

Additional Contribution Form

This form is to be used to pay a one off or establish / amend a regular contribution to your SIPP.

Both Member and Employer contributions are accepted.

Regular contributions should be paid by Standing Order. Once we have confirmed your contributions are acceptable, please arrange for the Standing Order to be establishing with your / your Employers bank.

Please ensure that all sections are completed and all relevant information and supporting documentation is provided.

1. Checklist

Please ensure the following documents accompany this form when returning it to iPensions Group Limited:

- | | |
|--|--|
| <input type="checkbox"/> Contribution by cheque (Member) | <input type="checkbox"/> Contribution by cheque (Employer) |
| <input type="checkbox"/> In all instances, this Additional Contribution Form | <input type="checkbox"/> In all instances, a copy bank statement from which the contribution(s) are to be funded |
| <input type="checkbox"/> Proof of identity and address of someone paying a Member contribution on behalf of the Member | |

2. Important Notes

The accompanying bank statement must dated within the last three months, showing the account number and sort code or IBAN and swift code (as applicable)

No contribution should be paid until we complete our due diligence and confirm our Bank Account details. Where regular contributions are to be paid, payments must be made from a Bank Account in the contributor's name by standing order. Please obtain a standing order form from your Bank, complete it and return it directly to your Bank. Please advise us of the date of your first contribution.

3. Declarations

I declare that, to the best of my knowledge and belief, the details provided in this form are correct, complete and not misleading and that the information provided in the application for my SIPP is still valid, except for any changes specifically advised to iPensions Group Limited.

I confirm that my Financial Adviser (if applicable) has provided me with sufficient information for me to understand the effect that this contribution will have on my SIPP.

I understand that it is a serious offence to make false statements: the penalties are severe and could lead to prosecution.

Signature

Name

Date

Please return all paperwork to the Scheme Administrator

Address: iPensions Group Limited, 80 George Street, Edinburgh, EH2 3BU, United Kingdom

Tel: 0345 646 0156

Email: enquiries@forthplus.com

4. Member Details

Value of Wealth of the Member:
Held in bank account: _____ Investments: _____ Tangible assets: _____

Has the wealth of the Member been accumulated through employment? Yes No

If **no**, please state how the wealth was accumulated:

Do you consider yourself to be a Politically Exposed Person* (PEP)? Yes No

If **Yes**, please provide details as to why you consider yourself to be a PEP:

*A PEP is a person who is or has been entrusted with prominent public functions. The definition also includes family members or close associates of that person.

5. Employment Status

Please confirm your employment status:

Employed (Please complete details below) *Only if chargeable to UK Income tax on employment income including earnings from overseas employment or elsewhere chargeable under Chapter 2 of Part 2 of the Income Tax (Earnings and Pensions) Act 2003 (ITEPA 2003) for the current tax year.*

Self-Employed *Only if chargeable to UK Income tax in respect of annual profits / gains arising or accruing from any trade, profession or vocations carried out by an individual under Chapter 2 of Part 2 of the Income Tax (Trading and Other Income) Act 2005 for the income tax year of assessment.*

Pensioner *Only if chargeable to UK Income tax in current tax year in respect of a pension payment(s) under Part 9 of the ITEPA 2003.*

Other Please give details:

Employer:

6. Contribution Details

iPensions Group Limited will only accept contributions which are eligible to tax relief at source. If you are a Relevant UK Individual you can pay Member contributions into your SIPP.

Member contributions are paid by the Member, or by an individual on behalf of the Member, e.g. a parent, grandparent or spouse. They do not include employer contributions. Where contributions are being paid on behalf of the Member, you will need to notify us of the full name and relationship of the contributor, together with certified proof of identity and address.

Please indicate the amount of the contributions to be paid to your SIPP:

Single Contributions

Member (net):

Employer (gross):

Regular Contributions

Member (net):

 Per Month

Employer (gross):

 Per Month

Please indicate your source of funds for this contribution:

Income from employment

Sale of Property

Investments/Savings

Inheritance

Divorce

Other (please Specify) _____

7. Member Contributions

Who is paying the member contribution?:

Individual noted under "Member details"

Someone else (Please give details below)

Name

Residential Address

Date of Birth

All Member contributions are payable net of the basic rate of tax (currently 20%). iPensions Group Limited will reclaim basic rate tax from HM Revenue and Customs and credit it to your SIPP cash account once received (typically up to eight weeks after the initial contribution has been paid).

If you are a higher rate tax payer, the difference between any higher rate and basic rate tax relief to which you are entitled can be reclaimed via self-assessment.

Please note that if you are not the Member named on the form but are paying a contribution on their behalf you will not be entitled to claim the difference between higher rate and basic rate tax relief.

8. Employer Contributions

If your Employer is to pay contributions on your behalf, please complete the following:

Is the Employer listed on a recognised stock exchange?

Yes

No

Please provide all of the following - for private or unlisted companies (including limited liability partnerships) only:

Names of all Directors

Names of all individuals who own or control over 25% of its shares or voting rights

Names of any individuals who otherwise exercise control over the management of the Company

For unincorporated businesses and partnerships:

Name(s) of principal(s) / partner(s) who exercise(s) control over the business or partnership

Name(s) of individual(s) who own or control more than 25% of the capital, profit or voting rights

For firms that are subject to regulation by or licensing with regulatory bodies such as OFGEM, OFWAT, OFCOM or European Union equivalent, then evidence of this is sufficient for verification purposes.

We reserve the right to request further information in order to complete customer due diligence.