

# Ascentric Pension Account Client Application Form

**Please read this information before completing the form.**

This form can be used to arrange for regular or one off payments or transfer values into the Ascentric Pension Account (APA). Both you and your Financial Adviser are required to complete sections of this form.

In completing this form, your APA will reside on the Ascentric Wrap.

Please use BLOCK CAPITALS when filling in answers.

You are receiving advice from a Financial Adviser and you should remember that your Financial Adviser is acting on your behalf not only by giving you

advice, but also regarding the completion of this form.

Please return this completed application, via your Financial Adviser, to Ascentric Client Services Team, 9 Palace Yard Mews, Bath, BA1 2NH.

**Any missing information may result in either delays in processing/ allocation of payments or the return of this application. Should you require any assistance with the completion of this form please contact your Financial Adviser.**

**Additional Information**

The following guides/leaflets, are available from [www.ascentric.co.uk](http://www.ascentric.co.uk), and provide further details on some of the features and options of your Ascentric Pension Account ("APA"):

- Ascentric Terms & Conditions
- Ascentric Customer Brochure
- Ascentric Charges Document
- Ascentric Key Features Document

**Additional forms you may need**

You may need to arrange for additional forms to be submitted in support of this application. Please mark ✘ in the box if you are enclosing any of these forms along with this application:

- Transfer Discharge form(s) from previous scheme(s)
- Employer Declaration Form where your employer is arranging to pay contributions to your APA
- Ascentric Drawdown Service Client Set Up form

**Sections to complete**

	Section 1 Personal	Section 2 Contribution Info	Section 3 Transfer Information	Section 4 Expression of Wish	Section 5 Adviser Section	Section 6 Declaration
For customers applying for regular/ single contributions to their APA	✓	✓		✓	✓	✓
For customers applying for a transfer value to be added to their APA	✓		✓	✓	✓	✓

**N.B. Section 5 will need to be completed by your Financial Adviser.**

**Section 1 Individual Details**

What access rights should your client have? (Please mark ✘ in the box(es) as appropriate)

No Online Access       Enquiry Only       Trading Access

**Section 1.1 Contact Details**

Title	<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Permanent Residential Address	<input type="text"/>
Surname	<input type="text"/>			<input type="text"/>	<input type="text"/>
Forename(s)	<input type="text"/>			<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>			<input type="text"/>	<input type="text"/>
National Insurance Number	<input type="text"/>			Post Code	<input type="text"/>
Chosen retirement age or date	<input type="text"/>			Tel Home	<input type="text"/>
Country of Residence	<input type="text"/>			Tel Work	<input type="text"/>
				Mobile *	<input type="text"/>
				E-mail *	<input type="text"/>

**\*Please note the provision of a mobile number and email address may improve the processing of this application and future communication.**

## Section 1.2 Eligibility

Please complete the following statements:

Do you wish to transfer another pension to this arrangement?

Yes  No

I have been resident in the UK during the current tax year

I have UK earnings which are chargeable to income tax

I have been resident in the UK at some time during the 5 previous tax years immediately before the current tax year and also upon joining the Ascentric Pension Account

I am a crown servant

My spouse or civil partner is a crown servant

Please mark ✖ in the most appropriate box below – one box must be ticked

Do you wish to transfer another pension to this arrangement?

Employed  Self employed

Unemployed  Pensioner

Caring for one or more children under 16

Caring for a person aged 16 or over

In full time education

Other (Please specify below)

## Section 2 Contribution

Please complete this section if single or regular contributions are to be paid into the APA.

### Enhanced Protection

If you have enhanced protection, any contribution made to the APA means that you will lose this protection.

### Annual Allowance

All contributions to your APA, together with any contributions to or accruals

in any other Registered Pension Schemes must be tested against the Annual Allowance which is set by HMRC. For 2010-11 this is £255,000. The APA is unable to accept contributions in excess of 100% of your total earnings which are taxable in the UK (unless under £3,600).

**ALL CHEQUES TO BE MADE PAYABLE TO: "Ascentric Client A/C"**

## Section 2.1 Employment Details

What are your total earnings which are taxable in the UK?  £

Employer name\*

Employer address\*



\* You need only complete your employer details if you are employed (taxed under PAYE) and your employer is to contribute or your contributions are to be remitted via your employer's bank account.

