

## Pension Account Client Application Form

You can only apply for an Ascentric Pension Account (SIPP) if you have a Financial Adviser appointed to act on your behalf. Please complete in BLOCK CAPITALS and mark ✘ in the box where applicable.

Are you a US Person? Yes  No

We will be unable to accept your application if you are a US Person. Please note that there are restrictions on certain products if you are not a UK Resident. Please contact your Financial Adviser if you have any queries about this.

**The completed form should be sent to Ascentric SIPP Team, Trimbridge House, Trim Street, Bath, BA1 1HB.**

**If you have any queries, please contact your Financial Adviser, or call our SIPP Team on 0345 076 6140.**

### Section 1 Your Details

Existing Ascentric wrap account reference (if applicable):

Title

Surname

Forename(s)

Date of Birth   /   /

**You must be 18 or over to apply for a SIPP.**

National Insurance Number

If you do NOT have a National Insurance Number, please mark ✘ here:

Nationality

If you have dual nationality or are not a UK National, please complete the following (you may need to contact your Financial Adviser to help you answer these questions).

Non-UK nationality

If EU: EU National ID Type

National Identifier

If you do not have your National Identifier, please mark ✘ here

Failure to provide us with your National Insurance Number or other National Identifier will mean you will be unable to trade in Exchange Traded Instruments on our platform.

Intended retirement age

#### Marital status

- |  |  |
|--|--|
| <input type="checkbox"/> Single                      | <input type="checkbox"/> Married                 |
| <input type="checkbox"/> Divorced                    | <input type="checkbox"/> Separated               |
| <input type="checkbox"/> Widowed                     | <input type="checkbox"/> Civil partnership       |
| <input type="checkbox"/> Civil partnership dissolved | <input type="checkbox"/> Surviving civil partner |

Permanent Residential Address

Postcode

Correspondence Address (if different to Residential Address)

Postcode

E-mail

Country of Residence

Country of Domicile

Tel Home

Tel Mobile

Occupation

Approximate Annual Earnings

Have you opted out of an occupational, group personal or group stakeholder pension scheme or are you planning to opt out of such a scheme in favour of making payment to this plan?

Yes  No

### Section 1.1 Your Status

Which statement below describes you best? (Select one box only):

Employed	<input type="checkbox"/>	Self employed	<input type="checkbox"/>	Caring for a person aged 16 or over	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	Pensioner	<input type="checkbox"/>	Caring for one or more children under 16	<input type="checkbox"/>
In full time education	<input type="checkbox"/>	Other (please specify)	<input type="text"/>		

### Section 1.2 Your source of wealth

What is the source of your wealth for this investment? (Select all that apply):

Savings from salary	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>	Divorce settlement	<input type="checkbox"/>
Property sale	<input type="checkbox"/>	Sale of other asset	<input type="checkbox"/>	Savings being transferred from another UK registered pension scheme	<input type="checkbox"/>
Other (please specify)	<input type="text"/>				

### Section 1.3 Family Groups

Our Family Group facility enables the Ascentric charges to be based upon the consolidated assets of a family group with the charges applied proportionately to each member. To sign up for Family Group charges, all applicants must meet the eligibility criteria described in the Ascentric Terms and Conditions.

Ascentric client reference of the immediate family member this account is to be linked to:

### Section 1.4 Website Access Rights

What website access rights do you require?

Please mark **X** in one box:

<input type="checkbox"/> No Online Access	<input type="checkbox"/> View Only	<input type="checkbox"/> Trading Access
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If you require 'View Only' or 'Trading Access', you must provide an email address.

If 'No Online Access' is selected, any communications to service the SIPP will be sent to you by post.

### Section 1.5 Investment Income Withdrawal

Please select one option for your investment income:

(i) Transfer investment income to deposit account

or

(ii) Leave investment income in income account

Please note, if no choice is made we will leave investment income in the income account.

