

SIPP Application Form

Single member SIPP setup



Form reference H101-A

You must use this application form when applying for a Self-Invested Personal Pension (SIPP) for single member plans. If you are establishing a group SIPP or completing a syndicated property purchase once the SIPP is established you will need to complete H101-B.

You must complete sections 1–13.

Your financial adviser must complete sections 14–15.

Quick actions:

1. Product choice

Please select the type of plan you are applying for:

Full SIPP

Single Investment SIPP

2. Applicant details

Title Permanent residential address

Forename(s)

Surname

Postcode

Date of birth

Correspondence address (if different)

National Insurance number

Postcode

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

Correspondence to:

You

Your adviser

Gender:

Male

Female

Intended retirement age

Tel no

Email

Mobile no

Are you now or have you ever been a US citizen?

Yes

No

3. 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

4. Adviser details

Adviser name

Firm name

Firm FCA number

5. Contributions

All contributions to single member plans must be made via direct debit. To establish a direct debit you must complete the Bank of Scotland Direct Debit Mandate. This can be found on our website.

Have you opted out of or declined to join an occupational pension, group personal/stakeholder pension scheme or employer sponsored auto-enrolment pension arrangement in favour of making payments to this plan?

Yes

No

This is a mandatory question and must be answered

Will you be paying contributions to your Hornbuckle plan?

Yes

No

If "yes", please complete H102 Member Contribution Form

Will your employer be paying contributions to your Hornbuckle plan?

Yes

No

If "yes", please complete H103 Employer Contribution Form

Will another third party be paying contributions to your Hornbuckle plan?

Yes

No

If "yes", please complete H104 Third Party Contribution Form

6. Transfers

Will you be transferring any existing pension benefits into your Hornbuckle plan?

Yes

No

If "yes", please complete H105 Transfer Form

7. Cash interest rate

Your Hornbuckle SIPP will have a designated account with Bank of Scotland where all payments in to your plan will be received before being invested in accordance with your, or your adviser's instructions.

Through Metro Bank we provide access to an interest-bearing account. Any cash paid into the Bank of Scotland account, which isn't to be immediately invested, will be placed in the Metro Bank account on a daily basis.

For current interest rates please visit our website at www.hornbuckle.co.uk/interest-rates

(1) Interest rates cannot be guaranteed and we reserve the right to adjust as appropriate.

(2) Annual Equivalent Rate (AER) illustrates what the interest rate would be if interest was paid and compounded each year.

8. Taking benefits

Are you intending to start drawing benefits from your Hornbuckle plan immediately?

Yes

No

If "yes", please complete H106 Benefit Payment Form

9. Expression of wish

Do you want to make a nomination about who should receive the benefits in your Hornbuckle plan on your death?

Yes

No

If "yes", please complete H107 Expression of Wish Form

10. Adviser charging

Do you want to pay your adviser a fee from your Hornbuckle plan?

Yes

No

If "yes", please complete H108 Adviser Charging Form

11. Data protection statement

I understand and accept that:

Embark Services Limited may disclose my personal information to verify my details with a credit reference agency or agencies both during the application process and during the ongoing administration of my plan. This information will be used to prevent fraud and money laundering and to check my identity. Any checks performed may be recorded on my credit history.

The information provided by Embark Services Limited to credit reference agencies will be used by other credit grantors to prevent fraud and money laundering, to make credit decisions about me and the people with whom I am financially associated, and occasionally for tracing debtors.

Embark Services Limited will disclose my personal information to any legal or regulatory body if required to do so by law.

Embark Services Limited will use my personal information, and share it with associated companies, in order to:

1. Set up my plan.
2. Provide administration services in relation to my plan.
3. Send me information relating to my plan.
4. Keep me updated on products and services from you and your associated companies that may interest me or to take part in market research.

If you would prefer not to hear from us about new products and services please tick here:

We will never pass your details to any third parties without your consent.

Embark Services Limited may need to process sensitive personal information about me, such as information relating to my health.

Embark Services Limited may need to transfer my personal information to another country, in which case Embark Services Limited will ensure that my personal information is afforded the same level of protection as required under the UK Data Protection Act.

I have a right to obtain a copy of the personal information that Embark Services Limited holds in relation to me (subject to the payment of a fee) and to have any inaccuracies corrected.

I confirm that I have appointed the financial adviser named in section 4 of this application form to act on my behalf and authorise Embark Services Limited to disclose information to my adviser to assist in the administration and performance of my plan.

By signing this application form I consent to the use of my personal information for the purposes and on the terms above.

In order to ensure the accuracy of the service we provide to you, and to train our staff, Embark Services Limited may record communications we have with you.

I confirm that I have obtained the consent of any individual paying contributions to my plan on my behalf for Embark Services Limited to use the individual's personal data to verify their identity with a credit reference agency or agencies for the purpose of preventing fraud and money laundering, and that the individual acknowledges and agrees that any credit checks performed may be recorded on their credit history.

12. Cancellation rights

12.1 Application

You can cancel your application to join the Hornbuckle Mitchell SIPP at any time within 30 days of the date that we accept your application.

You can find full details of your cancellation rights in the Key Features Document for the Scheme.

If you would like to cancel your application you can do so by emailing us at clientservicing@hornbuckle.co.uk or writing to us at the address at the end of the form.

You can choose to waive your cancellation rights within the 30 day cancellation period.

