

# Application Form

for the Suffolk Life MasterSIPP

**This is a legally binding document between you and Suffolk Life.  
It is part of a set all of which should be read together:**

- » Key Features
- » Personal Illustration
- » Schedule of Fees
- » Schedule of Allowable Investments
- » Terms and Conditions
- » Application Form**

The letters 'SIPP' are rendered in a large, light grey, 3D-style font with soft shadows beneath them, positioned on the left side of the page.

**SUFFOLKLIFE**  
THE INTELLIGENT APPROACH

All applications must be made through a financial adviser.  
We will need the original of this application form so that we can establish your Suffolk Life MasterSIPP.  
Please complete this form using black ink and block capitals.

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## Section 1

# Investor's personal details

Title	Mr/Mrs/Miss/Ms/Other	<input type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Forename	<input type="text"/>			
Middle name	<input type="text"/>			
Surname	<input type="text"/>			
Date of birth	Day/Month/Year	<input type="text"/>	(Refer to Appendix A)	Nationality <input type="text"/>
We do not accept applications from individuals resident in, or a citizen of the United States of America.				
Country of residence	<input type="text"/>			
Permanent residential address	<input type="text"/>			
Telephone numbers	Home	<input type="text"/>	Work	<input type="text"/>
National Insurance number	Please enter, in the box below, your National Insurance number which is essential for this application to proceed. <input type="text"/>			
Expected retirement age	Please enter, in the box below, an age from 55 to 75. This does not affect your right to begin taking benefits at any age permitted. (Before 6 April 2010 the minimum age at which you can take benefits is 50.) <input type="text"/>			
Are you married or in a registered civil partnership?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Refer to Appendix A)			
If yes, spouse's/registered civil partner's date of birth	Day/Month/Year <input type="text"/>			

## Section 2

# Adviser section

• This section should be completed by a regulated UK adviser/intermediary before the investor completes the rest of the form.

## 2.1 Adviser's details

Name of authorised individual	<input type="text"/>		
Full name of regulated organisation	<input type="text"/>		
Contact address	All required non-regulatory correspondence will be sent to this address. Copies can also be sent to the investor at his/her request. <input type="text"/>		
			Postcode <input type="text"/>
Contact numbers	Telephone	<input type="text"/>	Fax <input type="text"/>
Email address	<input type="text"/>		
Name of regulator	<input type="text"/>		
Regulator's reference number for organisation	Regulator's reference number for individual	<input type="text"/>	<input type="text"/>
If the regulated organisation is an appointed representative or part of a network, please give details below.			
Name of principal or network	<input type="text"/>		
Regulator's reference number for principal or network	<input type="text"/>		

## 2.2 Investor's identity verification

## Evidence of name

Item	Ref./Acc. number	Place of birth	Date of birth	Date of expiry	Certified copy attached
Current full passport	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Residence permit issued to EU Nationals by the Home Office	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
				Date of issue	
Current UK/EU photo driving licence	<input type="text"/>			<input type="text"/>	<input type="checkbox"/>
Current full UK driving licence (old style)	<input type="text"/>			<input type="text"/>	<input type="checkbox"/>
		Issuing authority			
Firearms certificate	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="checkbox"/>
State pension or benefits book/notification letter	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="checkbox"/>
Subcontractors certificate	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="checkbox"/>
HM Revenue & Customs tax notification	<input type="text"/>	Type: Notice of coding		<input type="text"/>	<input type="checkbox"/>

## Evidence of address

Item	Premises entered?	Date of visit	Certified copy attached
Home visit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	
Solicitor letter confirming completion of house purchase or land registration		Date of letter	<input type="checkbox"/>
Electoral roll check		Date of check	<input type="checkbox"/>
		Date of issue	
Most recent mortgage statement	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
		Name of authority	
Current local authority tax bill	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Local authority rent card or tenancy agreement	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
		Name of issuer	
Bank/building society/credit union statement or passbook	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
		Name of utility company	
Utility bill (not mobile phone)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Current UK/EU photo driving licence	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Current full UK driving licence (old style)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
		Issuing authority	
State pension or benefits book/notification letter	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Please provide one evidence of name and one evidence of address.

