

Employer Contribution Form Guidance

Quick actions:

Document reference H103G

1. Member details

If you are completing this form as a supplement to a new application, leave this section blank.

| | |
|---|---|
| Forename(s) | Your first name and any middle names. |
| Surname | Your last name. |
| Date of birth | Your date of birth in the format DD/MM/YY. |
| National Insurance number | Your National Insurance number. If you do not have a National Insurance number you should indicate this. If you have forgotten your National Insurance number you must contact HM Revenue & Customs (HMRC) to find out what it is. |
| Hornbuckle plan number | Your Hornbuckle plan number. |
| Email | Your preferred contact email address. We will use your email address to send you information relating to the administration of your plan, so you should avoid using a work email address or another address likely to be accessed by someone else. |
| Address | Your permanent residential address. |
| Postcode | Your postcode if you live in the UK, or otherwise your ZIP code, etc. |
| Money Purchase Annual Allowance (MPAA) | The Money Purchase Annual Allowance (MPAA) applies to individuals who have flexibly accessed their pension benefits, either through Flexi-access Drawdown (FAD) or Uncrystallised Funds Pension Lump Sum (UFPLS). From the 6th April 2017 the annual allowance for pension contributions is £4,000. |

2. Employment status

If you are completing this form as a supplement to a new application, leave this section blank.

From the first list of options (employed, self-employed, pensioner, child under 16) you should select the option that describes your current employment status (if you feel that more than one option applies, you should select the one that provides your principal source of income).

If none of the options describes your employment status, you should select "other", and then choose the option from the second list that best describes your status.

If you feel that none of those options describes your status, you should provide a brief description in the space provided.

3. Member declarations

If you are completing this form as a supplement to a new application, leave this section blank.

This section contains a number of declarations relating to the payment of your contributions, all of which are required in order for us to apply to HMRC for tax relief.

If the form is being completed by someone else on the member's behalf (for example, because the member is a minor, or they are physically or mentally incapacitated), then the person completing the form on their behalf should sign the form.

The following persons should sign the form in the circumstances outlined:

| | |
|---|---|
| If the member is a child under the age of 16 | The member's parent or guardian, or a person with parental responsibility for the member. |
| If the member is incapable, by reason of mental disorder, of managing their property and affairs | The member's attorney or receiver, or another person managing and administering the member's affairs. |
| If the member is suffering from a physical disability, by reason of which they have difficulty executing documents in respect of the management and administration of their property and affairs | A person having a power of attorney in relation to the affairs of the member. |

Except where the form is being completed by the member's parent or guardian, you should include written details of the capacity in which you are representing the member. We will also require a copy of any relevant power of attorney.

4. Employer details

This section of the guidance is addressed to your employer

| | |
|--|--|
| Company name | The full name of the employer. |
| Registered address | The employer's registered address. |
| Postcode | The employer's postcode for UK addresses, or otherwise ZIP code, etc. |
| Registration number | The employer's registration number as it appears on the relevant registry of companies (if applicable). |
| Contact name | The name of the person at the company we should contact with any information or queries relating to the payment of contributions. |
| Tel No | The telephone number of the person we should contact. |
| Email | The email address of the person we should contact. |
| Will your contribution(s) include any assets other than a cash payment? | <p>If you want to make a contribution of an asset to the member's plan (i.e. an "in specie" contribution), rather than a cash contribution, certain requirements apply.</p> <p>With certain assets we will need to assess whether we will accept the investment. Once we have confirmed that we will accept the investment we will send you further documentation needed to set up the contribution.</p> <p>You should contact us for further details.</p> |

5. Contribution details

5.1 Amounts paid without deduction from the member's earnings

This section of the form relates to contributions payable to the member's plan that will not be funded by means of a deduction from the member's earnings i.e. contributions on which income tax relief will not be reclaimed. You should also include any contributions that will be paid as part of a salary sacrifice arrangement.

| | |
|--|--|
| Amount of single contribution | The amount of any one-off contribution you intend to pay to the member's plan i.e. contributions that are not paid on an annual or more frequent basis. If you will not be paying any one-off contributions leave this field blank. |
| Date of payment | The date on which the contribution is due to be paid to the member's plan. |
| Amount of regular contributions (per payment) | The amount of any regular contributions you intend to pay to the member's plan i.e. contributions that are paid on an annual or more frequent basis. If you will not be paying any regular contributions leave this field blank, along with the rest of this section (and go to section 5.2). |
| Start date of regular contributions | The date on which the first regular contribution is due to be paid to the member's plan. |
| Frequency of regular contributions | The frequency of regular contributions that will be paid to the member's plan (choose from monthly, quarterly and annually). |

5.2 Amounts paid by deduction from the member's earnings

This section of the form relates to contributions payable to the member's plan that will be funded by means of a deduction from the member's earnings i.e. member contributions deducted from net salary. Hornbuckle will reclaim basic rate tax on the amount(s) deducted.

