

EU SIPP



APPLICATION FORM

Take control of your pension



LONDON &
COLONIAL

INNOVATION YOU CAN TRUST

www.londoncolonial.com



This application form can be used to establish your EU SIPP as well as transfer benefits from any of the following types of pension schemes:

1. UK Registered Pension Schemes – see Form G in the appendix.
2. Any scheme in any jurisdiction registered with HMRC as a QROPS – see Form H in the appendix.
3. Any other scheme in any jurisdiction provided it is recognised as a pension scheme in that jurisdiction – see Form H in the appendix.

By completing this form you instruct us to:

1. Arrange for the transfer of benefits held in one or more pension schemes to the London & Colonial Open Pension (UK SIPP)
2. On case acceptance of the UK SIPP immediately arrange for a transfer to the London & Colonial Pension Plan (QROPS)
3. On case acceptance of the London & Colonial Pension Plan immediately arrange for a transfer to the London & Colonial EU SIPP (Non QROPS)

References to “London & Colonial” means the relevant company within the London & Colonial group of companies involved in your application. The declarations at the back of this application explain which London & Colonial company is involved at each stage of your application.

1. Your Personal Details

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
	Other (please specify) <input type="text"/>			
First name(s) (in full)	<input type="text"/>			
Surname	<input type="text"/>			
Previous name(s)	<input type="text"/>			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Date of birth (dd/mm/yyyy)	<input type="text"/>			
Marital status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Civil Partner <input type="checkbox"/>	
	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>	
Address line one	<input type="text"/>			
Address line two	<input type="text"/>			
Town	<input type="text"/>			
County	<input type="text"/>			
Country / Postcode	<input type="text"/>	<input type="text"/>		

Country of Residence	<input type="text"/>
Country of Domicile	<input type="text"/>
Date left or leaving the UK	<input type="text"/>
Occupation	<input type="text"/>
Contact telephone number	<input type="text"/>
E-mail address *	<input type="text"/>

* Optional

2. IFA Details

Intermediary Details *(IFA stamp if available)*

IFA case contact	<input type="text"/>
E-mail address	<input type="text"/>
Name of Firm	<input type="text"/>
FSA Authorisation No.	<input type="text"/>
Correspondence Address	<input type="text"/>

I/We certify that the evidence obtained to verify the identity of the customer meets the standard evidence set out within the guidance issued by the Joint Money Laundering Steering Group. Upon request I/we will supply evidence of the same to London & Colonial.

Signed (on behalf of the Intermediary)

3. Remuneration Basis

Please state the level of remuneration that you wish us to pay to your Financial Adviser.

Initial:	<input type="text"/>	%	OR	<input type="text"/>	£
<i>(payable at outset)</i>					
Renewal:	<input type="text"/>	%	OR	<input type="text"/>	£
<i>(payable annually in advance on each anniversary)</i>					

4. Existing Pension Benefits

Please confirm if the value of all the pensions you have already taken, together with the pension fund now being transferred overseas is below the Lifetime Allowance. (please tick the appropriate boxes)

- 1) The total value of all benefits taken, including the pension fund now being transferred overseas is less than the Lifetime Allowance (currently £1.75m for 2009/10).
- 2) The total value of all benefits taken, including the pension fund now being transferred overseas is more than the Lifetime Allowance, or is within 20% of that amount.
- 3) I have a personal Lifetime Allowance, enhanced protection or a protected early retirement age.

If you have ticked 2 or 3 above please complete Form D in the appendix.

5. Investments

Until the instructions on the investments of your scheme take effect, contributions and any cash transfers will be held in the scheme bank account.

Do you wish to manage the fund yourself? Yes No

If yes, please provide initial investment instructions on Form C in the appendix.

If no, please indicate the name and address of the investment manager you wish us to appoint

The appointment of the investment manager will be subject to the agreement of the Scheme Administrator. If the initial agreement will be on an execution only basis and the desired initial investments are known then please provide details using Form C in the appendix.

