

## THE PREMIER TRUST SINGLE INVESTMENT



## APPLICATION FORM for the Premier Trust Single Investment SIPP (The Premier Trust SI SIPP)

# Important Information

**Please ensure that you have read, agree to and understand the information in our Key Features Document, Fee Schedule, Terms & Conditions and Investment List before completing this application form.** These documents can be found on our website at <https://www.dapco.co.uk/literature/>. Please confirm that you have read and understood these documents by completing the boxes below, do not tick these boxes if you do not understand anything and speak to your financial adviser (if you have one) to obtain further information:

I have read the Key Features, Terms & Conditions and Investment List and understand the information that they contain

I have read and accept the current schedule of fees and understand that these will be reviewed from time to time

I understand the total charges that will be incurred by my SIPP, this includes fund manager charges, investment charges and financial adviser charges if applicable

DP Pensions Ltd, is the administrator of the Scheme (The Premier Trust), D A Phillips & Co Ltd is the Trustee of the scheme and acts as a bare trustee. D A Phillips & Co Ltd only holds scheme assets for the benefit of the scheme member.

We do not offer any financial or investment advice, you are responsible for your investment decisions (with the help of your financial adviser if you have one).

If you are a parent or legal guardian applying on behalf of an applicant under the age of 18 please also complete our legal guardian form.

If you are a direct client filling in the application form (a client that is not using a financial adviser) please ensure that you send us certified identity verification documents with your completed application form.

**Please contact us if you would like this document in an alternative format.**

# SECTION A | Personal Details

This section must be completed by all applicants

## BASIC INFORMATION

Title (circle or insert as appropriate)	Mr	Mrs	Ms	Miss	Other:
Forename					
Middle Names(s)					
Surname					
Permanent Residential Address					
		Postcode			
Daytime Phone Number		Mobile Phone No.			
Email Address					
Date of Birth				Gender	
National Insurance Number				Nationality	
Gender Pronoun to be used (optional)	He/Him <input type="checkbox"/>		She/Her <input type="checkbox"/>		They/Them <input type="checkbox"/>
Marital Status	SINGLE MARRIED REGISTERED CIVIL PARTNERSHIP SEPARATED DIVORCED WIDOWED				
Occupation					
Age you plan to take benefits	<input type="text"/>	NB: If you leave this blank we will assume state pension age			
Or immediately	<input type="text"/>	(please complete a Member Benefits form)			

## YOUR STATUS (please tick the most applicable option)

I am:

- 1  Employed
 

Employer's Name					
Address					
		Postcode			
- 2  Self-employed
- 3  Pensioner, ie receiving a pension subject to UK income tax
- 4  Under the age of 18 (please complete the Legal Guardian form)
- 5  Caring for one or more children under the age of 16
- 6  Caring for a person aged 16 or over
- 7  In full time education
- 8  Unemployed
- 9  Other (please describe) 

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## Protection

Please complete this section if you have registered for protection with HM Revenue & Customs. Please also provide us with a copy of the protection certificate

<input type="checkbox"/>	Enhanced Protection	Certificate reference number	<input type="text"/>
<input type="checkbox"/>	Primary Protection	Certificate reference number	<input type="text"/>
<input type="checkbox"/>	Fixed Protection (2012,14 or 16)	Certificate reference number	<input type="text"/>
<input type="checkbox"/>	Individual Protection (2014 or 16)	Certificate reference number	<input type="text"/>
<input type="checkbox"/>	Scheme Specific tax free cash protection		<input type="text"/>
<input type="checkbox"/>	Do you have a protected pension age?	If so what is the age?	<input type="text"/>

If you were not issued with a certificate please confirm the following

Protection notification number	<input type="text"/>
Scheme administrator reference number	<input type="text"/>

## SECTION B | Transfers

Please complete this section if you want to transfer funds from other pension schemes into your Plan.

If you have more than three transfers in then please photocopy this page.

**Please note that we do not accept transfers from Defined Benefit Schemes or schemes that contain Guaranteed Minimum Pensions (GMPs). We will only accept transfers from schemes with Guaranteed Annuity Rates (GAR's) if a positive recommendation to transfer has been provided by an FCA regulated financial adviser.**

If an adviser charge is to be paid in relation to the transfer(s) please confirm the adviser charge to be paid in Section D.

