

# Third Party Contribution Form Guidance

Quick actions:

Document reference H104G

## 1. Member details

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

<b>Forename(s)</b>	Your first name and any middle names.
<b>Surname</b>	Your last name.
<b>Date of birth</b>	Your date of birth in the format DD/MM/YY.
<b>National Insurance number</b>	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 to find out what it is.
<b>Hornbuckle plan number</b>	Your Hornbuckle plan number.
<b>Email</b>	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.
<b>Address</b>	Your permanent residential address.
<b>Postcode</b>	Your postcode if you live in the UK, or otherwise your ZIP code, etc.
<b>Money Purchase Annual Allowance (MPAA)</b>	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.

You are also required to confirm, if the person paying the contribution to your plan is an individual, that you have obtained their consent for us to use their personal data for the purpose of checking their identity.

**Without this consent we will be unable to process the contribution.**

### 3. Member declarations cont.

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:

<b>If the member is a child under the age of 16</b>	The member's parent or guardian, or a person with parental responsibility for the member.
<b>If the member is incapable, by reason of mental disorder, of managing their property and affairs</b>	The member's attorney or receiver, or another person managing and administering the member's affairs.
<b>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</b>	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. Third party details

This section of the guidance is addressed to the person paying the contribution(s) to your plan.

#### 4.1 Individuals

This section should be completed by anyone who will be paying contributions in their capacity as a private individual e.g. relatives of the plan member paying contributions out of their own income or savings.

<b>Title</b>	Your title as you would like it to appear on any correspondence e.g. Mr, Mrs, Ms.
<b>Forename(s)</b>	Your first name and any middle names.
<b>Surname</b>	Your last name.
<b>Tel No</b>	Your preferred contact telephone number (including area code, if applicable). If you are providing a non-UK number, please also provide the relevant international dialling code.
<b>Address</b>	Your permanent residential address.
<b>Postcode</b>	Your postcode if you live in the UK, or otherwise your ZIP code, etc.
<b>Email</b>	Your preferred contact email address. We will use your email address to send you information relating to your contributions to the member's plan, so you should avoid using a work email address or another address likely to be accessed by someone else.

## 4.2 Other (including companies, trusts, etc.)

This section should be completed by any other third parties paying contributions e.g. companies other than the member's employer, trust funds, etc. For contributions made by the member's employer complete H103 Employer Contribution Form.

<b>Name</b>	The full name of the organisation paying the contributions.
<b>Registered address</b>	Your registered address as it appears on any relevant registry of companies, charities, etc.
<b>Postcode</b>	Your postcode for UK addresses, or otherwise your ZIP code, etc.
<b>Contact name</b>	The name of the person at the organisation we should contact with any information or queries relating to the payment of contributions.
<b>Tel No</b>	Your preferred contact telephone number (including area code, if applicable).
<b>Email</b>	You must provide a contact email address. We will use your email address to send you information relating to your contributions to the member's plan.

## 5. Contribution details

<b>Net amount of single contribution</b>	The amount of any single, "one-off" contribution you intend to pay to the member's plan.  You should enter the net amount of your contribution before any tax relief has been applied. For example, if you intend to pay £8,000 into the plan, and we will claim basic rate tax relief of £2,000, you should enter £8,000.
<b>Net amount of regular contributions (per payment)</b>	The amount of any regular (i.e. annual or more frequent) contributions you intend to pay to the member's plan.  You should enter the amount you intend to contribute per payment, rather than per annum. For example, if you intend to contribute £24,000 per annum in monthly instalments of £2,000, you should enter £2,000.  You should enter the net amount of your contributions before any tax relief has been applied. For example, if you intend to pay £2,000 each month, and we will reclaim basic rate tax relief of £500 per month, you should enter £2,000.
<b>Start date of regular contributions</b>	The date on which you intend to start paying regular contributions to the member's plan.
<b>Frequency of regular contributions</b>	The frequency of regular contributions you intend to start paying to the member's plan.

## 6. Bank details

Please fill in your bank account details.

## 7. Source of funds

Select the source of funds you will use in order to pay contributions to the member's plan. Select all that apply.

If you select "other", please provide a short description of the source of the funds you will use (e.g. inheritance, property sale, etc.).

## 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.

### 8.1 Individuals

<b>Third party full name</b>	The full name of the person paying contributions to the member's plan (including any middle names).
<b>Address</b>	The person's current permanent residential address.  If the person has lived at their current address for less than 3 months, you will also be required to confirm their previous address.
<b>Date of birth</b>	The person's date of birth in the format DD/MM/YY.

### 8.2 Others

<b>Name</b>	The name of the organisation paying contributions to the member's plan.
<b>Registered address</b>	The organisation's registered address.
<b>Registration number</b>	The organisation's registration number or reference (in the case of a UK company, the company number as recorded at Companies House).
<b>Registry</b>	The name of the registry in which the organisation is listed (in the case of a UK company, Companies House).

The following section should be completed whether details of the person paying the contribution have been completed under section 7.1 or 7.2.

<b>I/we confirm that the information above was obtained by me/us in relation to the person</b>	We can only accept contributions paid by a person other than the member where the financial adviser firm has obtained its own evidence of the person's identity (i.e. you cannot use evidence provided by a third party).
<b>The evidence I/we have obtained to verify the identity of the person, etc.</b>	You are required to confirm whether the evidence you have obtained in relation to the person'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.
<b>Adviser signature</b>	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 person's identity.
<b>Print name</b>	The full name of the person signing the form.
<b>Firm name</b>	The full name of the adviser's firm as it appears on the financial services register.

## Get in touch

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