6. London & Colonial Open Pension (UK SIPP) Declarations

If my application is accepted, I undertake to be bound in all respects by the rules of the Open Pension in force from time to time.

I understand that London & Colonial Services Limited is the scheme administrator and trustee of the Open Pension.

I hereby request London & Colonial to accept investment instructions from the investment manager indicated in Section 5.

I consent to London & Colonial obtaining details from the Scheme Administrator/Scheme Trustee or insurance company or other pension provider of any scheme, arrangement or contract of which I am or have been a member and authorise the giving of such details to London & Colonial.

I understand that London & Colonial Services Limited will store and process my personal information in accordance with the UK Data Protection Act 1998, wherever the information is held and processed.

I consent to London & Colonial using any personal information supplied on this application or obtained from any third party to be used for the administration of my Open Pension.

I authorise London & Colonial to pass my personal information to:

- i. Any professional financial or investment adviser(s) which I have appointed on this application form or in any associated correspondence; and
- ii. Any necessary third party in connection with administering my Open Pension
- iii. Any regulatory authorities or to any other third parties under pensions regulations and/or to comply with any other legal requirements

I consent to London & Colonial obtaining any relevant pensions or related details from any source. This includes any professional financial or investment adviser, scheme practitioner, administrator, trustee, insurance company or any other pension provider of any scheme, arrangement or contract in which I have ever had any benefit entitlement. I also authorise the holders of this information to supply it to London & Colonial, when requested to do so

I consent to London & Colonial providing any relevant information related to my Open Pension to any other pension scheme trustees, administrators, practitioners, insurers or pension providers when required to do so

I understand that London & Colonial will perform electronic searches on me to verify my identity for Anti Money Laundering purposes as and when may be required.

I understand that these statements apply to the details contained in this form, to any other information provided in association with this Application and to any data which London & Colonial creates, receives or processes in future in relation to my Open Pension.

I hereby agree to be responsible for any claims, losses, costs, charges or expenses which may be raised against London & Colonial or incurred by London & Colonial in consequence of London & Colonial acting on instructions received by facsimile or email from the address stated on this application form and/or provided by us. I understand that email is not a secure method of communication and confidential or sensitive information will not be transmitted in this format by London & Colonial unless I agree otherwise.

I request and consent to the payment of the transfer value(s) from my previous scheme(s), as indicated on Form G and/or H to the Open Pension. I understand that after such payment neither I nor my spouse, civil partner or dependants will have any entitlement to benefits under the scheme(s) indicated on Form G and/or H to which the transfer payment relates.

I undertake to be bound in all respects by the rules of the Open Pension in force from time to time.

I hereby agree that this application shall be the basis of the proposed contract to provide benefits under each of the schemes.

I also request that once the transfer value(s) identified on Form G and/or H have been received that these be transferred to the London & Colonial Pension Plan.

I acknowledge that the scheme to which the transfer payment is to be made may not be regulated in any way by the law of the UK and that as a consequence there may be no obligation under the law on the receiving scheme or its trustees to provide any particular value or benefit in return for the transfer payment.

Upon completion of the transfer(s) from the London & Colonial Open Pension I undertake to be bound in all respects by the rules of the London & Colonial Pension Plan in force from time to time.

I declare that to the best of my knowledge and belief, the statements made in this application are true and complete.

To be signed by the Member or the Member's attorney
(if being signed by an attorney please enclose the appropriate power of attorney):

Signed

Date

7. London & Colonial Pension Plan (OROPS) Declarations

I understand that "London & Colonial Pension Plan" is a brand name of the "Shearwater Pension Plan"

I understand that Marlborough Pension Trustees Limited ("Marlborough") is the scheme administrator and trustee of the Shearwater Pension Plan.

I, being eligible, apply for membership to the London & Colonial Pension Plan (the "Fund"):

I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time (the Trust Deed).

I understand the terms and conditions of the Trust Deed, in particular the terms and conditions concerning benefits which may be or become payable.

I consent to Marlborough acting as trustee of the London & Colonial Pension Plan.

I consent to the trustee settling any tax liability levied by HMRC (UK).

