

# YOUR FUTURE SIPP

## Application Form (for advised clients)

August 2023

This document is part of a set, all of which should be read together.

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[Terms and Conditions](#)

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[Schedule of Fees](#)

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[Schedule of Allowable Investments](#)

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[Privacy Information Notice](#)

► **Application Form**

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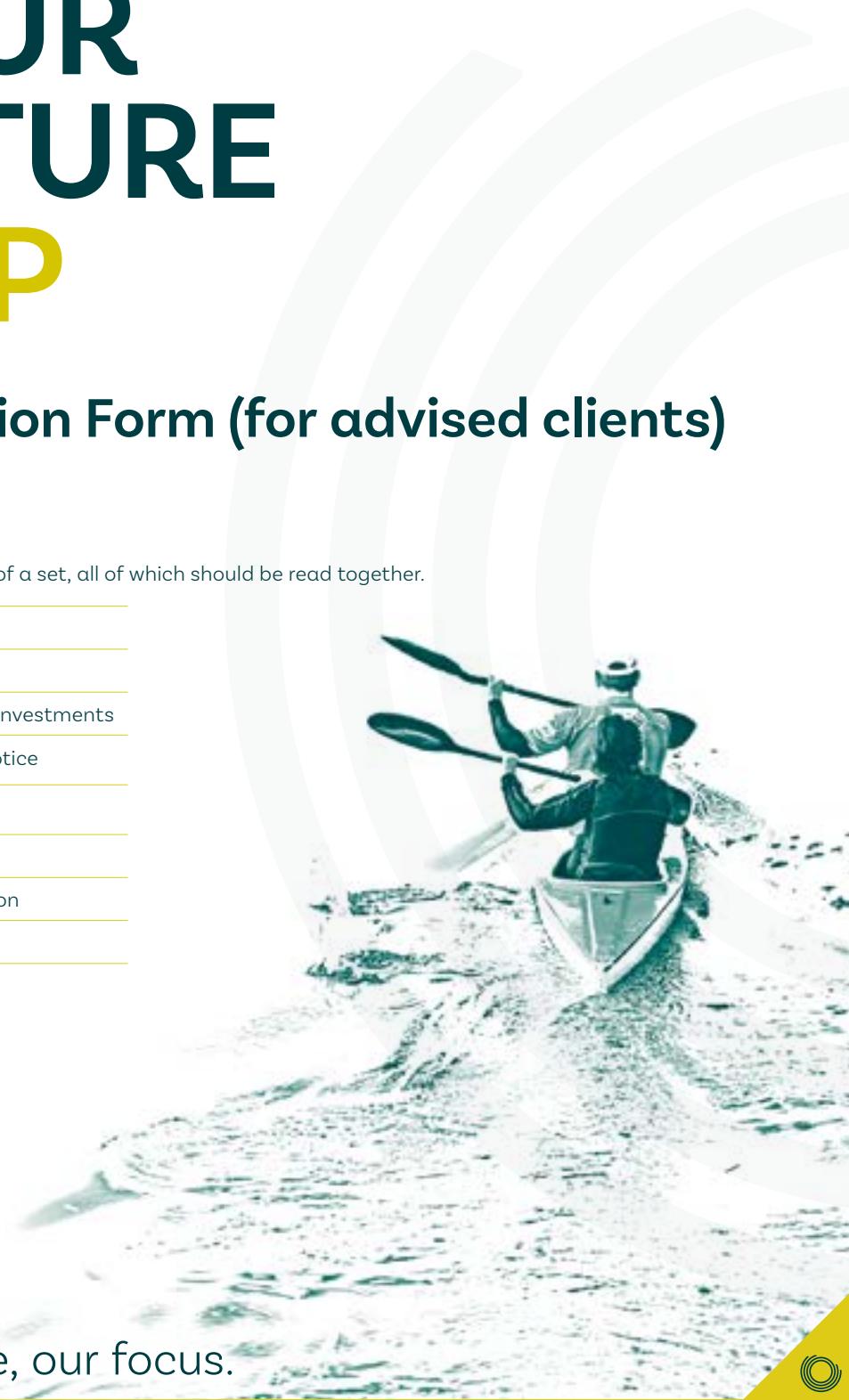
[Key Features](#)

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[Your Personal Illustration](#)

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[Property Guide](#)



Your future, our focus.



Please note failure to complete all the sections relevant to your application will cause delays with your request.

Please use this form when you want to establish a **Your Future SIPP**. If you are transferring in crystallised benefits, you will need also to complete a Transfer Form.

All applications using this form must be made through a financial adviser and your adviser's firm must have signed the Curtis Banks Adviser Terms of Business. We will need the original of this Application Form so that we can establish your SIPP.

Please complete this form using black ink and block capitals.

A full suite of our product literature is available on our website at [www.curtisbanks.co.uk](http://www.curtisbanks.co.uk).

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# 1 Client's personal details

## 1.1 Accessing our services

If you experience difficulties accessing any of our services due to personal circumstances, we may be able to make some adjustments to help you. Please provide us with details of your needs so we can assess any reasonable adjustments that we can make for you.

The information you provide will help us assess your requirements and make any reasonable adjustments to improve how we work and communicate with you. We will require your express consent to process this information, and to enable us to share this data with other third parties where appropriate, e.g. investment firms or advisers, to help us, and others to continue to meet your needs. Please could you kindly provide this below.

I agree to my information being processed by Curtis Banks Group, to include being shared and gathered between relevant third parties.

Please refer to our Privacy Information Notice for Clients, should you require further guidance on how we collect use and protect your personal information. This can be found on our website [www.curtisbanks.co.uk](http://www.curtisbanks.co.uk) or please ask your adviser or us for a copy.