## 2.3 Source of wealth and funds

## Must be completed for all applications

Current occupation

Annual remuneration £

Source of wealth Please tick one of the following which best describes the origin of your personal wealth.

Income from employment\*  Income from savings/investments  Gift

\* Please ensure that current occupation and annual remuneration are also completed.

Lottery and other gambling winnings  Inheritance  Property sale  Divorce settlement

## 2.3 Source of wealth and funds (continued)

Pension income from registered pension scheme(s)  Income from a lifetime annuity

Other; please specify

Source of funds Please tick one or more of the following which you intend to use to fund your SIPP.

Transfers from a registered pension scheme  Personal contributions  Contributions from your employer\*

Contributions from another third party\*

Please state their name and relationship to the investor below.

\* Please also enclose an identity verification form for the employer/third party.

Pension sharing order

Other; please specify

## 2.4 Adviser's declaration and signature

Nature of initial advice How was the sale transacted?  Face to face  At distance

Did you advise your client specifically to take out a Suffolk Life MasterSIPP?  Yes  No

Did you advise your client on the suitability of transferring any employer-sponsored schemes to a Suffolk Life MasterSIPP?  Yes  No

- I confirm that I have the appropriate authorisation to sign this declaration for the organisation detailed in section 2.1.
- Where the investor has elected to use Cofunds:

- I/we confirm that I/we have made available to the investor the Cofunds Customer Agreement for SIPPs provided by Suffolk Life and the investor has agreed to these terms.

- my Cofunds Intermediary Authorisation code is

## Declaration

- I/We certify that I/we have verified the identity of the investor, detailed in section 2.2, having:

- seen the original documents;

- checked that any requiring a signature were pre-signed; and

- confirmed that any associated photograph of the investor bore a true likeness to the applicant.

- I/We have included the relevant reference information or certified documentary evidence on / with this form.

- I/We agree to receive details of my client's Suffolk Life MasterSIPP by post, fax, via email and / or the Suffolk Life secure portal.

- I/We confirm that we have verified that all relevant literature including this application is the latest available version. To check, please visit [www.suffolklife.co.uk/applications](http://www.suffolklife.co.uk/applications)

The person who signs this declaration must be the person who has seen the original documentary evidence.

Name

Position in organisation

Signed

Date

Please discuss the figures in section 8 (page 12) of the investor's declaration with your client before that section is completed.

Suffolk Life will pay agreed fees (see section 8) upon production of a correct invoice. For an example please see [www.suffolklife.co.uk/remuneration](http://www.suffolklife.co.uk/remuneration).

An invoice is enclosed with this application

An invoice will be sent at a later date

**Important:** Before completing the rest of this form, the investor should check that the adviser has completed section 2 and that all the details are correct.

## Section 3

# Investor's status and eligibility declaration

### 3.1 Investor's status

Please indicate below which situation applies to you. Tick one box only.

- 1  **Employed** If you have ticked this box, please give your employer's details below.

Employer's name

Employer's address

Postcode

- 2  Receiving a pension chargeable to tax

- 3  **Self-employed** (In receipt of profits or gains which are chargeable to tax under Schedule D)

If trading under a different name please write it in the box below.

- 4  A child under the age of 16 years

- 5  Caring for one or more children under the age of 16 years

- 6  Caring for a person aged 16 years or over

- 7  In full time education

- 8  Unemployed

- 9  **Other** If you have ticked this box, please give details below.

### 3.2 Eligibility declaration

Please indicate below which of the following apply to you.