I will, upon request, make full disclosure in writing of any benefits I have received, may receive or may be entitled to receive from any other superannuation fund or employer.

I confirm that I have not been provided with any legal, investment or taxation advice in relation to my application for membership of the London & Colonial Pension Plan by the trustee or its agents.

I understand that the trustee does not offer legal, investment or tax advice and at all times I must obtain my own legal, investment and tax advice.

I consent to the trustee or their representatives obtaining from me or any other person or body to whom a duly authorised payment under the provisions of the Plan is to be made, such evidence and information as it may need for the purpose.

I understand that if there is any failure to provide information needed by the trustee in order to administer my benefits in an accurate manner, the trustee has the right to make further charges.

I declare to the best of my knowledge that the information provided in this application form is correct and complete.

I understand that any deliberate or careless failure to answer any questions correctly and fully to the best of my knowledge and belief, may result in benefits not payable to me.

The provision of benefits in respect of the transfer payment will start when this application is accepted and the transfer payment is received by the London & Colonial Pension Plan.

I also request that once the transfer value from the London & Colonial Open Pension has been received that this be transferred to the London & Colonial EU SIPP.

Upon completion of the transfer from the London & Colonial Pension Plan I undertake to be bound in all respects by the rules of the London & Colonial EU SIPP in force from time to time.

I confirm that I am not currently resident in the UK nor have I been in this tax year, or in any of the five tax years immediately preceding this tax year.

To be signed by the Member or the Member's attorney
(if being signed by an attorney please enclose the appropriate power of attorney):

Signed

Date

Adviser's Signature

Date

8. London & Colonial EU SIPP (Non QROPS) Declarations

If my application is accepted, I undertake to be bound in all respects by the rules of the schemes in force from time to time.

I understand that London & Colonial (Trustee Services) Limited is the trustee and that L&C (Administration Services 2) Limited is the scheme administrator of the London & Colonial EU SIPP.

I hereby request London & Colonial to accept instructions from the investment manager indicated in Section 5.

I consent to London & Colonial obtaining details from the Scheme Administrator/Scheme Trustee or insurance company or other pension provider of any scheme, arrangement or contract of which I am or have been a member and authorise the giving of such details to London & Colonial.

I understand that L&C (Administration Service 2) Limited will store and process my personal information in accordance with the Gibraltar Data Protection Act 2004, wherever the information is held and processed.

I consent to London & Colonial using any personal information supplied on this application or obtained from any third party to be used for the administration of my London & Colonial EU SIPP.

I authorise London & Colonial to pass my personal information to:

- i. Any professional financial or investment adviser(s) which I have appointed on this application form or in any associated correspondence; and
- ii. Any necessary third party in connection with administering my London & Colonial EU SIPP
- iii. Any regulatory authorities or to any other third parties under pensions regulations and/or to comply with any other legal requirements

I consent to London & Colonial obtaining any relevant pensions or related details from any source. This includes any professional financial or investment adviser, scheme practitioner, administrator, trustee, insurance company or any other pension provider of any scheme, arrangement or contract in which I have ever had any benefit entitlement. I also authorise the holders of this information to supply it to London & Colonial, when requested to do so.

I consent to London & Colonial providing any relevant information related to my London & Colonial EU SIPP any other pension scheme trustees, administrators, practitioners, insurers or pension providers when required to do so.

I understand that London & Colonial will perform electronic searches on me to verify my identity for Anti Money Laundering purposes as and when may be required.

I understand that these statements apply to the details contained in this form, to any other information provided in association with this Application and to any data which London & Colonial creates, receives or processes in future in relation to my London & Colonial EU SIPP

I hereby agree to be responsible for any claims, losses, costs, charges or expenses which may be raised against London & Colonial or incurred by London & Colonial in consequence of London & Colonial acting on instructions received by facsimile or email from the address stated on this application form and/or provided by us. I/We understand that email is not a secure method of communication and confidential or sensitive information will not be transmitted in this format by London & Colonial unless I agree otherwise.

