

APPLICATION FORM

IMPORTANT INFORMATION:

- This application form is one document from a series of documents that you should read before proceeding, these include:
 - SIPP Terms and Conditions
 - > SIPP Key Features
 - > SIPP Fee Schedule
- Please read the Terms and Conditions as they are an important part of your agreement with us.
- Information in this Application Form is subject to current legislation and may change without prior notice.

ABOUT ADVICE:

- A SIPP is a pension product that requires you to actively manage your investments. We strongly recommend you seek advice from a financial adviser before applying for a ARC SIPP.
- We cannot give you any advice about whether a SIPP is suitable for you or what you should invest in. Our role is limited to administering your SIPP in line with HMRC rules and acting as a Trustee for the assets.
- We suggest that you seek independent financial advice from an advisor authorised by the Financial Conduct Authority (FCA) and their status can be checked on their website www.fca.org.uk/register.

ARC TRUSTEES LIMITED

Tel: 0161 940 9000 Email: mail@arctrustees.co.uk Web: <u>www.arctrustees.co.uk</u>

YOUR INFORMATION:

- When completing the Application Form, please include as much information as possible to enable us to process your application and establish your Self Invested Personal Pension Plan (SIPP).
- > Please use **BLOCK** Capitals only and dark ink.
- In order to enable us to carry out the necessary anti-money laundering checks to set up your SIPP, please provide us with certified 'true copies' (please <u>do not</u> send original documents in the post to us) of the following original forms of identification:
 - a) A copy of your Passport
 - b) A copy of your Driving Licence or a recent utility bill or bank statement (less than 3 months old)
- All of the information you (or a third party such as your financial adviser) give us is used by ARC Trustees Limited to administer your plan.
- The General Data Protection Regulation, also known as GDPR, came into effect on 25th May 2018. This is an EU regulation aimed at protecting the data rights of individuals.
- In order to provide you with services, we may need to process your personal data.
- Please see attached our Privacy notice (a copy of which can also be found at www.arctrustees.co.uk) for detailed information about how we use your personal data and your rights in relation to your personal data. If you would like us to send you a copy please contact us at <u>mail@arctrustees.co.uk</u>. Where we collect information from you on the basis of pursuit of a 'legitimate interest' (as identified and explained further in the attached Privacy notice), please note that you have the right to object to such collection and processing.
- ARC Trustees Limited is the registered data controller with the Information Commissioner's Office under registration reference: ZA196421.
- Please ensure that section Members Declarations has been signed and dated.
- ARC Trustees Limited acts as Trustee and Scheme Administrator to the ARC SIPP and is registered in England & Wales (Company No: 08818861). The Registered Office Address is: New Maxdov House, 130 Bury New Road, Manchester M25 0AA.
- > ARC Trustees Limited is authorised and regulated by the Financial Conduct Authority (FCA).

ARC SIPP APPLICATION FORM				
APPLICANT INFORMATION				
Title: First Name (Mr, Mrs, Miss, Ms, Other) First Name	s):	Surname:		
Date of D D M M Y	NI Numbe	r:		
Residential Address:				
City:	County:	Postcode:		
No of Years at Address:	Years Months	If less than 3 years , please provide details of previous address and length of time at that address on a separate sheet.		
Home Tel:	Office Tel:	Mobile:		
Email Address:	Gender: Male Female	Occupation:		
Marital Status: (Married, Single, Divorced, Widowed, etc.)				
Planned Retirement Age:	Are You a UK Resident	? YES NO		
Have you registered for Primary, En	nanced, Individual or Fixed	Protection? (Please tick)		
No Yes (if YES, please provide a copy of the HMRC Protection Certificate)				
ELIGIBILITY				
Please confirm your current status: (Please tick)				
Employed:	Self-employed:	Unemployed:		
Retired:	Other (please provide detail	ils):		
Are you a Director in any company? If so please give the name of the company(ies)				