- 1  ***I am a UK relevant individual.\****

Unlimited contributions can be made to your Suffolk Life MasterSIPP. However, only the amount of your total contributions to all pensions up to the higher of £3,600 gross or 100% of your UK taxable earnings will receive tax relief. Where the total contributions paid to all pensions (by you and/or your employer) exceed the annual allowance or special annual allowance (this may be applicable where in the current or previous tax years your total income exceeds £130,000 - you should consult your adviser to see if this is applicable) the relevant tax charges will apply.

\* A UK relevant individual is one who:

- has relevant UK earnings chargeable to income tax for that year;
- is resident in the UK at some time during that tax year;
- was resident in the UK at some time during the five tax years immediately before the tax year in question and was also resident in the UK when the individual joined the pension scheme;
- has general earnings for that tax year from overseas Crown employment subject to UK tax (as defined by Section 28 of the Income Tax (Earnings and Pensions) Act 2003); or
- is the spouse of an individual who has general earnings for that tax year from overseas Crown employment subject to UK tax (as defined by Section 28 of the Income Tax (Earnings and Pensions) Act 2003).

- 2  ***I am a non UK relevant individual.***

You are entitled to contribute any amount, but you will not be entitled to receive any tax relief on your contributions.

## Transfer details

If this section does not apply, please go on to section 5.

If you are transferring from more than one scheme, you should complete a separate copy of this section for each additional scheme.

### 4.1 Scheme details

Full name of scheme to be transferred	<input type="text"/>		
Type of scheme being transferred e.g. PP, EPP etc.	<input type="text"/>		
Transfer value (or estimate) non-protected rights benefits	£ <input type="text"/>	Transfer value (or estimate) protected rights benefits	£ <input type="text"/>
Name of scheme administrator / trustee / insurance company	<input type="text"/>		
Address	<input type="text"/>		
		Postcode	<input type="text"/>
Policy / account number (if applicable)	<input type="text"/>	HM Revenue & Customs reference number (if known)	<input type="text"/>

Please indicate below which of the following statements will apply at the time of the transfer to your Suffolk Life MasterSIPP.

1  None of the scheme has begun paying benefits (uncrystallised)

2  Some of the scheme has begun paying benefits (crystallised)

This application form can only be used for the uncrystallised part of your scheme. If you also wish to transfer the crystallised part, your adviser will provide you with another, different application form.

### 4.2 Assets to be transferred

Type of assets	Please indicate below which of the following apply to your transfer.
1	<input type="checkbox"/> The transfer payment will comprise only cash.
2	<input type="checkbox"/> A property, or properties, or an interest in a property or properties are to be transferred. You will need to complete a property form, available on our website or upon request from us.
3	<input type="checkbox"/> Other assets are to be transferred <i>in specie</i> ( <i>in specie</i> transfers involve transferring shares and other assets without selling them. Please ensure that the current scheme administrator permits this). Please complete section 6 of this form. An <i>in specie</i> transfer schedule, available for download from our website, must also be completed in full unless a full current fund valuation containing all the information requested on the schedule is provided. Please also ensure that you read all the notes within the schedule. Please tick below as appropriate: <input type="checkbox"/> A completed <i>in specie</i> transfer schedule is enclosed. <input type="checkbox"/> A full valuation of the fund is enclosed, including SEDOL codes. All details requested on the <i>in specie</i> transfer schedule must be provided before we can request the transfer. <input type="checkbox"/> A completed <i>in specie</i> transfer schedule or full valuation of the fund will follow. All details requested on the <i>in specie</i> transfer schedule must be provided before we can request the transfer.

Any assets that are not allowable under the terms of the Suffolk Life MasterSIPP must either be sold before we proceed with the transfer or remain with the current scheme.

