



**IPS Family SIPP  
Member Application**

THE  
**IPS PARTNERSHIP**

Authorised and regulated by the Financial Services Authority (FSA)

This document, together with the Scheme Application, provides PAL Trustees Limited and The IPS Partnership Plc with the information required to establish you as an IPS Family SIPP member.

The information will be used to give essential information about your account to others, if necessary, to run your account and for regulatory purposes. Information about you will be kept after your scheme has been wound up. The information supplied will be held in the strictest confidence and is subject to the provisions of Data Protection legislation.

This document, together with the Terms and Conditions, the Scheme Application and the Fee Structure forms a legally binding agreement between you, PAL Trustees Limited and The IPS Partnership Plc. Please complete all relevant sections clearly in block capitals, sign where indicated and return to The IPS Partnership Plc, Queen Square House, 18/21 Queen Square, Bristol, BS1 4NH.

Admission to membership of the IPS Family SIPP is subject to satisfactory completion of the application process.

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## Scheme Name

Insert scheme name

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## Personal Details

Please note, if this application is for a minor, it should be completed by a person who has parental responsibility for them. We will need passport details, as requested below, for both individuals.

Title (Mr/Mrs/Miss/Ms/Dr)

Forename(s)

Surname

Permanent residential address

Postcode

Daytime telephone No.

Mobile telephone no.

Email address

Date of birth DD/MM/YY

National insurance no.

Sex

Male

Female

Marital status

Nationality

Occupation

Are retirement benefits to proceed immediately from your IPS Family SIPP?

Yes

No

Are you to act as a Trustee of your IPS Family SIPP?

Yes

No

If yes, please ensure you complete the Trust Deed and Scheme Application

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## Identity Verification

You **must** provide this information for IPS to verify your identity. IPS is unable to process your application without it. If you are resident abroad or have recently moved you may be asked for further items.

Passport number

This is the **full** number from the bottom line of your passport including the two digits at the end.

Passport expiry date DD/MM/YYYY

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## Status Declaration

Please indicate your current status and eligibility by ticking the relevant boxes below:

Status    Employed     Self employed     Retired     Not employed     Student     Other

If other (please specify)

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## Non Residents Declaration

I am not resident in the UK but I am establishing an IPS FAMILY SIPP purely for the purpose of transferring an alternative, existing UK pension arrangement.

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## Employer/Self Employment Information

Name of employer / trading name (if self employed)

Address

Postcode

Business telephone number

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## Source of funds for investment

Employment/Savings     Family/Inheritance     Sale of business     Investments     Pension transfer

Other  If other (please specify)

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## Cancellation Rights

I wish to waive my rights to my statutory 30 day cancellation period and in ticking YES,

I confirm that I fully understand that I will not be able to cancel my IPS Family SIPP during the remainder of the 30 day period.

Yes  No

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## Nominee Information

Please give details of the person(s) you would like to nominate to receive any cash sum or other benefits payable under the scheme upon your death. Please use additional sheets if there is insufficient space.

Name

Address

Postcode

Relationship

% of total SIPP fund

Name

Address

Postcode

Relationship

% of total SIPP fund

Name

Address

Postcode

Relationship

% of total SIPP fund

You can change your nomination at any time by completing a new Nomination of Beneficiary Form obtainable from The IPS Partnership Plc. This is an expression of wishes. Trustees should have regard to but shall not necessarily be bound by the wishes expressed in writing by the member. If you are aged over 75 at the time of this application, a separate instruction will need to be completed.

# Contributions and / or Pension Transfers

If you are making contributions to your IPS Family SIPP, please complete the section below with details of the payments to be made.

Contributions may be paid monthly, quarterly, half yearly or annually. One-off single contributions are also permitted. Please note that tax relief on pension contributions is restricted for "high earners". This could reduce the tax relief you can claim via your self assessment, or, if your employer is making your pension contributions, could result in a tax charge. Please see our Guideline on Pension Contributions for more detail.

## Personal Contributions

Please enter the **net** contributions you wish to pay (i.e. net of basic rate income tax) The gross amount must not exceed 100% of earnings, subject to the Annual Allowance.

Single £

Regular £

Frequency

Monthly

Quarterly

Half Yearly

Annual

Payment of contributions can be made by cheque payable to "IPS SIPP Designated Client Account", or by direct credit or standing order. Please contact IPS to obtain bank details or complete the standing order instruction at the end of this application.

