

# SIPP

## CONTRIBUTION FORM

Please complete this form if you wish to make single or regular payments into your SIPP. If your Employer is making contributions to your SIPP, they are required to complete and sign Section 4.

If you do not fully complete each relevant section of the form, it may delay the processing of this form.

Should you have any queries regarding the completion of this form please contact our New Business Team on +44 (0) 203 479 5505.

### 1. Personal Details

Title:	<input type="text"/>	(Mr/Mrs/Miss/Ms/Other)
Forename/s:	<input type="text"/>	
Middle Name(s):	<input type="text"/>	
Surname:	<input type="text"/>	
Member Number:	<input type="text"/>	
Permanent Residential Address:	Town:	<input type="text"/>
	County:	<input type="text"/>
	Postcode/Country:	<input type="text"/>
National Insurance Number:	<input type="text"/>	
Contact Tel Number:	<input type="text"/>	
Email Address:	<input type="text"/>	

### 2. Contribution Amount

CONTRIBUTION SOURCE	TYPE	FREQUENCY	AMOUNT	What next?
Personal (Your Account)	Single	Ad hoc	£	Complete Section 3 "Source of Wealth"
	Regular	Monthly Half-yearly Quarterly Annually	£	
Personal (deducted from salary)	Single	Ad hoc	£	Complete Section 4 "Employer Details"
	Regular	Monthly Half-yearly Quarterly Annually	£	
Employer	Single	Ad hoc	£	Complete Section 4 "Employer Details"
	Regular	Monthly Half-yearly Quarterly Annually	£	

Once your contribution has been received, we will allocate the funds for investment in accordance with your investment allocation % instruction contained in Section 5.

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### 3. Source of Wealth for Personal Contributions (if applicable)

Anti-Money Laundering legislation now requires us to record the source of any personal contributions that are received. Please tick from the options below to confirm where the funds have been derived.

SOURCE OF WEALTH		PLEASE TICK	SOURCE OF WEALTH		PLEASE TICK
1	Earnings		7	Life Policy / Bond	
2	Savings		8	Sale of Investments	
3	Lottery Win		9	Sale of Property	
4	Divorce Settlement		10	Gifts	
5	Inheritance		11	Other*	
6	Company Sale / Profits		*If "Other Please Specify:		

This is not intended to be an exhaustive list and London & Colonial reserves the right to request any further information and/or documentation we reasonably believe to be necessary.

### 4. Employer Details (if applicable)

Please complete if your Employer is making contributions to your SIPP

#### Employer Contact Details

Employer Name:	<input type="text"/>		
Contact Name:	<input type="text"/>		
Contact Number:	<input type="text"/>	Contact Email:	<input type="text"/>

#### Employer Declaration

I/We:

- Will deduct the necessary Employee contributions from the Applicant's salary after tax and National Insurance have been deducted as they become due and send this to London & Colonial.
- Understand that failure to provide information that prevents London & Colonial from monitoring the payment of contributions must be reported to The Pensions Regulator.
- Agree to pay the contributions detailed overleaf until further notice and will inform London & Colonial of any changes to the amounts due.
- Agree to advise London & Colonial immediately if any member is to leave our employment. Unless otherwise agreed in writing, we confirm that Employer contributions will only be paid in respect of people currently employed and will cease if the member leaves employment.
- Understand that London & Colonial will aim to verify the identity of the company electronically to satisfy Anti-Money Laundering regulations. In the event that London & Colonial are unable to do this, they will request documentary evidence as an alternative. London & Colonial will delay applications until sufficient identification has been provided.
- The security and safety of your data is very important to London & Colonial. A copy of the London & Colonial Privacy Notice can be found on the website: [www.londoncolonial.com/privacy-notice](http://www.londoncolonial.com/privacy-notice)

Full Name:	<input type="text"/>	Signed	<input type="text"/>
Capacity:	<input type="text"/>		
Date:	Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>

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### 5. Contribution Allocation

If no investment allocation is made for your contributions, all monies received will be held in the Trustee Bank Account.

INVESTMENT PROVIDER NAME		PERCENTAGE ALLOCATION
1		%
2		%
3		%
4		%
5	Cash (Trustee Bank Account*)	%
Total Allocation (Must equal 100%):		%

\*For details of the interest rates applicable to member's cash accounts please refer to our Interest Rate schedule available via our website [www.londoncolonial.com/downloads](http://www.londoncolonial.com/downloads).

### 6. Money Purchase Annual Allowance (MPAA)

If you have taken an Uncrystallised Funds Pension Lump Sum (UFPLS) from any pension, or have converted from Capped/Flexible to Flexi-Access Drawdown since 06/04/2015, or have taken income from a pension in Flexi-Access Drawdown you will be subject to the Money Purchase Annual Allowance which restricts the total amount you can contribute to your pension. If you are unsure please consult your Financial Adviser.

**We require this section to be completed to avoid delay in processing this form.**

Are you subject to the MPAA?  Yes  No

If yes, please confirm the date you became subject to the MPAA Date:  Day  Month  Year

### 7. Payment Method

Once we have processed this form, we will contact you (or your Employer) with our bank details in order for you (them) to arrange the contribution payment(s). Where regular contributions are being made you (your Employer) should contact your (their) bank in order to set up a regular payment.

**Please note that we do not accept contributions paid by cheque.**

### 8. Start Date for Contributions

ASAP  OR  Date  Day  Month  Year

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### 9. Declarations

I acknowledge that the total contributions to all registered pension schemes to which I am entitled to tax relief will not exceed the higher of:

1. £3,600

Or

2. 100% of my Relevant UK Earnings for that tax year, but not exceeding the Annual Allowance for that tax year.

(Your Relevant UK Earnings are generally your earnings subject to UK Income Tax).

I agree that I will inform London & Colonial if an event occurs as a result of which I will no longer be entitled to relief for my contributions. I will inform London & Colonial of such an event no later than:

1. The 5 April in the tax year in which the event referred to occurs; and
2. 30 days after the occurrence of the relevant event.

I agree that I will inform London & Colonial within 30 days in writing if:

1. There is a change in my residency status;
2. There is any change in my name or permanent residential address.

To the best of my knowledge, the particulars including my basic personal information and declarations made in this application are correct and complete.

### To be signed by the Member or the Member's Attorney:

*(If being signed by an attorney please enclose the appropriate Power of Attorney):*

Signature	<input type="text"/>	Print Name	<input type="text"/>		
		Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