**If the sections above have been completed, you, the investor must sign and date the declaration in section 4.3 overleaf (in addition to the declaration in section 8).**

## 4.3 Declaration and signature for transfers

**Declaration** Please read and sign the declaration below to authorise the transfer(s).

- *I declare that to the best of my knowledge and belief the statements made in this section (whether in my handwriting or not) are correct and complete.*
- *I understand that, in accordance with the terms and conditions, a fee may be charged in respect of the transfer of the above scheme.*
- *I hereby consent to Suffolk Life obtaining details from the administrator / trustee or insurance company or other pension provider of any scheme, contract or arrangement of which I am or have been a member in connection with the transfer and authorise the giving of such details to Suffolk Life.*

*I also consent to my adviser:*

Adviser firm name

Firm FSA number

*obtaining the same details.*

- *While Suffolk Life will request transfers in a timely manner, I understand that Suffolk Life is not responsible for the timely completion of the transfer.*
- *I understand that Suffolk Life will not request any in specie transfer until all of the information requested in the in specie transfer schedule has been provided and any necessary account with an investment manager or execution-only broker has been established.*
- *I wish for the pension scheme benefits detailed in sections 4.1 and 4.2 to be transferred to my Suffolk Life MasterSIPP.*

**Please note:** It is a serious offence to make false statements. The penalties are severe. False statements could lead to prosecution.

Name of investor

Signature of investor

Date

#### www.suffolklife.co.uk

Suffolk Life is the trading name of Suffolk Life Pensions Limited (registered in England and Wales number 1180742) and Suffolk Life Annuities Limited (registered in England and Wales number 1011674).

Both companies are authorised and regulated by the Financial Services Authority.

Suffolk Life Pensions Limited is the operator and scheme administrator of the Suffolk Life MasterSIPP.

Suffolk Life Trustees Limited (registered in England and Wales number 6341296) is the trustee.

Suffolk Life Annuities Limited is an insurance company that provides the trustee investment plans to the trustee to hold commercial property investments.

The registered address of all companies is 153 Princes Street, Ipswich, Suffolk, IP1 1QJ

Tel: 0870 414 7000 Fax: 0870 414 8000

Telephone calls to Suffolk Life are recorded for training, monitoring and fact verification purposes.

**SUFFOLKLIFE**  
THE INTELLIGENT APPROACH

## Contribution details

If this section does not apply please go on to section 6.

### 5.1 Personal contributions

If this does not apply, go on to section 5.2.

All relievable personal contributions must be made net of basic rate tax, which we will reclaim from HM Revenue & Customs and add to your Suffolk Life MasterSIPP. This can take up to eleven weeks.

Your contribution intentions, requested below, are for illustrative purposes only; actual contributions may be greater or less. Please note that you are required to inform us in writing if you contribute in aggregate more than 100% of your earnings to this and any other pension scheme in a single tax year.

Please indicate below how much you intend to contribute.

We will treat the amount(s) entered as net unless told otherwise.

Net single contribution	£	<input type="text"/>
Net regular contribution	£	<input type="text"/> Frequency <input type="text"/>
Preferred payment date	1st of month <input type="checkbox"/>	15th of month <input type="checkbox"/>

Please complete the Direct Debit instruction in Appendix C.

### 5.2 Employer contributions

If this does not apply, go on to section 5.3.

The employer's contribution intentions, requested below, are for illustrative purposes only; actual contributions may be greater or less.

Please indicate below how much your employer intends to contribute.

All employer contributions are paid gross.

Gross single contribution	£	<input type="text"/>
Gross regular contribution	£	<input type="text"/> Frequency <input type="text"/>
Preferred payment date	1st of month <input type="checkbox"/>	15th of month <input type="checkbox"/>

Where the employer is paying both the personal and the employer contributions, this preferred payment date will be applied to both contributions.

The employer must complete and return the record of payments due in Appendix B and the Direct Debit instruction in Appendix C.

Please note: It will be necessary for your adviser to verify the identity of your employer. Suffolk Life may also need to carry out electronic verification of the employer.

### 5.3 Pension input period

The pension input period is the period in which contributions made to all schemes are tested against the annual allowance. We suggest that you discuss this period with your adviser or accountant.