## Eligibility

I am a relevant UK individual and qualify for tax relief on these contributions

Yes

No

Note: A relevant UK individual is one who:

- Has relevant UK earnings chargeable to income tax for that year; and
- Is resident in the UK at some time during that tax year; or
- Was resident in the UK at some time during the 5 tax years immediately before the tax year in question, and was resident in the UK when the individual joined the SIPP; or
- Has general earnings for that tax year from overseas crown employment subject to UK tax; or is the spouse of such an individual.

Where the application is **not** the result of financial advice provided by the adviser named above, IPS also requires evidence of source of wealth from which the personal contributions are being paid.

Please tick which of the following options apply, and provide the documents as mentioned:

- Earnings – a P60, payslip or tax return
- Sale of investment – copy cheque or sale document
- Gift or inheritance – copy documents giving relevant details
- Other – details and copy documents

## Employer Contributions

Please enter the **gross** contributions to be paid. These must not exceed the Annual Allowance.

Employer's name:

Company Registered Number:

Single £

Regular £

Frequency

Monthly

Quarterly

Half Yearly

Annual

Payment of contributions can be made by cheque payable to "IPS SIPP Designated Client Account", or by direct credit or standing order. Please contact IPS to obtain bank details or complete the standing order instruction at the end of this application.

# Pension Transfer(s)

Please complete this section with details of the pension arrangement(s) to be transferred to the IPS Family SIPP. If more than two arrangements are being transferred, please detail the other arrangements on a separate sheet. The IPS Partnership Plc does not give transfer advice and strongly suggests you seek independent financial advice in this regard.

Name of scheme / arrangement	<input type="text"/>	<input type="text"/>
Name of trustees / provider	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Telephone number	<input type="text"/>	<input type="text"/>
Policy / Membership number	<input type="text"/>	<input type="text"/>
HMRC reference number (if known)	<input type="text"/>	<input type="text"/>
Occupational or personal arrangement	<input type="text"/>	<input type="text"/>

Does the arrangement include Protected Rights / GMP in respect of contracting-out of the State Second Pension?      Yes       No       Yes       No

Are you currently contracting-out via this arrangement?      Yes       No       Yes       No

Note: you will not be able to contract-out via the IPS Family SIPP.

Expected transfer value

• Non Protected-Rights	<input type="text" value="£"/>	<input type="text" value="£"/>
• Protected rights in respect of employment before 6th April 1997	<input type="text" value="£"/>	<input type="text" value="£"/>
• Protected rights in respect of employment after 5th April 1997	<input type="text" value="£"/>	<input type="text" value="£"/>
• Guaranteed Minimum Pension*	<input type="text" value="£"/>	<input type="text" value="£"/>
• Section 9(2B) Rights**	<input type="text" value="£"/>	<input type="text" value="£"/>

Transfer in-specie (i.e. assets rather than cash). If yes, full details of the assets to be transferred must be provided.      Yes       No       Yes       No

In-specie asset details

Have retirement benefits already come into payment?      Yes       No       Yes       No

\*Your GMP will be converted into pre 6th April 1997 Protected Rights on transfer.  
\*\*Your Section 9(2B) Rights will be converted into post 5th April 1997 Protected Rights on transfer.

If so, please give the following details:

Date commenced

Fund crystallised (or percentage of Lifetime Allowance used)

Tax Free Cash received

£

£

Pension currently payable

£

£

Frequency of payment

Last pension review date

To arrange your transfer into the IPS Family SIPP, you will need to obtain the transfer discharge form(s) from your current provider(s), or use the transfer instruction at the end of this application.

If you are contracted-out of the State Second Pension (S2P) and are transferring these benefits to your IPS Family SIPP, please complete the appropriate National Insurance Contributions Office Forms which your transferring scheme will provide.

## A Day Transitional Protection

Are your retirement arrangements subject to Primary or Enhanced Protection?

Yes

No

If YES you must provide a copy of your HM Revenue & Customs certificate.

If Enhanced Protection applies, I confirm that there have been no contributions or benefit accrual to any pension arrangement of which I am a member (other than contracting out of the State Second Pension) since 5th April 2006.

Yes

N/A

Are your retirement arrangements subject to an Enhanced Lifetime Allowance?

