

FundsNetwork Self Invested Personal Pension provided by Standard Life. Standard Life Assurance Limited is the provider and administrator of the scheme and Standard Life Trustee Company Limited is the trustee of the scheme.



The FundsNetwork™ platform is a service provided by Financial Administration Services Limited (referred to herein as “FundsNetwork”), which is a Fidelity Group Company. When we refer to “Standard Life” we mean “Standard Life Assurance Limited”. The FundsNetwork SIPP provided by Standard Life is available exclusively to individual investors, through FundsNetwork. It is not available direct from Standard Life.

Form Code  
90720

# SIPP APPLICATION

## (for transfer, single or regular payments)

### WHO THIS FORM IS FOR

You should use this form to take out a FundsNetwork Self Invested Personal Pension provided by Standard Life (the “SIPP”) for the first time, or if you wish to make additional transfer payments or set up a regular payment to an existing plan. Both you and your Intermediary are required to complete this form. Your Intermediary will advise you on whether you are eligible for this contract and what options are most suitable for you. In the Application Form (FSIPP30), SIPP Key Features Document (FSIPP17) and SIPP Terms and Conditions (FSIPP62), “we”, “our” and “us” refer to Standard Life.

### DOCUMENTATION CHECK LIST

Please enter the Planholder's name:

Before sending off this form, mark an X in the relevant boxes below

I have enclosed a cheque, with this application form, payable to FIDELITY.

Please indicate the amount of the cheque

£

I have enclosed all the necessary documentation:

Letter from authorised representative. We cannot accept certified copies of birth or marriage certificates however, we can accept a letter from a named individual acting as your authorised representative (e.g. Intermediary), confirming that they have seen your original birth or marriage certificate and stating your name and date of birth. This letter must be an original on company headed paper and signed by the authorised representative

I have completed all the appropriate sections

I have read through all the declarations and signed where necessary

I have read and understood the SIPP Key Features Document (FSIPP17) which forms part of my agreement with Standard Life.

Please send your completed application to:

Fidelity International (IMS)  
PO Box 80  
TONBRIDGE  
TN11 9YA

**PLANHOLDER AND INTERMEDIARY DETAILS**  
Complete all of this section

1

**TRANSFERS**  
Complete this section if you wish to make a transfer payment(s)

2

**MEMBER AND/OR EMPLOYER PAYMENTS**  
Complete this section if you or your employer wish to make any regular or single payment(s)

3

**COMMISSION/FEEs AND INVESTING YOUR PAYMENTS**  
Complete all of this section

4

**INCOME DRAWDOWN INSTRUCTION**  
Complete this section if you want to take any benefits immediately

5

**PAYMENT OF DEATH BENEFITS**  
Complete all of this section

6

**IMPORTANT NOTICE, DECLARATIONS AND SIGNATURE**  
Complete all of this section

7

**MONEY LAUNDERING**  
For Intermediary use only



# NOTES ON HOW TO COMPLETE THIS APPLICATION FORM

By filling in this form you are applying to enter into a contract with Standard Life. This application will be the basis of the contract if Standard Life accepts your application. Standard Life will provide you with a copy of this form and the terms and conditions of the contract on request.

Until your application has been accepted by Standard Life, their liability is limited to a return of the payments you have made.

**It is a serious offence to give false statements. The penalties are severe and could lead to prosecution. You must tell us all the 'material' facts. These are facts that affect whether or not we can accept your application. You must tell us if any information changes before your plan starts. If you don't or you fail to tell us any other relevant information, it may make your plan void.**

## FILLING IN THIS FORM

Please use **BLOCK CAPITALS** to fill in this form and for any additional instructions you give us. Do not use correction fluid if you make a mistake. If you need to correct a mistake, please initial any changes you make.

You should remember that the Intermediary is acting on your behalf not only by giving you advice, but also regarding the completion of this form.

Your Intermediary will be able to help you complete the SIPP Application Form and provide more guidance as required. Your Intermediary will also be able to provide you with any of the additional documents mentioned in the Application Form.

Contracted-out benefits (which are Protected Rights (PR), Guaranteed Minimum Pension (GMP) or Section 9(2B) Rights built up in another pension scheme or policy) can be accepted into the SIPP from 1 October 2008 onwards. If we receive your form before that date and a transfer payment includes contracted-out benefits, we will ask the transferring scheme not to send the contracted-out portion of the transfer payment to us until 1 October 2008.

## FOR ADVISER USE ONLY

Please use this checklist to ensure that all required sections of this form have been completed before submitting an application. Completion of this checklist does not guarantee the application is in good order.

### Section 1 - Personal Details

Title	<input type="checkbox"/>
Name	<input type="checkbox"/>
Address	<input type="checkbox"/>
NINO	<input type="checkbox"/>
DOB	<input type="checkbox"/>
Marital Status	<input type="checkbox"/>
Occupation	<input type="checkbox"/>
Employment Status	<input type="checkbox"/>
Gross Annual Income	<input type="checkbox"/>
Eligibility	<input type="checkbox"/>

### Section 3 - Payment Information

Who is paying?

Employee	<input type="checkbox"/>
Employer	<input type="checkbox"/>
Employee paying Employer	<input type="checkbox"/>
3rd Party	<input type="checkbox"/>
Gross amount for single payments	<input type="checkbox"/>
Source of wealth	<input type="checkbox"/>

### Section 3e - Making payments through your employer

Net amount of payment	<input type="checkbox"/>
Frequency ( Q2 )	<input type="checkbox"/>
Date ( Q3)	<input type="checkbox"/>

### Regular Payment (MSP)

Gross Amount	<input type="checkbox"/>
Frequency	<input type="checkbox"/>
Start Date	<input type="checkbox"/>
DDM fully completed	<input type="checkbox"/>

### Section 4a - Commission

Completed or crossed through (n/a)Date ( Q3)	<input type="checkbox"/>
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### Section 4b - Investment Details

Fund choice selected and fund codes given	<input type="checkbox"/>
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### Section 7 - Declaration

Signed and dated in full	<input type="checkbox"/>
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# The SIPP FSIPP30

Please complete in BLOCK CAPITALS using BLACK INK.

**PLEASE NOTE:** Any applications received that are not completed correctly may incur delays or may have to be returned to you.

Form Code

90721

Source Code

## 1. Planholder and Intermediary Details

### 1a Planholder's Details

The information supplied will be held in the strictest confidence and is subject to the provisions of Data Protection legislation.

Title (Mr/Mrs/Miss/Ms/Other e.g. Dr/Rev)

Surname

B

First Name(s) in Full

Applicant's Permanent Residential Address ("Care Of" and PO Box not acceptable.)

House Name and/or Number and Street, City, County and Country Details

  
  
  


Home Telephone Number

Daytime Telephone Number (in case of query)

National Insurance Number (Will be 9 characters: 2 letters, 6 numbers followed by the letter A, B, C, or D.)

Date of Birth

 /  / 

Postcode

 - 

Existing Client? (please mark an X in the box)

Fidelity Account or Client Number (if known)

Gender

(please mark an X in the relevant box)

Male  or Female

YES  or NO

Marital Status (please mark an X in the relevant box)

Married/Civil Partnership  or Single  or Separated  or Divorced/Dissolved Civil Partnership  or Widowed/Surviving Civil Partner

A civil partnership is a legal contract between two partners of the same sex.

Are you taking your benefits immediately?

The minimum age that you can take your benefits from is age 50. This will change to 55 on 6 April 2010. If you are transferring as part of a block transfer you may be able to take your benefits earlier than 55. The maximum age at which you can take your tax-free lump sum is the day before your 75th birthday. Speak to your Intermediary for further details.

If the plan is being set up to receive transfers from other pension providers are you a dependant of the person who was the original member of the scheme from which the transfer is taking place?

YES  or NO

If 'No', at what age would like to start taking your benefits?