### TRANSFER 1

Transferring scheme/Provider	<input type="text"/>		
Policy Number	<input type="text"/>		
HMRC Reference Number	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Estimated Transfer Value	£ <input type="text"/>		
Is this a full or partial transfer?	Full Transfer <input type="checkbox"/>	Partial transfer	<input type="checkbox"/>
Type of scheme being transferred	Personal pension <input type="checkbox"/>	Occupational <input type="checkbox"/>	Other <input type="checkbox"/>
If Occupational or Other please confirm the type of scheme being transferred	<input type="text"/>		
Does the transferring scheme contain any Safeguarded Benefits?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
If Yes please confirm the type of safeguarded benefit and ensure that the financial adviser section has been completed	GAR <input type="checkbox"/>	GMP	<input type="checkbox"/>
Is the transferring Plan subject to any existing or proposed trustee in bankruptcy orders, earmarking or pension sharing orders, or other receiving orders?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>

Is the transferring Plan a dependants or beneficiaries Plan? Yes  No

If Yes a separate beneficiaries SIPP will need to be set up

Please confirm if you received advice from an FCA regulated Financial Adviser in respect of the transfer. If Yes your adviser will need to complete the Adviser Declaration Yes  No

Are you transferring in this Plan in order to take benefits from it? Yes  No

If Yes please complete our Member Benefits form and send this in with your application form.

If Yes and you have not received advice from an FCA regulated Financial Adviser in respect of the transfer or you have taken advice from an FCA regulated Financial Adviser but are dealing with DP Pensions Ltd directly with regards to the transfer then please complete the questionnaire at <https://www.dapco.co.uk/accessing-your-pension-sipp/> We will be unable to request the transfer from the transferring scheme until this questionnaire has been completed.

Have you taken any benefits from the scheme? Yes  No

If you have taken benefits from the transferring scheme and have not received advice from an FCA regulated Financial Adviser in respect of the transfer please complete the questionnaire found at <https://www.dapco.co.uk/investment-pathways/>

If Yes please confirm by what method you have taken the benefits FAD  UFPLS  Capped

FAD – Flexi Access Drawdown, UFPLS – Uncrystallised Fund Pension Lump Sum, Capped – Capped Drawdown

If via Capped Drawdown please confirm current maximum pension and review date. If there are multiple pots please list the individual maximum pensions and review dates

If benefits have been taken from the scheme and the scheme is not 100% in drawdown please confirm the approximate split of the funds

Funds in Drawdown %

Funds not in Drawdown %

Is the transfer a cash only transfer? Yes  No

If No and assets are to be transferred in specie please refer to the permitted investment section of our Investment List to make sure that each asset can be transferred to your SIPP. Please also provide us with a list of these assets for us to review. We may ask for additional information from you, your adviser, or the transferring scheme to be provided before we are able to confirm whether these can be accepted. This could result in a delay in the transfer process.

All in specie transfers will be paperbased transfers and we will require the transferring schemes Discharge Form to be sent to us before we are able to proceed with requesting the transfer. We are unable to obtain this form from the transferring scheme.

## ADVISER SECTION

I confirm that I have given advice to transfer the above plan and have the appropriate permissions as per Part 4A of the Financial Services and Markets Act (FSMA). The transfer is not being undertaken on an insistent client basis and I have provided a positive recommendation to the transfer.

Signature

Name

FCA No.

Date

## TRANSFER 2

Transferring scheme/Provider

Policy Number

HMRC Reference Number

Address

Postcode

Estimated Transfer Value £

Is this a full or partial transfer? Full Transfer  Partial transfer

Type of scheme being transferred Personal pension  Occupational  Other

If Occupational or Other please confirm the type of scheme being transferred

Does the transferring scheme contain any Safeguarded Benefits? Yes  No

If Yes please confirm the type of safeguarded benefit and ensure that the financial adviser section has been completed GAR  GMP

Is the transferring Plan subject to any existing or proposed trustee in bankruptcy orders, earmarking or pension sharing orders, or other receiving orders? Yes  No

Is the transferring Plan a dependants or beneficiaries Plan? Yes  No

If Yes a separate beneficiaries SIPP will need to be set up

Please confirm if you received advice from an FCA regulated Financial Adviser in respect of the transfer. If Yes your adviser will need to complete the Adviser Declaration Yes  No

Are you transferring in this Plan in order to take benefits from it? Yes  No

If Yes please complete our Member Benefits form and send this in with your application form.

If Yes and you have not received advice from an FCA regulated Financial Adviser in respect of the transfer or you have taken advice from an FCA regulated Financial Adviser but are dealing with DP Pensions Ltd directly with regards to the transfer then please complete the questionnaire at <https://www.dapco.co.uk/accessing-your-pension-sipp/>

We will be unable to request the transfer from the transferring scheme until this questionnaire has been completed.