Yes

No

If YES, you must provide a copy of your HM Revenue & Customs certificate.

Is the transferring plan subject to a protected tax free cash lump sum in excess of 25% of the transferring fund?

Yes

No

If yes, IPS will contact the transferring provider for details.

Please note that protected tax free cash will only be maintained if you are subject to Primary or Enhanced Protection or are transferring as part of a bulk transfer (two or more individuals transferring from the same scheme at the same time).

### DATA PROTECTION ACT

I understand and agree that:

- Information about my account will be held by PAL Trustees Limited and The IPS Partnership Plc for business analysis, fraud prevention and to keep accurate and up to date records.
- Under the Data Protection Act, I can ask to see a copy of the personal information held about me/us by writing to the IPS Partnership Plc, Queen Square House, 18/21 Queen Square, Bristol, BS1 4NH. I understand that this will involve the payment of a fee.
- Where I act as Data Controller, I will register under the terms of the Data Protection Act.

Please tick.

# Declarations

- I apply for membership of the IPS Family SIPP (“the Scheme”) and agree to be bound by the Trust Deed and Rules of the Scheme. I request the Scheme Administrator to issue such documents and provide appropriate benefits as may be required from time to time.
- I confirm that I have the necessary capacity and authority to enter into this agreement and where the agreement is being entered into on behalf of a minor, that I am the parent or legal guardian of the applicant.
- Where I am also acting as a Trustee, I agree to act as Trustee and accept the duties and responsibilities of Trustee as set out in the Trust Deed and Rules.
- I acknowledge that I am aware of the risk factors of entering into the IPS Family SIPP.
- When deciding to enter into this agreement, I have not relied on any information other than the documents mentioned below and my IPS Family SIPP illustration.
- I have read and understood the booklet, the IPS Family SIPP including the Terms and Conditions and the Key Features of the IPS Family SIPP and agree to the information and conditions set out in these documents.
- I agree to the fee structure as set out in the document, the IPS Family SIPP Fee Structure. I understand that the appropriate fees will be paid to The IPS Partnership Plc and these will be withdrawn from my IPS Family SIPP designated client account.
- I agree that where there are insufficient funds available in my IPS Family SIPP designated client account to cover IPS’ fees in full, these will be settled by encashment/surrender/sale of other investments held by my IPS Family SIPP and that payment will not be unreasonably withheld.
- I agree and consent to being jointly and personally liable for the fees payable by the full membership of my IPS Family SIPP at any time and understand that this may require me to pay fees on behalf of another member.
- I agree and consent to The IPS Partnership Plc using a designated client account with Barclays Bank Plc in the requested currency for the operation of my IPS Family SIPP as set out in the Terms and Conditions of the IPS Family SIPP. I understand the risks of using currencies other than sterling which occur as a result of fluctuations in currency rates.
- I agree and give my consent to The IPS Partnership Plc amending the IPS Family SIPP banking arrangements as set out in the Terms and Conditions of the IPS Family SIPP subject to giving me one month’s notice to my last address as notified by me.
- I agree and consent to The IPS Partnership Plc being paid interest by Barclays Bank Plc as set out the Terms and Conditions of the IPS Family SIPP.
- I agree to be bound by the declarations above regarding the Data Protection Act.
- I agree to the adviser’s remuneration set out in the IPS Family SIPP Scheme Application being paid from my IPS Family SIPP by The IPS Partnership Plc.
- I request PAL Trustees Ltd to appoint the investment manager named in my IPS Family SIPP Scheme Application.
- I agree to all investment decisions being made unanimously by all Trustees and that where I wish to make an investment with my fund, I will approach the Trustees in the first instance.
- I understand that, in the case of a transfer of a pension arrangement which is paying retirement benefits in the form of Unsecured Pension or Alternatively Secured Pension, The IPS Partnership Plc must continue to apply the same maximum income (and if I am aged 75 or older, the same minimum income), the same income year and same review dates that applied under the transferring scheme.
- I confirm the accuracy and completeness of the personal information given to you as the Scheme Administrator.
- I confirm that contributions made by me or on my behalf using the relief at source system will be within the total contribution limit of 100% of relevant UK earnings, or the basic amount of £3,600.
- I understand that tax relief on pension contributions is restricted for “high earners”. This could reduce the tax relief I can claim via self assessment, or if my employer is making pension contributions on my behalf, could result in a tax charge.
