

THE C&P SIPP

(Self Invested Personal Pension)

Contribution Form



CORPORATE AND PROFESSIONAL
PENSIONS LIMITED

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

Member Name _____

CPPL Ref No _____

1. 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; height: 20px; text-align: center;">d</td><td style="width: 20px; height: 20px; text-align: center;">d</td><td style="width: 20px; height: 20px; text-align: center;">m</td><td style="width: 20px; height: 20px; text-align: center;">m</td><td style="width: 20px; height: 20px; text-align: center;">y</td><td style="width: 20px; height: 20px; text-align: center;">y</td><td style="width: 20px; height: 20px; text-align: center;">y</td><td style="width: 20px; height: 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; height: 20px; text-align: center;">d</td><td style="width: 20px; height: 20px; text-align: center;">d</td><td style="width: 20px; height: 20px; text-align: center;">m</td><td style="width: 20px; height: 20px; text-align: center;">m</td><td style="width: 20px; height: 20px; text-align: center;">y</td><td style="width: 20px; height: 20px; text-align: center;">y</td><td style="width: 20px; height: 20px; text-align: center;">y</td><td style="width: 20px; height: 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														

PLEASE NOTE : for regular contributions, please enclose a cheque for the first premium made payable to:
 'C&P SIPP – *your initials and surname*'
 Subsequent contributions will be collected by Standing Order as per your completed instructions

Your annual income £ _____ please specify

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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Members' signature _____

Date _____

NOTE: If you wish to make employer contributions please complete section 2 on the next page

2. Employer's Details

Employer's Company name _____

Employer's address _____

Registered Company Number if applicable _____ Incorporated / established d d m m y y y y Postcode _____

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 authorized official _____

Position _____

Signature of authorised official _____ Date _____

3. Record of payments due

Your employer should keep a copy of this section.

We need to collect this information in order to monitor the payments made by you. This is a requirement of The Pensions Regulator.

PLEASE NOTE: The legal due date for payments is the 19th of the month after the calendar month in which you take them from employee's pay, this includes employer payments that you make for the same month.

How often do you pay the employee? weekly fortnightly monthly annually

other - please specify _____

On which date? _____

How often will you take contributions from the employees pay? weekly fortnightly monthly annually

other - please specify _____

On which date? _____ Date of first deduction d d m m y y y y

Date sent to CPPL d d m m y y y y