## Section 2 Contributions

Please complete this section if single or regular contributions will be paid to the SIPP.

### Important Information:

- You must be under 75 if you wish to make contributions to the SIPP.
  - If you have enhanced or fixed protection any contribution made to the SIPP means you will lose this protection.
  - If your contributions exceed the annual allowance in a tax year then you may be subject to a tax charge in your personal capacity.
  - It may be possible for unused annual allowance to be carried forward for up to 3 years.
- Please refer to your Financial Adviser for more information.

### Section 2.1 Money Purchase Annual Allowance

Have you triggered the money purchase annual allowance rules?

Yes  No

If 'Yes' what date did you trigger these rules?

/  /

### Section 2.2 Personal Contributions

How much would you like to pay into your SIPP?

Single contribution  £  net

Please make cheques payable to 'Investment Funds Direct Limited – [insert your client name]'

Regular contribution  £  net\*

Please complete the Direct Debit Instruction.

Frequency of regular contributions:

Monthly  Quarterly  Half Yearly  Yearly

Date of first payment  /  /

Will your personal contributions be paid to us by a third party, other than your employer?

Yes  No

Please complete Section 2.3 if employer contributions are to be made.

If yes, please provide the name and address of the third party:

Title

Surname

Forename(s)

Permanent Residential Address

Postcode

In order for us to accept a contribution by a third party we must receive evidence of their identity.

Please refer to the list at the end of this application form for the evidence required.

Your personal contributions are paid net of basic rate tax to us and we will reclaim this tax. We will automatically credit basic rate tax.

If you wish to make a contribution by electronic bank transfer (CHAPS or BACS), please contact our SIPP Team on 0345 076 6140.

### Section 2.3 Employer Contributions

If you wish to receive contributions from an employer please complete the SIPP Employer Contribution Form.

### Section 3 Product Details

Do you wish to appoint a Discretionary Fund Manager

Please mark **X** in the appropriate box to indicate Wrapper type:  Advisory Wrapper\*  Discretionary Wrapper\*

\* Advisory Wrapper - You have agreed with your Financial Advisor that they can make investments on your behalf if you approve their advice.

\*\* Discretionary Wrapper - You have agreed with your Financial Adviser that this Wrapper will be managed solely by them, and have provided your consent for them to make all investments on your behalf.

**As explained in our Terms and Conditions, Ascentric will act on all of the instructions placed by your Financial Adviser in good faith that they are acting in accordance with their agreement with yourselves.**

### Section 4 Transfers

**Please complete this section if you wish to transfer your existing pension rights from another provider to the SIPP. We will request this transfer for you. If you wish to transfer more than one pension scheme, please complete a 'SIPP Additional Transfer Form' for each additional transfer.**

#### Section 4.1 Transferring Scheme Details

Name of transferring scheme

Name of scheme administrator

Contact name

Address of transferring scheme

Postcode

Policy number(s)

HMRC reference (if known)

Estimated transfer value  £

Does this transfer represent the full value of the plan?  Yes  No

Estimated uncrystallised value  £

Estimated crystallised value  £

Are you taking immediate pension benefits on transfer?  Yes  No

**Please complete the SIPP Benefit Payment Form:**

- **If uncrystallised funds are being transferred and you wish to take a lump sum and/or an income**
- **If crystallised funds are being transferred**

Please mark **X** where applicable:

Are the assets to be re-registered?  Yes  No

If 'yes', please provide a current valuation and a list of assets from the transferring scheme.

**If you do not answer this question we will request a transfer in cash only.**

Is the payment in respect of a pension credit?\*  Yes  No

Is the transfer part of a block transfer?\*  Yes  No

If yes, please provide details of the account that will form part of the block transfer.

  
  


\*If you do not answer these questions we will assume the payment is not in respect of either a pension credit or block transfer.

