

THE C&P SIPP

(Self Invested Personal Pension)

Application Form

2019/20



CORPORATE AND PROFESSIONAL
PENSIONS LIMITED

Unit 23, 15 Jubilee Close, Weymouth, Dorset DT4 7BS
Tel: 01305 898433
Email: info@candpsipp.co.uk
Web: www.candpsipp.co.uk

Registered in England No 2810635
Authorised and regulated by the Financial Conduct Authority

3. Your Financial Adviser

Advice Was Financial Advice given? yes no

Company _____

Advisers name _____ Advisers FCA ref no _____

Company address _____

_____ Postcode _____

Company FCA reference _____ Tel no _____

Adviser remuneration Is your adviser to receive remuneration by deduction from your pension fund? yes no

Initial / Set-up fee £ _____ and / or delete as applicable _____ % fund value

Ongoing advice £ _____ and / or delete as applicable _____ % fund value

Timing of ongoing advice Annual fee to be deducted at start of policy, and each subsequent anniversary

Annual fee to be deducted at first anniversary and each subsequent anniversary

Member Declaration for Adviser Remuneration

- I understand that all correspondence relating to my C&P SIPP, including details of any charges deducted, will be forwarded to my Financial Adviser as detailed above.
- I agree to pay my Adviser the charges detailed above and request that CPPL pay them on my behalf from the funds held within my C&P SIPP until further notice, upon receipt of the appropriate invoice from my financial adviser.
- I understand that these charges may include VAT and agree that VAT may be added where applicable.
- I understand that the charges due to my Adviser are in addition to the C&P SIPP charges detailed on the Charges Schedule.

Signature of Applicant _____ Date _____

4. Transfers

Do you wish to make a transfer from another pension scheme? yes no

NOTE: If yes please complete a transfer form for each pension you wish to transfer.

5. Contribution Details

Single contributions	yours	£ _____	net	employers	£ _____	gross														
Regular contributions	yours	£ _____	net	employers	£ _____	gross														
Date of first contribution	yours	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">d</td> <td style="width: 20px; text-align: center;">d</td> <td style="width: 20px; text-align: center;">m</td> <td style="width: 20px; text-align: center;">m</td> <td style="width: 20px; text-align: center;">y</td> <td style="width: 20px; text-align: center;">y</td> <td style="width: 20px; text-align: center;">y</td> <td style="width: 20px; text-align: center;">y</td> </tr> </table>	d	d	m	m	y	y	y	y	employers	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">d</td> <td style="width: 20px; text-align: center;">d</td> <td style="width: 20px; text-align: center;">m</td> <td style="width: 20px; text-align: center;">m</td> <td style="width: 20px; text-align: center;">y</td> <td style="width: 20px; text-align: center;">y</td> <td style="width: 20px; text-align: center;">y</td> <td style="width: 20px; text-align: center;">y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y													
d	d	m	m	y	y	y	y													
Frequency of contributions	yours	<input type="checkbox"/> monthly <input type="checkbox"/> annually		employers	<input type="checkbox"/> monthly <input type="checkbox"/> annually															
		<input type="checkbox"/> quarterly			<input type="checkbox"/> quarterly															

NOTE : Please complete a Standing Order Mandate for making regular contributions.

Your annual income £ _____

Source of contributions

<input type="checkbox"/> income from employment	<input type="checkbox"/> inheritance
<input type="checkbox"/> investments / savings	<input type="checkbox"/> sale of property
<input type="checkbox"/> divorce settlement	<input type="checkbox"/> retirement
<input type="checkbox"/> other please specify _____	

Third party contributions Will your personal contributions be paid by a third party other than your employer?
PLEASE SUPPLE DOCUMENTARY EVIDENCE FOR THE IDENTITY OF THE THIRD PARTY

yes (if 'yes' please provide their details below) no

Full name _____

Address _____

Postcode _____

Date of Birth

d	d	m	m	y	y	y	y
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6. Employer's Details

Employer's Company name _____

Employer's address _____

Postcode _____

Registered Company Number if applicable _____ Incorporated / established

d	d	m	m	y	y	y	y
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Nature of business _____

Employer contact name _____

Authority to contact If your employer is contributing do you give CPPL authority to correspond directly with them?
 yes no

Employer's Declaration

- The employer's payments if any, in respect of the member will be paid until further notice.
- We have obtained authorisation from the member to remit the payments to you.
- The payments will be deducted from the member's earnings, net of basic rate tax relief, and will be forwarded to CPPL in accordance with the Record of Payments Due.
- In the event of the member leaving employment or on an earlier date agreed with them, this agreement will cease. In such cases we will notify CPPL accordingly.

Name of authorised official _____

Position _____

Signature of authorised official _____ Date _____

7. Legal Guardian

Legal Guardian's full name _____

Permanent residential address _____

_____ Postcode _____

Telephone number Home _____ Mobile / work _____

Legal Guardian Declaration

I hereby declare that:

- I understand that I am responsible for the SIPP as if I were the member, until such time as the applicant reaches 18 years of age
- I understand that I am responsible for ensuring the applicant's contribution limits are not exceeded
- I understand the contributions paid to the Plan may only be returned to the member in the form of benefits payable under the rules of the scheme (i.e. after the member attains the age of 55 except in the case of earlier incapacity)

Signature of Guardian _____ Date _____

8. Death Benefit

Please show below who you would like to receive any death benefits under the Plan.