Your consent to share personal information is entirely voluntary and you may withdraw your consent at any time. Should you have any questions about this process, or wish to withdraw your consent, please contact the SIPP Support Team on 01473 296969 or [sippsupportteam@curtisbanks.co.uk](mailto:sippsupportteam@curtisbanks.co.uk).

## 1.2 Client's details

Title	Mr/Mrs/Miss/Ms/Other	Male	Female
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Forename

Middle name(s)

Surname

Date of birth Day/Month/Year

Nationality

Country of residence

In order to apply for Your Future SIPP, you must either be a UK National, or be resident in the UK. You will also need to complete and enclose an 'Overseas Client Declaration', available on our website, if:  
- you are a US citizen, resident in the UK; or  
- you are a UK National but not resident in the UK

Permanent residential address

If you have lived at the above address for less than 3 years, please also give details of your previous address.

Home

Work

Telephone numbers

Mobile

Email address

Please enter in the boxes below your National Insurance number, which is essential for this application to proceed.

National Insurance number

## 1.2 Client's details (continued)

Please enter, in the box below, an age from 55 (due to increase to 57 in 2028).  
This does not affect your right to begin taking benefits at any age permitted. If this field is left blank we will assume you intend to start taking benefits at age 75.

### Expected retirement age

Are you married?  Yes  No

Are you in a registered civil partnership?  Yes  No

If yes, spouse's/registered civil partner's date of birth

Day/Month/Year

If married, spouse's gender  Male  Female

## 1.3 Client's status

Please indicate below which situation applies to you. Tick one box only.

**Employed** If you have ticked this box, please give your employer's details below.

**Employer's name**

**Employer's address**

**Postcode**

**Receiving a pension chargeable to tax**

**Self-employed** If trading under a different name please write it in the box below.

**A child under the age of 16 years**

**Caring for one or more children under the age of 16 years**

**Caring for a person aged 16 years or over**

**In full time education**

**Unemployed**

**Other** If you have ticked this box, please give details below.

## 1.4 Money Purchase Annual Allowance (MPAA)

Have you triggered the Money Purchase Annual Allowance in another registered pension scheme?

Yes  No

If yes, please confirm the date of your trigger event, and the name of the pension scheme where it occurred:

**Date**

**Name of pension scheme**

## 2 Adviser section

This section should be completed by an FCA regulated UK adviser/intermediary before the client completes the rest of the form.

### 2.1 Adviser's details

**Name of authorised individual**

**Full name of regulated organisation**

All required non-regulatory correspondence will be sent to this address. Copies can also be sent to the client at their request.

**Contact address**

**Telephone**

**Fax**

**Contact numbers**

**Email address**

**FCA reference number  
for organisation**

**FCA reference number  
for individual**

If the regulated organisation is an appointed representative or part of a network, please give details below.

**Name of principal or network**

**FCA reference number  
for principal or network**

### 2.2 Client's source of wealth and funds

**Must be completed for all applications**

**Current occupation**

**Gross annual remuneration**

£

Please tick one of the following that best describes the origin of your personal wealth.

**Source of wealth**

**Income from employment**

**Inheritance**

**Property rent/sale**

**Gift**

**Income from savings/investments**

**Divorce settlement**

**Lottery and other gambling winnings**

**Pension income from registered pension scheme(s)**

**Income from a lifetime annuity**

**Other; please specify**

**Source of funds**

Please tick one or more of the following that you intend to use to fund your SIPP.

**Transfers from a registered pension scheme**

**Personal contributions**

**Contributions from your employer\***

**Contributions from another third party\***

Please state their name and relationship to the client below.

**Pension sharing order**

**Other; please specify**

\* Please note: also enclose an identity verification form for the employer/third party.

## 2.3 Identity and address verification

Have you / anyone at the firm met  
the client face to face?

Yes

No

If you have answered yes to this question, please provide details for items 1 & 2 or enclose certified copies where available.

If you have answered no to this question, you must enclose certified copies of the documents for items 1 & 2.

① Current full UK passport

Passport number

Expiry Date

② Current full UK driving licence

Number

Issue date

Expiry date

Alternatively, if one of the above is not available, please tick one of the boxes below and enclose a certified copy of the relevant document.

③ HM Revenue & Customs tax notification dated within the past 12 months

④ State pension or benefits book/notification letter dated within the past 12 months

⑤ Council tax bill dated within the past 12 months

⑥ Mortgage statement dated within the past 12 months

⑦ Utility bill (not mobile phone) dated within the past 3 months

⑧ Bank/Building society/credit card statement dated within the past 3 months

⑨ Home visit by adviser / staff member

Visitor's name

Date

Premises entered? Yes No

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If providing certified documents, please ensure that they are dated and certified by a proper person (a regulated individual or professional such as a solicitor or authorised financial intermediary) together with their name, position and contact details.

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## 2.4 Adviser's declaration and signature