**We can only accept a transfer from a scheme if it is a registered pension scheme. Please note that we are unable to accept any Guaranteed Minimum Pension (GMP) liability into the SIPP.**

#### Scheme type

- Defined benefits scheme
- Defined contributions scheme
- Pension arrangement that provides a guaranteed annuity rate
- Personal pension/stakeholder/SIPP
- Section 32 containing GMP
- Section 32 not containing GMP

## Section 5 Expression of Wish

Please provide details of who you would like to benefit in the event of your death. The nomination ensures that the widest range of people are eligible to receive death benefits both in the form of a lump sum and a pension. The expression of wishes allows you to tell us who you would like to receive death benefits without reducing the options of anyone you do not name. You can change this Expression of Wish by writing to us at any time.

### Section 5.1 Nomination

In the event of my death, I nominate all of my Eligible Recipients as the persons to whom you should consider allocating any death benefits from my SIPP.

**'Eligible Recipient' in relation to a Member or Survivor means:**

- (i) his/her Relatives;
- (ii) his/her Dependants (meaning, in the case of a Survivor, any individual who would be a Dependant if the Survivor were a Member);
- (iii) any person nominated for this purpose by him/her;
- (iv) any person entitled under his/her will to any interest in his/her estate;
- (v) his/her personal representatives (but not if any payment to them would then pass as bona vacantia); and
- (vi) (in relation to a Survivor) any Eligible Recipient of the member to whom the relevant arrangement relates.

### Section 5.2 Individuals

In the event of my death, my wishes are that you consider allocating any death benefits from my SIPP to my 'Eligible Recipients'; as follows:

Full Name	Address	Date of Birth	Relationship to you	% of benefit

### Section 5.3 Charity

Full Name	Address	Registration number	% of benefit

### Section 5.4 Trust

Please note that in the event of your death we will require a certified copy of the trust before any death benefits can be paid.

Name of Trust	Address where trust is held	Date of Trust	Full Names of Trustees	% of benefit

## Section 6 Financial Adviser Charges

If you have an existing Ascentric Wrap account with us, the same Financial Adviser charges will apply to your SIPP, unless you complete this section. If you complete this section, these charges will be applied to your SIPP and will override your existing Wrap account Financial Adviser charges.

Please select the relevant option by marking **X** in the appropriate box below:

**1. Initial Adviser Charge**

of investment fixed amount  
(applicable per payment in)

% &/or  £

**Applies to:**

- A. Cash Lump Sum
- B. Cash Transfers
- C. Stock Transfers

N.B. If you do not select your charge options, the percentage you have indicated will be applied to all boxes A to C.

**2. Initial Adviser Charge for Regular Contributions**

of investment

%

**Applies to:**

- A. Regular Contributions

N.B. This charge can be applied on regular contributions (Direct Debits or standing orders).

**3. Ongoing Adviser Charge**

of investment annual fixed amount

% &/or  £

**Applies to:**

- A. Collectives  
(incl. Investment Trusts, ETFs & FTDs)
- B. Cash
- C. Stocks and Shares

N.B. If you do not select your charge options, the percentage you have indicated will be applied to all boxes A to C.

**N.B. Please read below for further information to support charge requests:**

- The Initial Adviser Charge must be requested via the Online Payments Instruction screen.
- For Direct Debits, the Initial Adviser Charge for Regular Contributions must be requested via the Direct Debit Instruction form. Alternatively, for standing orders, the Initial Adviser Charge for Regular Contributions must be requested via the Online Payment Instruction screen.
- Ad hoc charges must be requested by completing an Ad Hoc Adviser Charge form, available on our website.
- All charges entered on this form will be stored on our system and will be used to validate all charge requests made by you or set up on your behalf.
- Ongoing Adviser Charges will be deducted monthly in arrears on a pro-rata basis.

## Section 6.1 Confirmation of Verification of Identity Certificate

### Introduction by an FCA Regulated Firm

Please complete this certificate to confirm your client's identity. This is required by us to meet anti money laundering requirements.