Please indicate below your nominated pension input period. (If you do not, the default period under the Suffolk Life MasterSIPP which runs with the tax year, will apply. This is not a nomination by the scheme administrator.)

Dates of nominated pension input period	From	<input type="text"/>	<input type="text"/>	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Investment details

### 6.1 Investment intentions

To help us to establish the appropriate arrangements we need to know your investment intentions. Funds will remain on deposit in your SIPP bank account until we receive alternative instructions.

Please indicate below which situation(s) are to apply to your investment.

Investment application forms through adviser	1	<input type="checkbox"/>	Unit trust / other investment application forms provided to Suffolk Life by your adviser
Unit trust / collective dealing	2	<input type="checkbox"/>	Dealing in unit trusts / collectives using the Cofunds platform By ticking this box you agree to the terms set out in the Cofunds Customer Agreement for SIPPs provided by Suffolk Life. This is available via your adviser. If you are an existing Cofunds customer please give your Cofunds customer reference number here <input type="text"/>
	3	<input type="checkbox"/>	Dealing in unit trusts / collectives via another fund supermarket/platform
Share dealing	4	<input type="checkbox"/>	Stockmarket based investments using Suffolk Life's preferred execution-only broker, Stocktrade, a division of Brewin Dolphin Limited  Suffolk Life will open an account. The terms of the facility are available on request. Please give the following information for online dealing. Mother's maiden name <input type="text"/> Email address <input type="text"/>
	5	<input type="checkbox"/>	Stockmarket based investments using an investment manager or other execution-only broker Please complete the investment manager details in section 6.2, below.
Property	6	<input type="checkbox"/>	Commercial property purchase You will need to complete a property form, available for download on our website or upon request from us.

### 6.2 Investment manager details

If this does not apply go on to section 6.3

Type of service required	<input type="checkbox"/> Discretionary	<input type="checkbox"/> Advisory	<input type="checkbox"/> Execution-only
Name of investment manager / broker	<input type="text"/>		
Address	<input type="text"/>		
			Postcode
Contact name	<input type="text"/>		
Contact numbers	Telephone		Fax
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>		

Please note: We cannot guarantee that we will be able to establish an account with your chosen investment manager or broker. We will notify you if it is necessary to appoint an alternative.

## 6.3 Investment authority

If this does not apply go on to section 6.4

If a third party other than your adviser detailed in section 2.1 will be giving investment instructions, we require your authority to accept them.

Please indicate below the person from whom we are to take investment instructions.

*I authorise Suffolk Life to act on instructions given by the person(s) indicated below and confirm that this arrangement will remain in place until I advise Suffolk Life, in writing, to the contrary.*

Name

Relationship to investor

## 6.4 Illustration details

In order for us to provide personal illustrations now and going forward that best demonstrate the impact of the chosen investment strategy on the performance of your pension, please provide the following details in consultation with your adviser:

- Providers typically use a standard medium growth rate of 7%, meaning that the value of the underlying investments is assumed to grow at this rate each year. However, we offer you the option to choose the medium growth rate based on your investment strategy. This is particularly relevant where you intend to hold significant cash or similar investments for the longer term, in which case a lower rate will generally be appropriate.

Please enter your preferred medium growth rate below:

% Medium growth rate to be assumed (minimum 0% and maximum 7%)

Unless indicated otherwise above, we will apply the medium growth rate of 7%.

- Please select the basis for any non-property investment expenses:

Annual management charge (AMC)  Total expense ratio (TER)

Unless indicated otherwise above, we will apply the AMC option.

- Please indicate the estimated level of investment expenses, both initial and annual, that should be applied below:

Initial external investment expenses  % / £  (flat rate)

Annual external investment expenses  % / £  (flat rate)

Unless instructed otherwise we will apply both an initial and annual expense figure of 1.5% of the value of any non-property investments.