(We will assume the day before your 75<sup>th</sup> birthday if you leave this blank)

If 'Yes', please give the name and date of birth of the original member.

Name of Original Member

Date of Birth of Original Member

 /  / 

Are you currently (please mark an X in the relevant box)

Employed  or Self-Employed  or Not Employed  or Full Time Education  or Pensioner  or Carer for a person under age 16  or Carer for a person over age 16  or Under 16  or Other

Please mark X in the 'Pensioner' box if you are chargeable to 'Schedule E' tax on a retirement pension. If you fall into more than one category please mark X in the most appropriate box

If other, please specify

### 1b Eligibility

To be eligible for this plan, you must answer 'Yes' to one of the following questions:

1. Are you resident in the UK for tax purposes? YES  or NO  If 'No', go to question 2. If 'Yes', go to Section 1c.  
If you are in any doubt as to whether or not you are 'resident in the UK' you should check with your UK tax inspector.

2. Are you a Crown Servant performing duties abroad, or married to or in a civil partnership with such a Crown Servant? YES  or NO  If 'No', please speak to your Intermediary.

If you are in any doubt as to whether or not you are a 'Crown Servant performing duties abroad', you should check with your payroll department. If you move abroad after taking out a SIPP, there may be restrictions on moving money into FundsNetwork funds.

1c Occupational Pension Schemes

1. Are you a member of your employer's occupational pension scheme? YES  or NO

An occupational pension scheme is an employer's pension scheme which promises to provide you with a pension and / or a lump sum on retirement.

It does not include:

- (i) any personal pension scheme, or group personal pension scheme, even if your employer pays into it;
- (ii) any stakeholder pension scheme, or group stakeholder pension scheme, even if your employer pays into it;
- (iii) any scheme which pays benefits only on your death; or
- (iv) any scheme which is not registered with HM Revenue & Customs.

The scheme is not necessarily run directly by your employer. It may be a scheme for employees within a particular trade or industry run by a representative body and to which your employer pays.

2. Have you opted out of an occupational pension scheme or are you planning to opt out of an occupational pension scheme in favour of making payments to this plan? YES  or NO

3. Have you chosen not to join an occupational pension scheme which you are currently eligible to join, or which you will be able to join at the end of a specified waiting period, in favour of making payments to this plan? YES  or NO

1d Intermediary Details

This section should only be completed by Intermediaries. Please enter the appropriate details here and avoid supplying information on separate sheets. The 'Contact Name' we require is the name of the 'Registered Individual' who advised on the Self Invested Personal Pension.

Agency Name  
 H E R I T A G E F I N A N C I A L S R V C S

Contact Name  
 \_\_\_\_\_

Unique Adviser Number: 5 6 6 1 2 8

FSA Firm ref No. — I confirm that I am registered with the FSA to conduct business and my authorisation number is: \_\_\_\_\_

Email Address  
 \_\_\_\_\_

Telephone Number(s)  
 \_\_\_\_\_  
 \_\_\_\_\_

1e Sales Details

Please confirm that advice has been given YES  or NO

By completing this section, you are confirming that you are taking responsibility for submitting this piece of business for your client. (Please note, that we will return any form containing pension transfer business if you do not complete this section.)

Company Stamp  
 HERITAGE FINANCIAL SRVCS  
 90A PYLE STREET  
 NEWPORT  
 ISLE OF WIGHT  
 UNITED KINGDOM  
 PO30 1UJ

Please note that the company stamp box must be stamped.

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# The SIPP

Please complete in BLOCK CAPITALS using BLACK INK.

**PLEASE NOTE:** Any applications received that are not completed correctly may incur delays or may have to be returned to you.

Form Code

90722

## 2. Transfers

### Important Notes on Transferring Benefits

**You only need to complete this section if you wish to transfer benefits from another pension scheme or policy.**

- You should understand the potential risks of pension transfers, which are summarised in the Key Features Document (FSIPP17).
- If you are transferring more than 1 plan, please photocopy page 6 of the Application Form for additional plans and when complete, attach the photocopies to the Application Form.
- Assets from another pension scheme or policy can be transferred '**in-specie**'. This means transferring the ownership of the asset instead of its cash value. If you wish to transfer assets 'in specie', please provide us with a list of the assets you wish to transfer. This will allow us to check that the assets on the list are acceptable to us. If the assets are not acceptable to us, we will advise both your current provider and your Intermediary. Your Intermediary will provide you with further advice if this is the case. Please refer to the Key Features Document (FSIPP17) for information on the charges for this type of transfer.
- If you wish to make use of our Alternatively Secured Pension (ASP) feature, and you wish to take a tax-free lump sum you must choose to take it before your 75th birthday.
- **Transfer payments can be made by BACS, cheque or telegraphic transfer and should be made payable and sent to Standard Life.**  
If the transfer payment includes funds in drawdown, a 'Drawdown to Drawdown Transfer Certificate' (SLSIP32A) should be completed by the transferring scheme administrator. We cannot process the drawdown to drawdown transfer until we receive this.
- If you do not receive plan documentation from Standard Life within 4-6 weeks of submitting your transfer application, please contact your existing provider for a progress report. (Please note; pension transfers can take upwards of 4 - 6 weeks on average to complete. However, depending on your existing provider, the transfer may take up to 6 months to complete.)

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Reference / Policy Number

Your 'reference number' or 'policy number' is available from your previous employer or pension manager and is normally shown on your annual statement of benefits.

Transferring Scheme Name

Name and address of the administrator of the transferring scheme

  
  
  


Telephone Number

Postcode

 - 

Contact Name at Administrators

1. What is the estimated total value of this transfer payment?

£

Please provide a split of this transfer payment as follows:

• Ordinary (non contracted-out) Benefits

a) Value of the ordinary (non contracted-out) benefits

£

b) How much of the ordinary benefits is in drawdown?

None  or All  or

£

• Contracted-out benefits

c) Value of the contracted-out benefits

£

d) How much of the contracted-out benefits is in drawdown?

None  or All  or

£

e) Cash value of Protected Rights in respect of employment before 6 April 1997.

£

f) Cash value of Protected Rights in respect of employment after 5 April 1997.

£

g) Cash value of Guaranteed Minimum Pension.

£

h) Cash value of Section 9 (2B) Rights.

£

2. Is this transfer payment part of a block transfer?

YES  or NO

If 'Yes', please call Fundsnetwork on 0800 023 41 41 for further information.

A block transfer is an option where at least 2 members transfer their benefits from one scheme to another. (Not all members of the scheme must transfer). Both the ceding and new scheme must be the same for both members and the transfer should be made as one payment to the new scheme. This protects the members rights to a tax-free lump sum over 25% or an early retirement age. This protection can only apply to one block transfer.

3. Are any of the assets to be transferred 'in-specie'?

YES  or NO

Eligible funds can be transferred in-specie from Small Self Administered Schemes, Self Invested Personal Pensions or Executive Personal Pension Schemes.

4. Does any part of the transfer payment relate to pension benefits from your ex-spouse/ex-civil partner on divorce/dissolution of a civil partnership?

YES  or NO

If 'No' go to question 6.

5. Was any part of your ex-spouse's/civil partner's pension already in payment at the time of the divorce/dissolution of the civil partnership?

YES  or NO

If 'Yes', we'll ask the transferring scheme to confirm what proportion of the transferred funds this applies to.

6. Is the scheme or plan you are transferring from an occupational pension scheme?

YES  or NO

A transfer from an occupational pension scheme can only be accepted if you have received financial advice (see Section 1c).

# The SIPP

Please complete in BLOCK CAPITALS using BLACK INK.