- I confirm that I will inform you if an event occurs such as I cease to have any relevant UK earnings, and as a result I am no longer entitled to tax relief for an earlier contribution. I will do this by the later of:
  1. 5th April in the year of assessment in which the event occurs; and
  2. 30 days after the event occurred.
- I declare that if gross pension contributions paid by me, or on my behalf, for any tax year, exceed the Annual Allowance, I must either draw retirement benefits in the same tax year or accept that I am liable for a 40% tax charge on the excess amount.
- I am aware that I will receive tax relief at the highest marginal rate on personal contributions up to the higher of £3,600 or 100% of my relevant UK earnings. If IPS is required to make a refund of excess tax reclaimed on contributions, IPS is entitled to instruct an encashment of investments under its authority only sufficient to cover the amount due and any fee payable. This is only to apply where insufficient funds are available in my IPS Family SIPP designated client account.
- I declare that contributions will cease prior to my 75th birthday.
- I declare and agree that should it be necessary to realise investments to pay retirement or death benefits or fees from the IPS Family SIPP in relation to any of its members, and agreement cannot be reached on which investments to sell, that this decision can be made by The IPS Partnership Plc and I agree to be bound by its decision.
- I confirm that I will only require my IPS Family SIPP to make payments authorised for the purposes of the Finance Act 2004 and which comply with the Protected Rights regulations. I will not carry out any action which could give rise to an Unauthorised Payment.
- I declare that if I am to draw retirement benefits from my IPS Family SIPP, I will not use any part of my tax free lump sum, either directly or indirectly to fund a pension contribution to a Registered Pension Scheme in a way that would exceed the maximum permitted under the recycling of lump sum regulations.
- Where I receive a Scheme Pension from my IPS Family SIPP, I agree to this being reviewed on a three yearly basis, or on my death, transferred to another provider or, in the event of a divorce, a pension split.
- Where I receive a Scheme Pension from my IPS Family SIPP, I agree to be bound by the advice given by the Actuary and the decisions made thereon by the Trustees.
- I will inform the Scheme Administrator when any of the following occur:
  1. There is a change in employer
  2. There is a change in employment status (e.g. I become employed, unemployed or self-employed)
  3. I am no longer resident in the UK
  4. I become resident in the UK again after living abroad
  5. I am no longer entitled to tax relief on any part of my contributions under Section 188 of the Finance Act 2004
- I hereby consent to The IPS Partnership Plc obtaining details from the Administrator/Trustee or insurance company or other pension provider of any scheme arrangement or contract of which I am or have been a member and authorise the giving of any such details to The IPS Partnership Plc.
- I understand and agree that the proposed benefit(s) will be included in an appropriate arrangement(s) in accordance with The IPS Partnership Plc’s practice at the date of acceptance, details of which are available on request.
- In the case of a transfer in, I hereby request and consent to the payment of the transfer value(s) from my previous scheme/arrangement(s) to the IPS Family SIPP. I understand that the transfer may only be applied to purchase benefits at the time I take my retirement or on my death.
- I accept and agree to the liability and indemnity clause in the Terms and Conditions of the IPS Family SIPP.
- I agree to The IPS Partnership Plc carrying out checks to establish proof of my identity and residence, and those of my employer where employer contributions are to be paid. Should these checks prove unsatisfactory, I will be required to provide proof of identity to the satisfaction of The IPS Partnership Plc, who may at its sole discretion determine whether to accept my application.
- I wish benefits on my death to be distributed as set out above. I understand that the Trustees of my IPS Family SIPP are not bound by my instructions which are purely for guidance regarding my wishes on death.
- If I die before taking my Protected Rights pension and I have no surviving spouse or civil partner, I direct that any Protected Rights lump sum death benefits be paid to or for the benefit of the person(s) I have identified in the Nominee Information section above. If any of those named dies before payment of their benefits, these will be divided among the others in proportion to their shares. If all those named die before payment of their benefits, the Protected Rights lump sum death benefits should be paid to my legal personal representatives.
- I agree to the anniversary of the Pension Input Period of my IPS Family SIPP being set at 5th April unless I instruct you otherwise in writing.
- Every statement made in this application is to the best of my knowledge and belief, true and complete.