- The external investment expenses listed in (3) will be applied to the percentage of your fund value that is to be invested in non-property investments. Please indicate the estimated percentage below:

% Non-property investment percentage

Unless you request otherwise, on the initial illustration(s) we will assume that all of your fund is to be invested in non-property assets and therefore that these fees will apply to the whole of your SIPP.

## Benefits payable on death

- Please read the declaration before entering details of beneficiaries.

### Declaration

- I wish the scheme administrator to pay any lump sum death benefits to the beneficiaries and in the proportions set out below.
- I accept that this nomination is only an expression of my wishes.
- I understand that whilst the scheme administrator will pay due consideration to those wishes they have absolute discretion as to beneficiaries and to the proportion of benefits paid to each beneficiary unless otherwise provided by law.
- I understand that I can change this nomination at any time and that the scheme administrator will refer to the latest completed form held.
- I understand that if I have a spouse or registered civil partner, any protected rights death benefits must be used to provide an income for that person. If I have no spouse or registered civil partner, the benefits can be paid to my nominated beneficiaries in accordance with this declaration.

**Beneficiaries** Please give details below of your chosen beneficiaries. If you wish to nominate more than four beneficiaries, continue on a separate sheet and attach it to this form.

Name

Address

Postcode

Relationship to investor

Non-protected rights benefits

 %

Protected rights benefits

 %

Name

Address

Postcode

Relationship to investor

Non-protected rights benefits

 %

Protected rights benefits

 %

Name

Address

Postcode

Relationship to investor

Non-protected rights benefits

 %

Protected rights benefits

 %

Name

Address

Postcode

Relationship to investor

Non-protected rights benefits

 %

Protected rights benefits

 %

Total of all percentages

 %

Total of all percentages

 %

## Investor's declaration (including adviser remuneration)

Before signing the declaration for your own benefit and protection you should read carefully the following:

- this declaration;
- the Suffolk Life MasterSIPP Key Features;
- Schedule of Fees;
- Terms and Conditions; and
- Schedule of Allowable Investments.

These documents together form the agreement upon which we intend to rely. If you do not understand any point then please ask your adviser or us for further information.

### Data protection statement

We, Suffolk Life, take your privacy very seriously. We use the personal information collected via this form and any other information that you provide to us for the purposes of:

1. Providing you with our products and services and dealing with your enquiries and requests;
2. Administering your plan including the payment of benefits;
3. Carrying out market research, statistical analysis and customer profiling; and
4. Sending you information (by post, telephone or email) about our products and services.

By signing below, you agree to receive the information as described in 4 above, unless you tell us otherwise by ticking this box

We may need to transfer your information to countries outside the European Economic Area in order to provide our services to you.

We will disclose your information to other companies within the Suffolk Life group of companies, regulatory bodies, law enforcement agencies, the current and future owners of our business and suppliers we engage to process data on our behalf.

### Declaration

- *I request that the benefits described in or arising from this application be provided for me under the Suffolk Life MasterSIPP and in consideration of its acceptance I undertake to be bound by the rules of the scheme in force from time to time.*
- *I declare that to the best of my knowledge and belief the statements made in all sections of this application form (whether in my handwriting or not) are correct and complete.*
- *I am under 75.*
- *I confirm that I have received a Suffolk Life MasterSIPP key features document, schedule of fees, schedule of allowable investments, terms and conditions and a personal illustration.*
- *I accept that Suffolk Life will correspond with my adviser (detailed in section 2.1) unless I give written notice to the contrary.*
- *I accept that, unless I have provided specific written instructions to the contrary, Suffolk Life will hold all my non-protected rights and protected rights benefits in a single plan. Within this plan, and except where already crystallised arrangements are transferred to it, all funds will be held in a single arrangement.*
- *I authorise Suffolk Life to accept investment and all other instructions in relation to my SIPP from my adviser detailed in section 2.1 unless and until I inform Suffolk Life in writing to the contrary.*
- *Where I have requested Suffolk Life to appoint its preferred investment manager or other execution-only broker I understand and accept that:*
  - *Suffolk Life is not responsible for any decisions, other than those made by Suffolk Life without my consent in accordance with terms and conditions, relating to the purchase, holding or sale of the investments forming part of my SIPP;*
  - *I shall not hold Suffolk Life Pensions Limited or Suffolk Life Trustees Limited responsible for any claim in respect of such decisions;*
- *Suffolk Life has not and will not in future carry out any review of my nominated investment manager's or execution-only broker's financial status (other than in relation to its preferred execution only stockbroker) or their investment and/or risk strategies.*
- *I consent to information regarding my Suffolk Life MasterSIPP (including my personal data) being disclosed to my adviser orally, in writing (including by email) or via the Suffolk Life secure portal.*
- *I have read the data protection statement above.*

