

Application Form

1 Personal Details

Title:	
Surname:	
Forename/s (in full):	
Date of birth:	
Place/Country of birth:	
Intended Retirement Age	
Nationality:	
Sex:	
Marital status:	
Spouse's/partner's name:	
Spouse's/partner's date of birth:	
Permanent residential address: (Please note: work or 'care of' addresses contravene HMRC requirements and cannot be accepted)	
Post code:	
*Date moved to this address:	
If you have lived there for less than three years, your previous permanent residential address:	
Contact numbers: Home:	
Office:	
Mobile:	
Email address:	
National Insurance number:	

* This information must be completed fully and will be used to perform an electronic identity check for anti-money laundering purposes.

2 Status

In order to ascertain your 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 out by an individual.
- 4. Children.** A child under 16
- 5. Any others** not falling **1, 2, 3 or 4** above, please select below

- | | | | |
|---|--------------------------|-------------------------------------|--------------------------|
| 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"/> |
| Retired | <input type="checkbox"/> | Other | <input type="checkbox"/> |

If other, please provide details

Employment details If you have ticked either Box 1 or Box 3, please give the full name and address of the employer if employed, or your trading details if self-employed.

Job title/occupation:

Earnings/profits in current tax year:

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.

Do you wish to make contributions? Yes No

Regular contributions	£ <input type="text"/>	Member (net)	£ <input type="text"/>	Member (gross)
	£ <input type="text"/>	Employer (gross)		

This will be paid (Frequency)

Single contributions	£ <input type="text"/>	Member (net)	£ <input type="text"/>	Member (gross)
	£ <input type="text"/>	Employer (gross)		

Date MPAA* applicable

*Money Purchase Annual Allowance (MPAA) is £10,000. It is applicable if you access any pension arrangement under Flexi-access Drawdown and take an income or you received an uncrystallised funds pension lump sum.

4 Source of Wealth and Funds

Please tick one or more boxes below to indicate the source of the funds for this application

	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"/>	<input type="checkbox"/>

5 Details of Transferring Schemes

Transfer One – Company/Scheme Name:

Policy number(s)/Scheme Reference:

Address:

Postcode:

Name of contact:

Telephone number:

Email address:

Type of Scheme, (tick one):

Personal Pension Defined contribution occupational

Defined benefit occupational Section 32 buyout

Other

If 'Other', please complete details:

Are there any Safeguarded Benefits? (Guarantees) Yes No

Are the funds crystallised?: (tick one) No Partially Fully

Transfer value (or estimate):

Does this comprise of the full plan value? Yes No Please note crystallised arrangements can only be transferred in full.

In-specie transfers are subject to pre-approval by Talbot and Muir and we will require a completed paper transfer forms for in-specie transfers. Please contact Advisor Support for details.

Do you intend to transfer this plan in-specie? Yes No

Does this transfer have a protected pension age? Please provide evidence of any protected benefits, if not already provided. Yes No If these boxes are left blank we will assume the answer is no.

Transfer Two – Company/Scheme name:

Policy number(s)/Scheme Reference:

Address:

Postcode:

Name of contact:

Telephone number:

Email address:

Type of Scheme, (tick one):

Personal Pension Defined contribution occupational

Defined benefit occupational Section 32 buyout

Other

If 'Other', please complete details:

Are there any Safeguarded Benefits? Yes No
(Guarantees)

Are the funds crystallised?: (tick one) No Partially Fully

Transfer value (or estimate):

Does this comprise of the full plan value? Yes No Please note crystallised arrangements can only be transferred in full.

In-specie transfers are subject to pre-approval by Talbot and Muir and we will require a completed paper transfer forms for in-specie transfers. Please contact Advisor Support for details.

Do you intend to transfer this plan in-specie? Yes No

Does this transfer have a protected pension age? Please provide evidence of any protected benefits, if not already provided. Yes No If these boxes are left blank we will assume the answer is no.

If you are making additional transfers in, please complete our SIPP Additional Transfer Form.

6 Investments 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:

Funds intention for investments:

7 Expression of Wishes

Whilst the Scheme Administrator may take into account this expression of wishes, this request is not binding upon them.

Although the form allows space for three nominations, there is no restriction on the number of people you can nominate. If there are more than three nominations, please provide details on a separate sheet. Please make sure the proportions add up to 100%.

If you wish to choose a person(s) whom you would like to benefit only if your other proposed recipients have died before you, please explain this. (For example: wife 100%, or if she dies before you, parents 50% each).

If you wish any payments to a proposed person(s) to be conditional on them surviving you by a relatively short period of time, for example for tax reasons, please explain this and give the name of the other recipients to take their place.

Name and address	Relationship	% of Benefit
		Total 100%

8 Financial Adviser Section

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

Name of adviser:	<input type="text"/>
Name of adviser firm:	<input type="text"/>
Address:	<input type="text"/>
Postcode:	<input type="text"/>
Company FCA Reference Number:	<input type="text"/>
Preferred contact number:	<input type="text"/>
Email address:	<input type="text"/>

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