Have you taken any benefits from the scheme? Yes  No

If you have taken benefits from the transferring scheme and have not received advice from an FCA regulated Financial Adviser in respect of the transfer please complete the questionnaire found at <https://www.dapco.co.uk/investment-pathways/>

If Yes please confirm by what method you have taken the benefits FAD  UFPLS  Capped

FAD – Flexi Access Drawdown, UFPLS – Uncrystallised Fund Pension Lump Sum, Capped – Capped Drawdown

If via Capped Drawdown please confirm current maximum pension and review date. If there are multiple pots please list the individual maximum pensions and review dates

If benefits have been taken from the scheme and the scheme is not 100% in drawdown please confirm the approximate split of the funds Funds in Drawdown %

Funds not in Drawdown %

Is the transfer a cash only transfer? Yes  No

If No and assets are to be transferred in specie please refer to the permitted investment section of our Investment List to make sure that each asset can be transferred to your SIPP. Please also provide us with a list of these assets for us to review. We may ask for additional information from you, your adviser, or the transferring scheme to be provided before we are able to confirm whether these can be accepted. This could result in a delay in the transfer process.

All in specie transfers will be paperbased transfers and we will require the transferring schemes Discharge Form to be sent to us before we are able to proceed with requesting the transfer. We are unable to obtain this form from the transferring scheme.

## ADVISER SECTION

I confirm that I have given advice to transfer the above plan and have the appropriate permissions as per Part 4A of the Financial Services and Markets Act (FSMA). The transfer is not being undertaken on an insistent client basis and I have provided a positive recommendation to the transfer.

Signature	<input type="text"/>	Name	<input type="text"/>
FCA No.	<input type="text"/>	Date	<input type="text"/>

## TRANSFER 3

Transferring scheme/Provider	<input type="text"/>		
Policy Number	<input type="text"/>		
HMRC Reference Number	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Estimated Transfer Value	£	<input type="text"/>	
Is this a full or partial transfer?	Full Transfer <input type="checkbox"/>	Partial transfer	<input type="checkbox"/>
Type of scheme being transferred	Personal pension <input type="checkbox"/>	Occupational <input type="checkbox"/>	Other <input type="checkbox"/>
If Occupational or Other please confirm the type of scheme being transferred	<input type="text"/>		
Does the transferring scheme contain any Safeguarded Benefits?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
If Yes please confirm the type of safeguarded benefit and ensure that the financial adviser section has been completed	GAR <input type="checkbox"/>	GMP	<input type="checkbox"/>
Is the transferring Plan subject to any existing or proposed trustee in bankruptcy orders, earmarking or pension sharing orders, or other receiving orders?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Is the transferring Plan a dependants or beneficiaries Plan?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
If Yes a separate beneficiaries SIPP will need to be set up	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Please confirm if you received advice from an FCA regulated Financial Adviser in respect of the transfer. If Yes your adviser will need to complete the Adviser Declaration	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Are you transferring in this Plan in order to take benefits from it?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
If Yes please complete our Member Benefits form and send this in with your application form.			
If Yes and you have not received advice from an FCA regulated Financial Adviser in respect of the transfer or you have taken advice from an FCA regulated Financial Adviser but are dealing with DP Pensions Ltd directly with regards to the transfer then please complete the questionnaire at <a href="https://www.dapco.co.uk/accessing-your-pension-sipp/">https://www.dapco.co.uk/accessing-your-pension-sipp/</a> We will be unable to request the transfer from the transferring scheme until this questionnaire has been completed.			
Have you taken any benefits from the scheme?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>

If you have taken benefits from the transferring scheme and have not received advice from an FCA regulated Financial Adviser in respect of the transfer please complete the questionnaire found at <https://www.dapco.co.uk/investment-pathways/>

If Yes please confirm by what method you have taken the benefits

FAD  UFPLS  Capped

FAD – Flexi Access Drawdown, UFPLS – Uncrystallised Fund Pension Lump Sum, Capped – Capped Drawdown

If via Capped Drawdown please confirm current maximum pension and review date. If there are multiple pots please list the individual maximum pensions and review dates

If benefits have been taken from the scheme and the scheme is not 100% in drawdown please confirm the approximate split of the funds

Funds in Drawdown %

Funds not in Drawdown %

Is the transfer a cash only transfer?

Yes  No

If No and assets are to be transferred in specie please refer to the permitted investment section of our Investment List to make sure that each asset can be transferred to your SIPP. Please also provide us with a list of these assets for us to review. We may ask for additional information from you, your adviser, or the transferring scheme to be provided before we are able to confirm whether these can be accepted. This could result in a delay in the transfer process.

All in specie transfers will be paperbased transfers and we will require the transferring schemes Discharge Form to be sent to us before we are able to proceed with requesting the transfer. We are unable to obtain this form from the transferring scheme.

## ADVISER SECTION

**I confirm that I have given advice to transfer the above plan and have the appropriate permissions as per Part 4A of the Financial Services and Markets Act (FSMA). The transfer is not being undertaken on an insistent client basis and I have provided a positive recommendation to the transfer.**

Signature

Name

FCA No.

Date



## SECTION C | Contributions

Please complete this section if contributions will be paid to your Plan.