#### Important Information

- A separate certificate must be completed for each client (e.g. joint holders). If the payments for the client are being made by a third party, the identity of that person must also be verified and confirmation provided in a separate certificate.
- This certificate cannot be used to verify the identity of any client that falls into one of the following categories:
  - those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification;
  - those who have been subject to Simplified Due Diligence under the Money Laundering Regulations; or
  - those whose identity has been verified using the source of funds as evidence.
- This certificate must carry an original signature.
- We reserve the right to request a copy of the evidence you use to verify the identity of your client.

### Part A Private Individual

Name of individual	<input type="text"/>	Individual's previous address*	<input type="text"/>
Individual's current address	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>	Postcode	<input type="text"/>
Postcode	<input type="text"/>		
Date of Birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

\*Only complete if the individual has changed address in the last three months.

### Part B Confirmation

I/We confirm that the information completed in Part A was obtained by me/us in relation to the client.

Please mark ✖ in one box only:

- The evidence I/we have obtained meets the standard requirements which are defined within the guidance for the UK Financial Sector issued by the Joint Money Laundering Steering Group (JMLSG); or
- The evidence I/we have obtained exceeds the standard requirements and I/we have attached the further evidence I/we used to verify the identity of my/our client to this form.

<b>Firm Name</b>	<input type="text"/>	<b>FCA Individual Reference Number</b>	<input type="text"/>
<b>FCA Firm Reference Number</b>	<input type="text"/>	<b>Authorised Signature (must be signed by the RI)</b>	<input type="text"/>
<b>Registered Individual (RI)</b>	<input type="text"/>	<b>Date</b>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## Section 6.2 Financial Adviser Details

To be completed and signed by the Financial Adviser.

Firm Name

FCA Firm Reference Number

       

### Literature

- I/We hereby confirm that my client has received and read the following documents:
  - Ascentric Terms and Conditions (which includes the terms of the Ascentric Pension Account)
  - Ascentric Pension Account Key Features
  - Ascentric Account Charges

### Anti-Money Laundering

- I/We have obtained evidence to verify the identity of my client(s), which meets the standard evidence criteria set out within the guidance for the UK Financial Sector issued by the Joint Money Laundering Steering Group.
- I/We understand and agree that Ascentric is reliant on me/us having completed this money laundering check.
- I/We also agree to provide you with copies of the identification relied upon should this be required by Ascentric for legal or compliance audit purposes.

Registered Individual Signature

Full Name of Registered Individual

Firm Address

Postcode

### Pension Transfer in Section 4.1

1. Is the transfer in Section 4.1 £30,000 or over?  Yes  No

2. Are safeguarded rights included in the transferring scheme?  Yes  No

If 'yes' to 1. and 2. please complete the following:

(a) Has advice been provided by your firm for the transfer?  Yes  No

(b) Does your firm hold pension transfer permissions?  Yes  No

(c) Has a pension transfer specialist been involved?  Yes  No

(d) Has a transfer value analysis been undertaken?  Yes  No

**We only request pension transfers if your client has received financial advice on the suitability of the transfer. We will not request the transfer if your client wishes to proceed with a transfer that you have advised would not be suitable for their personal circumstances.**

I hereby confirm the information in this section is correct and complete.

FCA Individual Reference Number

       

Date

  /   /    

## Section 7 Cancellation Rights

You have the right to cancel this application to set up a SIPP with us. We will send you a cancellation notice and you will have 30 days from the date this notice is issued to tell us if you have changed your mind and wish to cancel your application.

If you choose to cancel your SIPP any investments held by your SIPP will be sold and we will return any contributions to their original source. If you wish to cancel a transfer you have up to 30 days from the completion of the transfer in which to tell us. Should you invest any cash received you may get back less than you invested if you do choose to cancel.