## Section 2.2 Personal Contributions

Frequency of regular contributions:

Monthly  Quarterly  Half Yearly  Annually

Payment by:

Cheque  Standing Order (available from [www.ascentric.co.uk](http://www.ascentric.co.uk))

Regular date of the month that your payment is expected

Date first payment is expected

Single contribution  £

Regular contribution  £

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

Yes  No

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

Title  Male  Female

Surname

Forename(s)

Permanent Residential Address



Any other name the third party has been known by:

Please enter amount on your cheque or standing order.

We will automatically credit basic rate tax on eligible personal contributions where the personal contribution is below £196,000. For contributions in excess of this amount, we will credit the basic rate tax to your APA once we have received it from HMRC which will typically be 6 to 11 weeks after we receive your contribution.

If you and your employer both wish to contribute to your APA, you can arrange for your payments to be set to a different date than those from your employer.

Please provide documentary evidence of the identity of any third party.

Your Financial Adviser is able to do this for you or you may supply certified copies to us. Please contact your Financial Adviser if you have any queries.

If personal contributions are to be paid by your employer, please ask your employer to complete and forward to us an Employer Declaration Form.

## Section 2.3 Employer Contributions

Frequency of regular contributions:

Monthly  Quarterly  Half Yearly  Annually

Payment by:

Cheque  Standing Order  
(available from [www.ascentric.co.uk](http://www.ascentric.co.uk))

Regular date of the  
month that your  
payment is expected

Date first payment  
is expected

Single contribution

£

Regular contribution

£

We are not able to reclaim any tax on employer contributions.

If your employer wishes to contribute to your APA, please ask your employer to complete and forward to us an Employer Declaration Form.

## Section 3 Transfers

Please complete this section if you wish to transfer pension rights from another provider to the APA.

Please print additional forms if you wish to transfer in from more than one pension scheme.

### Section 3.1 Details of the transferring scheme

Full name of transferring scheme

Type of scheme being transferred (if known)

Estimated transfer value  
of non protected rights (if known)

£

Estimated transfer value of  
protected rights (if known)

£

Name of scheme administrator/trustee/insurance company

Address of scheme administrator





Policy/Account/Member number under the transferring scheme

PSTR Number (if known)

Please mark ✖ next to which of the following statement(s) apply:

I have not started to take any benefits from the transferring scheme (all benefits are uncrystallised)

I have started to take benefits (income drawdown) from the transferring scheme (crystallised benefits)

Part of the transfer payment relates to benefits from an ex-spouse/ex-civil partner on divorce/dissolution of a civil partnership.

Was any part of your ex-spouse's/ex-civil partner's pension already in payment at the time of divorce/dissolution of civil partnership?

Is this transfer payment part of a block transfer?

If you are transferring a crystallised arrangement, i.e. one which some benefits have been drawn from, or from which you are receiving income, please also complete the 'Drawdown Service Set Up form'.

Please mark ✖ next to which of the following apply to the transfer:

The transfer payment will comprise only of cash (cheque or bank transfer)

Other assets are to be transferred in specie. Where assets are to be transferred, please forward a full list of assets that are proposed to be transferred. We will then review and confirm (or otherwise) our agreement to accept the transfer.

## Section 4 Expression of Wish – Disposal of Death Benefit

This form should be completed to provide details of those people you would like to receive any benefits payable by the APA on your death. If there is a trust in place at the date of your death, the Rules specify that we will automatically pay any lump sum death benefit due from your APA to the trust. Please be aware, however, that in certain circumstances, for example,

where there are Protected Rights funds or where you were over the age of 75 at your death, we may be obliged, due to legislation, to make payments to individuals/organisations not of your choosing.

Your Expression of Wish may be changed in writing at any time.

The Trustee of the APA is not bound by the Expression of Wish Form.

### Section 4.1 Trust Nomination (Please complete if you wish us to pay benefits to a trust)

Please indicate if you wish us to pay benefits due to a trust.

