

SIPP Employer Contribution Form

Section 1 Record of Payments Due

To be completed by an employer who is paying contributions on behalf of a SIPP member from the employer's own account or deducting contributions from a SIPP member's salary.

Please complete in BLOCK CAPITALS. The completed form should be sent to SIPP Team, Trimbridge House, Trim Street, Bath, BA1 1HB.

If you have any queries, please call our SIPP Team on 0345 076 6140

Section 1.1 SIPP Member Details

Title

Surname

Forename(s)

Existing Wrap reference (if known)

National Insurance Number

Section 1.2 Employer Details

Employer name

Contact name

Registered number

Nature of business

Registered Address

Postcode

Correspondence Address (if different)

Postcode

Telephone number

Fax number

Section 1.3 Contribution Details

How much will you pay into your employee's SIPP?

	Regular (minimum £100)	Payment Due Date
Employer (gross)	£	
Employee deducted from salary (net)	£	*

	Single	Payment Due Date
Employer (gross)	£	
Employee deducted from salary (net)	£	*

* For the payments of any contribution on behalf of an employee the latest date we must receive the payment is the 22nd of the month after the end of the calendar month in which the payment was deducted from the employee's earnings.

Start date for regular contributions / /

Frequency of regular contributions:

Monthly Quarterly Half Yearly Yearly

Date employee is paid

Frequency of contributions taken from pay

Date first contribution is to be deducted

Month which the first payment will relate to

For a single contribution, please make a cheque payable to 'Investment Funds Direct Limited – [insert your client's name]'. If you wish to make a contribution by electronic bank transfer (CHAPS or BACS), please contact our SIPP team on 0345 076 6140.

For a regular contribution, please complete the SIPP Standing Order Mandate in section 3.

Section 1.4 Employer Declaration

We agree to pay the contributions in Section 1.3 until further notice.

We confirm that the information in this form is accurate and we will notify you of any changes and provide you with a new record of payments due.

Signed
Name

Position
Date
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Notes for Employers

Since 6 April 2006, a Code of Practice, published by the Pensions Regulator, titled 'Reporting late payment of contributions to personal pensions' has been in effect. This provides guidelines with regards to employers who are paying contributions to an employee's SIPP by way of an agreement with the employee.

The agreement, which is made between an employer and an employee is called a 'direct payment arrangement' and any contributions that have been deducted direct from an employee's pay and/or paid on the employer's own account fall under the direct payment agreement.

In accordance with this Code of Practice, we are required to make certain notifications to the Pensions Regulator and SIPP member as follows:

- (a) Payment information about contributions:
- » If an employer fails to provide payment information about contributions within a reasonable time period (within 7 working days of the request by us).
- (b) Late payment of contributions:
- » On the late payment of contributions where we have 'reasonable cause to believe' that this late payment is of material significance.
 - » We must report late payment of contributions to employees where it makes a late payment report to the Pensions Regulator.

Definition of Late Payment:

The employer must pay:

- » Employer contribution by the 'due date' set out in this form.
- » Member contributions deducted from pay by the 22nd day of the month following the month of deduction (or the 19th day of the month following the month of deduction if the payment is by cheque).

A payment will be late if:

- » The payment is not received at all.
- » The payment is received, but not on time.
- » The payment is not received in full.

Examples of when a report will be made are as follows:

- » If contributions remains unpaid 90 days after the due date.
- » If an employer does not have adequate systems or procedures to pay correct/timely payments and is not taking steps to remedy this.

More information about this Code of Practice can be found at www.thepensionsregulator.gov.uk

Section 2 Confirmation of Verification of Identity Certificate

Introduction by an FCA Regulated Firm

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

Important Information

- 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 Non Private Individual

Full name of entity	<input type="text"/>	Registered number (if any, or if appropriate)	<input type="text"/>	
Type of entity (corporate, trust etc)	<input type="text"/>	Relevant company registry* or regulated market listing authority	<input type="text"/>	
Location of business (full operating address)	<input type="text"/> <input type="text"/>	*Relevant company registry includes other registers, such as those maintained by charity commissions (or equivalent) or chambers of commerce.		
Postcode	<input type="text"/>	Names of directors (or equivalent)	Dates of birth if known	
Registered office in country of incorporation	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>		<input type="text"/>	<input type="text"/>
		Names of principal beneficial owners (over 25%)		
			<input type="text"/>	<input type="text"/>
			<input type="text"/>	<input type="text"/>

Part B Confirmation

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

Please mark **X** 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 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.

Firm Name

FCA Firm Reference Number

Registered Individual (RI)

FCA Individual Reference Number

Authorised Signature (must be signed by the RI)

Date

 / /

Section 3 Standing Order Mandate

This form should only be used to set up or amend regular employer SIPP contributions.

To the Manager Payer Bank Account Details

Full Name and postal address of your Bank or Building Society

Name	Bank/Building Society
Address	
Postcode	

Name(s) of account holder (1)

Name(s) of account holder (2)

Bank/Building Society account number

Branch sort code

Please Pay

Payee bank name

Payee account name

Bank account number

Branch sort code

Payment Amount (minimum £100)

Frequency

Date of first payment

Reference

Account Holder Authorisation

Account Holder (1) (Block Capitals)

Signature

Date

 / /

Account Holder (2) (Block Capitals)

Signature

Date

 / /

Please return this completed form to SIPP Team, Trimbridge House, Trim Street, Bath BA1 1HB.