

THE CURTIS BANKS GROUP SIPP

Application Form



This document is part of a set, all of which should be read together:

- Key Features
- Your personal illustration
- Schedule of Fees
- Investments Guidance Note
- **Application Form**
- Terms and Conditions
- Privacy Information Notice

This application form is a legally binding document between you (the applicant), Curtis Banks Limited and Colston Trustees Limited.

Please complete all relevant sections of the form in full using block capitals and return it to:

Curtis Banks Limited, 3 Temple Quay, Bristol, BS1 6DZ.

If you have any queries regarding the completion of this form, please contact your professional adviser, or Curtis Banks Limited on (0117) 910 7910, and we will be pleased to help you.

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1 Adviser section

If you are making this application as a result of advice from a professional adviser, the adviser should complete this section, and you should sign the adviser charging section at the bottom of this page.

Full name of the client to whom this application relates

1.1 Adviser's details

Name of authorised individual

Full name of regulated organisation

Contact address

Postcode

Telephone Fax

Contact numbers

Email address

Name of regulator

Financial Services Register reference number for organisation Financial Services Register reference number for individual

1.2 Adviser charging

Please confirm details of any adviser charges payable in respect of advice in relation to the SIPP (any boxes left blank will assumed to be zero):

Initial payment £ or % of initial contribution transfer value

Ongoing payments £ or % of fund value

Ongoing payments - frequency* Quarterly 6 monthly Annually

*Fees to be paid upon production of an invoice from the Adviser.

Future transfer-in payments £ or % of each transfer in

Future contribution payments £ % p.a. regular ad hoc all contributions

Are payments subject to VAT? Initial: Yes No Ongoing: Yes No

Source of payments (if other than SIPP bank account)

Name of introducer's bank

Sort code

Account in the name(s) of

Account number Payment Reference

Adviser Declaration

- I confirm that the above adviser charges are in accordance with an adviser charging structure which has been disclosed and agreed, and meets regulatory requirements.

Signed Date

Investor Declaration

- I am satisfied that the amounts of adviser charges above have been fully and correctly completed and I authorise payment of these charges from the SIPP.

Signed Date

Charges may also be payable to your adviser in respect of other advice related to the SIPP, for example advice on the investments made by the SIPP. Any such additional charges should be separately disclosed to you and validated by you.

1.3 Identity and address verification

Have you / anyone at the firm met the client face to face? Yes No

Please supply the information in boxes 1 and 2 below wherever possible. Please tick the box and either complete the details or attach a certified copy of the documents.

1 **Current full UK passport** Please insert below the full number from the bottom line of the passport, including the two digits at the end.

Expiry Date

2 **Current full UK driving licence**

Number

Issue date

Expiry date

Alternatively, if one of the above is not available, please tick one of the boxed below and attach a certified copy of the relevant document.

3 **HM Revenue & Customs tax notification dated within the past 12 months**

4 **State pension or benefits book/notification letter dated within the past 12 months**

5 **Council tax bill dated within the past 12 months**

6 **Mortgage statement dated within the past 12 months**

7 **Utility bill (not mobile phone) dated within the past 3 months**

8 **Bank/Building society/credit card statement within the past 3 months**

9 **Home visit by staff member**

Visitor's name

Date

Premises entered? Yes No

If providing certified documents, please ensure that they are dated and certified by a proper person (a regulated or professional such as a doctor, solicitor or authorised financial intermediary) together with their name, position and contact details.

1.4 Adviser's declaration and signature

Declaration

- I understand that you will hold my title, full name, business email address, contact details and Financial Services Register reference number and all communications to and from me on your systems for your legitimate interest in the effective administration of my client's SIPP.
- I confirm that I have the necessary authorisation to sign this declaration for the professional advisory firm and have verified that the statements below are correct.
- I/we have advised this applicant to take out a Curtis Banks Group SIPP and have supplied the applicant with all relevant literature in the latest available version, including the Key Features Document, a Key Features Illustration, Terms and Conditions, Schedule of fees, Privacy Information Notice and Schedule of acceptable investments.
- I/we have verified the applicant's identity and address from original documentation as specified above and, where contributions are to be made to the SIPP, I/we confirm that evidence of the source of wealth from which these contributions will be paid has been obtained.
- I confirm that I have supplied my client with the documents listed in the 'Member's Declaration' (Section 7)
- Where transfers are to be made from other pension arrangements into the SIPP, I/we confirm that I/we have advised on the suitability of the transfer.
- I/we understand that no adviser charges may be paid until the SIPP is in force, adviser charges have been validated by the applicant and cleared funds have been received from contributions or transfer payments.
- I understand that where renewal payments of adviser charges are to be made, it is our responsibility to submit an invoice for payment at the appropriate date.