Nature of initial advice	How was the sale transacted?	Face to Face	At distance	Yes	No
	<b>Did you advise your client specifically to take out this product?</b>			Yes	No
	<b>Did you advise your client on the suitability of transferring any employer-sponsored schemes to this product?</b>			Yes	No
	<b>Did you advise your client to transfer any safeguarded benefits or guaranteed annuity rates to this product?</b>			Yes	No
<b>Confirmation of verification of identity</b>	<ul style="list-style-type: none"> <li>I confirm that the name, address and date of birth information contained on this Application Form was obtained by my firm in relation to the client detailed in section 1, and the evidence I have obtained to verify the identity of the client:           <ul style="list-style-type: none"> <li>Meets the standard evidence set out within the guidance for the UK Financial Sector issued by the Joint Money Laundering Steering group, or</li> <li>Exceeds the standard evidence.</li> </ul> </li> </ul>				
<b>Declaration</b>	<ul style="list-style-type: none"> <li>I confirm that the organisation detailed in section 2.1 has signed into the Curtis Banks Adviser Terms of Business.</li> <li>I understand that you will hold my title, full name, business email address, contact details and Financial Services Register reference number and all communications to and from me on your systems for your legitimate interest in the effective administration of my client's SIPP (you should also read our Privacy Information Notice (for advisers). This can be found on our website <a href="http://www.curtsibanks.co.uk">www.curtsibanks.co.uk</a>).</li> <li>I agree to receive details of my client's SIPP by post, fax, by email and/or the Curtis Banks secure portal.</li> <li>I confirm that I have supplied my client with the documents listed in the 'Client's Declaration' (Section 10)</li> <li>I confirm that I have verified that all relevant literature including this application is the latest available version. To check, please visit <a href="http://www.curtsibanks.co.uk">www.curtsibanks.co.uk</a></li> <li>I have verified my client's identity and address from original documentation as specified and, where contributions are to be made to the SIPP, I confirm that evidence of source of wealth from which these contributions will be paid has been obtained.</li> <li>I confirm that I have the appropriate authorisation to sign this declaration for the organisation detailed in section 2.1.</li> <li>The organisation detailed in section 2.1 accepts responsibility to ensure that instructions they or any of their employees or agents give to any appointed investment manager to purchase investments will be in accordance with the latest available Schedule of Allowable Investments. This includes the requirement not to purchase investments that would give rise to a tax charge or liability as taxable property as defined under Part 2 Schedule 29A of the Finance Act 2004. If a non-allowable investment is purchased the organisation agrees to indemnify Curtis Banks for any loss or liability, including any tax charge or penalty levied by HM Revenue &amp; Customs on Curtis Banks, as a direct result of the plan holding such an investment.</li> </ul>				

Signature	Name	Position in organisation
Signed		Date

**Please note: the person who signs this declaration must be the person who has seen the documentary evidence.**

### 3 Transfer details

If this section does not apply, please go on to section 4.

If you are transferring from more than one scheme, you should complete a separate copy of this section for each additional scheme. By transferring your existing scheme(s) to the **Your Future SIPP** you'll be giving up the terms and conditions of your old scheme(s), including any guarantees that may have applied.

#### 3.1 Scheme details

<b>Full name of scheme to be transferred</b>						
<b>Type of scheme being transferred; for example, a PP or EPP</b>						
<p>Is the transferring scheme a defined benefits pension scheme, for example, a final salary scheme? If "yes", please also provide the guarantee date:</p> <table border="0"><tr><td style="vertical-align: top;"><p>If "no", does the transferring scheme include:</p><p><b>Guaranteed Annuity Rates?</b></p><p><b>Any other "safeguarded benefits" that provide a guarantee or promise such as Guaranteed Minimum Pension (GMP)?</b></p><p>If you are not sure, please check with your current scheme</p><p>If you have ticked "yes" to any question, please confirm that a suitably authorised financial adviser recommended that you transfer the pension.</p></td><td style="vertical-align: top; text-align: right;"><b>Yes</b></td><td style="vertical-align: top; text-align: right;"><b>No</b></td></tr></table>				<p>If "no", does the transferring scheme include:</p> <p><b>Guaranteed Annuity Rates?</b></p> <p><b>Any other "safeguarded benefits" that provide a guarantee or promise such as Guaranteed Minimum Pension (GMP)?</b></p> <p>If you are not sure, please check with your current scheme</p> <p>If you have ticked "yes" to any question, please confirm that a suitably authorised financial adviser recommended that you transfer the pension.</p>	<b>Yes</b>	<b>No</b>
<p>If "no", does the transferring scheme include:</p> <p><b>Guaranteed Annuity Rates?</b></p> <p><b>Any other "safeguarded benefits" that provide a guarantee or promise such as Guaranteed Minimum Pension (GMP)?</b></p> <p>If you are not sure, please check with your current scheme</p> <p>If you have ticked "yes" to any question, please confirm that a suitably authorised financial adviser recommended that you transfer the pension.</p>	<b>Yes</b>	<b>No</b>				
<p>We will not accept the transfer unless you have received such advice.</p> <p>If the adviser named in section 2 did not give this advice but you would still like to transfer, please confirm the authorised firm and individual who gave you the advice:</p>						
<b>Financial Services Register reference number for organisation</b>						
<b>Full name of regulated organisation</b>						
<b>Name of authorised individual</b>	<p>Before we can request the transfer, we will need a signed declaration from the adviser named above, confirming that they did recommend that you transfer the pension to us.</p> <p><b>Enclosed</b></p> <p><b>To follow</b></p>					
<b>Transfer value</b>	<p>£ <input type="text"/></p> <p>Please indicate below whether this is a full or partial transfer.</p>					
<b>1</b>	<b>Full transfer</b>					
<b>2</b>	<b>Partial transfer</b> Please ensure that the exact amount to be transferred is entered in the 'transfer value' box.					
<b>Name of scheme administrator/trustee/insurance company</b>						
<b>Address</b>						
<b>Policy/account number (if applicable)</b>	<b>HM Revenue &amp; Customs reference number</b>					
<p>Please indicate below which of the following statements will apply at the time of the transfer to your <b>Your Future SIPP</b>.</p>						
<b>1</b>	<b>None of the scheme has begun paying benefits (uncrystallised)</b>					
<b>2</b>	<b>Some of the scheme has begun paying benefits (crystallised)</b>					
<p><b>This Application Form can only be used for the uncrystallised part of your scheme. If you also wish to transfer the crystallised part, you will need to complete a Transfer Application Form, available on our website or from us upon request.</b></p>						
<b>If you are aged 50 or over and transferring in uncrystallised funds, are you intending on taking any benefits within 3 months of this transfer?</b>	<p><b>Yes</b> If yes, please complete section 7 and 8.</p> <p><b>No</b></p>					

### 3.1 Scheme details (continued)

Is the transfer a credit as a result of a Pension Sharing Order?	Yes	No
Is the transfer part of a block transfer?	Yes	No
If yes, please provide details of any protected tax free cash entitlement, minimum pension age etc which is being preserved by the block transfer.		