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Form Code

90723

## 3. Member and/or Employer Payments - Regular or Single Payment(s)

You only need to complete this section if you or your employer wish to make a regular or single payment(s)

### General Notes On Payments

- If you are self-employed any payments made from the partnership bank account should be reimbursed, as applicable.
- **Enhanced Protection:** If you have registered for Enhanced Protection (see Section 5) you cannot make any payments so you should not complete this section. Please now go to Section 4.
- If you 'recycle' a tax-free lump sum you may face a tax charge. Leaflet FGEN449 - 'Recycling of lump sums' explains what recycling means and what the tax consequences are.
- The minimum payment you can make to set up the plan is £300 a month, £3,000 a year or a single payment of £10,000. (All figures shown are gross).
- If you or your employer choose to have automatic yearly increases, then these increases apply to ALL regular payments.
- Single payments must be made by cheque. Remember to enclose the cheque(s) with this application form.

### 3a Details of your Payments

You only need to complete this section if you are making regular or single payments to your plan. Otherwise go to section 3b.

#### Regular Payments

1. Please state the regular **GROSS** amount you wish to pay into your plan. £

2. How often do you want to make the payments stated above?

Monthly	or	Yearly
<input type="checkbox"/>		<input type="checkbox"/>

- You must make regular payments by Direct Debit.
- Regular monthly payments must be due on the same day each month. Regular yearly payments must be due on the same day and month each year.
- The amount you pay will be less than the gross amount that you have agreed to pay. This is because Standard Life reclaim basic-rate tax on your behalf. If you pay tax at the higher rate, you can claim the rest of the relief through your tax return.
- You can make occasional payments at any time. You can stop, restart, increase or decrease your payment at any time. You will not be charged for this.

3. Please choose a date for your first regular payment between the 1<sup>st</sup> and 28<sup>th</sup> of the month.  /  /  2 0 0

The first payment date must be a date after the date you submit the application form. If the due date falls on a weekend or bank holiday, your account will be debited within two working days. Depending on investments you have chosen to make regular payments into, your payments may not be invested into your chosen funds until later in the month.

#### Single Payments

If making a single payment please state the **GROSS** amount. £

Cheques must be for the **NET** amount (i.e. less basic rate tax) and made payable to Fidelity.

Please state the (NET) cheque amount. £

### 3b Employer's Details

You only need to complete this section if payments to your plan are being made through your employers bank account. Otherwise go to Section 3e.

#### Employer's Name

#### Company Address

Building Name and/or Number and Street, City, County and Country Details

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

#### Postcode

<input type="text"/>	-	<input type="text"/>
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**3c — Details of your Employer's Payments**

You need only complete this section if your employer is making payments to your plan including salary sacrifice payments. Otherwise go to section 3d. (Salary sacrifice is the process of giving up part of your normal salary in return for an employer payment to your pension plan).

**Regular Payments**

1. Please state the regular **GROSS** amount your employer wants to pay into this plan. £

2. How often will your employer make the payments stated above?  Monthly **or**  Yearly

3. Please choose a date for your employer's first regular payment between the 1<sup>st</sup> and 28<sup>th</sup> of the month.  /  / 200

**Contribution Controls**

Contribution controls legislation will apply to all your employer's payments. This means that Standard Life must make a report to The Pensions Regulator if any payments are **not made** by your employer. Any payments made in respect of one month must be received by the 19<sup>th</sup> of the following month.

The legal requirements on employers who are subject to contribution controls legislation mean that Direct Debit can only be used as a payment method if we receive payments at the same frequency as you are paid.

**Single Payments**

4. If your employer wants to make a single payment please state the **GROSS** amount. £

Your employers cheque must be for the Gross amount and made payable to Fidelity.

**3d — Making Payments through your Employer**

You only need to complete this section if you will be making payments through your employer by salary deduction. Otherwise go to Section 3e.

Salary deduction is where your own net payments are deducted from your salary and passed to Standard Life by your employer. This removes the need for a direct debit instruction on your personal account.

1. Please state the total **NET** amount of any payments. £

2. How often will your employer make the payments?  Monthly **or**  Yearly **or**  Single

3. Please choose a date for your first regular payment between the 1<sup>st</sup> and 28<sup>th</sup> of the month.  /  / 200

4. On which date will your employer start deducting payments?  /  / 200

5. How often will payments be deducted?  Weekly **or**  Monthly **or**  Yearly **or**  Other

6. If 'Weekly' which day of the week will they be deducted on?

7. If 'Monthly' which date (between 1<sup>st</sup> and 28<sup>th</sup>)

We need to be able to tell when each regular payment is deducted from your salary, e.g. for a regular payment due to be paid to us in January, please advise the date(s) payment will be deducted from your salary.

8. If 'Other', please give details.

**3e — Source of Wealth and Occupation Details**

Due to Financial Services Authority (FSA) requirements we are required to obtain information about the source of your payment before we can accept your application. Please indicate below how you acquired the money you are investing.

Salary/Bonus	Compensation payment	Inheritance	Sale of company	Divorce settlement	Lottery/betting win	Sale of investments	Gift	Savings	Policy claim/maturity	Sale of property	Other (please give details)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please specify

Occupation

What is your Gross Annual Income - please indicate which income band applies to you:

Under £10,000	£10,000 to £14,999	£15,000 to £19,999	£20,000 to £24,999	£25,000 to £29,999	£30,000 to £39,999	£40,000 to £49,999	£50,000 or more
<input type="checkbox"/>	<b>or</b> <input type="checkbox"/>	<b>or</b> <input type="checkbox"/>	<b>or</b> <input type="checkbox"/>	<b>or</b> <input type="checkbox"/>	<b>or</b> <input type="checkbox"/>	<b>or</b> <input type="checkbox"/>	<input type="checkbox"/>

OFFICE USE ONLY

# The SIPP

Please complete in BLOCK CAPITALS using BLACK INK.

**PLEASE NOTE:** Any applications received that are not completed correctly may incur delays or may have to be returned to you.

Form Code

90724

## 3f Automatic Yearly Increases

You only need to complete this section if you wish any regular payments (including existing ones) to increase automatically each year. If there are no regular payments being made, please go to section 3g.

If you choose this option, Standard Life will automatically apply the increases on the anniversary of the first payment date, unless you specify otherwise. If the date you choose falls within 3 months of the date Standard Life sets up your plan, Standard Life will not increase the payments until your chosen date in the following year. You can only choose this option if you are paying by Direct Debit.

Please note, if you invest in mutual funds then the 'increase amount' will not be automatically invested in the selected mutual funds. Instead it will be placed in the SIPP Bank Account.

You must select where you want to invest the 'increase amount' after the increase payment has been collected.

1. Do you wish all payments to increase in line with the National Average Earnings?  YES **OR**  NO If 'No', answer question 2. If 'Yes', go to question 3.
2. Choose a percentage between 1% and 10% of your previous year's payments.  %
3. When do you want the first automatic increase to occur?  /  /

## 3g Direct Debit Instruction

Complete the Direct Debit instruction to instruct your bank/building society to make payments from your account. Please ensure that the instruction is signed and dated and the Direct Debit Guarantee is detached before this form is returned to us.

Where there is more than one payer making a regular payment (employer or member) a separate Direct Debit Instruction is required. Please photocopy this page of the Application Form as necessary.

**Instruction to your Bank or Building Society to pay by Direct Debit.** Please pay Standard Life 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 Standard Life and, if so, details will be passed electronically to my Bank/Building Society. Banks and Building Societies may not accept Direct Debit Instructions for some types of accounts.

Name(s) of Account Holder(s) — THIRD PARTIES ARE NOT ACCEPTED OTHER THAN FROM YOUR EMPLOYER.

Name and Address of Bank or Building Society

To: The Manager

  

Bank/Building Society Account Number

Branch Sort Code



Originator's Identification Number: 991524

Originator's Reference Number (Office Use Only)

Signature (YOU MUST SIGN HERE).



Date

 /  / 2 0 0 

We have provided an additional Direct Debit instruction below for additional payments from another Bank or Building Society account.