Signature

Name

Position in organisation

Signed

Date

2 Personal details

Please complete all the items in this section

2.1 Investor's details

Title <small>Mr/Mrs/Miss/Ms/Other</small>	<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Forename	<input type="text"/>		
Surname	<input type="text"/>		
Any other name you have been, or are, known by	<input type="text"/>		
Permanent residential address	<input type="text"/>		
	Postcode	<input type="text"/>	
Date moved to this address	Year <input type="text"/>	Month <input type="text"/>	
Telephone numbers	Home <input type="text"/>	<input type="text"/>	Work <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Mobile <input type="text"/>	<input type="text"/>	
Email address	<input type="text"/>		
National Insurance number	Please enter, in the boxes below, your National Insurance number, which is essential for this application to proceed.		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>Day/Month/Year</small>		
Nationality	<input type="text"/>		
Are you married or in a registered civil partnership?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Expected retirement age	<input type="text"/>	Please enter, in the box below, an age from 55 to indicate when you intend to start taking benefits. <small>This does not affect your right to begin taking benefits at any age permitted. If this field is left blank we will assume you intend to start taking benefits at age 75.</small>	
	Are you currently, or likely to be in the future, involved in divorce proceedings, bankruptcy proceedings, or making arrangements with your creditors? <small>(If you answer yes, please provide further information below)</small>		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Are you considered to be a politically exposed person? <small>(If you answer yes, please provide further information below)</small>		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Additional information	<input type="text"/>		

Protection

Please indicate whether you have protection on your pension arrangements

I have Enhanced or Fixed Protection on my pension arrangements*

Please provide us with a copy of your protection certificate or online reference number (for 2016 protection).

*** If you have answered yes, please be aware that your protection will be lost if you elect to make further contributions.**

2.3 Identity verification

Your SIPP application cannot proceed until all documents have been received.

If the Adviser Section of this form has been completed, please go to Section 3.

Please supply copies of one item under each of the following headings to verify your identity and residential address:

Identity

- Current full passport
- National Identity card
- Current full UK driving licence
- HM Revenue & Customs tax notification
- Firearms certificate
- State pension or benefits book/letter

Address

- Bank/building society, credit union statement or passbook
- Council tax bill
- Utility bill (not mobile phone)
- Mortgage statement
- Current full UK driving licence (not if used to confirm identity)
- HMRC tax notification (not if used to confirm identity)

Copy documents should be certified by an appropriate person (doctor, lawyer or other professional person) and statements, bills etc must be less than 3 months old (or 12 months for a mortgage or a tax bill).

If you are making contributions to the SIPP, please tick the following to confirm the source of wealth from which they are being paid and supply evidence as indicated:

- 1 **Earnings** - a P60, payslip or tax return
- 2 **Sale of our income from investment** - copy of relevant document
- 3 **Gift or inheritance** - copy documents with relevant details
- 4 **Other** - please specify below and supply relevant copy documents

If you provide copy documents as evidence of source of wealth, these should be certified by an appropriate person (doctor, lawyer or other professional person).

3 Contribution details

If this section does not apply please go on to section 4.

3.1 Personal contributions

All relievable personal contributions are made net of basic rate tax, which we will reclaim from HM Revenue & Customs.

Please enter the intended net amounts below:

Net single contribution

Net regular contribution

Frequency

3.2 Employer contributions

Employer contributions are paid gross into the SIPP. Please ensure you have completed your Employer's details in Section 2.2

Employer contributions will not be accepted into the SIPP if this section is not completed.

Please enter the intended amounts below:

Gross single contribution

Gross regular contribution

Frequency

Single contributions are paid by cheque made payable to "(Name of scheme) Group SIPP - your initials and surname". For regular contributions please complete the direct debit form at the back of this application form.

3.3 Money Purchase Annual Allowance (MPAA)

Have you triggered the Money Purchase Annual Allowance in another registered pension scheme? Yes No

If yes, please enter the date that this first applies to you.