I request and consent to the payment of the assets from the London & Colonial Pension Plan to the London & Colonial EU SIPP. I understand that after such payment, neither I nor my spouse, civil partner or dependants will have any entitlement to benefits under the London & Colonial Pension Plan.

I have read and understood this document setting out the arrangement to be made between Marlborough and the trustee/scheme administrator of the Receiving Scheme.

I acknowledge that the Receiving Scheme may not be regulated in any way by the law of the United Kingdom and that as a consequence there may be no obligation under the law on the Receiving Scheme or its trustees to provide any particular value or benefit in return for the assets.

I understand that the amount of the assets shown in this document is not guaranteed and may fluctuate and that the exact value will not be known until the transfer date. The amount of the assets will represent the value of my interest and my dependant's interests in the Transferring Scheme which are being transferred to the Receiving Scheme.

I undertake to be bound in all respects by the rules of the London & Colonial EU SIPP in force from time to time.

I hereby agree that this application shall be the basis of the proposed contract to provide benefits under each of the schemes.

I declare that to the best of my knowledge and belief, the statements made in this application are true and complete.

To be signed by the Member or the Member's attorney

(if being signed by an attorney please enclose the appropriate power of attorney):

Signed

Date

10. Notes to client due diligence

Suitable Certification Wording for a Passport

Suitable certification wording is: "I certify that I have seen the original document and that this copy is a complete and accurate copy of that original, which in itself shows a true likeness of the individual who I have met. I further certify that I am not closely related to the person whose document I am certifying."

Suitable Certification Wording for a Utility Bill

Suitable certification wording is: "I certify that this is a true copy of the original document which I have seen."

11. Intermediary Checklist

What signatures are required?

Please tick

IFA signatures Section 2, page 2 & Section 7 page 6

Client signatures Section 6, page 5, Section 7 page 6 & Section 8 page 7,
and Form B and/or F, G, H as appropriate

12. Index of Appendix

Form A	Applicant's death benefit nomination form <i>(not required to effect the EU SIPP)</i>
Form B	Contribution form <i>(if applicable)</i> <i>(please also complete Form F for regular contributions)</i>
Form C	Initial investment instructions <i>(not required to effect the EU SIPP)</i>
Form D	Benefit Crystallisation Event Form <i>(required if 2 or 3 has been ticked in Section 4)</i>
Form E	Benefit payment form <i>(if applicable)</i> <i>(If already receiving or about to commence pension payments)</i> Enclose P45 <i>(if appropriate)</i>
Form F	Standing order instruction <i>(for regular contributions)</i> <i>(please photocopy for each payment as required)</i>
Form G	Transfer request form (UK Registered Pension Scheme) <i>(please photocopy for additional sources as required)</i>
Form H	Transfer request form (non UK Scheme including QROPS) <i>(please photocopy for additional sources as required)</i>

FORM B - Contribution Form

1. Regular contributions (if applicable) - Please complete a standing order instruction (Form F)

	Name	Amount	Frequency (<i>please circle</i>)	
Personal (<i>from your account</i>)		£	Monthly Half-yearly	Quarterly Annual
Personal (<i>deducted from salary</i>) (<i>complete section 4</i>)		£	Monthly Half-yearly	Quarterly Annual
Employer (<i>complete section 4</i>)		£	Monthly Half-yearly	Quarterly Annual
Third party (<i>complete section 5</i>)		£	Monthly Half-yearly	Quarterly Annual

2. Single contributions

	Name	Amount
Personal (<i>from your account</i>)		£
Personal (<i>deducted from salary</i>) (<i>complete section 4</i>)		£
Employer (<i>complete section 4</i>)		£
Third party (<i>complete section 5</i>)		£

3. Source of Wealth

Occupation / nature of business

Annual earnings / net annual turnover

Source of funds for the investments

(*e.g. a UK bank account*)

4. Employer's Declaration (*if applicable*)

I/We confirm that:

- I/We will deduct the necessary employee contributions from the Applicant's salary after tax and National Insurance have been deducted as they become due and send this to London & Colonial.
- I/We understand that failure to provide information that prevents London & Colonial from monitoring the payment of contributions must be reported to The Pensions Regulator.
- I/We agree to pay the contributions detailed above until further notice and will inform London & Colonial of any changes to the amounts due.
- I/We agree to advise London & Colonial immediately if any member is to leave our employment. Unless otherwise agreed in writing, we confirm that employer contributions will only be paid in respect of people currently employed and will cease if the member leaves employment.
- I/We understand that London & Colonial will aim to verify the identity of the company electronically to satisfy anti-money laundering regulations. In the event that London & Colonial are unable to do this, they will request documentary evidence as an alternative. London & Colonial will delay applications until sufficient identification has been provided.

Signed Position

Name (*block capitals*) Employer

5. Third party Declaration – for Third party contributions ONLY

I/We confirm that:

- I/We agree to pay the contributions detailed above until further notice and will inform London & Colonial of any changes to the amounts due.
- I/We understand that London & Colonial will aim to verify the identity of the third party electronically to satisfy anti-money laundering regulations. In the event that London & Colonial are unable to do this, they will request documentary evidence as an alternative. London & Colonial will delay applications until sufficient identification has been provided.

Signed	<input style="width: 100%; height: 25px;" type="text"/>
Full name (<i>block capitals</i>)	<input style="width: 100%; height: 25px;" type="text"/>
Capacity	<input style="width: 100%; height: 25px;" type="text"/>
Date of birth (<i>if individual</i>)	<input style="width: 100%; height: 25px;" type="text"/>
Name of company (<i>if applicable</i>)	<input style="width: 100%; height: 25px;" type="text"/>
Address line one	<input style="width: 100%; height: 25px;" type="text"/>
Address line two	<input style="width: 100%; height: 25px;" type="text"/>
Town	<input style="width: 100%; height: 25px;" type="text"/>
County	<input style="width: 100%; height: 25px;" type="text"/>
Country / Postcode	<input style="width: 50%; height: 25px;" type="text"/> <input style="width: 50%; height: 25px;" type="text"/>

6. Payment Method

Single contribution	<input type="checkbox"/> Cheque
	<input type="checkbox"/> Contribution In Specie
	<i>(please provide asset details separately)</i>
Regular contributions	<input type="checkbox"/> Standing Order instruction (<i>Form F</i>)

7. Start date for regular contributions

ASAP OR dd/mm/yyyy

Please complete a standing order instruction (Form F) for each regular payment.

FORM C - Initial investment instructions

For property, loans or unquoted share purchases, please complete the associated application form available from our website or on request.

How would you like us to purchase your initial investments?

L&C default execution only stockbroker (*terms & conditions and a dealing charge will apply*)

Your stockbroker - Please provide contact details below:

An investment platform such as Cofunds / Skandia (*please indicate which platform below*)

Directly with the Fund providers or Unit Trust / OEIC companies. *

** If you select this option, then please let us have the application forms for the specific funds you have selected. Please only complete the fund information on the forms and arrange for your financial adviser to complete their details in the relevant section. Please ensure you leave the account holder and address details blank as we will purchase and hold these investments on your behalf.*

Amount to be invested

Please either enter the individual amounts below or if you have entered % amounts below then let us know

the total monetary amount you wish us to invest: £

Fund / asset to be purchased	Code	% / £
1		
2		
3		
4		
5		
6		
7		
8		
		Total

Trustee cash deposits

Unless you instruct us otherwise we will hold all cash received in a designated account with the scheme bankers. We are happy to place your funds on deposit with other institutions as an investment and would ask that you let us have the contact details of the institution and the basis and amount of the deposit. Banks often have different types of accounts and we would ask that you be specific. Please note we apply an annual administration fee for each account not held with our nominated scheme bankers. Please see our fee basis for further details.

Bank name

Bank contact name

Bank address

Bank telephone no.

Interest rate

Term of deposit

Deposit Amount £

Protection

I am entitled to Enhanced Protection And / Or
I am entitled to Primary Protection

Please provide the HMRC certificates showing the correct information (these certificates will then be returned to you).

