

# **Additional Contribution Form**



# **IPM PERSONAL PENSION SCHEME**

If you have a vulnerability or need specific support during the life of your SIPP, please let us know. You do not need to tell us what it is, just how we can help to make things easier.

1 MEMBER'S PERSONAL DETAILS				
Title	Surname			
Forenames in full				
Address				
		Postcode		
Membership No.		Telephone No.		
Email				

2 STATUS					
Employed (please go to 'b')		Self-empl	Self-employed		
Pensioner currently receiving a pension subject to tax		Child und	Child under 16 years of age		
Caring for a person over 16		Unemplo	Unemployed		
In full time education					
Other (please specify)					
Please see notes (2)					
Employer's name					
Employer's address					
			Postcode		
Company Registration No.					
What is your occupation					
Nature of business					
Gross annual income (including salary, pens	ion, investment income)	£			
Source of wealth Income	Savings	Inheritance	Sale of property		
Other (please spe	scifu)				

# **3** CONTRIBUTIONS

If your personal contribution into the IPM Personal Pension Scheme is above the basic amount (£3,600 as set in the 2006/7 tax year) you need to ensure that it does not exceed the lesser of 100% of your relevant UK earnings or the annual allowance. Any greater personal amounts may not attract income tax relief unless you have any carry forward of unused relief from previous tax years (please refer to your independent financial adviser for further information). Please indicate below the contribution from you and / or your employer.

Trease marcate below the contribution from you and 7 or your employer.				
Personal contributions: All personal contributions are paid net of basic rate tax and the tax is reclaimed by IPM from the HMRC on your behalf.				
Amount of net single contribution £				
Amount of net regular monthly contribution £				
Date of start of monthly contributions				
Employer contributions: All employer contributions are paid gross. For all employer contributions, IPM will require the completion of our Corporate Verification of Identit form.				
Amount of gross single contribution £				
Amount of gross regular monthly contribution £				
Date of start of monthly contributions				
For all regular contributions, please ensure a copy of the IPM Standing Order Mandate is provided with this application.				
If the contribution(s) detailed above mean that your total contributions are in excess of the current year's annual allowance, do you have sufficient unused Annual Allowance that you are able to carry forward?				
Please note that if you do not have unused Annual Allowance that you are able to carry forward and your contributions to all schemes of which are a member exceed the current year's Annual Allowance you will be liable to the Annual Allowance charge.				

N.B. If you have registered for Enhanced or Fixed Protection the payment of a contribution means that this protection will be lost .

IPM cannot give you advice regarding the level or suitability of receiving contributions into the IPM Personal Pension Scheme. Please refer to your independent financial adviser.

4 INDEPENDENT FINANCIAL ADVISER DETAILS
Name of Financial Adviser (inc. title)
Name of Contact (if different)
Full name of Regulated Firm
Contact Address
Telephone
E-mail Address
Name of Regulator
Regulator's reference number (For Firm)
Regulator's reference number (For individual)
Please confirm whether you are independent or restricted: Independent Restricted
If you are not directly regulated but instead regulated as an appointed representative or part of a network, please provide details:
Name of principal or network
Regulator's reference no. for principal or network

## 5 DETAILS OF ADVISER CHARGES

This section should be completed if the Member authorises IPM to pay adviser charges from the SIPP to the independent financial adviser as specified in Section 4 of this application form.

	Fixed Charges (Excl VAT)		Percentage charges (Excl VAT)	
Initial charge		and / or		of the current fund value
On going charges		and / or		of the current fund value
Any on going adviser charges should be paid on the basis specified below				
Annually	Quarterly	Monthly		

For initial charges to be paid from the SIPP, IPM will require an invoice from the appointed adviser in line with the above. For on-going charges IPM will require an invoice to be submitted by the appointed adviser on an annual basis to facilitate this, regardless of the frequency of payment.

### 6 ADVISER DECLARATION

I have provided advice to the client as detailed in section 1 of this form in regards to the payment of the contribution(s) as detailed in section 3 of this form to their IPM SIPP

I confirm that the client meets the criteria set within the IPM Target Market Statement

Where a contribution is being made on the client's behalf by their employer, I can confirm that I have obtained evidence to verify the identity of the company as set out in section three of this application and this evidence meets the standard requirements set out within the guidance for the UK Financial Services Sector issued by the JMLSG

I declare that the information provided in this application are correct and complete.

Signature	Name
Individual FCA No.	Date

# **DATA PROTECTION**

As Data Controller responsible for determining why and how personal data is processed, I.P.M. SIPP Administration Limited is obligated under the General Data Protection Regulation (GDPR) to ensure that all processing of personal data is done so lawfully, fairly and transparently.

