# APPLICATION FOR SIPP/SSAS PENSION TRUSTEES

## 1. Scheme & Trustee(s) details:

Name of Scheme:

Scheme Address:

(for correspondence)

COUNTY

POSTCODE

Scheme Reference No:

Email Address:

Legal Entity Identifier:

HMRC Reference No:

Contact Name:

Contact Tel No:

Type of Scheme: SIPP ☐ SSAS ☐

Date registered by HMRC: DD MM YYYY

## 2. Beneficiary Details (please copy sheet for additional beneficiaries)

*First Beneficiary*

Title

Full Name:

Permanent Address:

COUNTY

POST CODE

Date of Birth: DD MM YYYY

Occupation:

NI Number:

Are you resident in the UK for Tax Purposes Yes: ☐ No: ☐

Are you resident for tax purposes in any other country? Yes: ☐ No: ☐

If you have answered yes to the latter question input Country and Tax Reference:

/

*Second Beneficiary*

Title

Full Name:

Permanent Address:

COUNTY

POST CODE

Date of Birth: DD MM YYYY

Occupation:

NI Number:

Are you resident in the UK for Tax Purposes: Yes: ☐ No: ☐

Are you resident for tax purposes in any other country?: Yes: ☐ No: ☐

If you have answered yes to the latter question input Country and Tax Reference:

/

## 3. Trustee Details

*First Trustee*

Full Name:

Residential Address:

COUNTY

POST CODE

Tax Residency:

Date of Birth: DD MM YYYY

Telephone No:

*Second Trustee*

Full Name:

Residential Address:

COUNTY

POST CODE

Tax Residency:

Date of Birth: DD MM YYYY

Telephone No:

## 4. Trustee Details (…continued)

| *Third Trustee* | | *Fourth Trustee* | |
|---|---|---|---|
| Full Name: | | Full Name: | |
| Residential Address: | | Residential Address: | |
| | COUNTY | | COUNTY |
| | POST CODE | | POST CODE |
| Tax Residency: | | Tax Residency: | |
| Date of Birth: | DD MM YYYY | Date of Birth: | DD MM YYYY |
| Telephone No: | | Telephone No: | |

## 5. Payment Details

All redemptions will be transmitted to the following bank/building society account. Payments can only be made into an account with a bank of building society within the UK Clearing system.

Bank / Building Society Name:

Account Holder Name:

Sort Code: ☐☐ ☐☐ ☐☐ Account Number: ☐☐☐☐☐☐☐☐

Building Society Reference or Roll Number

**Source of Funds – what has created / is generating the funds being used to open this plan?**

☐ Accumulated Savings ☐ Pension Lump Sum ☐ Employment related (e.g. Bonus) ☐ Property Sale

☐ Inheritance ☐ Reinvestment of matured funds ☐ Transfer from another provider

Other (please state):

## 6. Investment Details (Minimum £3,000.00)

| Product Name | Amount (£)* | Adviser Fee (£ or %) | Adviser Fee has been settled Directly with Customer (circle) |
|---|---|---|---|
| | | | YES ◯ NO ◯ |

***Investment amount must be in whole pounds.**

Please submit the above investment amount by bank transfer to the details below:

| | |
|---|---|
| Bank Name: | HSBC Bank |
| Account Name: | Dura Capital Client Money Holding Account |
| Sort Code: | 40-02-50 |
| Account Number: | 71426273 |
| IBAN: | GB85MIDL40025071426273 |
| **Payment Reference (MANDATORY):** | **Please use your pension scheme name** |

## 7. Data Protection – uses of your data

Dura Capital Limited is committed to processing your data in accordance with the Data Protection Act 1998. We may use your personal data to provide you with services you request from us, manage your accounts, make decisions, detect and prevent fraud, for analysis and assessment, and to ensure that we comply with legal and regulatory requirements. For further details of how Dura Capital Limited uses your information, please read our Data Protection Statement on our website www.duracapital.co.uk or ask for a printed copy.

☐ I/We do not wish to receive marketing information by post and telephone.

By signing this form you agree that we can use and disclose your information in the ways described in our Data Protection Statement, as amended or updated from time to time.

## 8. Declaration

I/We declare that I/we are authorised to provide all instructions in relation to this investment either as Trustee for the Scheme or as specifically authorised as a signatory on behalf of the Scheme (authority provided).