Complete the Direct Debit instruction to instruct your bank/building society to make payments from your account. Please ensure that the instruction is signed and dated and the Direct Debit Guarantee is detached before this form is returned to us.

Where there is more than one payer making a regular payment (employer or member) a separate Direct Debit Instruction is required. Please photocopy this page of the Application Form as necessary.

**Instruction to your Bank or Building Society to pay by Direct Debit.** Please pay Standard Life 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 Standard Life and, if so, details will be passed electronically to my Bank/Building Society. Banks and Building Societies may not accept Direct Debit Instructions for some types of accounts.

Name(s) of Account Holder(s) — THIRD PARTIES ARE NOT ACCEPTED OTHER THAN FROM YOUR EMPLOYER.

Name and Address of Bank or Building Society

To: The Manager

  

Bank/Building Society Account Number

Branch Sort Code



Originator's Identification Number: 991524

Originator's Reference Number (Office Use Only)

Signature (YOU MUST SIGN HERE).



Date

 /  / 2 0 0 

## 3h Money Laundering Regulations

To comply with Money Laundering Regulations 2007, FundsNetwork and/or Standard Life may verify your identity by carrying out an on-line check with a reference agency. Where an on-line check is carried out, the agency will verify your identity against public records and it will also check your credit history (but will not disclose any information about your actual borrowings). The agency will add a note to show that an identity check was made to your credit file, but this information will not be available to any third parties. If the on-line check does not confirm your identity, FundsNetwork and/or Standard Life will carry out a manual check. Please note: 'Your identity' includes the identity of the planholder and any legal guardian.

## 4. Commission/Fees and Investing your Payments

### General Notes on Commission

You have a choice between fees, commission charges or a combination of the two.

- Initial Commission: we will take a charge of 0.1% for each 0.1% of commission we pay, up to a maximum of 5% of the total payment.
- Fund Based Renewal Commission: we will take a charge at a yearly rate of 0.01%, which will be deducted from your plan for every 0.01% of commission we pay up to a maximum of 0.5%.
- Fund Based Renewal Commission can continue after age 75 if you choose Alternatively Secured Pension (ASP).
- Funded Initial Commission: we will take a charge of 0.2% for each 1% of commission taken for 6 years.
- If Funded Initial Commission is selected and you buy an annuity or make a transfer payment within 6 years, a transfer charge will apply.
- Funded Initial Commission is not available if you are aged 69 or over.
- Funded Initial Commission is not available if the single payment(s) is under £10,000.

### 4a Commission and/or Fees for your Intermediary

If your Intermediary is **not** taking commission and/or fees please mark an X in the box  and go to section 4b for transfer/single payments or 4c for regular payments.

1. If you are taking your tax-free lump sum now, do you want us to pay your Intermediary commission:
  - a) On the full value **before** the tax-free lump sum is paid
  - b) On the full value **after** the tax-free lump sum is paid
2. If you are applying to make more than one transfer payment then initial commission can be paid either on receipt of each transfer value payment, or after **all** transfer value payments have been received. Please choose which option you want below:
  - a) As each transfer value payment is received (If you are taking your benefits immediately and choose this option, it will reduce the amount of tax-free lump sum available to you)
  - b) After all transfer value payments have been received.

**Funded Initial Commission will always be paid as each transfer payment is received.**

### Commission Types

#### Commission Mix Guidance Notes

Intermediaries can take a mixture of Initial Commission and Funded Initial Commission but please note that the maximum mix is 5%, of which Funded Initial Commission cannot exceed 3%.

Fund Based (Trail) Commission is automatically paid at the FundsNetwork default rates, in addition to all other options available.

Additional SIPP wrapper based renewal commission can be considered independently of any other commission types.

#### Commission Reminder

	Initial Commission	Funded Initial Commission
	Max 5% (steps of 0.1%, a one-off charge taken from your plan)	Max 3% (steps of 0.1%, a monthly charge taken from your plan for 6 years)

	Fund Based (Trail) Commission	Fund Based Renewal Commission
	If you have chosen FundsNetwork funds, your Intermediary will be paid Fund Based (Trail) Commission on a quarterly basis at the FundsNetwork default rates. Your Intermediary can give you more information about the commission payable on this investment.	Max 0.5% (steps of 0.1%, an annual charge) - this type of commission is taken on an ongoing basis, and is calculated on the total value of your SIPP.
<b>Standard FundsNetwork Trail</b>	<b>% only</b> <input style="width: 50px;" type="text"/>	<b>% only</b> <input style="width: 50px;" type="text"/>
<b>Standard FundsNetwork Trail</b>	<b>% only</b> <input style="width: 50px;" type="text"/>	<b>% only</b> <input style="width: 50px;" type="text"/>
<b>Standard FundsNetwork Trail</b>	<b>% only</b> <input style="width: 50px;" type="text"/>	<b>% only</b> <input style="width: 50px;" type="text"/>
<b>Standard FundsNetwork Trail</b>	<b>% only</b> <input style="width: 50px;" type="text"/>	<b>% only</b> <input style="width: 50px;" type="text"/>

	Payment Types	Initial Commission	Funded Initial Commission
		<b>% only</b> <input style="width: 50px;" type="text"/>	<b>% only</b> <input style="width: 50px;" type="text"/>
	<b>Transfer payment(s)</b>	<b>% only</b> <input style="width: 50px;" type="text"/>	<b>% only</b> <input style="width: 50px;" type="text"/>
	<b>Regular payment(s)</b>	<b>% only</b> <input style="width: 50px;" type="text"/>	<b>Not available</b>
	<b>Your single payment(s)</b>	<b>% only</b> <input style="width: 50px;" type="text"/>	<b>% only</b> <input style="width: 50px;" type="text"/>
	<b>Your employer's single payment</b>	<b>% only</b> <input style="width: 50px;" type="text"/>	<b>% only</b> <input style="width: 50px;" type="text"/>

Fund Based Renewal Commission is available yearly or monthly. We will pay yearly unless specified. Please mark an X in the box if your Intermediary would prefer to receive monthly payments.

OFFICE USE ONLY





Please complete in BLOCK CAPITALS using BLACK INK.

**PLEASE NOTE:** Any applications received that are not completed correctly may incur delays or may have to be returned to you.

Form Code

90726

## 5. Income Drawdown Instruction

### 5a Income Drawdown Options

You only need to complete this section if you plan to take Income Drawdown or a Tax-Free Lump Sum from your plan immediately. Otherwise go to Section 6.

Please note, this section does not include the option to buy an annuity. If you wish to buy an annuity please call or write to us with your requirements. You should speak to your Intermediary to see if you are eligible to take your benefits before completing this section.

We will normally wait until we have received all your payments into the plan before starting to pay your benefits. The actual tax-free lump sum payment will depend on the value of the plan at the date the lump sum is paid.

If you wish to take these benefits immediately please ensure you set aside enough money in the SIPP Bank Account for any Tax-Free Lump Sum and/or to maintain a minimum 6 months of income.

If you would like further income after 6 months, you need to ensure there is enough money in the SIPP Bank Account to cover further income payments.

If you wish your income to be paid to any overseas bank account, or if this form cannot capture your requirements then please give us separate signed written instructions.

If you, your employer or third party have been making regular payments to your plan, will these payments continue after income drawdown starts? YES  OR NO

Please choose one of the following options:

#### Option 1 — You want to take all your benefits now.

If you select Option 1, please complete the Income Details section below, and then go straight to Section 5c.

Do you wish to take all of your tax-free lump sum now? YES  OR NO  If 'No', how much money do you want to take? £  If you select 'No' you will not have another option to take any tax-free lump sum from these benefits in the future.

If you select Option 2, to provide these benefits, Standard Life will start with the transfer or single payment with the highest available tax-free lump sum. If you wish to request a different order, please supply this in writing and attach it to this form.