There are penalties if you, your employer or a third party together contribute more than the Annual Allowance to all your pensions unless you have the carry forward allowance (unused annual allowance from the previous three tax years). You must have been a member of a registered pension scheme in the tax year(s) that you are using carry forward for. We will process your contribution and apply for any tax relief based on the information that you provide in this form. It is your responsibility to ensure that the amount you contribute does not exceed the annual allowance or any available carry forward annual allowance taking into account any adjustments that you need to make if you are subject to the money purchase annual allowance or tapered annual allowance.

### YOUR ENTITLEMENT TO TAX RELIEF (please tick one option)

I am:

1  **A UK relevant individual**

You will receive tax relief on contributions up to the higher of £3,600 gross (£2,880 net) and 100% of your UK taxable earnings. If your total contributions exceed the annual allowance or tapered annual allowance there will be a tax charge to you at your marginal rate on the excess. You are a UK relevant individual if:

- a) You have relevant UK earnings chargeable to income tax for this tax year,
- b) You are resident in the UK at some time during this tax year, or
- c) You were resident in the UK at some time during the five tax years leading up to this tax year and were also resident in the UK when you joined the pension scheme, or
- d) You have general earnings from overseas Crown employment subject to UK tax in this tax year,
- e) You are the spouse or civil partner of an individual who has for this tax year general earnings from overseas Crown employment subject to UK tax.

2  **A UK relevant individual but now reside outside of the UK**

You will receive tax relief on contributions up to £3,600 gross (£2,880 net) provided you satisfy condition a) or c) above.

3  **A non UK relevant individual**

You will not receive tax relief on contributions.

### ANNUAL ALLOWANCE

Are you subject to the Money Purchase Annual Allowance (MPAA) rules as you have flexibly accessed your pension savings?

Yes  No

### OPTING OUT

Have you opted out or declined to join an occupational pension, group personal/stakeholder pension scheme or employer sponsored auto-enrolment pension arrangement in favour of making payments to this Plan?

Yes  No

### CONTRIBUTION DETAILS

Please confirm the type and amount of contribution that you wish to make:

Personal (net)  Employer (gross)  Third Party (net)

Amount £

Please confirm how often the contributions are to be made:

Single  Monthly  Quarterly  Annually

Start date for regular contribution  (please set up a standing order online)

If you wish to change the level or type of contribution that is paid to your SIPP at any time please let us know.

## SOURCE OF FUNDS

Please tick one or more to indicate how the contributions are being funded

Employment Income	<input type="checkbox"/>	Divorce Settlement	<input type="checkbox"/>
Savings/Investment	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>
Property Sales	<input type="checkbox"/>	Gift	<input type="checkbox"/>
Other	<input type="checkbox"/>	Please specify	<input type="text"/>

If applicable we will reclaim basic rate tax on personal contributions which will take between 7 - 11 weeks. The value of the reclaim can only be invested once it has been paid into your designated SIPP bank account and it has cleared and upon written instructions from yourself or your financial adviser.

## EMPLOYER CONTRIBUTIONS – only complete for Employer Contributions

Please confirm the type of legal entity that will be making the payment

Public Company (quoted)	<input type="checkbox"/>	Public company (unquoted)	<input type="checkbox"/>	Private Limited Company	<input type="checkbox"/>
Limited Liability Partnership	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Other	<input type="checkbox"/>

If Other, please provide further details

Company Name	<input type="text"/>		
Registered Number	<input type="text"/>	Contact Name	<input type="text"/>
Registered Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>

It is presumed that the entity making the contribution(s) is subject to the laws of England and Wales. If this is not the case, please indicate below the legal jurisdiction to which the entity is subject to:

If contributions are being paid by the deduction from pay these must be paid to the pension scheme by the 22<sup>nd</sup> (19<sup>th</sup> if you pay by cheque) day of the next month. You may be fined by The Pensions Regulator if you don't pay by the time you've agreed. For further information please refer to the 'Contribution Notes for Employers' which can be found on our website.

Any personal contributions received through the deduction of employees pay will be net contributions and we will reclaim basic rate tax as detailed above. All employer contributions received are gross contributions.

### Declaration by your Employer

1. We declare that to the best of our knowledge and belief, the particulars given in this Section and any other supporting documents are complete and correct.
2. We undertake to advise DP Pensions Ltd within 30 days of the Member ceasing to be employed by us or where contributions are reduced, increased or terminated.
3. We agree to DP Pensions Ltd carrying out checks to establish proof of our identity. Should these checks prove unsatisfactory, we may be required to provide proof of identity to the satisfaction of DP Pensions Ltd, who may at its sole discretion determine whether to accept our contribution(s).
4. We confirm that we have read and understood the 'Contribution Notes for Employers' Booklet.
5. Where we are paying regular contributions, we understand that if any payment due is not received within 90 days of the due date or where DP Pensions Ltd feel that non-payment is of material significance, then DP Pensions Ltd may be required to advise The Pensions Regulator and the SIPP member. We understand that it is our responsibility to ensure DP Pensions Ltd is provided with relevant information to monitor payments and that should we fail to provide it we may also be reported to the Pensions Regulator.

