

# The IPM Personal Pension Scheme



## Application Form

### 1. MEMBER'S PERSONAL DETAILS

|                   |                      |                    |                      |
|-------------------|----------------------|--------------------|----------------------|
| Title             | <input type="text"/> | Surname            | <input type="text"/> |
| Forenames in full | <input type="text"/> |                    |                      |
| Address           | <input type="text"/> |                    |                      |
|                   | <input type="text"/> | Postcode           | <input type="text"/> |
| Telephone Home    | <input type="text"/> | Telephone Business | <input type="text"/> |
| Mobile            | <input type="text"/> | Email              | <input type="text"/> |
| Marital status    | <input type="text"/> | Date of birth      | <input type="text"/> |
| N I number        | <input type="text"/> |                    |                      |

### 2. LEGAL GUARDIAN'S DETAILS

If the member is aged under 18, this section must be completed also.

|                   |                      |                    |                      |
|-------------------|----------------------|--------------------|----------------------|
| Title             | <input type="text"/> | Surname            | <input type="text"/> |
| Forenames in full | <input type="text"/> |                    |                      |
| Address           | <input type="text"/> |                    |                      |
|                   | <input type="text"/> | Postcode           | <input type="text"/> |
| Telephone Home    | <input type="text"/> | Telephone Business | <input type="text"/> |
| Fax               | <input type="text"/> | Mobile             | <input type="text"/> |
| Date of birth     | <input type="text"/> |                    |                      |

### 3. IDENTITY VERIFICATION Please see notes (1)

The Bank of Scotland requires IPM to verify the identity of the applicant in accordance with their own interpretation of the Money Laundering Regulations. If you are submitting this application via your IFA, they may submit an intermediary certificate and a copy of one document from each of group 1 and 2 below.

For all cases we will require the completion and return of our Private Individual Verification of Identity form, which is separate to this application. Where contributions are being made by an employer, we will require the completion of our Corporate and Other Non-Personal Verification of Identity Form.

|                |   |   |   |
|----------------|---|---|---|
| <b>Group 1</b> | <input type="checkbox"/> Passport       | <input type="checkbox"/> Driving licence    | <input type="checkbox"/> Pension or child benefit book      |
| <b>Group 2</b> | <input type="checkbox"/> Utilities bill | <input type="checkbox"/> Council tax demand | <input type="checkbox"/> Bank or building society statement |

## 4. STATUS

(a)

|   |  |
|---|--|
| Are you:  |  |
| <input type="checkbox"/> Employed (please go to 'b')                            | <input type="checkbox"/> Self-employed               |
| <input type="checkbox"/> Pensioner currently receiving a pension subject to tax | <input type="checkbox"/> Child under 16 years of age |
| <input type="checkbox"/> A child under age 16                                   | <input type="checkbox"/> Caring for a person over 16 |
| <input type="checkbox"/> In full time education                                 | <input type="checkbox"/> Unemployed                  |
| <input type="checkbox"/> Other (please specify)                                 | <input type="text"/>                                 |

Please see notes (2)

(b)

|                          |                               |
|--------------------------|-------------------------------|
| Employer's name          | <input type="text"/>          |
| Employer's address       | <input type="text"/>          |
|                          | Postcode <input type="text"/> |
| Company Registration No. | <input type="text"/>          |

(c)

|  |   |
|--|---|
| What is your occupation  | <input type="text"/>  |
| Nature of business   | <input type="text"/>  |
| Gross annual income (including salary, pension, investment income) | £ <input type="text"/>  |
| Source of wealth   | <input type="checkbox"/> Income <input type="checkbox"/> Savings <input type="checkbox"/> Inheritance <input type="checkbox"/> Sale of property |
| <input type="checkbox"/> Other (please specify)                    | <input type="text"/>  |

## 5. CONTRIBUTIONS

If your personal contribution into the IPM Personal Pension Scheme is above the basic amount (£3,600 for tax year 2006/7) you need to ensure that it does not exceed the lesser of 100% of your relevant UK earnings or the annual allowance. Any greater personal amounts will not attract income tax relief. Please indicate below the contribution from you and / or your employer.