#### Option 2 — You want to take your benefits in phases.

If you select Option 2, please complete the Income Details section below, and then go to Section 5b

How much tax-free lump sum do you want now? £

For both Option 1 and Option 2, you may not get the specific tax-free lump sum and the specific income you request. We will contact your Intermediary if this is the case. Please now go to Income Details below.

#### Income Details

1. What rate of tax do you pay? (Please mark an X in the relevant box)

Basic-rate tax-payer	Higher-rate tax-payer	Non tax-payer
<input type="checkbox"/>	OR <input type="checkbox"/>	OR <input type="checkbox"/>

Note: If you are a non tax-payer, we require evidence of your non-paying status or a P45, otherwise we will deduct tax at the basic rate.

2. Have you registered for:

Primary protection	Enhanced protection
<input type="checkbox"/>	OR <input type="checkbox"/>

Note: If you have registered for any protection please contact us to confirm when the protection from HM Revenue & Customs is in place. If you have registered for enhanced protection you should not have completed Section 3 of this form. Please speak to your Intermediary.

3. When do you want to take your first (income) payment? (between 1<sup>st</sup> and 28<sup>th</sup>):

/  /  2 0 0

Unless otherwise stated, the start date will be on receipt of transfer.

4. Do you want your taxable income to be:

The minimum and maximum income limits available to those aged 75 or over are different to the limits available to those under age 75. To find out the income limits that apply to you, please speak to your Intermediary.

Minimum limit	Maximum limit	Percentage of maximum limit (please specify)	Specified amount per payment before tax (subject to minimum and maximum limits)
<input type="checkbox"/>	OR <input type="checkbox"/>	<input type="text"/> % OR	£ <input type="text"/>

5. How often would you like your income to be paid?

Once a month	Once every 3 months (quarterly)	Once every 4 months (termly)	Once every 6 months	Once a year
<input type="checkbox"/>	OR <input type="checkbox"/>	OR <input type="checkbox"/>	OR <input type="checkbox"/>	<input type="checkbox"/>

6. Will you reach age 75 in the next 6 months?

YES  OR NO

If 'Yes', we will contact you 6 weeks before your 75th birthday. Please now go to Section 5b.

You must choose to take your tax-free lump sum before your 75th birthday.

**5b Account Details**

To enable Standard Life to pay any benefits, please provide your bank/building society details below.

Name and Address of Bank or Building Society

To: The Manager

Bank/Building Society Account Number

Branch Sort Code

Name of Account/Roll Number to be credited

Your building society's own bank details: With some building society accounts Standard Life are required to credit the society's own bank account and they then credit your personal account. Please check with your building society to see if this is necessary. If it is, then please ask them to supply the following information.

Building Society Name

Branch Sort Code

Account Number/Roll Number

**5c Recycling of lump sums**

1. Because of the lump sum in Section 5a, will the future payments made by you, your employer and any third party on your behalf, to this plan or to any other pension plan, be significantly greater than they otherwise would be?
2. Were the payments already made by you, your employer and any third party on your behalf, to this plan or to any other pension plan, significantly greater than they otherwise would have been if you had not been expecting to receive the lump sum in Section 5a?

YES  or  NO

To be 'significantly greater' the total increase in payments must be more than 30% of the lump sum.

If you answer 'Yes' to either question, please read factsheet FGEN449 - Recycling of lump sums - which explains what recycling means and what the tax consequences are.

If you are recycling you must tell us within 30 days.

**5d Lifetime Allowance Checks**

1. Have you ever taken any tax-free lump sum or pension from another pension scheme or policy?
2. Are you about to take retirement benefits from another pension scheme or policy?
3. If you have answered 'Yes' to either question 1 or 2 have you exceeded your lifetime allowance?

YES  or  NO

If you answer 'Yes' to any of these questions we will contact you for more details.

**Declaration**

I declare that my answers to the above questions are correct.

Signature  
(YOU MUST SIGN & DATE HERE)

X

X

Date

2 0 0

OFFICE USE ONLY

Please complete in BLOCK CAPITALS using BLACK INK.

**PLEASE NOTE:** Any applications received that are not completed correctly may incur delays or may have to be returned to you.

Form Code

90727

## 6. Payment of Death Benefits

### 6a — Instruction for Payment of Death Benefits

#### Who can receive pension benefits?

Pension benefits can only be paid to dependants. A dependant is your spouse/civil partner, any children who are under 23, anyone who is dependent on you because of disability or any person who is financially dependent on you. It also includes someone whose financial relationship with you is one of mutual dependence. If you have no dependants, please go straight to Section 6c.

Protected rights legislation dictates the death benefits that must be paid from your contracted-out benefits. See 'What happens to my Contracted-out benefits?' below.

#### What are post pension date accounts?

Your fund under the SIPP is placed in one or more accounts. You can start to take benefits from different accounts at different times. Any accounts from which you are withdrawing income when you die are known as **post pension date accounts**. You can nominate one or more of your dependants to receive pension benefits from your post pension date accounts on your death.

#### What choices does a dependant have if I die before age 75?

Each dependant who is nominated to receive a pension from your post pension date accounts can:

- take their share of the fund under those accounts as a lump sum instead (subject to a 35% tax charge), or
- buy an annuity with their share of the fund under those accounts, or
- withdraw income from their share of the fund under those accounts and, if they wish, buy an annuity later.

If your dependant is a child we will only offer them the first two options. If they choose to buy an annuity, they will have to buy it from another insurance company. They cannot buy it from Standard Life.

#### What choices does a dependant have if I die on or after age 75?

If you die on or after your 75th birthday we must use your Alternatively Secured Pension (ASP) fund to provide pension benefits for your dependants. We'll choose the dependants if you haven't given us any instructions. Each dependant who is nominated to receive a pension from your post pension date accounts can:

- buy an annuity with their share of the fund under those accounts, or
- withdraw income from their share of the fund under those accounts and, if they wish, buy an annuity later.

If your dependant is a child we will only offer them the first option. The annuity will have to be bought from another insurance company. They cannot buy it from Standard Life.

If you have no dependants we can only pay the ASP fund as a lump sum to a charity. We'll choose the charity if you haven't given us any instructions.

#### What happens to my Contracted-out benefits?

##### • No surviving spouse/civil partner

If you die before age 75 and have no surviving spouse/civil partner, we must use any contracted-out funds still in your SIPP to pay a lump sum according to your instructions, or to your estate if you have not given any instructions. If you die aged 75 or older and have no surviving spouse/civil partner we must use any contracted-out funds still in your SIPP to provide an income or pension to one or more of your nominated dependants or, if you have no dependants, to provide a lump sum to your nominated charity.

##### • Surviving spouse/civil partner

If you are survived by your spouse/civil partner, we must use any contracted-out funds in your SIPP to pay an income or pension to them.

You can change your instructions at any time by completing a new form 'Instruction for payment of death benefits' (FSIPP36). If this form cannot capture your requirements please give us separate signed written instructions and attach these to this form. You should speak to your Intermediary if you need help completing this section.

**Complete Section 6b to give instructions for payment of pension benefits to your dependants.**

**Complete Section 6c to give instructions for payment of lump sum death benefits.**

**Complete Section 6d if you have established a trust and wish any lump sum death benefits to be paid to that trust.**

### 6b — Dependants you want to receive Pension Benefits

If you die before age 75, the instructions you give here will only apply to your ordinary benefits. If you die aged 75 or older, the instructions will also apply to your protected rights if you don't have a spouse or civil partner.

If you have no dependants, or you do not wish any dependants to receive pension benefits, go to Section 6c.

If you want one or more of your dependants to receive pension benefits from your post pension date account(s) please provide their details below. If you name more than one dependant, please indicate the percentage of the post pension date fund you want each dependant to receive. If you wish to name more than 3 people, please photocopy this page and complete it as necessary, then attach it to this form. This information will allow us to act promptly according to your wishes.