- I undertake to inform the scheme administrator in writing (within 30 days) if:
  - a I cease to be UK resident or change my country of residency;
  - b I contribute on aggregate more than 100% of my earnings to this and any other pension scheme in any tax year;
  - c I cease to have UK relevant earnings;
  - d I begin to have UK relevant earnings again;
  - e there is a change in my employment status;
  - f there is a change in my permanent residential address;
  - g I apply for an enhanced lifetime allowance in respect of a pension credit or overseas transfer;
  - h I lose or give up the right to enhanced protection.
  
- I confirm that my total gross contributions to all UK registered pension schemes in respect of which I am entitled to tax relief will not exceed the higher of £3,600 or 100% of my UK relevant earnings.
  
- I authorise Suffolk Life to pay my adviser (detailed in section 2.1) an initial fee / commission plus VAT, if applicable, of:
 

£	Excl. VAT	/	%	Excl. VAT
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 of the initial investment in addition to any initial fees payable to my adviser from the underlying SIPP investments  
 and, if applicable, on each plan anniversary please settle a renewal fee / commission plus VAT, if applicable, of:
 

£	Excl. VAT	/	%	Excl. VAT
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 of the fund value at that date in addition to any annual fees payable to my adviser from the underlying SIPP investments.
  
- If I am signing this application form and declaration on behalf of a person who is under age 18 and/or who is incapable by reason of mental disorder of managing and administering his/her affairs I:
  - confirm that to the best of my knowledge and belief all the information given and statements made in this application form are complete and accurate;
  - confirm that to the best of my knowledge and belief all of the declarations made in this application form are correct;
  - undertake the obligations falling on the applicant; and
  - understand that I may be required to provide further information relating to my status in completing this application form.

HM Revenue & Customs warning Since this application is also to be used as an application for tax relief at source, it is a serious offence to make false statements.  
 The penalties are severe. False statements could lead to prosecution.

Signature of investor

Date

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A specimen of the scheme rules is available from our website or on request.  
 A copy of this completed application form is available on request from Suffolk Life Pensions Limited.

# Certificate Verification Form<sup>1</sup>

Please complete a separate copy of this form for each certificate verified.

Registration district	<input type="text"/>		
Parish (if specified) & county	<input type="text"/>		
Entry number	<input type="text"/>		
Name of Registrar <sup>2</sup> /official witness <sup>2</sup>	<input type="text"/>		
<b>Marriage/registered civil partnership only</b>			
Date of ceremony	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of groom/registered civil partner	<input type="text"/>		
Date of birth or age of groom/registered civil partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of bride/registered civil partner	<input type="text"/>		
Date of birth or age of bride/registered civil partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Birth certificate only</b>			
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of birth	<input type="text"/>		
Registered name <sup>3</sup>	<input type="text"/>		
Sex	<input type="text"/>		
Date of registration	<input type="text"/>	<input type="text"/>	<input type="text"/>
<ol style="list-style-type: none"> <li>1. Only information contained in the certificate may be recorded on this form. Where information for a particular field is not recorded, please state 'not recorded on certificate'.</li> <li>2. In some cases the signature may be illegible (and the name is not printed). If this is the case, please state 'signature illegible'. This does, at least, confirm that the Registrar has signed the certificate.</li> <li>3. Where a newborn baby has not been given a first name, it will be acceptable to refer to the surname and gender.</li> </ol>			
I/we certify that I/we have examined the certificate(s) of			
Client's name	<input type="text"/>		
Client's address	<input type="text"/>		
	Postcode		
And that the said certificate contains the information as recorded above. A copy is kept on the client file for my/our information to which you may request access.			
Signed	<input type="text"/>	Date	<input type="text"/>
Full name	<input type="text"/>	Position	<input type="text"/>
Verified by (signature of compliance officer)	<input type="text"/>		
Full name	<input type="text"/>		
Company address	<input type="text"/>		
	Postcode		
Regulator's reference number of organisation	<input type="text"/>		