Is the transferring scheme in trust?	Yes	No
If yes, will the trust be revoked upon transfer to Curtis Banks?	Yes	No

Please note: if the trust will not be revoked on transfer we will require a new plan to be established to keep these funds ringfenced. Full fees will be payable on the new plan. Please contact us if you intend to open a new plan to receive funds held in trust.

Is the transferring scheme subject to a Protected Pension Age?	Yes	No
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### 3.2 Assets to be transferred

#### Type of assets

Please indicate below which of the following apply to your transfer.

- 1 The transfer payment will comprise only cash.
- 2 A property, or properties, or an interest in a property or properties are to be transferred.  
*You will need to complete a Property Form, available on our website or from us upon request.*
- 3 Other assets are to be transferred *in specie* (*in specie* transfers involve transferring shares and other assets without selling them. Please ensure that the current scheme administrator permits this).  
*An *in specie* transfer schedule, available on our website or on request, must also be completed in full. Alternatively, a full current fund valuation containing all the information requested on the schedule may be provided. Please also ensure that you read all the notes within the schedule.*

Please tick below as appropriate:

**A completed *in specie* transfer schedule is enclosed.**  
**A full valuation of the fund is enclosed, including SEDOL codes.**  
All details requested on the *in specie* transfer schedule must be provided before we can request the transfer.  
**A completed *in specie* transfer schedule or full valuation of the fund will follow.**  
All details requested on the *in specie* transfer schedule must be provided before we can request the transfer.

*Any assets that are not allowable under the terms of the Your Future SIPP must either be sold before we proceed with the transfer or remain with the current scheme.*

### 3.3 Discharge forms

Is the scheme a member of Origo 'Options Transfer' Service? Please note that *in specie* transfers cannot be processed via the Origo 'Options Transfer' Service.

**Yes.** *We will request the transfer automatically, unless you tick the box below.*

**Please do not request the transfer until further notice.**

**No.** *Please also select one of the following options.*

- 1 Completed discharge forms are enclosed.
- 2 Discharge forms are not required by the transferring scheme.
- 3 Completed discharge forms will follow.  
*We will not request the transfer until we receive the completed discharge forms.*
- 4 I request Curtis Banks to obtain the discharge forms from the scheme administrator/trustee/insurance company in section 3.1 and forward them on for completion.

**Unsure.**

*Where the scheme is a member of Origo 'Options Transfer' service and the transfer will comprise only cash, we will request the transfer.*

## 4 Contribution details

If this section does not apply please go on to section 5.

### 4.1 Contribution details

Type	Personal (net)	Employer (gross)	Third-party (net)
Please tell us who owns the account from which the contributions will be made.			
Owner of source account	Personal (client)	Employer	Third-party
Amount	£ <input type="text"/>		
How often are the contributions to be made.			
Type	Single	Regular	
Frequency			
Preferred payment date	1st of the month	15th of the month	

For regular contributions, please complete the Direct Debit Instruction in Appendix B.

### 4.2 Payment details for single contributions

Single contributions can be made by cheque or by bank transfer. Regular contributions must be made by Direct Debit.

Please make contribution cheques payable to **Suffolk Life Trustees Limited re (client's name)**.

You will be allocated a plan number when your SIPP is established. Once you have been allocated a plan number, please use the payee Suffolk Life Trustees Limited re (plan number) for future contributions. Suffolk Life Trustees Limited is the scheme trustee for the Your Future SIPP.

Please make bank transfers payable to the following account:

Account name	Suffolk Life Trustees Ltd
Account number	93670430
Sort code	20-46-67
Reference	CBT [Plan Number and Client Surname]

### 4.3 Personal contributions

All relievable personal contributions must be made net of basic rate tax, which we will reclaim from HM Revenue & Customs and add to the **Your Future SIPP**. This can take up to 11 weeks.

Your contribution intentions are for illustrative purposes only; actual contributions may be greater or less.

**Please note: you are required to inform us in writing if you contribute in aggregate more than 100% of your earnings to this or any other pension scheme in a single tax year.**

Under current pensions legislation there are penalties if you, your employer and any other third party contribute together more than the Annual Allowance to all your pensions unless you can carry forward any Annual Allowance that you have not used from the previous three tax years. You will need to have been a member of a registered pension scheme in a tax year from which you are carrying forward any unused Annual Allowance. It will be your responsibility to calculate the amount available to carry forward and we will apply for tax relief on the full amount of any personal contributions made by you or any other third party other than your employer, unless you notify us to the contrary. If you have triggered the Money Purchase Annual Allowance, there will also be penalties if you, your employer and any other third party contribute together more than £10,000 to all your money purchase pension schemes in any tax year.

Cheque payments should be made payable to **Suffolk Life Trustees Limited re (client's name)**.

### 4.4 Employer contributions

The employer's contribution intentions on this page are for illustrative purposes only; actual contributions may be greater or less.

This page should show how much your employer intends to contribute.

All employer contributions are paid gross.

Before your employer can make contributions to your SIPP, the employer must complete and return an Identity Verification form for companies and groups, available on our website [www.curtisbanks.co.uk](http://www.curtisbanks.co.uk)

If your employer will be making regular contributions to your SIPP, the employer must also complete and return:

- employer contributions (Appendix A); and
- the Direct Debit instruction (Appendix B)

## 5 Investment details

To help us establish the appropriate arrangements we need to know your investment intentions.

