

Employer Contribution Form

BARCODE
INTERNAL USE ONLY

Form reference H103

Complete this form if your employer intends to pay contributions to your Hornbuckle plan.

You must complete sections 1 to 3.

Quick actions:

If you are completing this form as a supplement to H101 SIPP Application Form (Core) you do not have to complete any section of this form.

I am completing this form as a supplement to H101 SIPP Application Form (Core)

Your employer must complete sections 4 to 7.

Your financial adviser must complete section 8.

1. Member details

Forename(s)

Hornbuckle plan number

Surname

Email

Date of birth

Address

D D M M Y Y

National Insurance number

Postcode

If you do not have a National Insurance number please tick here

Lifetime Allowance Protection:

If you hold Enhanced or Fixed Protection any contribution paid to your plan will result in the loss of your protection. You should speak to your financial adviser.

Money Purchase Annual Allowance (MPAA):

Have you triggered the Money Purchase Annual Allowance (MPAA)?

Yes

No

If 'Yes' please supply us with your written confirmation provided by the scheme administrator if other than Hornbuckle, and refer to H102 Member Contribution Form guidance

2. Employment status

I am (please tick one):

Employed

Self-employed

A pensioner

A child under the age of 16

Other

If you have selected "other" from the list above, please confirm which of the following best describes your status:

Caring for one or more children aged under 16

Caring for a person aged 16 or over

In full time education

Unemployed

Other

If you have selected "other", please provide details

3. Member declarations

I declare that in any given tax year the total contributions to any registered pension schemes in respect of which I am entitled to tax relief under section 188 of the Finance Act 2004 will not exceed the higher of (a) the basic amount or (b) my relevant UK earnings for that tax year, within the meaning of section 189 of the Finance Act 2004.

I declare that the declaration I have given above is, to the best of my knowledge and belief, correct.

I declare that the particulars I have provided in this application are, to the best of my knowledge and belief, correct and complete.

I declare that I will give notice to Embark Services Limited if an event occurs as a result of which I am no longer entitled to tax relief for my contributions pursuant to section 188 of the Finance Act 2004, and I will give that notice no later than the later of (a) the 5th April in the year of assessment in which the event occurs and (b) the date which is 30 days after the occurrence of the event.

I am the member named in section 1

I am making these declarations on the member's behalf, and I am:

The parent or guardian
of the member

The member's attorney or receiver,
or another person managing and
administering the member's affairs

A person with power of
attorney in relation to the
member's affairs

I have received financial advice in relation to this transaction Yes No

Signature

Print name

Date

D D M M Y Y

4. Employer details

Company name

Contact name

Registered address

Tel no

Email

Postcode

Registration number

5. Contribution details

Will your contribution(s) include any assets other than a cash payment? Yes No

If "yes", please provide us with details

5. Contribution details cont'd

If the asset(s) are unlisted securities please complete H112 Unlisted Securities Form

If the asset(s) include other alternative investments please complete H113 Alternative Investments Form

If the asset is a commercial property, you should complete the relevant property purchase form

Single contribution:

Gross amount of single contribution

Date of payment

£

D D M M Y Y

Regular contribution:

Is this a new regular contribution?

Yes

No - amendment to existing

If "yes", new contribution:

Gross amount of regular contributions (per payment)

£

Start date of regular contributions

D D M M Y Y

Frequency of regular contributions

Monthly

Quarterly

Annually

If "no", amendment to existing regular contributions:

Total new gross amount of regular contributions (per payment)

£

Start date of amended contributions

D D M M Y Y

Frequency of regular contributions

Monthly

Quarterly

Annually

6. Bank Account Details

Please confirm the bank account details from which contributions will be paid:

Bank / building society

Sort code

Account / roll number

Account name

7. Employer declaration

We agree that the information provided in sections 4, 5 and 6 are correct.

We agree that any contribution deducted from the earnings of the member named in section 1 will be paid to the plan no later than the nineteenth day of the month following the date of deduction. Any late payments may require Embark Services Limited to report them to The Pensions Regulator.

Signature

Position

Print name

Date

D D M M Y Y

8. Verification of identity

This section is for the financial adviser to complete in respect of the employer. This should be the same company details as provided in section 4.

Company name

Trading address

Registered address

Postcode

Postcode

Tel no

Registration number

Company registry

I/we confirm that the information above was obtained by me/us in relation to the company.

The evidence I/we have obtained to verify the identity of the company:

meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG

exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation)

Adviser signature

Firm name

Print name

Date

D D M M Y Y

Checklist

Before submitting this form please make sure:

You have completed all of the relevant sections of the form.

You have read and understood the guidance on completing the form contained in H103G Employer Contribution Form guidance.

Where to send

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Get in touch

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