Signed for and on behalf of employer

Name

Capacity

Date

### THIRD PARTY CONTRIBUTIONS

Please complete this section if your personal contributions will be paid to your SIPP by a third party other than your employer.

Title

Forenames

Surname

Date of Birth

Address

Postcode

#### Declaration by third party:

I agree to DP Pensions Ltd carrying out checks to establish proof of my identity and residence. Should these checks prove unsatisfactory, I will be required to provide proof of identity to the satisfaction of DP Pensions Ltd, who may at its sole discretion determine whether to accept the contribution.

Signature of third party

Name

Date

Please note cheques are banked on the day of receipt.

If applicable we will reclaim basic rate tax from HMRC on third party contributions which will be treated as personal contributions from you. This will take between 7 – 11 weeks. The value of the reclaim can only be invested once it has been paid into your designated SIPP bank account and it has cleared and upon written instructions from yourself or your financial adviser.

## SECTION D | Financial Adviser

Please complete this section if you wish to appoint a Financial Adviser.

### FINANCIAL ADVISER DETAILS

Company/Firm Name

FCA No

Network Name (if appropriate)

FCA No

Individual adviser name

Address

Postcode

Email Address

Phone

We will require a completed Terms of Business which can be found at <https://www.dapco.co.uk/literature/financial-adviser-downloads/> if we do not already have one on record.

## INITIAL ADVISER CHARGES

Please complete this section if you have agreed to pay your Financial Adviser from your SIPP for the initial advice and services that they have provided to you. We will pay the Initial Adviser Charges from your SIPP bank account once the relevant contributions and/or transfers have been paid into your Plan. If an adviser charges payment is to be made solely from an investment or from the SIPP Bank Account and an investment please ensure that the Adviser Charges to be paid from investments section is also completed. Please select from one of the following options:

<input type="checkbox"/>	<b>A percentage</b> of each new pension contribution and each new transfer payment received as part of the SIPP set up	<input type="text"/>	%
<input type="checkbox"/>	<b>A percentage</b> of future contributions, please select	<input type="text"/>	%
	<input type="checkbox"/> Regular contributions <input type="checkbox"/> Ad hoc contributions		
<input type="checkbox"/>	<b>A fixed amount</b> of each pension contribution and each transfer payment received as part of the SIPP set up	<input type="text"/>	£
<input type="checkbox"/>	<b>A fixed amount</b> of future contributions, please select	<input type="text"/>	£
	<input type="checkbox"/> Regular contributions <input type="checkbox"/> Ad hoc contributions		
<input type="checkbox"/>	<b>Another basis</b> agreed with your Financial Adviser (give details below)	<input type="text"/>	

## ONGOING ADVISER CHARGES

Please complete this section if you have agreed to pay Ongoing Adviser Charges to your Financial Adviser. Payment of Ongoing Adviser Charges can only be paid to your Financial Adviser if your adviser is going to provide you with ongoing advice and services. Please select one of the following options:

<input type="checkbox"/>	<b>A percentage</b> of the value of your SIPP per annum, paid on the anniversary of the date your SIPP first received funds	<input type="text"/>	%
<input type="checkbox"/>	<b>A fixed amount</b> per annum, paid on the anniversary of the date your SIPP first received funds	<input type="text"/>	£
<input type="checkbox"/>	<b>Another basis</b> agreed with your Financial Adviser (give details below)	<input type="text"/>	

## ADVISER CHARGES TO BE PAID FROM INVESTMENT

Please confirm below details of any adviser charges that will be paid directly from the investment held in the SIPP by the investment managers / administrators. If this option is selected unless the initial or ongoing adviser charges section has been completed payment will not be made from the SIPP Bank Account.

Name of investment	<input type="text"/>
Initial Adviser Charge	<input type="text"/>
Annual Adviser Charge	<input type="text"/>

## SECTION E | Authority on Account

### AUTHORITY ON THE ACCOUNT

If you wish to permit another person for example your accountant or family member to discuss your account with us please complete the following information

Name	<input type="text"/>		
Relationship	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
E-mail Address	<input type="text"/>	Phone	<input type="text"/>
Special Instructions	<input type="text"/>		

## SECTION F | Security

We will need to ask you security questions to identify you if you ring to speak to us. Please answer one of the following questions which we may use, the answer should only be known to you.