### 5.1 Investment intentions

Please indicate below which situation(s) are to apply to your investment.

**Please note:** if you select option 1 or 2, please provide details of the investment firm in Section 5.2 below. A list of the Investment Partners we have an agreement with is available at [www.curtisbanks.co.uk/investment-partners](http://www.curtisbanks.co.uk/investment-partners).

<b>Investment firms</b>	<b>1</b>	<b>Investment using an investment manager, platform or execution only stockbroker that is one of our Investment Partners</b> Our list of Investment Partners is available on our website at <a href="http://www.curtisbanks.co.uk">www.curtisbanks.co.uk</a> .
	<b>2</b>	<b>Investment using any other investment manager, platform or execution only stockbroker</b>
<b>Property</b>	<b>3</b>	<b>Commercial property purchase</b> You will need to complete a Property Form, available on our website or upon request from us.  Property Form to follow
<b>Direct investments</b>	<b>4</b>	<b>Directly held investments, including funds and deposit accounts</b> Application forms to be provided to Curtis Banks by your adviser.

### 5.2 Investment firm details

If this does not apply please go to section 5.3.

**Name of investment manager/ platform/stockbroker**

**Address**

**Contact name**

**Telephone**

**Fax**

**Email address**

**Name of regulator**

**Type of service required**

**Investment Manager  
- Discretionary**

**Investment Manager  
- Advisory**

**Investment Manager  
- Execution-only**

**Platform**

**Stockbroker**

**Please note:** we cannot guarantee that we will be able to establish an account with your chosen investment manager, platform or stockbroker. We will notify you if it is necessary to appoint an alternative. If you wish to invest using more than one investment firm, please provide the above details for the other accounts separately.

## 5.3 Investment authority

If this does not apply please go to section 5.4.

If a third party other than your adviser detailed in section 2.1 will be giving investment instructions, we require your authority to accept them.

Please indicate below the person from whom we are to take investment instructions.

I authorise Curtis Banks to act on instructions given by the person(s) indicated below and confirm that this arrangement will remain in place until I advise Curtis Banks, in writing, to the contrary.

Name	Relationship to client
------	------------------------

## 5.4 Transfer of cash to the investment firm

Receipts of transfers, contributions and tax claims from contributions are to be transferred to the following investment manager, platform or execution only stockbroker:

**Please note: this feature is not available for those investment managers or platforms that cannot hold cash.**

For the effective operation of your SIPP, a minimum balance of £500 if you only invest via our Investment Partners (otherwise £1,000) will be retained in the SIPP bank account. Additionally, sufficient funds will be retained to cover the minimum balance, and known outgoings due in the next three months. These could include transactions such as: our fees, adviser charges, income and pension payments, loan repayments, business rates, and property insurance.

**All monies received are to remain in my SIPP bank account pending investment instructions.**

**Please note: this will be the default option if neither of the above are selected.**

## 5.5 Illustration details

Your adviser will have provided you with a Personal Illustration. Please enter the illustration reference:

**Illustration reference**

1 Please select the basis for any non-property investment expenses:

**Annual management charge (AMC)      Ongoing charges / Total expense ratio (TER)**

**Please note: unless indicated otherwise above, we will apply the AMC option.**

2 Please indicate the estimated level of non-property investment expenses, both initial and annual, that should be applied below:

**Initial external investment expenses**  % /  £ **(flat rate)**

**Annual external investment expenses**  % /  £ **(flat rate)**

The external investment expenses are to cover both the underlying expenses of the investments that are expected to be held and the expenses (other than broker fees for purchases and sales) of any investment manager or platform you have chosen to be appointed.

**Please note: unless instructed otherwise we will apply an initial expense figure of 0% and an annual expense figure of 1% of the value of any non-property investments.**

## 6 Benefits payable on death

You should complete this section to tell us who you wish to receive benefits from your plan if you die.

If you wish to name more beneficiaries than the spaces allow for, please continue on a separate sheet and attach it to this form.

Please refer to the Terms and Conditions for your plan for details of the different ways death benefits may be received.

### Declaration

- On my death, I wish the scheme administrator to pay any benefits from my plan(s) to the beneficiaries, and in the proportion set out below.
- I accept that this is only an expression of my wishes. I understand that whilst the scheme administrator will pay due consideration to those wishes, they have absolute discretion as to the beneficiary(ies) and to the proportion of benefits paid to each beneficiary unless otherwise provided by law.
- I understand that if the scheme administrator chooses a beneficiary who has not been named in section 6.1 or 6.2, drawdown income would normally only be available in limited circumstances. Therefore in addition to the below, in order to allow the administrator to pay drawdown income to as wide a range of beneficiaries as possible and for the purposes of the relevant tax legislation, I nominate any individual who is eligible to receive a lump sum on my death under the rules of the scheme.
- I understand that I can change the beneficiaries at any time and that the scheme administrator will refer to the last completed form held.

### 6.1 Details of beneficiaries

The percentages in section 6.1 should add up to 100%.

#### 6.1.1 Individuals

Name

Address

Date of birth

Percentage payable to beneficiary

%

Name

Address

Date of birth

Percentage payable to beneficiary

%

Name

Address

Date of birth

Percentage payable to beneficiary

%

Name

Address

Date of birth

Percentage payable to beneficiary

%

## 6.1 Details of beneficiaries (continued)

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### 6.1.2 Trust

Name of trust

Name of trustees

Address where trust is held

Date of trust

Percentage payable to beneficiary

%

### 6.1.3 Charity

Name of charity

Address

Percentage payable to beneficiary

%

Name of charity

Address

Percentage payable to beneficiary

%

Total of all percentages in section 6.1

100%

## 6.2 Alternative beneficiaries

Please only complete this section if you wish to name alternative beneficiaries where all of the beneficiaries you name in section 6.1.1 either:

- die before you; or
- do not wish to receive benefits from your plan (for example, for tax planning purposes).