## Record of payments due

- For completion by the employer if making regular contributions to the Suffolk Life MasterSIPP.

Employers are obliged by the Pensions Regulator to provide a new record of payments due for any amendments to contributions (anti-money laundering documents must be provided where applicable for employer contributions).

### B.1 Scheme details

Name of scheme

Scheme address

### B.2 Employee details

Employee's name

Employee's NI number

### B.3 Employer details

Employer's name

Employer's address

Postcode

Name of contact

Telephone number

### B.4 Contribution details

The details entered below will apply until further notice.

Frequency

Due date for contribution\*

Contribution amount

To be split as follows

Personal (net)\*\*

Employer (gross)

\* Contributions are due by the 19th of the month following the pay date.

\*\* Personal (net) contributions are those deducted from net salary.

For office use:

Please note: The Pensions Regulator obliges us to report missing or late payments.

### B.5 Signature

Signature  
(for and on behalf of employer)

Date

For office use:

Plan number

[www.suffolklife.co.uk](http://www.suffolklife.co.uk)

Suffolk Life is the trading name of Suffolk Life Pensions Limited (registered in England and Wales number 1180742) and Suffolk Life Annuities Limited (registered in England and Wales number 1011674).

Both companies are authorised and regulated by the Financial Services Authority.

Suffolk Life Pensions Limited is the operator and scheme administrator of the Suffolk Life MasterSIPP.

Suffolk Life Trustees Limited (registered in England and Wales number 6341296) is the trustee.

Suffolk Life Annuities Limited is an insurance company that provides the trustee investment plans to the trustee to hold commercial property investments.

The registered address of all companies is 153 Princes Street, Ipswich, Suffolk, IP1 1QJ

Tel: 0870 414 7000 Fax: 0870 414 8000

Telephone calls to Suffolk Life are recorded for training, monitoring and fact verification purposes.

MS609 March 2010

**SUFFOLKLIFE**  
THE INTELLIGENT APPROACH

## Direct Debit Instruction

- For completion by the investor or the employer when making regular contributions to the Suffolk Life MasterSIPP.
- If both you and your employer intend to make regular contributions, please use a photocopy of this page for one of the mandates.

Type of contribution  Regular personal contribution  Regular employer contribution (anti-money laundering documents must be provided where applicable for employer contributions)

# SUFFOLKLIFE



## Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send to:  
Suffolk Life, 153 Princes Street, Ipswich, Suffolk IP1 1QJ

Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Service User Number

5	0	2	8	4	2
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Name(s) of Account Holder(s)


Bank/Building Society account number

--	--	--	--	--	--	--	--	--	--

Branch Sort Code

--	--	--	--	--	--

Reference

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### Instruction to your Bank or Building Society

Please pay Suffolk Life Pensions Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this instruction may remain with Suffolk Life Pensions Limited and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s):
Date

This Guarantee should be detached and retained by the Payer



## The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Suffolk Life Pensions Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Suffolk Life Pensions Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Suffolk Life Pensions Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
  - If you receive a refund you are not entitled to, you must pay it back when Suffolk Life Pensions Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your Bank or Building Society. Written confirmation may be required. Please also notify us.

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