Date

Name of pension scheme

4 Transfer details

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

If you are transferring from more than two other plans, please complete further copies of this page and attach to your application.

4.1 Scheme details

Type of scheme being transferred; for example, a PP or EPP

Name of provider/scheme

Is the plan a defined benefits scheme or a scheme with safeguarded benefits, or other guarantees or promises? Yes No

If you have ticked "yes", please confirm that a suitably authorised financial adviser recommended that you transfer the pension. Yes No

[Please complete a "Transfer of Benefits - Safeguarded Benefits" form and return with this application.](#)

Address
Postcode

Contact name/number

Policy/account number (if applicable)

HM Revenue & Customs reference number (if known)

Transfer value (or estimate) £

Is this the full value of the plan?

Yes

No

Are any benefits already in drawdown under the plan?

Full

Partial

No

[*If yes, please provide your P45 once supplied by your existing scheme. To arrange payment of income from your plan after transfer, please complete and return an Income Request Form, which can be found on our website.](#)

Is this an in-specie transfer? (i.e. does that transfer consist of assets other than cash?)

Yes

No

If yes, please list the types of assets and their values*

***If transferring an investment portfolio - please also provide an asset list from the investment manager. For all other assets - please provide a breakdown of the funds from the provider. Without the above items, the in-specie transfer cannot proceed.**

We will contact the existing provider(s) to arrange the in-specie transfer of the assets listed.

To make a transfer into your SIPP, you should contact the other pension arrangement and request a transfer and ask for their form for this. Part of the form may need to be completed by ourselves, and you should forward it on to us at our address at the back of this application form.

If the other pension arrangement does not have any transfer forms, please contact us and we will issue our own transfer form.

If the other pension arrangement is a member of the Origo "Options Transfer" service, transfer forms will not be needed as the transfer will be processed electronically. Your professional adviser will be able to tell you if this applies.

4.2 Scheme details

Type of scheme being transferred; for example, a PP or EPP

Name of provider/scheme

Is the plan a defined benefits scheme or a scheme with safeguarded benefits, or other guarantees or promises? Yes No

If you have ticked "yes" to any question, please confirm that a suitably authorised financial adviser recommended that you transfer the pension. Yes No

Please complete a "Transfer of Benefits - Safeguarded Benefits" form and return with this application.

Address
Postcode

Contact name/number

Policy/account number (if applicable)

HM Revenue & Customs reference number (if known)

Transfer value (or estimate) £

Is this the full value of the plan?

Yes

No

Are any benefits already in drawdown under the plan?

Full*

Partial*

No

*If yes, please provide your P45 once supplied by your existing scheme. To arrange payment of income from your plan after transfer, please complete and return an Income Request Form, which can be found on our website.

Is this an in-specie transfer? (i.e. does that transfer consist of assets other than cash?)

Yes

No

If yes, please list the types of assets and their values*

*If transferring an investment portfolio - please also provide an asset list from the investment manager. For all other assets - please provide a breakdown of the funds from the provider. Without the above items, the in specie transfer cannot proceed.

We will contact the existing provider(s) to arrange the in-specie transfer of the assets listed.

To make a transfer into your SIPP, you should contact the other pension arrangement and request a transfer and ask for their form for this. Part of the form may need to be completed by ourselves, and you should forward it on to us at our address at the back of this application form.

If the other pension arrangement does not have any transfer forms, please contact us and we will issue our own transfer form.

If the other pension arrangement is a member of the Origo "Options Transfer" service, transfer forms will not be needed as the transfer will be processed electronically. Your professional adviser will be able to tell you if this applies.

5 Investment details

Please supply the details below in order to help us set up the appropriate arrangements for you.

5.1 Investment firm details

If someone will be assisting you with investments, including your professional adviser, please give their details below.

Name of firm	<input type="text"/>
Address	<input type="text"/>
	Postcode
Contact name	<input type="text"/>
Telephone	<input type="text"/> <input type="text"/>
Email address	<input type="text"/>
<input type="checkbox"/>	Please confirm if investment instructions are to be accepted from this adviser.

5.2 Investment intentions

Please indicate below which of the following are intended for your SIPP:

- 1 **Investment dealing using an execution-only broker - please refer to our Investment Panel.**
Please complete the details below.
- 2 **Investment dealing using a discretionary fund manager**
Please complete the details below.
- 3 **Investments using application forms provided by your adviser. Please indicate brief details of the proposed investments below.**

If your chosen investment is unregulated you will need to complete a separate investment application form. Full due diligence will be carried out by Curtis Banks on the acceptability of unregulated assets into the SIPP and we reserve the right to decline investment requests.