Yes  No

Date of Trust	<input type="text"/>
Name of Trust	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Name of Trustees	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Address where Trust is held	
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

### Section 4.2 Individual nomination

Please complete if you wish to nominate individual beneficiaries

Beneficiary 1

Name	<input type="text"/>
Address	
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Date of Birth	<input type="text"/>
Relationship	
	<input type="text"/>
% of Fund	<input type="text" value=""/>

Beneficiary 2

Name	<input type="text"/>
Address	
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Date of Birth	<input type="text"/>
Relationship	
	<input type="text"/>
% of Fund	<input type="text" value=""/>

Please add additional beneficiaries on a separate sheet so that the total is 100%

### Section 4.3 Charity Nomination (on death in ASP)

Please complete if you wish any funds to be paid to charity

Charity Name	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Charity Registration Number (if known)	
	<input type="text"/>

% of Fund	<input type="text" value=""/>
Address	
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Please add additional charities on a separate sheet so that the total is 100%

## Section 5 Financial Adviser Section

### To be completed by your adviser.

Please enter a name that will identify the Wrap Account (e.g. Mrs Angela Smith)

Name of authorised individual

Full name of regulated organization / Financial Adviser name

Contact Address





Tel Home

Fax

E-mail

### Adviser Fee to be deducted:

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

#### 1. Annual Adviser Fee:

of investment

fixed amount

 %

 £

The Adviser Fee applies to:

A. Collectives (incl. Investment Trusts & ETFs)

B. Cash

C. Stocks and Shares

D. Non - Custody Assets

E. Fund Manager rebates only

N.B. Adviser Fees will be deducted monthly in arrears on a pro-rata basis.

#### 2. Adviser's Initial Fee:

of investment

fixed amount

 %

 £

## Section 5.1 Adviser Declaration

I hereby confirm that I have explained the relevant details covered in the documents listed below to my client (the applicant in this application form):

- Ascentric Terms & Conditions
- Ascentric Key Features Document
- Ascentric Charging Schedule

### I/We confirm that:

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 Joint Money Laundering Steering Group. I understand that Ascentric are reliant on me having completed this money laundering check. I also agree to provide you with copies of the ID relied upon should that be required for legal or compliance audit purposes.

Firm Name

FSA Firm

Ref No

Registered

Individual

Authorised

Signature

Date

## Section 6 Client Declaration - All applicants must read and sign this section

I wish to apply for membership of the Investment Funds Direct SIPP (the "Scheme") using the Ascentric Pension Account (the "APA") and I agree to comply with the Scheme Rules.

I confirm that all the information given by me in this application is to the best of my knowledge true and complete.

My total pension input – i.e. the sum of all contributions to all pension schemes plus any growth in the beneficial value of any defined benefit schemes which I am a member of – will not be greater than 100% of my income for the relevant tax year in question, or £3,600 if greater.

I understand that it is my responsibility to inform HMRC if subsequent years' contributions exceed the annual allowance in any tax year and that I will be responsible for any resultant additional tax charge.

I have read the Key Features Document, and the Terms and Conditions of the APA, and understand them.

I agree to be bound by the Terms and Conditions of the Ascentric Pension Account.

I understand that IFDL will stop collecting any regular payments if I become ineligible for the Scheme, or if tax relief is no longer applicable to them.

I will notify IFDL within 30 days, or the next 5th April, whichever is the later, if I become ineligible to contribute.

I understand that, unless I have requested a different start date, this contract will start on the day you have received both the signed and completed Client Set Up Form and my first contribution (or transfer payment)

I understand that IFDL may pass information about me to third parties where required to do so in the interests of crime prevention.

I have taken advice from the Financial Adviser named in Section 5 before making this application.

Investment Funds Direct Limited is a member of the Royal London Group. We ("Investment Funds Direct Limited" or "IFDL") will use the information supplied on this form (including any sensitive personal

information) and information we obtain from other sources for:

- Administering your investments;
- Dealing with your APA;
- Statistical Market research; and
- To prevent and detect crime.

In addition, solely in order for us to carry out business effectively, that information may also be passed to:

- Our regulator;
- Auditors;
- Legal and financial advisers;
- Other financial institutions connected with the provision of your investments (e.g. fund managers)
- Authorised agents;
- Third party service providers;
- Authorised Law enforcement agencies and Local Authorities.

However, your personal information will not be passed to other companies outside the Royal London Group unless we have your permission to do so, are under a legal obligation or duty to do so or it is required to provide the services requested.

In order to ensure the efficient running of the investment, we may share the information provided by you with other data processors acting on our behalf and who may be outside the European Economic Area. In this event we are bound by our obligations under the Data Protection Act to ensure your information is adequately protected.

If you provide us with information about other investors, you confirm that they have appointed you to act for them to consent to the processing of their personal data and that you have informed them of our identity and the purposes (as set out above) for which their personal data will be processed.

I/We hereby confirm that I/we have read and agree with all the information provided with this form and that I/we have read and agree to the Ascentric Terms and Conditions.

Applicant Name (1) (Block Capitals)

Signature

Date