## Section 8 Declaration

**Before signing this declaration you should read the Ascentric Terms and Conditions and the Ascentric Account Charges (including the SIPP charges) carefully. These documents give you important information about your Ascentric Pension Account and form our standard client agreement upon which we intend to rely. You should read these documents in conjunction with the Ascentric Pension Account Key Features. If you do not understand any of these points, please contact your Financial Adviser.**

- (a) I understand that Investment Funds Direct Limited ('IFDL') is the scheme administrator of the Ascentric Pension Account and I apply to IFDL for membership of the Ascentric Pension Account.
- (b) I understand that the pension scheme underlying the Ascentric Pension Account is the Investment Funds Direct Personal Pension Scheme and has been set up under trust. I agree to be bound by the rules of this scheme.
- (c) I understand a trustee is appointed for the SIPP and owns the cash and investments within my SIPP, but holds them for my benefit. I acknowledge that the trustee has appointed IFDL to have custody of my cash and investments.
- (d) I accept the Ascentric Terms and Conditions, which includes the terms of the Ascentric Pension Account, and the Ascentric Account Charges.
- (e) I confirm that to the best of my knowledge and belief, the particulars and declarations given on the application form are correct and complete.
- (f) Except where I am applying only for a transfer of funds from a registered pension scheme, in all other instances I confirm that I am a relevant UK individual. A relevant UK individual is a person who:
- (i) has relevant UK earnings chargeable to income tax in the current tax year; or
  - (ii) is resident in the UK at some time during the current tax year; or
  - (iii) was resident in the UK at some time during the 5 tax years immediately before the current tax year in question and also resident in the UK at the time of joining the scheme; or
  - (iv) has, or is the spouse of a person who has, for the current tax year general earnings from overseas Crown employment subject to UK tax.
- I understand that tax relief on regular and single contributions is only available to relevant UK individuals.
- (g) I understand that if I am no longer a relevant UK individual, under the terms of the Ascentric Pension Account I must stop making contributions to the SIPP.
- (h) I understand that it is my responsibility to inform HMRC through my self assessment tax return of the pension contributions made to any pension scheme, and that contributions in excess of the annual allowance and/or money purchase annual allowance will normally mean I will be subject to a tax charge equivalent to my marginal rate of tax.
- (i) I undertake to tell IFDL in writing within 30 days if:
- There is any change to my residency status; or
  - There is any change in my name or permanent residential address.
- (j) I agree that the total contributions to any registered pension schemes in which I am entitled to tax relief will not exceed the higher of:
- the basic amount set by the Government (currently £3,600); or
  - my relevant UK earnings in any tax year.
- (k) If an event occurs, as a result of which I am no longer entitled to tax relief on my contributions I undertake to tell IFDL in writing not later than:
- 5 April in the tax year in which this occurs; or
  - within 30 days of the event.
- (l) I have appointed the Financial Adviser in Section 6.2 and I understand that IFDL will send correspondence to my Financial Adviser, unless I have requested otherwise, or if I stop using the services of the Financial Adviser. I hereby confirm that I agree that my Financial Adviser has authorisation to deduct their charges as detailed in Section 6.
- (m) To the transferring scheme where I am applying for a transfer of funds from a registered pension scheme:
- (i) I authorise and instruct you to transfer sums and assets from the plan(s) as listed in Section 4.1 directly to the Ascentric Pension Account and to provide any instructions and/or discharge required by any relevant third party to do so.
  - (ii) I authorise IFDL, the current provider(s) and any Financial Adviser named in this application to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to the Ascentric Pension Account.
  - (iii) I authorise IFDL, the current provider(s) and any employer paying contributions to any of the plan(s) as listed in Section 4.1 to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to the Ascentric Pension Account.
  - (iv) Until this application is accepted and complete, IFDL's responsibility is limited to the return of the total payment(s) to the current provider(s).
  - (v) When payment(s) is made to the Ascentric Pension Account as instructed, this means that I shall no longer be entitled to receive pension benefits from the whole of the plan(s) listed in Section 4.1 where the whole of the plan(s) is transferring, or that part of the plan(s) represented by the payment(s) if only part of the plan(s) is transferring.
- (n) To the transferring scheme and IFDL where I am applying for a transfer of funds from a registered pension scheme:
- (i) I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that IFDL and the current provider may incur as a result of any incorrect, untrue, or misleading information in this application or given by me, or on my behalf, or of any failure on my part to comply with any aspect of this application. This includes where I have been asked to provide any original policy document(s) in return for the transfer of funds and I am unable to do so.
- (o) I understand if I am already subject to the money purchase annual allowance, I have supplied the date this first applied to me in Section 2.1 of this application form.
- (p) I request the issue of arrangement(s) under the scheme, each of which are held by IFDL within an individual trust fund for me that is distinct from other arrangement(s) within other individual trust funds under the scheme. I accept that details of the arrangements that will be issued in respect of this application are available on request.
- (q) I accept that the value of the SIPP may only be applied to provide benefits at the time I take retirement benefits or upon my death and that IFDL will provide the appropriate benefits as required from my SIPP funds.