- 4 **Commercial property purchase.**
You will need to complete our property application form. This is available on our website (www.curtisbanks.co.uk) or by contacting us on the number at the back of this application form.

Broker/Fund Manager details

If you ticked box 1 or 2, please supply details of the broker or fund manager below:

Name of firm	<input type="text"/>
Contact name	<input type="text"/>
Address	<input type="text"/>
	Postcode
FCA authorised number	<input type="text"/>

6 Benefits payable on death

Benefits on death can be paid to a wide range of beneficiaries, including relatives, dependants, beneficiaries under your Will and anyone specifically nominated by you. The beneficiaries are determined by the administrator of the Scheme, taking account of all the information available on your death.

This form allows the eligible range of beneficiaries to be as wide as possible, and for you to nominate any specific persons who you would like benefits to be paid to on your death. It overrides any previous nomination you may have made. The administrator will be guided by your nomination in determining the actual beneficiaries, but it is not binding on them.

Benefits on death are either a lump sum or income payments. For more details of the benefits payable, please refer to the notes below or our Benefits guidance notes.

6.1 Details of beneficiaries

The percentages in section 6.1 should add up to 100%.

6.1.1 Individuals

Name	<input type="text"/>			
Address	<input type="text"/>			
			Postcode	
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	Percentage payable to beneficiary <input type="text"/> %
Lump sum or income?	<input type="text"/>			

Name	<input type="text"/>			
Address	<input type="text"/>			
			Postcode	
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	Percentage payable to beneficiary <input type="text"/> %
Lump sum or income?	<input type="text"/>			

Name	<input type="text"/>			
Address	<input type="text"/>			
			Postcode	
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	Percentage payable to beneficiary <input type="text"/> %
Lump sum or income?	<input type="text"/>			

Name	<input type="text"/>			
Address	<input type="text"/>			
			Postcode	
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	Percentage payable to beneficiary <input type="text"/> %
Lump sum or income?	<input type="text"/>			

6.1.2 Trust

Name of trust	<input type="text"/>
Name of trustees	<input type="text"/>
Address where trust is held	<input type="text"/>
	Postcode
Copy of the trust deed provided?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
	Percentage payable to beneficiary <input type="text"/> %

6.1.3 Charity

Name of Charity	<input type="text"/>
Address of Charity	<input type="text"/>
	Postcode
	Percentage payable to beneficiary <input type="text"/> %
	Total of all percentages in section 6.1 <input type="text"/> 100 %

6.2 Alternative beneficiaries

Please only complete this section if you wish to name alternative beneficiaries where all of the beneficiaries you name in section 6.1 either:

- die before you; or
- do not wish to receive benefits from your plan (for example, for tax planning purposes).

The percentages in section 6.2 should add up to 100%.

6.2.1 Individuals

Name	<input type="text"/>
Address	<input type="text"/>
	Postcode
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/>
	Percentage payable to beneficiary <input type="text"/> %

Name	<input type="text"/>
Address	<input type="text"/>
	Postcode
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/>
	Percentage payable to beneficiary <input type="text"/> %

6.2.1 Individuals (continued)

Name	<input type="text"/>			
Address	<input type="text"/>			
			Postcode	
Date of birth	<input type="text"/>	<input type="text"/>	Percentage payable to beneficiary	<input type="text"/> %

Name	<input type="text"/>			
Address	<input type="text"/>			
			Postcode	
Date of birth	<input type="text"/>	<input type="text"/>	Percentage payable to beneficiary	<input type="text"/> %

6.2.2 Trust

Name of trust	<input type="text"/>			
Name of trustees	<input type="text"/>			
			Percentage payable to beneficiary	<input type="text"/> %

6.2.3 Charity

Name of Charity	<input type="text"/>			
Address	<input type="text"/>			
			Postcode	
			Percentage payable to beneficiary	<input type="text"/> %
			Total of all percentages in section 6.2	<input type="text"/> 100%

Notes

- You can nominate any person or organisation to receive benefits - they do not need to be relatives. You can change your nomination at any time by completing a further Expression of Wish form.
- If you wish benefits to be paid to children under age 18, it may be advisable for benefits to be paid from the Scheme into a trust for their benefit. You should discuss the establishment of a trust with your solicitor and enter the details of the trust above.