It is important you understand the purposes for which IPM collects personal information about you in order for you to have full control over what happens to your personal data. Please ensure that you have read our Privacy Notice (which is available for download on our website or which can be sent to you on request) which explains the lawful basis on which IPM processes your personal data and provides details on your rights as a data subject, the identity of the Data Protection Officer for IPM and information about the UK supervisory authority for data protection. If you have any queries about the information contained in the Privacy Notice, or anything relating to data protection in general, please contact the IPM Data Protection Officer.

# 8 NOTES

#### Status

#### Employed

- Chargeable to tax under Chapter 2, Part 2, ITEPA 2003 for the income tax year of assessment concerned in respect of employment income as defined in the act.

#### Pensioner

- Chargeable to tax under Part 9, ITEPA 2003 for the income tax year of assessment concerned in respect of a pension.

#### Self-employed

- Chargeable to tax under Chapter 2, Part 2, Income Tax (Trading and other Income) Act 2005 for the income tax year of assessment concerned in respect of annual profits or gains arising or accruing from any trade, professional or vocation carried on by the individual.

Yes

Yes

Yes

Nο

No

No

# 9 MEMBERS DECLARATION

The applicant (or Legal Guardian, where the applicant is under the age of 18) must read and sign this declaration.

I hereby wish to contribute to my membership of the IPM Personal Pension Scheme (the Scheme) and agree to be bound by the scheme rules that may be amended from time to time.

I hereby declare that I will not attempt to draw any benefit from the scheme except in accordance with the rules of the scheme

#### As I am making contributions to the scheme I declare:

- I am under 75 years of age and a Relevant UK Individual (having the meaning given by Section 189 Finance Act 2004)
- The total contributions I am paying to all registered pension schemes (having the meaning given by Section 150 Finance Act 2004) in respect of which I am entitled to tax relief (having the meaning given by Section 188 Finance Act 2004) will not exceed the higher of:
  - (a) the basic amount (£3,600 for the tax year 2006/7)
  - (b) 100% of my relevant UK earnings (having the meaning given by Section 189 Finance Act 2004) for that tax year
- I will, within 30 days or by 5th April in the relevant year of assessment (whichever is the later), inform the scheme administrator in writing if any of the following events occur:
- · I cease to be a UK resident
- I cease to be a Relevant UK Individual
- I cease to have relevant UK earnings
- I cease to be eligible for relief on member contributions under Section 188 Finance Act 2004
- I hereby declare that to the best of my knowledge and belief the details given in relation to the payment of contributions is correct and complete.

I agree to the scheme administrator deducting any amount from the fund held for my benefit in order to pay any charge, including any scheme sanction charge, levied by HM Revenue and Customs. In the event that there are insufficient funds held for my benefit I agree to personally pay to the scheme administrator any amount required to pay for such charges.

To the best of my knowledge and belief the details given on this application are correct and complete.

Where this application is being made on behalf of an applicant who is under the age of 18, the Legal Guardian signing the application also declares that:

- I am making this application on behalf of the applicant detailed in section 1 of this form
- I understand that I am responsible for the SIPP as if I were the member and will continue to be so until the applicants 18th birthday
- I understand that contributions paid to the scheme may only be returned to the applicant in the form of benefits payable under the rules of the scheme (i.e. after the applicant attains age 55 except in the case of earlier ill health).

Signature		Date	
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Please note that it is a serious offence to make false statements, the penalties for which can be severe and may lead to prosecution.

Please return the completed form to:

I.P.M. SIPP Administration Limited. Cambridge House, Campus Six, Caxton Way, Stevenage, Hertfordshire, SG1 2XD

Please make any cheques payable to "I.P.M. Personal Pension Trustees Ltd. re:[your name]".

 $I.P.M. \ SIPP \ Administration \ Limited \ is \ Authorised \ and \ Regulated \ by \ the \ Financial \ Conduct \ Authority \ .$ 

I.P.M. SIPP Administration Limited has been appointed as Scheme Administrator of the Scheme and agrees to administer the Scheme in accordance with the Trust Deed and Rules of the Scheme.



I.P.M. SIPP Administration Limited • Cambridge House, Unit B, Campus Six, Caxton Way, Stevenage, Hertfordshire, SG1 2XD Tel: 01438 747 151 • Fax: 01438 357 344 • Email: info@ipm-pensions.co.uk • Web: www.ipm-pensions.co.uk

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