The percentages in section 6.2 should add up to 100%.

### 6.2.1 Individuals

Name

Address

Date of birth

Percentage payable to beneficiary

%

Name

Address

Date of birth

Percentage payable to beneficiary

%

Name

Address

Date of birth

Percentage payable to beneficiary

%

Name

Address

Date of birth

Percentage payable to beneficiary

%

## 6.2 Alternative beneficiaries (continued)

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### 6.2.2 Trust

Name of trust

Name of trustees

Address where trust is held

Date of trust

Percentage payable to beneficiary

%

### 6.2.3 Charity

Name of charity

Address

Percentage payable to beneficiary

%

Name of charity

Address

Percentage payable to beneficiary

%

Total of all percentages in section 6.2

100%

## 7 Receiving guidance or advice

The FCA requires us to tell you about a service called MoneyHelper.

### 7.1 MoneyHelper guidance

MoneyHelper is a free, impartial service from the Government, which offers guidance to help you make an informed decision about what to do with your pension savings. This includes providing the different options available to you, in order to access your pension savings. Pension's guidance is delivered at an appointment with an independent pension's specialist, which you can choose to book yourself, or alternatively Curtis Banks can arrange this on your behalf. You can also receive advice from a regulated financial adviser. Advisers may charge you for their services.

Please ensure you have read the MoneyHelper privacy policy, which is available on their website, [www.moneyhelper.org.uk/en/about-us/privacy-notice](http://www.moneyhelper.org.uk/en/about-us/privacy-notice).

You can book online at [www.moneyhelper.org.uk/pensionwise](http://www.moneyhelper.org.uk/pensionwise) or call MoneyHelper on 0800 138 3944. Alternatively call us on 01473 296 824 and we'll book an appointment for you.

Please note that we are unable to arrange appointments with MoneyHelper for anyone below the age of 50, so these appointments would need to be arranged by you directly.

### 7.2 Regulated financial advice

Before making a decision about taking your pension benefits you should also get advice from a financial adviser. If you don't have a financial adviser, you can visit [www.moneyhelper.org.uk/choosing-a-financial-adviser](http://www.moneyhelper.org.uk/choosing-a-financial-adviser) to find one.

The regulations require you to confirm the following options before we can proceed with your application.

If you plan to take guidance and/or advice you should do this before completing this form.

**Have you received guidance from MoneyHelper relating to this transaction in the last 12 months?**

Yes      Date guidance received

No. If you don't want to use MoneyHelper you need to opt-out. Please tick the relevant option below.

I've received regulated financial advice related to this transaction within the last 12 months.

Date advice received

I don't want guidance from MoneyHelper or regulated financial advice from an adviser.

Please go to section 8.

If you've already received guidance or regulated financial advice, you may want to do this again if there's been any significant change to your pension fund or personal circumstances.

## 8 Risk warnings

Please note: this section should be completed by:

- clients aged 50 or over who are transferring in uncrystallised funds and taking benefits within 3 months of the transfer

Please answer the following question.

Prior to applying to transfer benefits have you taken advice in relation to the transfer from an authorised adviser?

Yes please go to section 9.

No\* please answer the below questions to highlight the risks.

\* Having considered the matter, I will not be seeking financial advice and accordingly I wish to deal with Curtis Banks on an execution-only basis on making the application to take benefits or transfer benefits. As an execution-only client I confirm that I have received all relevant key features documents, including personal illustration(s).

The Financial Conduct Authority requires us to make sure you have considered the potential risks of accessing and transferring your pension benefits. We are required to ask questions about your circumstances, so that we can provide warnings about the risks which might apply to you.

Once we have received your answers to the below questions, we will send you a statement highlighting the potential risks. If you still wish to proceed, you will need to sign and return the declaration on the statement, to confirm that you've read and understand the risk warnings and wish to proceed.

We will not be able to process your request until we have received this signed declaration. We can accept copies by secure message, fax 0370 414 8000 or email to [benefitteam@suffolklife.co.uk](mailto:benefitsteam@suffolklife.co.uk) if this is more convenient for you.

Please note that this exercise is only intended to highlight potential risks - your answers won't affect your options.



## 9 Client's declaration (including adviser remuneration)

Before signing the declaration, you should carefully read the following for your own benefit and protection:

- This declaration;
- Key Features;
- Your Personal Illustration;
- Schedule of Fees;
- Schedule of Allowable Investments; and
- Terms and Conditions

These documents together form the agreement upon which we intend to rely. You should also read our Privacy Information Notice. This can be found on our website [www.curtsbanks.co.uk](http://www.curtsbanks.co.uk) or please ask your adviser or us for a copy.

If you do not understand any point then please ask your adviser or us for further information. A copy of the scheme rules is available on request. A copy of this completed Application Form is available on request from Curtis Banks Pensions.

### Important please read:

#### Data protection

##### Use of your information:

Curtis Banks Pensions takes your privacy very seriously. We use the personal information collected through this form and any other information that you provide to us and personal information we collect from third parties ('your information') for the reasons and purposes as set out in our Privacy Information Notice.

#### Disclosures

We may need to transfer your information to countries outside the European Economic Area in order to provide our services to you.

We may disclose your information to other companies within the Curtis Banks group of companies, banks, investment managers and fund providers that are appointed to act for your SIPP, regulatory bodies, law enforcement agencies, the current and future owners of our business and suppliers we engage to process data on our behalf.

To protect you and us from financial crime, we may need to confirm your identity from time to time. We may do this by using reference agencies to search sources of information about you (an identity search). This will not affect your credit rating. If this search fails, we may ask you for documents to confirm your identity.