How this form works

Death benefits can be paid in the form of either a lump sum or drawdown income. Lump sums can be paid to a wide range of beneficiaries, including relatives, dependants, beneficiaries under a Will and anyone nominated by you. The range of beneficiaries is narrower for drawdown income, unless they have been nominated. For example, an adult child could automatically qualify for a lump sum, but could only receive income if nominated by you.

It is therefore important to ensure that the widest range of persons is nominated for the ability to receive income, so that restrictions do not apply in practice on your death.

Example:

John nominates his wife as his beneficiary on death. They later divorce and become financially independent. John then dies and his only real beneficiaries are his two adult children. Lump sum benefits can be paid to them, but they would not be able to receive an income as they have not been nominated by John.

To overcome this, the declaration in this form achieves two purposes:

- It nominates specific beneficiaries, as set out in the tables above, as the persons who you would like benefits to be paid to
- It also nominates, for the purposes of eligibility for a drawdown income, any person who is eligible to receive a lump sum

By this means, drawdown income can be paid to the same range of persons as a lump sum can be paid to, thereby avoiding the risk that drawdown income cannot be paid to someone because they have not been nominated.

7 Cancellation Rights

You have rights to cancel the SIPP and also withdraw from any transfers into the SIPP and these rights are important. Whilst they are in force we will not be able to invest any funds received into the SIPP, and you may therefore want to take action by ticking these boxes below.

- I wish to waive my rights to my statutory 30 day notice period in which to cancel the SIPP and understand that I will then be unable to cancel my SIPP within this period Yes No
- Although I cannot waive my rights to withdraw from the transfer of any funds to the SIPP, I would like these funds to be invested when received and if I subsequently withdraw from the transfer I accept that the funds which will be returned may be lower due to changes in investment values. Yes No

If you tick the “Yes” boxes above then we can invest funds straight away, but we cannot complete any investment of transferred funds into illiquid assets (properties etc) until the 30 day cancellation period has expired.

If you tick “No” boxes above, we will only proceed with any investment instructions once the cancellation periods have expired.

Please contact us if you would like us to explain the consequences of waiving your cancellation rights in more detail.

8 Investor’s declaration

Important please read:

This declaration should be signed by the person applying for a Curtis Banks Group SIPP or, if that person is under age 18 or incapable of managing their affairs, a parent or guardian with authority to act on their behalf. References to “I” and “you” below are references to the person signing this declaration.

Your attention is drawn to the Curtis Banks Group SIPP Key Features Document, Terms & Conditions, Schedule of Fees, Privacy Information Notice and Personal Illustration, upon which we intend to rely. For your own benefit and protection you should read these documents carefully before signing the declaration below.

Curtis Banks Limited will rely on your declaration as part of your contract with us. If you do not understand any part of it, please ask us for further guidance.

Membership

- I apply for membership of the Curtis Banks Group SIPP and agree to be bound by the Rules and the Terms and Conditions of the SIPP in force from time to time. I request that the benefits arising from membership be provided for me under the SIPP.
- I can confirm that I have received, and been given the opportunity to read and understand the Curtis Banks Group SIPP Key Features Document, Terms and Conditions, Schedule of Fees, Privacy Information Notice and Key Features Illustration. I understand that I have the opportunity to read the Rules of the SIPP.
- I declare that to the best of my knowledge and belief all statements made in this application form (including the contents of this declaration) as at the date of completion (whether in my handwriting or not) are correct and complete.
- I agree and consent to Curtis Banks Limited carrying out checks to confirm my identity, residence and source of wealth and I agree to supply all requested information deemed necessary for the purpose of these checks.
- I understand that Curtis Banks Limited will correspond with any Adviser (including employees of the Adviser) identified in the Adviser Section of this application rather than me directly unless I give written instructions to the contrary.
- I consent to my personal data being processed by Curtis Banks Limited in accordance with the Terms and Conditions and current data protection legislation. I consent to personal data being disclosed to any Adviser identified in this form either orally or in writing or via online log-in to the Curtis Banks website.
- I agree and consent to Colston Trustees Limited holding a pooled account for the SIPP banking arrangements, which is operated by Curtis Banks Limited, as set out in the SIPP Terms & Conditions.
- I will inform Curtis Banks Limited in writing within 30 days if:
 - There is a change in my permanent residential address;
 - There is a change in my employment status or in my employer;
 - I cease to be UK resident or I become UK resident again;
 - I cease to have UK relevant earnings;
 - I contribute more than 100% of my earnings to all my pension arrangements in a tax year;
 - Any other event occurs, as a result of which I am no longer entitled to tax relief on pension contributions; or
 - I lose my right to enhanced or fixed protection.
- If I am making this application on behalf of a person under age 18 or who is incapable of managing their affairs, I can confirm that I have the necessary capacity and authority to enter into this application.