**Note: The term 'post pension date account(s)' applies to drawdown both before and after age 75.**

#### Dependant 1

Title (Mr/Mrs/Miss/Ms/Other e.g. Dr/Rev)

Surname

First Name(s) in Full

Dependant's Permanent Residential Address ("Care Of" and PO Box not acceptable.)

House Name and/or Number and Street, City, County and Country Details

  
  
  


Date of Birth

 /  / 

Relationship to you

Postcode

 - 
 % (percentage of the fund you wish this person to receive)

#### Dependant 2

Title (Mr/Mrs/Miss/Ms/Other e.g. Dr/Rev)

Surname

First Name(s) in Full

Dependant's Permanent Residential Address ("Care Of" and PO Box not acceptable.)  
House Name and/or Number and Street, City, County and Country Details


Date of Birth

	/		/	
--	---	--	---	--

Relationship to you

--

Postcode

	—	
--	---	--

	%	(percentage of the fund you wish this person to receive)
--	---	--

**Dependant 3**

Title (Mr/Mrs/Miss/Ms/Other e.g. Dr/Rev)

--

Surname

--

First Name(s) in Full

--

Dependant's Permanent Residential Address ("Care Of" and PO Box not acceptable.)  
House Name and/or Number and Street, City, County and Country Details


Date of Birth

	/		/	
--	---	--	---	--

Relationship to you

--

Postcode

	—	
--	---	--

	%	(percentage of the fund you wish this person to receive)
--	---	--

6c — Payment of Lump Sum Death Benefits

Please give details of anyone you would like to receive a lump sum benefit on your death. If you name more than one person, please indicate the percentage of the lump sum death benefit you wish each person to receive. If you wish to name more than 3 people, please photocopy this page and complete it where necessary, then attach it to this form.

If you die on or after your 75th birthday, we must use your Alternatively Secured Pension (ASP) fund to provide pension death benefits for your dependants. If you have no dependants we can only pay the ASP fund as a lump sum to a charity. We'll choose the charity for your ordinary benefits if you haven't given us any instructions.

If you are a dependant of the original member, the above reference to "dependants" mean other dependants of the original member.

If you have already made an irrevocable direction for your Protected Rights benefits, you should leave the Protected Rights death benefits percentage boxes blank.

Title (Mr/Mrs/Miss/Ms/Other e.g. Dr/Rev)

--

Surname

--

First Name(s) in Full

--

Permanent Residential Address ("Care Of" and PO Box not acceptable.)  
House Name and/or Number and Street, City, County and Country Details


Ordinary death benefits

	%
--	---

Protected Rights death benefits

	%
--	---

Please indicate the percentage of the lump sum you wish this person to receive.

Postcode

	—	
--	---	--

Title (Mr/Mrs/Miss/Ms/Other e.g. Dr/Rev)

--

Surname

--

First Name(s) in Full

--

Permanent Residential Address ("Care Of" and PO Box not acceptable.)  
House Name and/or Number and Street, City, County and Country Details


Ordinary death benefits

	%
--	---

Protected Rights death benefits

	%
--	---

Please indicate the percentage of the lump sum you wish this person to receive.

Postcode

	—	
--	---	--

# The SIPP

Please complete in BLOCK CAPITALS using BLACK INK.

**PLEASE NOTE:** Any applications received that are not completed correctly may incur delays or may have to be returned to you.

Form Code

90728

## 6c — Payment of Lump Sum Death Benefits (continued)

Title (Mr/Mrs/Miss/Ms/Other e.g. Dr/Rev)

Surname

First Name(s) in Full

Permanent Residential Address ("Care Of" and PO Box not acceptable.)

House Name and/or Number and Street, City, County and Country Details

  
  
  

Ordinary death benefits

 %

Protected Rights death benefits

 %

Please indicate the percentage of the lump sum you wish this person to receive.

Postcode

 - 

### Important notes about pre pension date accounts - ordinary benefits only

**NOTE 1.** Pre pension date accounts are those accounts from which you have not taken any benefits before you die, if you die before your 75th birthday. Any lump sum death benefits paid from your pre pension date accounts are not subject to a 35% tax charge and are normally free from inheritance tax. However, if you were to nominate one or more of your dependants to receive pension benefits from your pre pension date accounts, their only choice would be to make income withdrawals or to buy an annuity with their share of the fund under those accounts. They could not choose to take it as a lump sum instead. Nominating dependants to get pension benefits from pre pension date accounts may not therefore be tax efficient. But if you do want to nominate dependants to receive pension benefits from your pre pension date accounts, please write to FundsNetwork at the address given at the end of this form with full details.

**NOTE 2.** The lump sum death benefit from your pre pension date accounts will be tested against your remaining Lifetime Allowance. A tax charge of 55% applies to any lump sum that exceeds this limit. We are not responsible for doing this test or for deducting the tax. But if the person we are going to pay the lump sum to is a dependant they can, within the timescales set out in the scheme rules, ask us to use all or part of the lump sum to provide pension benefits to them instead. Where the death benefit is payable as a pension, it is not tested against your remaining Lifetime Allowance.

## 6d — Instruction for Payment of Lump Sum Death Benefits - Trust Nomination

If you would like any lump sum death benefit to be paid to a trust if you die before your 75th birthday, please provide full trustee details below. If Standard Life Assurance Limited chooses to pay the lump sum death benefits to this trust, the benefits could be subject to inheritance tax when they are paid out of the trust.

### Name of Trustee(s)

#### Details of First Trustee

Title (Mr/Mrs/Miss/Ms/Other e.g. Dr/Rev)

Surname

First Name(s) in Full

Permanent Residential Address ("Care Of" and PO Box not acceptable.)

House Name and/or Number and Street, City, County and Country Details

  
  
  

Date of Trust

 /  / 

Postcode

 - 

#### Details of Second Trustee

Title (Mr/Mrs/Miss/Ms/Other e.g. Dr/Rev)

Surname

First Name(s) in Full

Permanent Residential Address ("Care Of" and PO Box not acceptable.)

House Name and/or Number and Street, City, County and Country Details

  
  
  

Postcode

 -

**Details of Third Trustee**

Title (Mr/Mrs/Miss/Ms/Other e.g. Dr/Rev)

Surname



First Name(s) in Full

Permanent Residential Address ("Care Of" and PO Box not acceptable.)

House Name and/or Number and Street, City, County and Country Details

  
  


Postcode

 - 

**Details of Fourth Trustee**

Title (Mr/Mrs/Miss/Ms/Other e.g. Dr/Rev)

Surname



First Name(s) in Full

Permanent Residential Address ("Care Of" and PO Box not acceptable.)

House Name and/or Number and Street, City, County and Country Details

  
  


Postcode

 - 

6e — **Inheritance tax**

If you die before buying your Protected Rights annuity, any lump sum payment of your Protected Rights death benefits may be liable to inheritance tax. However, you may be able to reduce the amount of tax payable (possibly to nothing) by making an irrevocable direction.

If you do so, you will be treated as having made a transfer at the date on which you sign Section 6f of this form. There can be two advantages to this:

- No inheritance tax will be due, if you survive for at least seven years after making the direction. If you survive for less than this, a reduced rate of tax may apply.
- If inheritance tax is eventually payable, it will be based on the value of your Protected Rights death benefits at the time you sign this form, not at your date of death.

**Before deciding to make an irrevocable direction you should ask yourself the following questions:**

- Is it necessary? You do not need to make an irrevocable direction if:
  - you wish your spouse/civil partner to receive your Protected Rights death benefits.
  - your estate will not be large enough for inheritance tax to be payable.
- Is this the right time? If your domestic circumstances are not settled, you may well want to change your mind in the future. It could therefore make sense to wait until you are more settled before making an irrevocable direction. If you decide to make an irrevocable direction you should sign and date Section 6f of this form. Otherwise you should leave it blank.