EMPLOYMENT DETAILS				
Current Salary (approx.):	£			
Name of Employer:				
Address:				
Postcode:	Contact Na	me:		
INITIAL CONTRIBUTION				
Do you intend to make contributions to the SIPP? Yes No (if No go to Transfer Section)				
Please consult with your financial adviser before making contributions, to ensure that all contributions fall within tax allowable limits and that you do not lose any entitlement to protection				
Member's Net Personal Contribution:	£			
Employer's Gross Contribution:	£			
Frequency of Contribution (Please circle)	Single	Annual	Quarterly	Monthly
Gross Personal Contributions paid to all Registered Pension Schemes this tax year:				
Gross Employer Contributions paid to all Registered Pension Scheme this tax year.			£	
Once we have confirmed your membership of the SIPP, we will provide you with your SIPP bank account details to enable contributions to be paid electronically. If you wish to pay a contribution by cheque, please contact us.				

TRANSFER DETAILS

Please complete this section only if you wish to transfer benefits from other pension arrangements into your SIPP. (You or your financial adviser should request 'Transfer Forms' from the existing provider).				
Transfer 1		1		
Name of Transferring So	cheme:			
Name of Scheme Provid	ler:			
Address:				
Policy Number:				
Approximate Value (if known):			PSTR (if known)	
Are you drawing any be	nefits from	this plan?	No	Yes
If Yes , what percentage Allowance has been crys		ime		
Is the transfer value subject to a Pension No Yes Sharing Order?		Yes		
Transfer 2				
Name of Transferring Sc	cheme:			
Name of Scheme Provid	ler:			
Address:				
Policy Number:				
Approximate Value (if known):			PSTR (if known)	
Are you drawing any be	nefits from	this plan?	No	Yes
If Yes , what percentage Allowance has been crys		ime		
Is the transfer value sub Sharing Order?	ject to a Pe	ension	No	Yes
If you would like to tran application form.	nsfer addi	tional plans,	please copy this page	ge and attach it to the

EXPRESSION OF WISH FOR DEATH BENEFITS

You should complete this form to indicate who you would like to receive death benefits from your SIPP in the event of your death.

NOMINATION

I hereby advise ARC Trustees Limited that I wish to nominate all individuals who are Eligible Recipients (as defined in the Trust Deed and Rules) as the persons to whom you should consider allocating death benefits from my ARC SIPP.

EXPRESSION OF WISHES

Please accept the following as the valid expression of my wishes, which shall remain intact unless and until amended by me in writing.

I understand that the payment of death benefits is made at the discretion of ARC Trustees Limited, as the Scheme Administrator, and that this nomination is not binding upon them.

In the event of my death, my wishes are that you consider allocating any death benefits from my ARC SIPP between my Eligible Recipients as follows:

Full Name and Address of Beneficiary:	Relationship to you (if any)	Proportion of Benefit for this Beneficiary
	Total	100%

If you wish to name additional beneficiaries, please copy this page and attach it to the application form.

FURTHER INFORMATION ON YOUR WISHES

Please provide any alternative or additional instructions below:

FINANCIAL ADVISER DETAILS				
Adviser Name:	Company Name:			
Address:				
Postcode:	Telephone:			
Email:	FCA No:			
MEMBER DECLARATIONS				
I declare that by completing and signing	ng this application that:			
I agree to become a member of the ARC SIPP and agree to be bound by the Trust Deed and Rules of the ARC SIPP, as amended from time to time.				
I have received and read the SIPP documentation, including the SIPP Key Features, Terms and Conditions and Fee Schedule and I understand that ARC Trustees Limited will rely on these documents in providing me with my SIPP.				
I will notify ARC Trustees Limited immediately, if there is any change to my name, permanent residential address, if I stop being a UK resident, I am made bankrupt or if there are any changes to the information contained in this Application Form, as soon as I am aware that what is stated is no longer true and complete.				
I understand that ARC Trustees Limited acts as the Trustee and Scheme Administrator of the ARC SIPP.				
I accept that if I have appointed a financial adviser, I give authority for you to accept instructions from them as though received directly by me and to pay agreed adviser fees.				
I understand that ARC Trustees Limited do not provide advice or review advice provided by an appointed professional adviser or investment manager, other than to ascertain that any proposed investment is acceptable for the purposes of the relevant pensions legislation, the SIPP Trust Deed and Rules and their classification of 'standard' given the FCA definition at the time of assessment. ARC Trustees Limited can only comment on acceptability and classification of the asset and do not offer financial advice.				
I hereby give authority for ARC Trustees Limited to accept investment and disinvestment instructions from my appointed financial adviser and to liaise with them on all matters relating to my SIPP, including the disclosure of information. I fully understand that the responsibility for all decisions relating to the purchase, retention and sale of the assets of my SIPP fund, lies with me and my appointed adviser(s).				
I hereby indemnify ARC Trustees Limited from any claims in respect of my SIPP investments and decisions relating to them.				