**Your attention is drawn to the booklet, Terms and Conditions and Key Features Document upon which IPS intends to rely. For your own benefit and protection you should read these documents carefully before signing the declaration below. If you do not understand any point please ask for further information.**

**It is a serious offence to make false statements.**

## YOUR SIGNATURE

Signature

Date

day of

20

Please return your completed IPS Family SIPP Application Form to:

**The IPS Partnership Plc, Queen Square House, 18/21 Queen Square, Bristol, BS1 4NH**

# Transfer Discharge Instruction

Member's full name

Home address

Insurance company / provider's name

Address

Policy / membership number

- This letter hereby authorises The IPS Partnership Plc to act on my behalf in applying for the transfer of the Pension Policy above into their Self Invested Pension Plan (The IPS Family SIPP) and to take whatever steps may be necessary to effect such a transfer.
- The IPS SIPP is a Registered Pension Scheme under the Finance Act 2004.
- The IPS SIPP is a personal pension scheme.
- Accordingly, I formally authorise and request that you transfer the amount payable relevant to an open market transfer value in favour of the IPS SIPP for the above individual, from both Protected and Non Protected Rights as applicable.
- The receiving bank account details are:

Bank: Barclays  
Address: 15 Bene't Street, Cambridge, CB2 3PZ  
Account number: 63109348  
Sort code: 20-17-19  
Account name: IPS Partnership Plc designated client account  
Reference (please quote):

- In return for paying the proceeds from the above plan to The IPS Partnership Plc and subject to all requirements being satisfied I hereby indemnify you against any relevant claim costs, damages and other losses incurred resulting from this payment. I agree also that payment of the transfer value will be a full discharge of your liability under all policies shown above.
- The transfer value will be used to provide benefits under the IPS Family SIPP, including where applicable, Protected Rights.
- The IPS Family SIPP will comply with all legislation governing receipt and application of the transfer payment.
- Only if and where appropriate, I formally authorise that the plan be endorsed in order for a transfer to proceed.
- The transfer value should include all increments to the relevant policies, regardless of whether such increments are noted under separate incremental numbers.
- Unless the original policy document(s) is included, this letter is to serve also as formal notice that I am unable to locate the original document. In the circumstances, please refer to the above notice of discharge.
- I confirm I am the legal owner of the policy(ies). I am legally entitled to give instructions to yourselves to transfer the benefits of the policy(ies). I am not bankrupt and there are no court orders affecting my policy(ies).
- Lest there be any doubt, I formally confirm I do wish for the transfer to proceed.
- **Please take special note I do not wish to sign any additional forms unless this is a legal necessity.**

Yours faithfully,

Member's signature

Member's name

Date

# THE IPS Family SIPP Standing Order Mandate

To		Bank
<b>ACCOUNT TO BE DEBITED</b>		<b>BENEFICIARY DETAILS (office use only)</b>
Bank		Bank
Bank address		Bank address
Postcode		Postcode
Sort code		Sort code
Account no.		Account no.
Account name		Beneficiary name
		Reference
<b>PAYMENT DETAILS</b>		
Amount of first payment	£	Date of first payment
Amount of usual payment	£	
Amount of usual payment in words		
Frequency (monthly, annually, etc)		Date of usual payment
Complete either amount of last payment		and date of last payment
or please continue payments until further notice	Yes <input type="radio"/>	
Customer signature(s)		Date
		Customer contact tel no.
<b>ALL BOXES MUST BE COMPLETED IN ORDER FOR THE STANDING ORDER TO BE PROCESSED</b>		

The IPS Partnership is the trading name of IPS Partnership Plc (company number 1458445) and IPS Pensions Ltd (company number 2601833).

The IPS Partnership Plc is authorised and regulated by the Financial Services Authority.

The IPS Family SIPP is offered without pensions advice. A SIPP may not be suitable for all investors.  
If in doubt you should consult an independent financial adviser.

The IPS Partnership Plc, trading as The IPS Partnership is a Scheme Administrator and is responsible for the maintenance and running of the scheme.

The levels of and bases of taxation can change. The value to an investor of any tax benefits will depend on that investor's tax position.

Investors should consult their own tax advisers in order to understand any applicable tax consequence.



The IPS Partnership Plc, Queen Square House, 18/21 Queen Square, Bristol, BS1 4NH, and 1 Long Lane, London EC1A 9HF  
Tel: 08455 212 414

*May 2010*