**An irrevocable direction is one that you cannot change.**

**Any payments made to your spouse/civil partner on your death are not liable to inheritance tax.**

The information is based on our understanding of current law and HM Revenue & Customs practice. We cannot advise you on what is best for you. You should consult your legal advisers if you are in any doubt as to whether or how to use this form. We will follow your instructions in terms of the provisions of the Scheme, but we cannot give any guarantee about the eventual inheritance tax position.

6f — **Irrevocable Direction (for Protected Rights only)**

You should sign this part of the form only if you:

- Understand the effects of making your direction irrevocable (please ensure you have read the Inheritance tax section above for more information) and
- are certain that making an irrevocable direction is appropriate in your circumstances.

Otherwise you should not sign this part of the form. You must leave it blank if you have previously made an irrevocable direction.

I declare that my direction for the payment of my Protected Rights death benefits in Section 6c is irrevocable.

Signature (YOU MUST SIGN HERE — Please ensure all relevant sections are completed as per the instructions on this form)



Date

 /  / 2 0 0

Please complete in BLOCK CAPITALS using BLACK INK.

**PLEASE NOTE:** Any applications received that are not completed correctly may incur delays or may have to be returned to you.

Form Code

90729

## 7. Important Notice, Declarations and Signature

### 7a Data Protection Notice — Important, please read

All parties on this form have a right to know that FundsNetwork and Standard Life hold personal data about them and what purposes it will be used for. Please give them an opportunity to read this notice.

- (i) The personal information which you (including all parties named on the application for this plan) provide to FundsNetwork will be passed to Standard Life and will be used by FundsNetwork and Standard Life for the following purposes:
- (a) to administer the SIPP for which you apply;
  - (b) to comply with legal and regulatory requirements;
  - (c) to identify you when you contact FundsNetwork or Standard Life;
  - (d) for internal analysis and research; and
- FundsNetwork and Standard Life may use external third parties to process such personal information on its behalf in accordance with these purposes.
- (ii) If your application does not proceed, the personal information you gave to Standard Life in relation to your application will be held on Standard's Life records for six years before it is deleted.
- (iii) FundsNetwork and Standard Life will keep the information you have supplied confidential, and will not disclose it unless it is lawful to do so.
- (iv) FundsNetwork and Standard Life may share your personal information with the following third parties:
- (a) your Intermediary and any other party to the business relationship whom you tell us about (please notify FundsNetwork in writing if you no longer wish your personal information to be shared with any such party);
  - (b) other associated or affiliated FundsNetwork or subsidiaries of Standard Life plc for the purposes set out in this data protection statement;
  - (c) the Unclaimed Assets Register, in connection with the possible recovery by you of (for example) unclaimed distribution payments;
  - (d) other organisations for any of the following purposes: (i) compliance with any legal or regulatory requirements; (ii) to protect FundsNetwork and Standard Life and their customers from theft and fraud; and (iii) to take appropriate steps if FundsNetwork or Standard Life considers your levels of trading funds made available by FundsNetwork to be short-term, excessive or disruptive.
- (v) Except as outlined in (iv) above or otherwise required by law, your personal information will not be passed to anyone without your permission.
- (vi) To comply with Money Laundering Regulations, FundsNetwork or Standard Life may need to request additional evidence of identity from you, and may use a credit reference agency for this purpose (who will record that an enquiry has been made).
- (vii) Please note that the personal information which you provide will be processed by FundsNetwork and Standard Life or associated or affiliated companies which may be based outside of the EEA. This may involve the transfer of data by electronic media including the internet. Where your data is transferred outside of the UK, FundsNetwork and/or Standard Life will ensure that the recipient agrees to keep your information confidential and hold it securely in accordance with the requirements of the Data Protection Act 1998.
- (viii) If the application form in respect of your plan was completed on your behalf pursuant to a power of attorney, the personal information provided in respect of such power of attorney (including information about your mental health) may be processed by FundsNetwork and Standard Life and its associated and affiliated companies and held for the purpose of administering your plan.
- (ix) With limited exceptions, you may ask for a copy of the personal information which FundsNetwork and/or Standard Life hold on you. We are allowed by law to make a charge for this. If any of the information which we hold about you is incorrect, please tell FundsNetwork and it will be amended. You can write to FundsNetwork, Oakhill House, 130 Tonbridge Road, Hildenborough, Kent TN11 9DZ.
- (x) FundsNetwork and Standard Life may monitor and record your telephone calls to FundsNetwork and Standard Life for verification and training purposes.

#### Future information sharing:

We may, in future, be able to send you a yearly statement that shows both information about your state pension and the benefits you may get from this plan. To be able to do this, we would have to share the information set out in Part 1a of this form with the Department for Work and Pensions (DWP). We would not use this information for any other purpose.

If you want us to share this information with the DWP you need take no action.

If you do not want us to share this information with the DWP, please mark an X in the box.

If you do not cross the box, you will have 30 days from the date you sign this form to change your mind before we may share information about you with the DWP. We may share information each year, as long as you are a member of this plan. If you decide later on that you do not want us to share this information with the DWP you can contact us as detailed in the "How to contact us" section of the Key Features.

OFFICE USE ONLY

**Important notes**

**HM Revenue & Customs warning**

This application will also be used as an application for tax relief at source. If you give false information you may be prosecuted.

**Declaration by Standard Life**

If Standard Life Assurance Limited accepts this application, it hereby agrees as administrator and provider in terms of the rules of the Fidelity Self Invested Personal Pension Scheme to administer the Scheme as required by the rules.

**Your Declaration**

- I, the person named in Section 1a of this application, request that the benefits described in or arising from payments specified in the application be provided for me under the Fidelity Self Invested Personal Pension Scheme, and in consideration of its acceptance I undertake to be bound in all respects by the rules of the Scheme in force from time to time.
- I declare that to the best of my knowledge and belief, the statements made in this application whether in my handwriting or not, are correct and complete.
- I declare that I have read the 'SIPP Terms and Conditions (FSIPP62)' and 'SIPP Key Features Document (FSIPP17)' and agree to be bound by them.
- I request the trustee to appoint the investment manager(s), if any, named in Section 4b of this application.
- I agree to my Intermediary receiving the fees and/or commission described in Section 4a.
- I have read and understood the Data Protection Notice contained in Section 7a. I agree that my personal data (including any sensitive data) may be used for the purposes described, (subject to me exercising my right not to be contacted with details of other products and services).
- I agree to the FundsNetwork client terms of business (FGEN02).

**If I am applying to make a transfer payment**

- I authorise Standard Life to ask for any details as they may require, regarding the transfer payment(s) detailed in Section 2 of this application and authorise the transferring scheme/insurer of the transferring policy to disclose this information.
- If this application includes a transfer of funds from another Registered Pension Scheme(s) I instruct the named provider(s) to transfer the funds from the plan(s) listed to this plan. I discharge the transferring provider(s) of all liabilities under their plan(s) listed. I authorise the named provider(s) to release the necessary information to enable the transfer to take place.

**If I am applying to make a regular or single payment(s)**

- I declare that the total payments to any registered pension scheme, in respect of which I am entitled to relief under section 188 of the Finance Act 2004, will not exceed the higher of the 'basic amount' or my relevant UK earnings, within the meaning of section 189 of that Act, for that tax year. (The 'basic amount' for the 2008 - 09 tax year is £3,600 gross. This may change in future tax years.)
- I declare that I will tell Standard Life if an event occurs (such as those listed in my Key Features Document - FSIPP17) as a result of which I will no longer be entitled to relief for my payments under section 188 of the Finance Act 2004. I will do so before the end of the tax year in which the event occurs, or within 30 days of the event if this is later.