- NOTES:
- 1) This benefit will be paid in accordance with the Plan's Trust Deed and Rules
 - 2) You can nominate more than 2 people if you wish – please use an additional sheet of paper
 - 3) You can change your nominations at any time by completing a Change of Nomination form
 - 4) Please ensure that all the percentages add up to 100%

1st Nominees Full Name _____

Address _____

_____ Postcode _____

Relationship to you _____ % of benefit _____

2nd Nominees Full Name _____

Address _____

_____ Postcode _____

Relationship to you _____ % of benefit _____

9. Member's Application and Declaration

- I apply for membership of the C&P SIPP and agree to be bound by the Plans Trust Deed and Rules which I have reviewed and which I understand may be amended from time to time.
- I declare that to the best of my knowledge and belief the particulars given in this Application Form are complete and correct
- I fully understand that in all circumstances:
 - I am solely responsible for all decisions relating to the purchase, retention and sale of the investments held in the Plan for my benefit; and
 - I fully indemnify Corporate & Professional Pensions Ltd (CPPL) against any claim in respect of such decisions
- I agree to pay fees to CPPL, as notified to me, for their services and agree that:
 - These charges may be taken out of the Plan's bank account held for my benefit; and
 - CPPL may realise any of the investments held for my benefit in order to pay their fees and any third party fees relating to those investments
- I understand that it is the responsibility of my Financial Adviser to disclose to me all commission and Adviser Remuneration earned by my Adviser in respect of my SIPP
- I will not require, nor attempt to require, the withdrawal of funds held to provide benefits for me under the Plan, or the income on those funds, other than in accordance with the rules of the Plan. In the event that an unauthorised payment is made, I agree to CPPL deducting the amount of any scheme sanction charge, or other charge levied by HMRC on CPPL from the funds held for me under the Plan in order to pay that charge to HMRC. If there are insufficient funds held for me under the Plan, I agree to pay CPPL the amount by which the charge exceeds the value of my funds under the Plan.

Declaration if Contributions are to be made

I confirm that if any contributions are paid to the Plan by me (or on my behalf);

- I am under age 75 and am a relevant UK Individual (see definition below)
- The total of the member contributions paid to this Plan and to other registered pension schemes, on which I am entitled to tax relief, under Section 188 of the Finance Act 2004, will not exceed, in any tax year, the higher of:
 - The basic amount, or
 - The lower of £40,000.00 or 100% of my relevant UK earnings in that tax year
- If I am no longer entitled to tax relief on my contributions, I will undertake to notify CPPL in writing no later than:
 - 5 April in the year of assessment in which this occurs, or
 - Within 30 days of this change

An individual is a **relevant UK Individual** for a tax year if :

- The individual has relevant UK earnings chargeable to income tax for that year, or
- The individual is resident in the UK at some time during that year, or
- The individual was resident in the UK both at some time during the five tax years immediately before that year and when the individual became a member of the pension scheme, or
- The individual, or the individual's spouse, has for the tax year general earnings from overseas Crown employment subject to UK tax.

Relevant UK individuals who do not have relevant UK earnings, the maximum contribution is the basic amount (£3,600 for tax year 2016-17)

Relevant UK earnings means

- Employment income such as salary, wages, bonus, overtime, commission providing it is chargeable to tax under Section 7(2) ITEPA 2003
- Income chargeable under Part 2 ITTOIA 2005, that is income derived from the carrying on or exercise of a trade, profession or vocation (whether individually or as a partner acting personally in a partnership)
- Income arising from patent rights and treated as earned income under Section 833 (58) ICTA 1988
- General earnings from an overseas Crown employment which are subject to tax in accordance with Section 28 of ITEPA 2003.

Where relevant UK earnings are not taxable in the United Kingdom due to Section 788 of ICTA 1988 (double taxation agreements), those earnings are not regarded as chargeable to income tax and so will count towards the annual limit for relief

Execution Only Confirmation

Corporate & Professional Pensions Ltd act as administrator and trust to The C&P SIPP and are authorised and regulated by the Financial Conduct Authority.

Corporate & Professional Pensions Limited have not given any advice to you in relation to the establishment or suitability of this SIPP for your circumstances. Your SIPP will be established on an execution only basis and we do not give advice on either investments or pension transfers.

You will be responsible for your own investment decisions in association with your Financial Adviser and/or Fund Manager and you will agree the services to be provided with your advisers.

Please acknowledge that you understand this by signing this declaration on the next page.

Cancellation Rights

Cancellation rights apply to your SIPP and you will normally have the right to cancel your application within 30 days. This time limit applies from the date that we receive your application and a letter will be sent to you to remind you of your rights.

During the cooling off period we will retain any contributions made or transfer values received in your designated SIPP bank account until the cancellation period has expired. No investments will be made during this period.

You may waive your rights to the cancellation period, so that you can receive benefits or make investments immediately, by ticking the box after the following declaration.

I understand that if I waive my cancellation rights I will not be able to receive a return of any contributions or, in the case of transfer payment, have them automatically returned to the ceding scheme or provider. I understand that I will not be able to exercise this right at a later date.

I wish to waive my right to cancel my membership within 30 days of my SIPP being established

I confirm that I have read and understood the information in the Cancellation rights section above

Data Protection Act 2018 (DPA)

The Data Controller in relation to any personal information you supply is Corporate & Professional Pensions Ltd, for the purposes of this Act. This information may be used for the purposes of administration and regulatory compliance of the products and services provided.

We will validate name, address and other personal information supplied by you during the order process against appropriate third party databases. By accepting these terms and conditions you consent to such checks being made. In performing these checks personal information provided by you may be disclosed to a registered Credit Reference Agency which may keep a record of that information. You can rest assured that this is done only to confirm your identity and that a credit check is not performed and your credit rating will be unaffected. All information provided by you will be treated securely and strictly in accordance with the Data Protection Act 2018.

MEMBER'S DECLARATION

It is a serious offence to give false information. To do so could lead to prosecution.

ALL APPLICANTS PLEASE SIGN HERE

Signature

Date