- I/We confirm that the information given on this application at the date of signing is true, complete and correct to the best of our knowledge and belief.
- I/We declare that I/we understand the Plan brochure, including the Plan Risks and accept the Terms and Conditions and agree to be bound by the Terms and Conditions under which our plan will be managed.
- I/We acknowledge that in order to comply with its obligations under UK tax legislation, Dura Capital Limited may request me/us to provide additional information and/or documentation related to the tax status of my/our organisation and any trustee, settlor, protector or beneficiary. I/We agree to comply at all times with such a request from Dura Capital Limited within the time specified by Dura Capital Limited in its request.
- I/We have taken any and all independent advice required, do not require any further consent and will not be in breach of any regulatory or trust provisions in making this investment.
- I/We agree to advise Dura Capital Limited within 30 days in writing of any changes in the information contained in this Application Form, including any changes to the Trustee Holder. I/We agree to provide evidence of the change if I am/we are asked to.
- I/We confirm that I/we have the full power to invest in the Plans and have taken all action necessary to authorise the completion of this application and the person(s) signing this Application Form have full power, consents and authority to do so on our behalf.
- I/We are not acting on behalf of a resident of the United States or a U.S. Person (as defined under the Internal Revenue Code of 1986, as amended) and I/we will not assist any person who is resident in the United States or a U.S. Person to acquire an interest in the Trust/Bond. I/We agree to inform you immediately should I/we believe anyone connected with the trust becomes a resident of the United States or a U.S. Person.
- I/We are not acting on behalf of a person who is in the United States or who is a U.S. Person (as defined in Regulation S under the U.S. Securities Act of 1933, as amended).
- I/We authorise Dura Capital Limited to hold the subscriptions, Plan Investments, interest and any other rights or proceeds in connection with our investments and any other cash and upon our request to transfer or pay to the Scheme any investments, interest, rights or other proceeds in connection with such investments.
- I/We agree that our money will be used to purchase securities issued by the Issuer
- I/We accept that the Plan Manager will only provide an annual statement on the value of the Plan.
- I/We confirm that I/we have read and understood the Key Information Document and Plan Brochure(s), including Plan risks and selling restrictions, and the Terms and Conditions under which your Plan will be managed.

### Notes:

1. Money Laundering Regulations (as amended): Under the regulations there is a legal requirement to prove the identity of people who wish to make an investment. In order to comply with these regulations, we require the Verification of Identify Section of this form to be completed.
2. Your Plan is designed to be held without change until it matures. The interim value of the underlying investment of the Plan does not directly impact on the benefits generated. The capital return from the Plan depends on the level of the Index/Indices at maturity and its/their performance throughout the Plan Term, which can be obtained from us or from public sources. We will send you Plan Statements once a year with information on how your Plan is progressing.
3. Capitalised terms unless otherwise defined, have the meanings given to them in the Terms and Conditions within the Plan brochure.

## 9. Your signature (please copy sheet for additional Signatories)

| | | |
|---|---|---|
| **Authorised Signatory** | | **Date: _____ / _____ / _____** |
| **Full Name:** | | |
| **Capacity** | | |

| | | |
|---|---|---|
| **Authorised Signatory** | | **Date: _____ / _____ / _____** |
| **Full Name:** | | |
| **Capacity** | | |

**PLEASE PROVIDE AN UP TO DATE LIST OF AUTHORISED SIGNATORIES (INCLUDING SAMPLE SIGNATURES) WHEN YOU SUBMIT THIS APPLICATION**

## 10. Adviser Section

| | |
|---|---|
| Name of Registered Individual: | |
| Name of Company: | |
| Address: | |
| | Post Code: |
| Telephone Number: | +44 |
| Email Address*: | |

* This email address will be used to access our administration system, therefore we recommend using an email address that all relevant members of your team have access to, if appropriate.

Are you a member of a network? Yes ◯ No ◯ If yes, are you directly authorised ☐ or an authorised representative? ☐

| | |
|---|---|
| Name of network: | |
| Financial Services Register reference number: | |
| Principal's Financial Services Register reference number (if applicable): | |

**Please tick ONE of the following to confirm.**

☐ Tick to confirm this was an advised sale ☐ Tick to confirm this was a non-advised sale with appropriateness

I declare that the information stated in the application has been completed to the best of my knowledge and believe and I have agreed any adviser charge with the applicant.

I have provided the investor with a Plan Brochure and Key Information Document.

I confirm that all dealings with the investor have been carried out in accordance with the requirements of the FCA Handbook and in accordance with my obligations under Dura Capital's current Terms of Business.

I confirm that where I have provided the customer with investment advice in relation to the product(s) in accordance with the guidance set out in the Plan documentation, I have assessed the suitability of this product with respect to the customer's investment objectives and circumstances. Where conducting business on a non-advised basis, I have found the Plan to be appropriate for the customer's investment objectives and circumstances.

I acknowledge my responsibility to evaluate all information on the Plan and confirm that were I have given advice, I have the necessary knowledge and experience to be deemed competent to assess the Plan and its suitability to an applicant's circumstances and investment objectives, and that the applicant matches the description of the 'intended retail investor' in the Plan KID.

I agree to inform Dura Capital if the client named in this application form has any specific vulnerabilities you feel we should be aware of, or additional communication needs (e.g. documents to be provided in Braille). I will inform Dura Capital by calling 0330 678 1111 or emailing admin@support.duracapital.co.uk.

☐ Tick to confirm declaration above

**Verification of Identity**

I confirm that:

The information was obtained by me in relation to the customer(s);

The evidence I have obtained to verify the identity of the customer(s): meets the standard evidence set out within the guidance Notes for the UK Financial Sector issued by JMLSG in 2007;

I have carried out the appropriate identity checks on all parties relevant to this application and have retained copies of the completed Verification of Identity Certificates and supporting documentation, which I understand Dura Capital may request at any time and may rely on.

☐ Tick to confirm declaration above

| | | |
|---|---|---|
| **Authorised Signatory** | | **Date: _____ / _____ / _____** |
| **Full Name:** | | |
| **Job Title:** | | |

**Please return the completed and signed Application Forms to: Dura Capital Limited, PO BOX 1233, St Albans, AL1 9HU**

If you have difficulty in reading our literature, please call us on **0330 678 1111**. We can supply this in a range of formats including large print, audio & Braille.

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