#### Access

You have the right to ask for a copy of your information. To obtain a copy of your information, please write to Curtis Banks Pensions, 153 Princes Street, Ipswich, IP1 1QJ.

#### Consent

We would like your consent to provide you with relevant information about products and services within the Curtis Banks Group, and to share informative, relevant and education updates such as changes to pension legislation and regulation.

Please tick the box if you agree to receive this information.

#### HM Revenue & Customs warning

Since this application is also to be used as an application for tax relief at source, it is a serious offence to make false statements. The penalties are severe. False statements could lead to prosecution.

#### Declaration

- I request that the benefits described in or arising from this application be provided for me under the **Your Future SIPP** and in consideration of its acceptance I undertake to be bound by the rules of the scheme.
- I declare that to the best of my knowledge and belief the statements made in all sections of this Application Form (whether in my handwriting or not) are full and accurate.
- I confirm that I have received a Key Features Document, Schedule of Fees, Schedule of Allowable Investments, Terms and Conditions, Privacy Information Notice and a Personal Illustration.
- I accept that Curtis Banks Pensions will correspond with my adviser (detailed in section 2.1) unless I give written notice to the contrary.
- I authorise Curtis Banks Pensions to accept investment and all other instructions in relation to my SIPP from my adviser detailed in section 2.1 unless and until I inform Curtis Banks Pensions in writing to the contrary.
- I wish for the pension scheme benefits detailed in sections 3.1 and 3.2 to be transferred to the **Your Future SIPP**.
- While Curtis Banks will request transfers in a timely manner, I understand that Curtis Banks is not responsible for the timely completion of the transfer.
- I understand that Curtis Banks will not request any in specie transfer until all of the information requested in the in specie transfer schedule has been provided and any necessary account with an investment manager, platform or execution-only stockbroker has been established.

## 9 Client's declaration (including adviser remuneration)

### Declaration (continued)

- Declaration to the current provider of the transferring scheme(s)
  - I authorise, instruct and apply to the current provider to transfer sums and assets from the plan(s) as listed in section 3 of this application directly to Curtis Banks Pensions and to provide any instructions and/or discharge required by any relevant third party to do so.
  - I accept that in order to comply with regulatory obligations, Curtis Banks Pensions and the current provider(s) named in this application may need to verify my identity and residential address, and may use credit reference agency searches and ask for my documents to verify my identity and address.
  - Until this application is accepted and complete, Curtis Banks Pensions' responsibility is limited to the return of the total payment(s) to the current provider(s).
  - When payment is made to Curtis Banks Pensions as instructed, this means I shall no longer be entitled to receive pension benefits from the whole of the plan(s) listed in section 3 of this application where the whole of the plan(s) is transferring, or that part of the plan(s) represented by the payment(s) if only part of the plan(s) is transferring.
  - I have read any information provided or made available to me by the current provider in connection with this transfer.
- Declaration to Curtis Banks Pensions and the current provider of the transferring scheme(s)
  - I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that Curtis Banks Pensions and the current provider may incur as a result of any incorrect, untrue, or misleading information in this application or given by me, or on my behalf, or of any failure on my part to comply with any aspect of this application.
  - I authorise Curtis Banks Pensions, the current provider, any contributing employer and any financial adviser or intermediary named in this application to obtain from each other, and to release to each other, any information that may be required to enable the transfer of sums and assets to Curtis Banks Pensions.
  - I consent to information regarding my SIPP (including my personal data) being disclosed to my adviser orally, in writing (including by email) or through the Curtis Banks Pensions secure portal.
  - I will inform the scheme administrator in writing (within 30 days) if:
    - I cease to be UK resident or change my country of residency;
    - I contribute on aggregate more than 100% of my earnings to this and any other pension scheme in any tax year;
    - I cease to have relevant UK earnings;
    - I begin to have relevant UK earnings again;
    - There is a change in my employment status;
    - There is a change in my permanent residential address;
    - I apply for an enhanced Lifetime Allowance in respect of a pension credit or overseas transfer;
    - I lose or give up the right to enhanced or fixed protection.
  - I confirm that my total gross contributions to all UK registered pension schemes in respect of which I am entitled to tax relief will not exceed the higher of £3,600 or 100% of my UK relevant earnings.
  - I accept that Curtis Banks Pensions is not responsible for checking whether I have triggered the Money Purchase Annual Allowance before accepting contributions in excess of the annual limit, which is currently £10,000.
  - Where applicable, I authorise Curtis Banks to provide the details to MoneyHelper.

## 9 Client's declaration (including adviser remuneration)

### Adviser charges

Are adviser charges payable by Curtis Banks?

	Initial/one-off	Yes	No
	Ongoing	Yes	No
<p>- I authorise Curtis Banks Pensions to pay my adviser (detailed in section 1) the following adviser charges. I understand that an adviser charge will be paid from my SIPP bank account or paid by my nominated investment manager to my adviser.</p>			
<p>- I confirm that any adviser charges are genuinely commercial arrangements between myself and my adviser and only relate to pensions advice and services provided.</p>			
Fixed Amount (Excl.VAT)	Percentage (Excl.VAT)	Subject to VAT?	
Initial/one-off adviser charge £ <input type="text"/>	and/or <input type="text"/> %	of the initial transfer value(s) / single contribution to the plan included in this Application Form	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ongoing adviser charge £ <input type="text"/>	and/or <input type="text"/> %	of the plan value each year in arrears	Yes <input type="checkbox"/> No <input type="checkbox"/>
	£ <input type="text"/> and/or <input type="text"/> %	of the gross amount of each regular contribution received	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please make ongoing payments  
at a frequency of:

Yearly

Half Yearly

Quarterly

Monthly

- I understand that adviser charges will only be paid if there are sufficient funds within the SIPP bank account.
- If I am signing this Application Form and declaration on behalf of a person who is under age 18 and/or who is incapable by reason of mental disorder of managing and administering his/her affairs

I also:

- confirm that to the best of my knowledge and belief all the information given and statements made in this Application Form are full and accurate;
- confirm that to the best of my knowledge and belief all of the declarations made in this Application Form are correct;
- undertake the obligations falling on the applicant; and
- understand that I may be required to provide further information relating to my status in completing this Application Form

Print name

Signature of client

or person signing on behalf of a client who is under 18 and/or who is incapable by reason of mental disorder of managing and administering his/her affairs

Date

If you are signing this form on behalf of a client who is under 18 and/or who is incapable by reason of mental disorder of managing and administering his/her affairs please include your details below:

Full name

Address

Date of birth Day/Month/Year

Please also return a completed Identity Verification Form which is available on our website or on request.

