression of Wish Form, which is available on request or from our website:

<http://www.yorsipp.com/literature/>

9 Financial Adviser Details

Name	Title	Forename(s)	Surname
Company Name			
Address			
	Postcode		
Tel No		Mobile No	
Email address		FCA No	

Do you wish your Financial Adviser to receive remuneration from your Yorsipp Plan?

Yes

No

Do you wish us to accept investment instructions from your financial adviser?

Yes

No

Remuneration	Initial (set-up)	Amount	£ <input type="text"/>	or	Percentage	<input type="text"/> %
	Annual (renewal)	Amount	£ <input type="text"/>	or	Percentage	<input type="text"/> %

Annual fees are generally paid annually at the time Yorsipp produces the Annual Valuation Statement. Percentage-based annual fees will be calculated using the total fund value at that time.

Any additional fees must be submitted by an invoice signed off by the member.

10 Member Declaration

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

I understand that I will only be eligible to receive tax relief on my contributions if I meet at least one of the following criteria:

- I have relevant UK earnings chargeable to UK income tax for that year; or
- I have been tax resident in the UK at some time during that year; or
- I was tax resident in the UK at some time during the five tax years immediately before that year and when I became a member of the pension scheme; or
- I or my spouse / civil partner have, for that 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 declare that the 'total' contributions to any UK 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 the reduced Money Purchase Annual Allowance will apply where I have accessed benefits flexibly from any UK Registered Pension Scheme.

I declare that to the best of my knowledge and belief the information provided on this form is correct and complete. I further declare that to the best of my knowledge and belief the above declaration concerning tax relief is correct.

I declare that I will give notice to the Scheme Administrator if an event occurs which may affect my entitlement to tax relief on my contributions by the later of 5 April in year of assessment or 30 days from the date of its occurrence. These include:

- I cease to be a UK resident
- I contribute in excess of the basic amount, 100% of my earnings or the annual allowance (whichever is lower)
- I cease to have UK relevant earnings
- I access pension benefits flexibly from any UK Registered Pension Scheme
- I change my permanent residential address
- I apply for or lose any transitional protection

I understand that if I have not used all of my Annual Allowance in one or more of the last three tax years, it may be possible for such unused amounts to be added to the annual allowance available to me in a current tax year. There is no carry forward of the Money Purchase Annual Allowance.

I accept the Yorsipp Ltd and Yorsipp (Trustees) Ltd fees (as amended from time to time) and that they will be deducted from my fund. Should additional administration require to be carried out by Yorsipp I understand and accept that an extra cost may be incurred and applied to my fund.

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 understand this is an agreement between me and my adviser and that Yorsipp simply facilitates the payment. Due to the strict rules surrounding payments made from a pension scheme, I understand that Yorsipp may request further information from my financial adviser before making a payment.

I understand and accept it is my responsibility to ensure that the appropriate cleared funds are available to pay any fees (financial adviser or administration) that are due to be paid from my fund.

In the event that insufficient liquid funds are available within my SIPP for Yorsipp's fees to be deducted, I understand and accept that Yorsipp may invoice me directly.

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.

If this Application Form is being submitted in respect of a child under the age of 16 it is hereby declared that it is being signed on the child's behalf by a parent or legal guardian.

If this Application Form is being submitted in respect of a person who by reason of mental disorder is incapable of managing his affairs or by reason of physical disability has difficulty in signing documents for the management of his affairs it is hereby declared that it is being signed on that persons behalf by his/her attorney or guardian.

I understand that to comply with anti-money laundering rules, Yorsipp Limited and/or Yorsipp (Trustees) Limited must carry out various checks and procedures and will not be ready to commence work instructed by me or for me until these procedures have been completed to your satisfaction. I further understand that you may use the services of an electronic provider to verify any information provided to you.

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

The information you have supplied will be used in accordance with our Privacy Policy, which can be found on our website at <http://www.yorsipp.com/general/privacy-policy>.

Signature

Date

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. (Please note you are unable to waive your right to cancel where your SIPP is set up wholly or in part by the transfer of deferred benefits from an occupational pension scheme).

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



PENSION ADMINISTRATORS

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

Tel 0141 772 3365 Fax 0141 762 1862

All calls are recorded for quality, monitoring, training and fact verification purposes.

Email: info@yorsipp.com

Web: www.yorsipp.com

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Registration number 05743279. Yorsipp Limited is authorised and regulated by the Financial Conduct Authority