**If my plan includes contracted-out funds**

- If I die before taking my Protected Rights pension I direct that any Protected Rights lump sum death benefits be paid to or for the benefit of the person(s) I have identified in Section 6c. If anyone dies before payment of the benefits, those benefits should be divided among the others in proportion to their shares. If they all die before payment of their benefits, the Protected Rights lump sum death benefit should be paid to the legal representative of the person who was the last to die.

**If I am applying to take income drawdown**

- I understand that I have the right to change my mind the first time I apply a pension date to my plan to take income drawdown.

**If I am transferring funds already in drawdown**

- I understand that the administrator of the Scheme will create a separate arrangement for each part of the drawdown transfer payment that is subject to a separate review date.
- I understand that Standard Life must continue to apply the same maximum income (and, if I am aged 75 or older, the same minimum income), the same income year and the same review dates to the transfer payment that applied under the transferring Scheme.

Signature (YOU MUST SIGN HERE — Please ensure all relevant sections are completed as per the instructions on this form)



Date



\_\_\_\_ / \_\_\_\_ / 2 0 0 \_\_\_\_

Title (Mr/Mrs/Miss/Ms/Other e.g. Dr/Rev)

\_\_\_\_\_

Surname

\_\_\_\_\_

First Name(s) in Full

\_\_\_\_\_

Applicant's Permanent Residential Address ("Care Of" and PO Box not acceptable.)

House Name and/or Number and Street, City, County and Country Details

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Home Telephone Number

\_\_\_\_\_

Daytime Telephone Number (in case of query)

\_\_\_\_\_

Date of Birth

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

How long have you been at this address

Years Months  
 \_\_\_\_ \_\_\_\_

Postcode

\_\_\_\_ - \_\_\_\_

- I understand that the payments made to this Scheme in respect of the person named in Section 1 will only be returned to them in the form of benefits payable under the rules of the Scheme. In particular I understand that no benefits will be returned to them before age 55 unless the person is incapacitated.
- I also understand that until the person reaches age 16, I am responsible for ensuring that the payment limits set by the Revenue are not exceeded.

If you are the legal guardian, please ensure you have carefully read Section 7a (Data Protection Notice) and Section 7b (Declaration & Signature), and please ensure that you have completed all of the relevant sections and have signed the box below.

Signature of Legal Guardian (YOU MUST SIGN HERE — Please ensure all relevant sections are completed as per the instructions on this form)



Date



\_\_\_\_ / \_\_\_\_ / 2 0 0 \_\_\_\_

Please ensure that you have completed all sections of this form before you submit an application.

This application form is issued by Standard Life. Standard Life is authorised and regulated by the Financial Services Authority. FSIPP30

If you have any queries about this form please ask your Intermediary or ring FundsNetwork's ServiceLine on 08457 44 66 00.

Please send your completed form to your Intermediary or to Fidelity International (IMS), PO Box 80, Tonbridge, Kent TN11 9YA.

The FundsNetwork service is offered and managed by Financial Administration Services Limited. The FundsNetwork SIPP is provided and administered by Standard Life Assurance Limited.

Financial Administration Services Limited (a Fidelity International Group company) is registered in England and Wales (No. 1629709) Registered office Oakhill House, 130 Tonbridge Road, Hildenborough, Tonbridge, Kent, TN11 9DZ. Standard Life Assurance Limited is registered in Scotland (SC286833) Standard Life House, 30 Lothian Road, Edinburgh, EH1 2DH. Both companies are authorised and regulated by the Financial Services Authority. Calls may be recorded and monitored to help improve customer service.

OFFICE USE ONLY

**The Direct Debit Guarantee**

**Important: Please tear off and keep safely.**

- This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payments dates change Standard Life will notify you 5 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Standard Life or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time, by writing to your Bank or Building Society. Please also send a copy of your letter to us.

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OFFICE USE ONLY

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Money Laundering Legislation

To comply with the Money Laundering Legislation, the following document must be completed by your Intermediary.

**INTERMEDIARY INTRODUCTION CERTIFICATE FOR UK RESIDENT PRIVATE INDIVIDUALS**

Please complete both sides of the form.

Please complete a separate certificate for all parties to the contract (e.g. joint applicant, trustees, settlors and third parties) where you have been required to undertake identification.

Name of Applicant\*/Trustee\*/Third Party (provide relationship to the applicant)\* (in full)

\*Delete as applicable

Date of Birth

Current Address

Previous address if applicant has changed address in the last three months.

**FACE-TO-FACE/NON-FACE-TO-FACE APPLICATION\***

\*Delete as applicable

I/WE CERTIFY THAT (please tick the box beside either Section A or Section B)

**Section A**

We have verified the identity of the applicant and, having:

- a) seen the original documents;
  - b) checked that any requiring a signature were pre-signed; and
  - c) confirmed that any associated photograph of the applicant bore a good likeness to the applicant;
- have included the relevant reference information or certified documentary evidence on/with this certificate.

Tick

**Section B**

I/We have not verified the identity of the applicant for the following reason(s):

Tick

Full Name of regulated Firm:

Name of Regulator:

Regulator Reference Number:

Signed\*:

Name:

Position:

Date:

Company Stamp:

\* Note that this certificate must be signed by the person who has seen the original documentary evidence.

Suggested Evidence of Name	Reference/ account number	Issuing Authority/Country	Place of Birth	Date of Birth	Date of Expiry	Certified copy attached? (2)
Current Signed Passport or EEA Member State Identity Card						
Resident Permit issued to EEA nationals by Home Office					Date of Expiry	
<b>Current</b> UK or EEA Photo Driving Licence (1)					Date of Issue	
<b>Current Full</b> UK Driving Licence (old style) (1)					Date of Issue	
Firearms/shotgun certificate		Issuing Authority			Date of Issue	
State Pension or Benefits Book/ notification letter (1)		Issuing Authority			Date of Issue	
Sub-contractors Certificate (3)		Issuing Authority			Date of Issue	
Revenue tax notification		Type: Tax assessment/Statement of Account/Notice of Coding (4)			Date of Issue	

Suggested Evidence of Address (6)	Reference/ sort code/ account number				Certified copy attached? (2)
Home Visit			Premises Entered? Y/N	Date of Visit	
Solicitor letter confirming completion of house purchase or land registration (5)				Date of Letter	
Electoral roll check (5)				Date of Check	
<b>Most Recent</b> mortgage statement		Name of Lender	Address current/ previous*	Date of Issue	
Current Local Authority Tax Bill		Name of Authority	Address current/ previous*	Date of Issue	
Local Authority rent card or tenancy agreement		Name of Authority	Address current/ previous*	Date of Issue	
Bank/building society/credit union statement		Name of Issuer	Address current/ previous*	Date of Issue	
House or motor insurance certificate		Name of Issuer	Address current/ previous*	Date of Issue	
Utility Bill (not mobile phone)		Name of Utility	Address current/ previous*	Date of Issue	
<b>Current</b> UK or EEA Photo Driving Licence (1)			Address current/ previous*	Date of Issue	
<b>Current Full</b> UK Driving Licence (old style) (1)			Address current/ previous*	Date of Issue	
State Pension or Benefits Book/ notification letter (1)		Issuing Authority	Address current/ previous*	Date of Issue	

\* delete as applicable

**Notes** *Other forms of evidence may be accepted by some providers; if in doubt please enquire.*

- (1) These items may be used to evidence address or identity but not both.
- (2) If attaching certified copies of the evidence please also record the relevant details on this sheet as this will help with record keeping in the event that copy documents become detached from the certificate.
- (3) For self-employed persons in the construction industry - tax exemption certificate with photograph (C1S4 and C1S6).
- (4) Please delete as appropriate. The document must be issued by the Revenue. A P45 or P60 issued by an employer is not acceptable for this purpose.
- (5) You must submit a certified copy of the search if you are relying on this as evidence.
- (6) The previous address should also be verified if the applicant has been at the current address for less than 3 months.