Curtis Banks will aim to electronically verify your identity. We may do this by using reference agencies to search sources of information about you (an identity search). This will not affect your credit rating. In the event that Curtis Banks is unable to complete the identity verification electronically, we will contact you to provide documentary evidence as an alternative.

You should also read our Privacy Information Notice. This can be found on our website [www.curtisbanks.co.uk](http://www.curtisbanks.co.uk) or please ask your adviser or us for a copy.

## Appendix A Employer contributions

For completion by the employer if making regular contributions to the **Your Future SIPP**.

Employers are obliged by the Pensions Regulator to provide a new employer contributions form for any amendments to contributions.

Please also complete and return the relevant **Identity Verification** form available on our website.

### A.1 Employee details

Employee's name

Employee's NI number

### A.2 Employer details

Employer's name

Employer's address

Company registered number

Name of contact

Telephone number

### A.3 Contribution details

Payment frequency	monthly	quarterly	yearly	
Employee contributions deducted from net pay				£ <input type="text"/>
Employer contributions (gross)	£ <input type="text"/>			Total £ <input type="text"/>
Preferred payment date	1st of month		15th of month	
	Start month		Start year	
	End month		End year	(if applicable)

You have a duty to pay employee contributions to us by the 'payment due date'. This is the 19th of the month following the date of the deduction from pay. For example, a contribution deducted from pay on 5 May must be received by us no later than 19 June. We have a duty to report the late payment of any contribution that is of material significance to the Pensions Regulator.

### A.4 Signature

- We agree to pay the above contributions until further notice, or until the end date where applicable, and will notify Curtis Banks of any change and provide a new employer contributions form.

Signature for and on behalf of the employer

Print name

Date

Please also complete the Direct Debit form over the page.



Curtis Banks Pensions is a trading name of Suffolk Life Pensions Limited. Suffolk Life Pensions Limited is a company registered in England & Wales (registered number 1180742) and is authorised and regulated by the Financial Conduct Authority (number 116298). Suffolk Life Annuities Limited is a company registered in England & Wales (registered number 1011674) and is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (number 110468). The registered address of both companies is 153 Princes Street, Ipswich, Suffolk IP1 1QJ. Call charges will vary. We may record and monitor calls. If you're contacting us by email, please remember not to send any personal, financial or banking information because email is not a secure method of communication.

## Appendix B Direct Debit Instruction

For completion by the client or the employer when making regular contributions to the **Your Future SIPP**.

If both you and your employer intend to make regular contributions, please use a photocopy of this page for one of the mandates.

### Type of contribution

Regular personal contribution

Regular employer contribution (anti-money laundering documents must be provided where applicable for employer contributions)



### Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send to:  
Curtis Banks, 153 Princes Street, Ipswich, Suffolk IP1 1QJ

#### Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
Postcode	

#### Name(s) of Account Holder(s)


#### Bank/building society account number

--	--	--	--	--	--	--	--

#### Branch Sort Code

--	--	--	--	--	--

#### Reference

--	--	--	--	--	--	--	--	--	--	--	--

#### Service Use number

5	0	2	8	4	2
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#### Instruction to your bank or building society

Please pay Suffolk Life Trustees Limited 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 Suffolk Life Trustees Limited and, if so, details will be passed electronically to my bank/building society.

Signature(s):

--

Date

--

This Guarantee should be detached and retained by the Payer



### The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Suffolk Life Trustees Limited will notify you five business days in advance of your account being debited or as otherwise agreed. If you request Suffolk Life Trustees Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Suffolk Life Trustees Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
  - If you receive a refund you are not entitled to, you must pay it back when Suffolk Life Trustees Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



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## Appendix C      Checklist

- Sections 1, 2 and 9 must be fully completed in all cases
- Signature by person applying for the SIPP on page 23 (and Direct Debit if applicable)
- Signature by Adviser on page 6
- Identity and address verification documents (if applicable) - see page 5 for further details
- Overseas Client Declaration (if applicable)
- Sections 7 and 8 fully completed (if applicable)

### If you are making contributions:

- Cheque for single contributions payable to "**Suffolk Life Trustees Limited re (client's name)**" (if applicable)
- Completed and signed Direct Debit mandate (if you intend to make regular contributions) - see page 27

### If your employer is making contributions:

- Identity Verification form for your employer - see page 9
- If the contributions are regular:
  - Employer contributions form (Appendix A)
  - Direct debit instruction (Appendix B)

### If you are transferring in an existing plan:

- Transfer paperwork from transferring schemes shown in Section 3 (if applicable)
- Where applicable our In Specie Transfer Schedule, or an asset list from the investment manager or current provider

### Investment specific documents:

- Where applicable:
  - ① any investment account opening forms
  - ② Property Form
  - ③ any application forms for directly held assets



Curtis Banks Pensions,  
153 Princes Street,  
Ipswich, IP1 1QJ

T 0370 414 7000  
F 0370 414 8000  
[curtisbanks.co.uk](http://curtisbanks.co.uk)

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