Name of first school	<input type="text"/>
Name of first pet	<input type="text"/>

## SECTION G | Investments

Please indicate which of our investment managers you wish to use:

In paragraph 12 of the Agreement and Declaration you authorise us to transfer funds that we receive into your SIPP to the investment account that you select below or to an account that you select subsequently.

Investment Manager Firm	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Contact Name	<input type="text"/>		
Email	<input type="text"/>		
Phone Number	<input type="text"/>	Fax	<input type="text"/>



## SECTION H | Expression of Wish

On your death, your remaining Individual Funds ("your funds") in your SIPP will be applied in accordance with the trust deed and rules of the Scheme to provide lump sum and / or pension death benefits. Any nomination you make is not binding on the Scheme, but will be considered carefully.

Your Expression of Wish can be changed in writing at any time by completing a new form.

Please refer to our SIPP Information Booklet Death Benefits for further information on the payment of death benefits which can be found on our website <https://www.dapco.co.uk>

### Nomination(s)

On my death I would like to nominate the following person(s) below to receive any lump sum / and or pension death benefits available.

If you wish to name more beneficiaries than the form allows for please continue on a separate sheet.

Please ensure that the percentages in the section add up to 100%.

#### Individuals

Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Date of Birth	Relationship	Percentage	<input type="text"/>
Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Date of Birth	Relationship	Percentage	<input type="text"/>
Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Date of Birth	Relationship	Percentage	<input type="text"/>
Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Date of Birth	Relationship	Percentage	<input type="text"/>

#### Charities

If you wish to nominate a registered charity to receive a lump sum if there are no surviving dependants at the time of your death please complete the details below. Any chosen charity must be a UK registered charity.

Charity name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Registered Charity number	<input type="text"/>	Percentage	<input type="text"/>

## Trust Details

If you wish for the death benefits to be paid to a Trust please confirm the Trust's details below. We are not trust experts and cannot comment on whether the Trust will fulfil its purpose, you should take appropriate legal advice.

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

## Additional Information

Please add any additional information below that you wish us to take into account or isn't covered by the above sections including if vulnerable circumstances could be affecting your decision making. Please see our Duty of Care information sheet.

Additional Information	<input type="text"/>
	<input type="text"/>

## Declaration

1. On my death I would like the Trustees to consider paying any benefits from my plan to the beneficiaries in the proportion(s) set out in this nomination.
2. I understand that if the Trustees choose a beneficiary who has not been named above, drawdown income would normally only be available in limited circumstances. In order to allow the Trustees to pay drawdown income to as wide a range of beneficiaries as possible, and for the purposes of the relevant tax legislation, I nominate any individual who is eligible to receive a lump sum on my death under the rules of the scheme. This nomination is in addition to those beneficiaries named above.
3. I understand that this Nomination and Expression of Wish does not bind the Trustee or Scheme Administrator of the Plan and that they have discretion to decide who should receive funds on my death but they will take the information in this form into consideration.
4. If I have disclosed information about another person I can confirm that I have obtained their consent to and informed them of the purposes for which their information will be processed

# SECTION I | Agreement & Declaration

Please read the following carefully before you sign this Application Form

### I apply for membership of the Premier Trust (the Plan).

1. I agree to be bound by the rules of the Plan, which I have had the opportunity to read and consider. I confirm that I have read and understood the Key Features, Terms & Conditions, Fee Schedule and Investment List.
2. I declare that to the best of my knowledge and belief, the particulars given in this Application Form and any other documents completed in connection with this application are complete and correct.
3. I fully understand and agree that in all circumstances:
  - a. I am solely responsible for all decisions relating to the purchase, retention and sale of the investments held in the Plan for my benefit; and
  - b. I fully indemnify D A Phillips & Co Ltd and DP Pensions Ltd against any claim in respect of such decisions.
  - c. Should I wish to invest using a platform I will be provided with a SIPP Investment List. If I am unsure if an investment is permitted I will contact DP Pensions Ltd before proceeding any further.
4. I will not require, nor attempt to require, the withdrawal of funds or assets held to provide benefits for me under the Plan, or the income on those funds or assets, other than in accordance with the rules of the Plan. If an unauthorised payment is made from my Plan, I agree that any charges levied by HM Revenue & Customs may be taken out of my Plan's bank account held for my benefit and that DP Pensions Ltd may realise any of the investments held for my benefit in order to pay those charges. If there are insufficient funds available in my Plan, I agree to pay DP Pensions Ltd the difference between the total charges due and the amount available in my Plan.
5. In return for services provided by DP Pensions Ltd, I agree to pay the charges set out in the charging structure current at the date of this application as amended from time to time. I agree that:
  - a. those charges may be taken out of the Plan's bank account held for my benefit; and
  - b. DP Pensions Ltd may realise any of the investments held for my benefit in order to pay those charges and in order to pay any third party charges relating to those investments.
6. I accept that DP Pensions Ltd will correspond with my Adviser unless I give written notice to the contrary.