| | |
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| Amount of single contribution | The net amount (before any tax relief has been applied) of any one-off contribution you intend to pay to the member's plan i.e. contributions that are not paid on an annual or more frequent basis. |
| Date of deduction from earnings | The date that the one-off contribution payment will be deducted from the member's earnings. For example, if the member is paid on the 28th day of each month, and the contribution will be deducted from their salary for June 2017, you should enter 28/06/17. |
| Date of payment | The date on which the one-off contribution is due to be paid to the member's plan. |
| Amount of regular contributions (per payment) | The net amount of any regular contributions you intend to pay to the member's plan i.e. contributions that are paid on an annual or more frequent basis. If you will not be paying any regular contributions leave this field blank, along with the rest of this section. |
| Date of first deduction from earnings | The date that the first regular contribution will be deducted from the member's earnings. For example, if the member is paid on the 28th day of each month, and the first contribution will be deducted from their salary for June 2017, you should enter 28/06/17. |
| Start date of regular contributions | The date on which the first regular contribution is due to be paid to the member's plan. |
| Frequency of regular contributions | The frequency of regular contributions that will be paid to the member's plan (choose from monthly, quarterly and annually). |

6. Bank account details

Please fill in your bank account details.

7. Employer declaration

This section of the guidance is addressed to your employer.

| | |
|-------------------|--|
| Signed | The form should be signed by a person authorised to do so on behalf of the employer. |
| Print name | The name of the person signing the form. |
| Position | The job title of the person signing the form. |

8. Verification of identity

This section of the form should be completed by your financial adviser.

In order to combat money laundering and other types of financial crime it is necessary for us to verify the identity of our customers, and anyone paying contributions into their plan on their behalf.

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|---|---|
| Company name | The full name of the member's employer. |
| Registered address | The employer's registered address as it appears on the relevant registry of companies (if applicable). |
| Postcode | The employer's postcode for UK addresses, or otherwise ZIP code, etc. |
| Registration number | The company's registration number or reference (in the case of a UK company, the company number as recorded at Companies House). |
| Trading address | The employer's trading address (if different from their registered address). |
| Postcode | The employer's postcode for UK addresses, or otherwise ZIP code, etc. |
| Company registry | The name of the registry of companies in which the company is listed (in the case of a UK company, Companies House). |
| I/we confirm that the information above was obtained by me/us in relation to the company | We can only accept employer contributions where the financial adviser firm has obtained its own evidence of the employer's identity (i.e. you cannot use evidence provided by a third party). |
| The evidence I/we have obtained to verify the identity of the company, etc | Confirm whether the evidence you have obtained in relation to the employer's identity meets or exceeds the standard of evidence required under the guidance issued by the Joint Money Laundering Steering Group (JMLSG). If the evidence you have obtained exceeds the standard of evidence required, you should attach details of the evidence you have obtained. |
| Adviser signature | The form should be signed by the person who has seen any original documentation on which your firm has relied for the purposes of verifying the employer's identity. |
| Print name | The full name of the person signing the form. |
| Firm name | The full name of the adviser's firm as it appears on the financial services register. |

Appendix I – The Pensions Regulator’s Code of Practice

The Pensions Regulator (TPR) has published a Code of Practice titled “Reporting late payment of contributions to personal pensions”, which came into effect on 6th April 2006. The Code of Practice provides guidelines to employers who are paying contributions to an employee’s personal pension by way of a “direct payment arrangement”.

Any contributions that have been deducted direct from an employee’s pay or paid on the employer’s own account fall under the direct payment agreement.

The Code of Practice takes into account the direct payment agreement and states that if the employer makes a late payment (e.g. a payment is made after the due date, or not received at all), or does not provide information requested by the scheme administrator, the scheme administrator is required to report this breach to the Pensions Regulator if it is deemed as being of “material significance”.

Late payments are those made (or which should be made) by the employer that are not received by Hornbuckle by the due date. The due date is determined as follows:

- Where a contribution has been deducted from an employee’s earnings, Hornbuckle must receive the contribution by the 19th day of the month following the date on which the contribution was deducted.
- Where an employer contribution is being paid, the employer must confirm in writing their intention to make the contribution and the intended date.

If the late payment is deemed by Hornbuckle to be of material significance it will be reported to the Pensions Regulator. For example, we will make a report to the Pensions Regulator:

- Where contributions have not been paid 90 days after the due date.
- If Hornbuckle become aware that an employer is unable to make contributions by the due date as a result of the employer not having sufficient procedures or resources in place to facilitate the payment.

Concerning the provision of information, an employer has 30 days from the date that Hornbuckle requests information to provide the required details. If the employer does not provide the information within the 30 day period, Hornbuckle will report this to the Pensions Regulator within a further 30 day period.

More information about this Code of Practice can be found on the Pensions Regulator’s website at: www.thepensionsregulator.gov.uk

Get in touch

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