(r) I accept that it is an offence to make false statements and that penalties are severe and could lead to prosecution.

(s) I acknowledge and accept the terms of this SIPP and I accept that the service provided under it does not extend to financial advice under the terms of the Financial Services and Markets Act 2000.

## Section 8.1 Data Protection

As described in our Terms and Conditions, the personal data that you provide to Investment Funds Direct Limited under this Application will be used by us in compliance with our obligations under the Data Protection Act 1998 and (with effect from 25 May 2018) the General Data Protection Regulation (EU Regulation 2016/679), along with applicable legislation amending, supplementing or replacing the General Data Protection Regulation (together, "Applicable Data Protection Law").

Our Privacy Policy explains how personal data will be collected, used and stored by us and will set out further information required to be provided under Applicable Data Protection Law to the individual to whom the personal data relates. Please see our Privacy Policy (which we will update from time to time) for more information. This is available from your Financial Adviser or on the Platform. If you provide us with information about other investors, you confirm that you will pass on a copy of our Privacy Policy to them so that they are aware of how their personal data will be collected, used and stored by us.

Applicant's Signature

Full Name of Applicant

Date

 /  /

## Additional Documents Required

### Evidence of third party's identity.

1. Confirmation of Verification of Identity certificate – Private Individual

**Or**

2. A Government issued document incorporating the client's full name and either their residential address or date of birth:

- Current valid Passport.
- Valid photo card driving licence (full or provisional) with paper counterpart.
- National Identity Card (non UK nationals).
- Firearms certificate or shotgun licence.
- Identity card issued by the Electoral office for Northern Ireland.
- Valid (old style) full UK driving licence.
- Recent evidence of entitlement to a state or local authority funded benefit such as housing benefit, council tax benefit, tax credit, pension, educational or other grant.

This should be supported by a second document, either government issued, or issued by a judicial authority, a public sector body or authority, a regulated utility company, or another FCA regulated firm in the UK financial services sector, or in an equivalent jurisdiction, which incorporates:

- Instrument of a court appointment such as a liquidator or grant of probate.
- Current council tax bill demand or statement.
- Current bank statement or credit and debit cards issued by a regulated financial sector firm in the UK, EU or comparable jurisdiction.
- Utility bills (up to 3 months old).

### Evidence of employer's identity.

1. Confirmation of Verification of Identity Corporate and Other Non-Personal Entity

**Or**

2. One of the following:

- An extract from the Company's file held at Companies House ([www.companieshouse.gov.uk](http://www.companieshouse.gov.uk)), giving details of the Company Name, Registered Number and Address and a list of directors and shareholders; or
- A copy of the certificate of incorporation/certificate of trade and evidence of the company's registered address and a list of shareholders and directors; or
- An undertaking from a firm of lawyers or accountants confirming details of the documents they have submitted to Companies House (or equivalent) on behalf of the Company.