Investments

- I authorise Curtis Banks Limited to accept investment instructions from any adviser identified in part 5 of this application form until such time as I give written instructions to the contrary.
- I confirm that I will rely on my own decisions or advice received from my advisers when making investment transactions and I am solely responsible for the outcome of those transactions. I acknowledge that Curtis Banks Limited and Colston Trustees Limited do not give any advice in relation to the SIPP and its investments.

Contributions

- I declare 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 understand that there is no entitlement under the SIPP to Unauthorised Payments (as defined in the Finance Act 2004). I will not knowingly carry out any action which could lead to Unauthorised Payments.
- If I am already subject to the Money Purchase Annual Allowance (MPAA), I have supplied the date the MPAA first applied to me in Section 3.3 of this application form.

Contributions (continued)

- I accept that Curtis Banks is not responsible for checking whether I am subject to the MPAA before accepting contributions and applying for tax relief on personal contributions.

Death Benefits

- I would like benefits on my death to be paid out in accordance with Section 6 of this application and understand that my nomination is not binding on the trustees.
- I nominate the persons named in Section 6 of this application to receive benefits on my death. In addition, to allow the Scheme to pay drawdown income to as wide range of beneficiaries as possible. I nominate for the purposes of the relevant tax legislation any individual who is eligible to receive a lump sum on my death, so that the Scheme is able to offer drawdown to any such person as an alternative.

Transfers

- Where funds from other pension arrangements are to be transferred to the SIPP, I consent to the payment of the transfers.
- Declarations to the current provider of the transferring scheme(s)
 - I authorise and instruct you to transfer sums and assets from the plan(s) as listed in Section 4 of this application directly to Curtis Banks and to provide any instructions and /or discharge required by any relevant third party to do so;
 - Where you have asked me to give you any original policy document(s) in return for the transfer of sums and assets and I am unable to do so, I promise that I will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information deliberately or carelessly given by me, or on my behalf, either in this form or with respect to benefits from the plan;
 - I authorise Curtis Banks, the current provider and any financial intermediary named in this application to obtain from each other, and release to each other, any additional information that may be required to enable the transfer of sums and assets to Curtis Banks;
 - I authorise Curtis Banks, the current provider and any employer paying contributions to any of the plan(s) as listed in Section 4 of 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 Curtis Banks;
 - Until this application is accepted and complete, Curtis Banks' responsibility is limited to the return of the total payment(s) to the current provider;
 - Where the payment(s) made to Curtis Banks represent(s) all of the sums and assets under the plan(s) listed in Section 4 of this application, the payment made as instructed will mean that I shall no longer be entitled to receive pension or other benefits from the plan(s) listed;
 - Where the payment(s) made to Curtis Banks represent(s) part of the sums and assets under the plan(s) listed in Section 4 of this application, then payment made as requested will mean that I shall no longer be entitled to receive pension or other benefits from that part of the plan(s) represented by the payment(s).
- Declaration to Curtis Banks and the current provider of the transferring scheme(s)
 - I promise to accept responsibility in respect of any claims, losses and expenses that Curtis Banks and the current provider may incur as a result of any incorrect information provided by me in this application or any failure on my part to comply with any aspect of this application.
- 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.

Data protection

Use of your information:

Curtis Banks takes your privacy very seriously. We use the personal information collected through this form and any other information that you provide to us and personal information we collect from third parties ('your information') for the reasons and purposes as set out in our Privacy Information Notice.

Disclosures

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

We may disclose your information to other companies within the Curtis Banks group of companies, banks, investment managers and fund providers that are appointed to act for your SIPP, regulatory bodies, law enforcement agencies, the current and future owners of our business and suppliers we engage to process data on our behalf.

