

# Application form

## 1 Personal details

<b>Title:</b>	
<b>Surname:</b>	
<b>Forename/s (in full):</b>	
<b>Date of birth</b>	
<b>Country of birth</b>	
<b>Sex</b>	
<b>Marital status:</b>	
<b>Spouse's / partner's name:</b>	
<b>Spouse's / partner's date of birth</b>	
<b>Permanent residential address</b> including postcode:	
<b>Date moved to this address:</b>	
If you have lived there for less than three years, your previous permanent residential address	
<b>Contact numbers:</b>	Home: <input type="text"/>
	Office: <input type="text"/>
	Mobile: <input type="text"/>
<b>Email address:</b>	<input type="text"/>
<b>National Insurance Number:</b>	<input type="text"/>
<b>Intended retirement age</b>	<input type="text"/>

## 2 Status

In order to ascertain your clients membership status, please tick ONE of the following:

- 1. Employed persons.** A person chargeable to tax under Chapter 2 of Part 2 of the Income Tax (Earnings and Pensions) Act 2003 for the tax year concerned in respect of employment income as defined in the Act.
- 2. Pensioners.** A person chargeable to tax under Part 9 of The Income Tax (Earnings and Pensions) Act 2003 for the tax year concerned in respect of a pension.
- 3. Self employed persons.** A person chargeable to tax under Chapter 2 of Part 2 of the Income Tax (Trading and Other Income) Act 2005 for the tax year concerned in respect of annual profits or gains arising or accruing from any trade, profession or vocation carried on by an individual.
- 4. Children.** A child under 16.
- 5. Any others not falling in 1, 2, 3 or 4 above**
- |  |                          |                                      |                          |
|--|--------------------------|--------------------------------------|--------------------------|
| Caring for one or more children aged under 16. | <input type="checkbox"/> | Caring for a person aged 16 or over. | <input type="checkbox"/> |
| In full-time education.                        | <input type="checkbox"/> | Unemployed.                          | <input type="checkbox"/> |
| Other <input type="checkbox"/>                 | Full details             | <input type="text"/>                 |                          |

**Employment details** If you have ticked either Box 1 or Box 3 on the previous page, please give the full name and address of your client's employer if employed, or your trading details if they are self employed.

**Job title/occupation:**

**Earnings/profits in current tax year:**

**Date MPAA applicable**

### 3 Contributions (Please make any cheques payable to "Talbot and Muir SIPP re: Initial, Surname). Other payment methods include standing order, BACS or direct credit).

<b>Regular contributions</b>	£ <input type="text"/>	Member (net)	£ <input type="text"/>	Member (gross)
	£ <input type="text"/>	Employer (gross)		
<b>This will be paid (Frequency)</b>	<input type="text"/>			
<b>Single contributions</b>	£ <input type="text"/>	Member (net)	£ <input type="text"/>	Member (gross)
	£ <input type="text"/>	Employer (gross)		

### 4 Source of wealth and funds

	Member	Third party
Income from employment	<input type="checkbox"/>	<input type="checkbox"/>
Savings and/or investments	<input type="checkbox"/>	<input type="checkbox"/>
Inheritance	<input type="checkbox"/>	<input type="checkbox"/>
Divorce settlement	<input type="checkbox"/>	<input type="checkbox"/>
Transfer from another regulated scheme	<input type="checkbox"/>	

### 5 Details of transferring schemes

**Company/Scheme name:**

Policy number(s)/Scheme Reference:

Type of Scheme, tick one:

Personal pension

Defined contribution occupational

Defined benefit occupational

Section 32 buyout

Does this comprise of the full plan value?  Yes  No

Are the funds crystallised?  No  Partially  Fully

Transfer value (or estimate):

Transfer will be made: (tick one)

in cash

in specie

**Company/Scheme name:**

Policy number(s)/Scheme Reference:

Type of Scheme, tick one:

- Personal pension  
 Defined contribution occupational  
 Defined benefit occupational  
 Section 32 buyout

Does this comprise of the full plan value?

- Yes  No

Are the funds crystallised?

- No  Partially  Fully

Transfer value (or estimate):

Transfer will be made: (tick one)

- in cash  
 in specie

**Company/Scheme name:**

Policy number(s)/Scheme Reference:

Type of Scheme, tick one:

- Personal pension  
 Defined contribution occupational  
 Defined benefit occupational  
 Section 32 buyout

Does this comprise of the full plan value?

- Yes  No

Are the funds crystallised?

- No  Partially  Fully

Transfer value (or estimate):

Transfer will be made: (tick one)

- in cash  
 in specie

## 6 Investment Intentions

Please indicate your investment intentions for your client's fund. If this section is not completed then pending the receipt of investment instructions, and if necessary the appropriate application forms, any funds received will be held in the pension scheme's designated current account.

Investment Manager (if applicable):

Address:

## 7 Expression of wishes

Name and address	Relationship	% of Benefit
<b>Total</b>		<b>100%</b>

## 8 Financial adviser section

We will only open a SIPP for clients who have been advised to do so by an FCA regulated adviser.

Name of adviser:

Name of adviser firm:

Address:

Company FCA Reference Number:

E-mail:

Preferred contact number:

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