|   |                        |
|---|------------------------|
| <b>Personal contributions:</b>  |                        |
| (All personal contributions are paid net of basic rate tax and the tax is reclaimed by the administrators from the HMRC on your behalf) |                        |
| <input type="checkbox"/> Amount of net single contribution  | £ <input type="text"/> |
| <input type="checkbox"/> Amount of net regular monthly contribution   | £ <input type="text"/> |
| <input type="checkbox"/> Date of start of monthly contributions   | <input type="text"/>   |
| <b>Employer contributions:</b> (All employer contributions are paid gross)  |                        |
| <input type="checkbox"/> Amount of gross single contribution  | £ <input type="text"/> |
| <input type="checkbox"/> Amount of gross regular monthly contribution   | £ <input type="text"/> |
| <input type="checkbox"/> Date of start of monthly contributions   | <input type="text"/>   |
| <b>N.B. If you have registered for Enhanced Protection the payment of a contribution means that this protection will be lost</b>        |                        |
| <b>- Please refer to your Independent Financial Adviser.</b>  |                        |

## 6. TRANSFER DETAILS

### Transfer 1

|  |                      |            |  |
|--|----------------------|------------|--|
| ■ Name of transferring scheme administrator:   | <input type="text"/> |            |  |
| ■ Address  | <input type="text"/> |            |  |
|  | <input type="text"/> | Postcode   | <input type="text"/>                                     |
| ■ Telephone Number   | <input type="text"/> | Policy No. | <input type="text"/>                                     |
| ■ Full title of transferring scheme  | <input type="text"/> |            |  |
| ■ HMRC registration number   | <input type="text"/> |            |  |
| ■ Amount of transfer payment   | <input type="text"/> |            |  |
| ■ Is the transfer in specie?   |                      |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ■ Have you received any benefits from the fund being transferred?<br>(If yes you will need to complete the Unsecured Pension Application Form)   |                      |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ■ Do you intend to draw benefits immediately from this scheme?<br>(If yes, please enclose your birth certificate and, if you are a married woman, your marriage certificate<br>A separate Benefits Payment Form will be sent to you by the administrator for completion and return). |                      |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### Transfer 2

|  |                      |            |  |
|--|----------------------|------------|--|
| ■ Name of transferring scheme administrator:   | <input type="text"/> |            |  |
| ■ Address  | <input type="text"/> |            |  |
|  | <input type="text"/> | Postcode   | <input type="text"/>                                     |
| ■ Telephone Number   | <input type="text"/> | Policy No. | <input type="text"/>                                     |
| ■ Full title of transferring scheme  | <input type="text"/> |            |  |
| ■ HMRC registration number   | <input type="text"/> |            |  |
| ■ Amount of transfer payment   | <input type="text"/> |            |  |
| ■ Is the transfer in specie?   |                      |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ■ Have you received any benefits from the fund being transferred?<br>(If yes you will need to complete the Unsecured Pension Application Form)   |                      |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ■ Do you intend to draw benefits immediately from this scheme?<br>(If yes, please enclose your birth certificate and, if you are a married woman, your marriage certificate<br>A separate Benefits Payment Form will be sent to you by the administrator for completion and return). |                      |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |

For transfers in-specie we have an additional form which gives IPM details of the assets to be transferred. Please contact IPM if this is not included in your application pack. If you would like to transfer more than two policies to your SIPP, please photocopy this page.