To protect you and us from financial crime, we may need to confirm your identity from time to time. We may do this by using reference agencies to search sources of information about you (an identity search). This will not affect your credit rating. If this search fails, we may ask you for documents to confirm your identity.

Access

You have the right to ask for a copy of your information. To obtain a copy of your information, please write to Curtis Banks, 3 Temple Quay, Bristol, BS1 6DZ.

Consent

We would like your consent to provide you with relevant information about products and services within the Curtis Banks Group, and to share informative, relevant and education updates such as changes to pension legislation and regulation.

Please tick the box if you agree to receive this information.

Print name

Signature of investor

or person signing on behalf of an investor who is under 18 and/or who is incapable by reason of mental disorder of managing and administering his/her affairs

Date

Please complete the checklist on the following page before returning your completed application form.

Appendix A Checklist

- Sections 1, 2, 6 and 8 must be fully completed in all cases

- Signature by person applying for the SIPP on pages 3 and 17 (and Direct Debit if applicable)

- Signature by Adviser (if applicable) on pages 3 and 4

- Identity and address verification documents - see pages 4 and 7 for further details

- Copy of Enhanced or Fixed Protection certificate (if applicable)

- If you are making contributions:**

- Evidence of Source of Wealth (if applicable) - see page 7 for further details

- Cheque for single contributions payable to “(Name of Scheme) Group SIPP - your initials and surname” (if applicable)

- Completed and signed Direct Debit mandate (if you intend to make regular contributions)

- If you are transferring in an existing plan:**

- Transfer of benefits - safeguarded benefits form (if transferring from a scheme with safeguarded benefits or other guarantees or promises)

- Transfer paperwork from transferring schemes shown in Section 4 (if applicable)

- Original policy documents from transferring schemes shown in Section 4 (where available)

- In-specie transfer: Investment portfolio - please provide an asset list **from the investment manager**
In-specie transfer: For all other assets - please provide a breakdown of the funds **from the provider**

- P45 if currently taking benefits from existing scheme

- Investment specific documents:**

- Questionnaires - Commercial Property, Unquoted Equity, Non-Standard Investment (if applicable)

Appendix B Contributions by Direct Debit

B.1 Personal Contributions

All personal contributions to the SIPP are made net of basic rate tax, which we reclaim from HMRC. Please enter the net amount below:

Payment frequency	<input type="text"/>
Regular contribution	£ <input type="text"/>

B.2 Employer Contributions

Employer contributions are paid gross into the SIPP. Please enter the amount below:

Payment frequency	<input type="text"/>
Regular contribution	£ <input type="text"/>

B.3 Payment Date

Please confirm payment date:

1st of month	<input type="checkbox"/>	8th of month	<input type="checkbox"/>	15th of month	<input type="checkbox"/>	Last day of month	<input type="checkbox"/>
Start date	<input type="text"/>	<input type="text"/>	<input type="text"/>				



Appendix C Direct Debit Instruction

For completion by the investor or the employer when making regular contributions to the Curtis Banks Group SIPP.

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)



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:
Curtis Banks Ltd, Temple Quay, Bristol, BS1 6DZ

Service Use number

4	3	6	3	9	4
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Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
	Postcode

Name(s) of Account Holder(s)

--

Bank/building society account number

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

Branch Sort Code

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

Reference

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

Instruction to your bank or building society

Please pay Colston Trustees 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 Colston Trustees 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 Colston Trustees Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Colston Trustees 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 Colston Trustees 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 Colston Trustees 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.





Curtis Banks Limited,
3 Temple Quay,
Bristol, BS1 6DZ

T 0117 910 7910
F 0117 929 2514
curtisbanks.co.uk

This document shall be governed by and construed in accordance with the laws of England & Wales. It is based on our current understanding of regulations and can be subject to change as tax laws and legislation may change over time. Call charges will vary. We may monitor and record calls.

If you're contacting us by email, please remember not to send any personal, financial or banking information because email is not a secure method of communication.

Curtis Banks Ltd is the operator and administrator of the SIPP. Colston Trustees Limited is trustee of the SIPP.

Curtis Banks Limited (registered number 6758825) and Colston Trustees Limited (registered number 6867955) are companies registered in England & Wales with their registered address at 3 Temple Quay, Bristol, BS1 6DZ. Curtis Banks Limited is authorised and regulated by the Financial Conduct Authority.
GRP SIPP APP 0518