SECTION I Agreement & Declaration *continued*

7. I authorise DP Pensions Ltd to pay Adviser Charges due to my Adviser as set out in Section D of this Application. I agree that it is my responsibility to inform DP Pensions Ltd in writing if I wish these payments to stop or if I change my Financial Adviser.
8. I confirm that I am giving my permission for DP Pensions Ltd to process my personal data in accordance with the General Data Protection Regulation. (see Note 4 below)
9. I agree to DP Pensions Ltd 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 DP Pensions Ltd, who may at its sole discretion determine whether to accept my application.
10. If contributions are paid to my Plan on which tax relief is sought, I declare that:
  - a. I am under age 75 and am a relevant UK individual (see Note 1, below);
  - b. the total of the contributions paid to this Scheme and to other registered pension schemes, in respect of which I am entitled to tax relief, under section 188 of Finance Act 2004, will not exceed, in any tax year, the higher of:
    - the basic amount (see Note 2, below), or
    - my relevant UK earnings (see Note 3, below) in that tax year;
  - c. the declaration in (Section C) is correct, to the best of my knowledge and belief;
  - d. I will give notice to the scheme administrator if an event occurs, as a result of which I will no longer be entitled to relief on contributions, under section 188 of Finance Act 2004. I will give this notice by the later of:
    - 5<sup>th</sup> April in the year of assessment in which the event occurs; and
    - the date which is 30 days after the occurrence of that event.

- Note 1:** An individual is a relevant UK individual for a tax year if they:
- a. have relevant UK earnings (see Note 3) chargeable to income tax for that tax year; or
  - b. are resident in the United Kingdom at some time during that tax year; or
  - c. were resident in the UK at some time during the five tax years immediately before the tax year in question and they were also resident in the UK when they joined the pension scheme; or
  - d. have for that tax year general earnings from overseas Crown employment subject to UK tax (as defined by section 28 of the Income Tax (Earnings and Pensions) Act 2003 (ITEPA)), or
  - e. are the spouse of an individual who has for the tax year general earnings from overseas Crown employment subject to UK tax (as defined by section 28 of ITEPA).

For individuals within (b) to (e) above, who do not have relevant UK earnings, the maximum member contribution is the basic amount (see Note 2).

- Note 2:** The basic amount is £3,600 for the 2006/2007 tax year and all subsequent tax years to date

- Note 3:** Relevant UK earnings are:
- a. employment income such as salary, wages, bonus, overtime, commission providing it is chargeable to tax under Section 7 (2) Income Tax (Earnings and Pensions) Act 2003 (ITEPA),
  - b. income derived from the carrying on or exercise of a trade, profession or vocation (whether individually or as a partner acting personally in a partnership) chargeable under Part 2 Income Tax (Trading and Other Income) Act 2005,
  - c. Income which is chargeable under Part 3 of Income Tax (Trading and Other Income) Act 2005 (ITTOIA 2005) and is immediately derived from the carrying on of a UK (and / or an EEA) furnished holiday lettings business (whether individually, or as a partner acting personally in a partnership)
  - d. Patent income meaning royalties or other sums paid regarding patent use and charged to tax under section 579 ITTOIA 2005, amounts on which tax is payable under Section 587 ITTOIA or section 593 ITTOIA, amounts on which tax is payable under section 472 (5) of the Capital Allowance Act 2001 or paragraph 100 of schedule 3 to that Act but only where the individual alone or jointly devised the invention for which the patent in question is granted

Relevant UK earnings are to be treated as not being chargeable to income tax if, in accordance with arrangements having effect by virtue of section 2(1) TIOPA 2010 (double taxation agreements), they are not taxable in the United Kingdom

- Note 4:** General Data Protection Regulation  
Details regarding the personal information that we collect about you and how it is used can be found in our Privacy Notice which is included in the Terms & Conditions for your SIPP. It can also be found on our website at <http://www.dapco.co.uk/privacy/>



SECTION I Agreement & Declaration *continued*

11. I will notify DP Pensions Ltd in writing (within 30 days) if:
  - a. There is a change in my employment status;
  - b. There is a change in my permanent residential address;
  - c. I lose or give up the right to enhanced or fixed protection.
12. I authorise DP Pensions Ltd and D A Phillips & Co Ltd to transfer funds that they hold for my benefit into the investment account held with my selected investment manager.
13. If I have taken benefits from any pension arrangement, with the current or any other pension provider, in a way which means I am subject to the Money Purchase Annual Allowance (MPAA), I have supplied the date the MPAA first applied to me.
14. If I am transferring a capped drawdown arrangement (s) to a flexi-access drawdown arrangement (s), I will be subject to the Money Purchase Annual Allowance (MPAA) from the date of my first flexi-access payment, or if I am already subject to the MPAA, I have supplied the date the MPAA first applied to me.