## 7. DEATH BENEFIT Please see notes (3)

|           |                      |              |                      |
|-----------|----------------------|--------------|----------------------|
| 1. ■ Name | <input type="text"/> | Relationship | <input type="text"/> |
| Address   | <input type="text"/> |              |                      |
|           | <input type="text"/> | Proportion   | <input type="text"/> |
| 2. ■ Name | <input type="text"/> | Relationship | <input type="text"/> |
| Address   | <input type="text"/> |              |                      |
|           | <input type="text"/> | Proportion   | <input type="text"/> |
| 3. ■ Name | <input type="text"/> | Relationship | <input type="text"/> |
| Address   | <input type="text"/> |              |                      |
|           | <input type="text"/> | Proportion   | <input type="text"/> |

## 8. INDEPENDENT FINANCIAL ADVISER

|  |                 |   |                |   |
|--|-----------------|---|----------------|---|
| ■ Name of firm   |                 |   |                |   |
| Address  |                 |   |                |   |
| Postcode   | Telephone       |   |                |   |
| Contact name   | FSA Number      |   |                |   |
| ■ If any fees/commissions are to be paid from the pension fund, how will the amount be calculated? |                 |   |                |   |
| By fixed monetary amount:  | Initial payment | £ | Annual payment | £ |
| By percentage of the fund value:   | Initial payment | % | Annual payment | % |

(Please note, a commission request / fee invoice will be required from the IFA in respect of each payment due from the trustee).

## 9. INVESTMENT ADMINISTRATOR

|  |            |  |  |
|--|------------|--|--|
| ■ An Investment Administrator must be appointed to execute the investment decisions and report periodically on the investments held for your benefit. Please supply details: |            |  |  |
| Name   |            |  |  |
| Address of company   |            |  |  |
|  |            |  |  |
| Contact name   | FSA number |  |  |

Please see notes (4)

## 10. INVESTMENT ADVISOR

|  |            |  |  |
|--|------------|--|--|
| ■ You may also choose to appoint an Investment Advisor from whom the trustee can take investment instructions: |            |  |  |
| Name   |            |  |  |
| Address of company   |            |  |  |
|  |            |  |  |
| Contact name   | FSA number |  |  |

Please see notes (5)

## 11. DATA PROTECTION ACT 1998 (DPA)

The Data Controller in relation to any personal information you supply is I.P.M. SIPP Administration Limited, for the purpose of this act. This information may be used for the purposes of administration and regulatory compliance of products and services provided by the Group and its associated companies.

## 12. MEMBERS DECLARATION

The applicant (or Legal Guardian, where the applicant is under the age of 18) must read and sign this declaration.

I hereby apply to become a member of the IPM Personal Pension Scheme (the Scheme) and agree to be bound by the scheme rules that may be amended from time to time.

I hereby declare that I will not attempt to draw any benefit from the scheme except in accordance with the rules of the scheme

Where I am making contributions to the scheme I declare:

- I am under 75 years of age and a Relevant UK Individual (having the meaning given by Section 189 Finance Act 2004)
- The total contributions I am paying to all registered pension schemes (having the meaning given by Section 150 Finance Act 2004) in respect of which I am entitled to tax relief (having the meaning given by Section 188 Finance Act 2004) will not exceed the higher of:
  - (a) the basic amount (£3,600 for the tax year 2006/7)
  - or
  - (b) 100% of my relevant UK earnings (having the meaning given by Section 189 Finance Act 2004) for that tax year
- I will, within 30 days or by 5th April in the relevant year of assessment (whichever is the later), inform the scheme administrator in writing if any of the following events occur:
  - I cease to be a UK resident
  - I cease to be a Relevant UK Individual
  - I cease to have relevant UK earnings
  - I cease to be eligible for relief on member contributions under Section 188 Finance Act 2004
- I hereby declare that to the best of my knowledge and belief the details given in relation to the payment of contributions is correct and complete.

In respect of a transfer, I request that the scheme administrator of the transferring scheme applies the whole of my available transfer value from that arrangement, except for any part relating to Protected Rights Benefits. I understand that following the application of the transfer value, neither I, or my spouse or dependants will have any further entitlement under the transferring scheme. I acknowledge and agree that a copy of this request and discharge shall be deemed binding as though it were the original. I authorise the Trustee, Scheme Administrator or Insurers of the transferring scheme to provide any information, which I.P.M. SIPP Administration Limited may request in relation to any benefits provided for me.