Would you like to waive your cancellation rights? Yes No

12.2 Transfers

You can cancel your application to transfer your pension benefits to your Hornbuckle plan at any time within 30 days of the date that we receive the transfer.

You can find full details of your cancellation rights in the Key Features Document for the Scheme.

If you would like to cancel the transfer you can do so by emailing us at clientservicing@hornbuckle.co.uk or writing to us at the address at the end of the form.

12.3 Taking benefits

You can cancel your application to designate your plan for the payment of a drawdown pension at any time within 30 days of the date that we crystallise your benefits.

You can find full details of your cancellation rights in the Key Features Document for the Scheme.

If you would like to cancel the crystallisation of your benefits you can do so by emailing us at clientservicing@hornbuckle.co.uk or writing to us at the address at the end of the form.

13. Member declarations

13.1 General

I apply to become a member of The Hornbuckle Mitchell SIPP ("the Scheme").

I agree to be bound by the Trust Deed and Rules and the Terms and Conditions of the Scheme as they may be amended from time to time.

I acknowledge that my membership is based on the information in this application and I agree to ensure that Embark Services Limited is kept accurately informed of any information that they may require to administer my plan.

I acknowledge and agree that Embark Services Limited has not provided and will not provide me with financial advice concerning the suitability of joining the Scheme to my financial needs and circumstances.

I acknowledge and agree that Embark Services Limited is entitled to charge fees and expenses for administering my plan. I have received a copy of the Fee Schedule and agree to the fees relating to the options I have chosen as set out in the Fee Schedule and as amended from time to time.

I acknowledge that Embark Services Limited may amend or increase the fees set out in the Fee Schedule but that they will give me advance notice of any change as set out in the Terms and Conditions of the Scheme.

I confirm that I have been provided with copies of the Terms and Conditions, Fee Schedule and Key Features Document for the Scheme.

13.2 Contributions

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.

13.3 Transfers

I authorise and instruct you to transfer funds from the plan(s) as listed in the appropriate section of this application directly to the receiving provider. Where you have asked me to give you any original policy document(s) in return for the transfer of funds and I am unable to do so, I promise that I will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information deliberately or carelessly given by me, or on my behalf, either in this form or with respect to benefits from the plan.

I authorise you to release all necessary information to the receiving provider to enable the transfer of funds to the receiving provider. I authorise you to obtain from and release to the financial adviser named in this application any additional information that may be required to enable the transfer of funds.

If an employer is paying contributions to any of the plans as listed in the appropriate section of this application, I authorise you release to that employer any relevant information in connection with the transfer of funds from the relevant plan(s).

Until this application is accepted and complete, the receiving provider's responsibility is limited to the return of the total payment(s) to the current provider(s).

Where the payment(s) made to the receiving provider represent(s) all of the funds under the plan(s) listed in the appropriate section of this application, then payment made as requested will mean that I shall no longer be entitled to receive pension or other benefits from the plan(s) listed.

Where the payment(s) made to the receiving provider represent(s) part of the funds under the plan(s) listed in the appropriate section of this application, then the current provider(s) will be discharged of all claims and responsibilities only in respect of the part of the plan(s) represented by the payment(s).

I promise to accept responsibility in respect of any claims, losses and expenses that the receiving provider and the current provider(s) may incur as a result of any incorrect information provided by me in this application or of any failure on my part to comply with any aspect of this application.

13.4 Taking benefits

Please accept this as my instruction to crystallise my Hornbuckle plan as I have instructed in the relevant section of this application.

13.5 Expression of wish

Please accept this as my nomination to pay the remaining value of my plan on my death to the persons and in such proportions as specified in the relevant section of this application.

13.6 Adviser charging

I authorise Embark Services Limited to pay my adviser, whose details have been provided in section 4 of this form, an adviser charge from my plan.

I understand that the value of my plan will be reduced according to the amount of the payment or payments made by Embark Services Limited in relation to any adviser charge and any related tax.

I am the applicant named in section 2

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

The parent or guardian
of the applicant

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

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

Signature

Date

D D M M Y Y

Print name

14. Advice details

Have you provided a personal recommendation to the applicant in relation to the SIPP plan? Yes No

On which basis has the sale of the SIPP plan been transacted? Face to face At a distance

Have you agreed with the applicant that we should pay you a fee from the SIPP plan? Yes No

If "yes", please make sure that you and the applicant have completed H108 Adviser Charging Form

Page 5

15. Verification of identity

Applicant full name

Address

Date of birth

D D M M Y Y

Postcode

If the applicant has lived at this address for less than 3 months, please provide their previous address

Postcode

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

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

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

Date

D D M M Y Y

Checklist

Please select from the list below the supplemental forms that you are attaching to this application form:

H102 Member Contribution form

H106 Benefit Payment Form

H103 Employer Contribution form

H107 Expression Of Wish

H104 Third party Contribution form

H108 Adviser Charging Form

H105 Transfer Form

Bank of Scotland Direct Debit Mandate form

Before submitting this application form please make sure:

You have completed all of the relevant sections of the form

You have signed and dated the form at the end of section 13

You have read and understood the guidance on completing the form contained in H101G SIPP Application Form (Core) guidance

Your financial adviser has completed sections 14 and 15 of the form

You have read and understood the information and declarations contained in sections 11 to 13 of this form

Where to send

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Get in touch

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Page 6