In respect of a transfer payment;

1. I authorise, instruct and apply to the transferring scheme to transfer sums and assets from the plan(s) as listed in Section B directly to DP Pensions Ltd and to provide any instructions and/or discharge required by any relevant third party to do so.
2. I authorise DP Pensions Ltd, the provider of the plan(s) listed, any contributing Employer and any financial intermediary named in this application to obtain from each other, and release to each other any information that may be required to enable the transfer of sums and assets to DP Pensions Ltd.
3. I accept that in order to comply with regulatory obligations, DP Pensions Ltd and the transferring scheme named in this application may need to verify my identity and residential address, and may use credit reference agency searches and ask for my documents to verify my identity and address
4. Until this application is accepted and complete, DP Pensions Ltd and D A Phillips & Co Ltd's responsibility is limited to the return of the total payment(s) to the provider of the plan(s) listed.
5. When payment is made to DP Pensions Ltd as instructed, this means that I shall no longer be entitled to receive pension benefits from the whole of the Plan(s) listed in Section B where the whole of the Plan is transferring, or that part of the Plan(s) represented by the payment(s) if only part of the Plan(s) is transferring.
6. I have read any information provided or made available to me by the current provider in connection with this transfer and have considered if there are any benefits or options I may lose as a result of this transfer.
7. I have read guidance from the Financial Conduct Authority or the Pensions Regulator on the risks and warning signs of pension scams before making this application.
8. I confirm that I have provided only true and accurate information in applying for this transfer. I understand that DP Pensions Ltd and the transferring scheme cannot accept responsibility, and are not liable, for any losses resulting from untrue, incorrect or misleading information that I provide, or from any failure on my part to comply with any aspect of this application.

Where you are receiving advice from an FCA regulated Financial Adviser;

9. I confirm that I have received a positive recommendation to transfer my pension plan(s).

**You should read the Key Features, Fee Schedule, Terms & Conditions and Investment List before signing this Declaration. If somebody else has completed this application form on your behalf it is your responsibility to ensure that the details are correct. If you do not understand anything do not sign this declaration and speak to your financial adviser (if you have one) for further information.**

**H M Revenue & Customs warning: it is a serious offence to make any false statements on this Application Form – the penalties are severe and could lead to prosecution.**

Applicant's signature

Date

The Premier Trust is a self-invested personal pension scheme and is referred to as 'the Plan' in this Application Form. The Plan has been registered by HM Revenue and Customs under Chapter 2 of Part 4 of the Finance Act 2004 under reference PSTR 00605999RW.

D A Phillips & Co Ltd, Bridewell House, Bridewell Lane, Tenterden, Kent TN30 6FA is the Trustee of the Plan.

DP Pensions Ltd, Bridewell House, Bridewell Lane, Tenterden, Kent TN30 6FA is authorised as Operator of the Plan and is regulated by the Financial Conduct Authority (No 463171). DP Pensions Ltd will administer the Plan in accordance with the Plan's Trust Deed and Rules.

# Confirmation of Verification of Identity

## Individual

Introduction by an FCA-Regulated Firm

### IFA to Complete



#### 1. Details of customer (see explanatory notes below)

Full forename(s) of customer

Surname

Current address

<input type="text"/>
<input type="text"/>
Postcode

Previous address if permanent residential address has changed in the last 3 months

<input type="text"/>
<input type="text"/>
Postcode

Date of birth

D	D	M	M	Y	Y	Y	Y
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#### Explanatory Notes

1. A separate confirmation must be completed for each customer (e.g. joint holders, trustee cases and joint life cases). Where a third party is involved, e.g. a payer of contributions who is different from the customer, the identity of that person must also be verified, and a confirmation provided.

2. This form cannot be used to verify the identity of any customer that falls into one of the following categories:

- those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification;
- those who have been subject to Simplified Due Diligence under the Money Laundering Regulations; or
- those whose identity has been verified using the source of funds as evidence.

3. This confirmation must carry an original signature, or an electronic equivalent.

#### 2. Confirmation

I/We confirm that

- a) The information in Section 1 was obtained by me/us in relation to the customer;
- b) The evidence I/we have obtained to verify the identity of the customer (tick only one):

- Meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG; or
- Exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation)

- c) The underlying evidence taken in relation to the verification of the customer's identity will be available immediately on request
- d) The underlying evidence taken in relation to the verification of the customer's identity will be kept for five years beginning on the date of this certificate.

Signature

Name

Position

Date

D	D	M	M	Y	Y	Y	Y
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#### 3. Details of Introducing Firm (or sole trader)

Full name of regulated firm (or sole trader)

FCA reference number