In return for the services to be provided by the Trustee and Administrator, I agree to pay charges set out in the charging structure schedule current at the date of this application and those charges detailed as payable to my Independent Financial Adviser, if any, as stated in this application form. I authorise I.P.M. SIPP Administration Limited to pay such charges from the bank account held for my benefit and to realise investments attributable to me in order to pay such charges and to settle any third party charges payable in respect of investment transactions to the extent that such charges have otherwise been paid within seven days of falling due.

I agree to the scheme administrator deducting any amount from the fund held for my benefit in order to pay any charge, including any scheme sanction charge, levied by HM Revenue and Customs. In the event that there are insufficient funds held for my benefit I agree to personally pay to the scheme administrator any amount required to pay for such charges.

To the best of my knowledge and belief the details given on this application are correct and complete.

Where this application is being made on behalf of an applicant who is under the age of 18, the Legal Guardian signing the application also declares that:

- I am making this application on behalf of the applicant detailed in section 1 of this application form
- I understand that I am responsible for the SIPP as if I were the member and will continue to be so until the applicants 18th birthday
- I understand that contributions paid to the scheme may only be returned to the applicant in the form of benefits payable under the rules of the scheme (i.e. after the applicant attains age 55 except in the case of earlier ill health).

|           |                      |      |                      |
|-----------|----------------------|------|----------------------|
| Signature | <input type="text"/> | Date | <input type="text"/> |
|-----------|----------------------|------|----------------------|

To be signed by the Legal Guardian where the applicant is under the age of 18.

**Please note that it is a serious offence to make false statements, the penalties for which can be severe and may lead to prosecution.**

Please return the completed form to: **I.P.M. SIPP Administration Limited, Cintel House, Watton Road, Ware, Herts SG12 0AD**

Please make any cheques payable to "I.P.M. Personal Pension Trustees Ltd. re:[your name]".

I.P.M. SIPP Administration Limited is Authorised and Regulated by the Financial Services Authority.

## NOTES:

### 1. Identity Verification

If you submit the application directly you are required to send two photocopies of documents from each group which have been certified by an independent third party (solicitor, bank manager, Doctor). Utilities bills may be no more than three months old and we are unable to accept mobile phone bills or statements downloaded from the internet. In some cases, IPM may perform an electronic search on an individual. Please note this is not a credit check but merely a verification of identity.

### 2. Status

Employed

- Chargeable to tax under Chapter 2, Part 2, ITEPA 2003 for the income tax year of assessment concerned in respect of employment income as defined in the act.

Pensioner

- Chargeable to tax under Part 9, ITEPA 2003 for the income tax year of assessment concerned in respect of a pension.

Self-employed

- Chargeable to tax under Chapter 2, Part 2, Income Tax (Trading and other Income) Act 2005 for the income tax year of assessment concerned in respect of annual profits or gains arising or accruing from any trade, professional or vocation carried on by the individual.

### 3. Death Benefit

Please name those whom you would like to receive a lump sum from the proceeds of the plan in the event of your death. This nomination will not legally bind the Trustee but they will take it into account when deciding how to pay benefits. You may change this nomination at any time by advising the Trustee in writing. You may nominate any number of beneficiaries but please ensure that the proportions add up to 100%.

### 4. Investment Administrator

The Investment Administrator puts into effect the investment decisions and maintains the investment records. The agreement is primarily between I.P.M. SIPP Administration Limited and the Investment Administrator because the assets of the personal pension scheme are of course, legally owned by the Trustee. However, we request the member to countersign the agreement so that he is aware of the nature of the terms under which the Investment Administrator operates.

### 5. Investment Advisor

This document provides the Trustee with the necessary authority to take instructions regarding the investment of the assets including the transfer of cash. It is not required if the member is giving instructions personally to I.P.M.

I.P.M. SIPP Administration Limited,  
Cintel House, Watton Road,  
Ware, Herts,  
SG12 0AD



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e-mail: [info@ipm-pensions.co.uk](mailto:info@ipm-pensions.co.uk)  
Website: [www.ipm-pensions.co.uk](http://www.ipm-pensions.co.uk)