- Until such time as I provide instructions to the contrary, I wish to nominate the persons listed in the Beneficiary Details section to receive any benefit payable under the ARC SIPP on my death, although I understand that this nomination does not bind the Trustees.
- I agree that the total member contributions (i.e. other than employer contributions) to my SIPP, in respect of which I am entitled to tax relief will not exceed the higher of:
 - ≻ £3,600
 - > My relevant UK earnings for that tax year
- I will notify ARC Trustees Limited if an event occurs, as a result of which I will no longer be entitled to relief on my contributions. I will give such notice in writing no later than:
 - > 5th April in the year of assessment in which the event occurs; or
 - > Within 30 days of the occurrence of the event.
- I will also notify ARC Trustees Limited immediately, if my relevant UK earnings are reduced or stop.
- I will not make contributions to my SIPP and/or take benefits from my SIPP as part of a tax-free cash re-cycling exercise (e.g. using scheme benefits to pay contributions).
- I confirm and accept that for transfers of capped drawdown benefits, if the income exceeds the maximum income limit, I will automatically be moved to *flexi-access drawdown* and be subject to the *Money Purchase Annual Allowance* rules.
- I accept that nothing in the SIPP Trust Deed and Rules shall entitle me to an unauthorised payment and that no unauthorised payment may be made from my SIPP. In the event that the SIPP inadvertently makes an unauthorised payment, not knowing at the time that the payment was or would be an unauthorised payment, I agree to the Scheme Administrator deducting the amount of any charge levied by HMRC from the funds held for me under the plan in order to pay the charge. If there are insufficient funds available in my SIPP, I agree to reimburse the Scheme Administrator the amount by which the charge exceeds the available value of my funds in the ARC SIPP.
- I agree that ARC Trustees Limited will be the sole owner of the assets held by my SIPP and I consent to ARC Trustees Limited opening a bank account for my SIPP.
- I have read and agree the charges outlined and I agree to pay the ARC SIPP fees as notified to me for the services and the fees will be deducted from my SIPP Bank Account.
- > I accept that I will receive a statement of my SIPP once every 12 months.
- I accept that the value of my SIPP fund may only be applied to provide benefits at the time I am entitled to take retirement benefits or upon my death.
- I consent to ARC Trustees Limited using and disclosing personal information to third parties in association with the administration of my SIPP, to enable them to complete their procedures in order to invest monies and administer the SIPP bank account, as explained in the SIPP documentation.
- I agree to the ARC Trustees Limited holding and processing my personal information as set out in the Privacy Notice, a copy of which has been provided to me with this Application Form.

To the best of my knowledge and belief, the information and statements included in this application and any additional documents provided are true and correct, whether in my handwriting or that of my appointed Financial Adviser and I understand that providing false information is a criminal offence and may lead to prosecution.		
Name of Applicant:		
Signature of Applicant:	Date:	

Checklist:

Please complete the following checklist of the documents being submitted:

Enclosed (please tick)

ARC SIPP Application Form

A copy of your Passport

A copy of Driving Licence or a recent utility bill or bank statement (less than 3 months old)

Transfer Forms (if appropriate)

Please send all of the above documents to:

ARC Trustees New Maxdov House 130 Bury New Road Manchester M25 0AA

ARC TRUSTEES LIMITED

New Maxdov House 130 Bury New Road Manchester M25 0AA

Tel: 0161 940 9000 Fax: 0161 940 9001

Email:mail@arctrustees.co.uk Web: www.arctrustees.co.uk



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