Other benefits

HM Revenue and Customs' (HMRC) allowance applies to benefits from all arrangements; we therefore need full details of all other benefits that are either in payment or that you are entitled to. (Please note that this DOES NOT include State Pension and State Pension Credit.) This information is not held on our records and the necessary information is requested from you below. If you are not in possession of the information requested, you should obtain it from the administrator/provider of the pension arrangement(s) in question.

Listed below are benefits you should not include on this form as they are not measured against the Lifetime Allowance at this time:

1. An entitlement to a pension following death e.g. a spouse's or dependant's pension;
2. Pension benefits from other schemes that you are not planning to start taking until after your EU SIPP has been set up. These will be tested against the Lifetime Allowance when you take the benefits.

Please note that we are unable to process your transfer request until the information requested in this form is provided.

Section A - Pensions that were already in payment before 6 April 2006 (exclude benefits currently being taken from the Open Pension)

I am in receipt of pension benefits that commenced before 6 April 2006 Yes (please provide the information requested below) No (please go to Section B below)

For each pension that was in payment before 6 April 2006, please advise the following information (for income drawdown contracts please stipulate the maximum GAD figure as opposed to the level of income actually being taken):-

	Annual rate of pension in payment as at 5 April 2006 (before deduction of any tax)
Pension 1	<input type="text" value="£"/>
Pension 2	<input type="text" value="£"/>
Pension 3	<input type="text" value="£"/>

Section B - Pensions that will have commenced payment on or after 6 April 2006 and before your EU SIPP has been set up (excluding benefits being taken from the Open Pension)

I am in receipt of pension benefits that commenced on or after 6 April 2006 Yes (please provide the information requested below) No (please go to Section C below)

For each pension benefit that commenced payment on or after 6 April 2006, please advise the following information:-

	Percentage of Standard Life-time Allowance (at the time the benefit was taken) that the total benefit taken represents	If cash is protected under Primary Protection:- Amount of tax free cash received	Date benefit was taken (date of retirement from scheme)
Pension 1	<input type="text"/> %	<input type="text" value="£"/>	<input type="text"/>
Pension 2	<input type="text"/> %	<input type="text" value="£"/>	<input type="text"/>
Pension 3	<input type="text"/> %	<input type="text" value="£"/>	<input type="text"/>

Section C - Pensions from other arrangements coming into payment now

I have other pension benefits that are Yes *(please provide the information requested below)*
 due to come into payment now No *(please go to Section D below)*

For each pension that is due to commence payment now, the table below needs to be completed. The last column in the table is seeking to identify whether the particular benefit will be treated as being paid before or after your EU SIPP has been set up. This information is required for the purpose of undertaking the Lifetime Allowance test and dictates which scheme or schemes will be responsible for settling any tax liability should your benefits exceed the Lifetime Allowance.

	Percentage of Standard Life-time Allowance that the total benefit taken represents	Benefit treated as being paid before or after your EU SIPP has been set up	
Pension 1	<input type="text"/> %	<input type="checkbox"/> Before	<input type="checkbox"/> After
Pension 2	<input type="text"/> %	<input type="checkbox"/> Before	<input type="checkbox"/> After
Pension 3	<input type="text"/> %	<input type="checkbox"/> Before	<input type="checkbox"/> After

Section D - Overseas Transfers Out on or after 6 April 2006

Overseas Transfers Out have been made Yes *(please provide the information requested below)*
 (or are due to be made) on my behalf on or No *(please go to Section E below)*
 after 6 April 2006 and before my EU SIPP
 has been set up

For each overseas Transfer Out that occurred on or after 6 April 2006 and before the date of this application, please advise the following information:-

	Date of Transfer	Amount Transferred
Transfer 1	<input type="text"/>	£ <input type="text"/>
Transfer 2	<input type="text"/>	£ <input type="text"/>
Transfer 3	<input type="text"/>	£ <input type="text"/>

I certify that the information I have provided above is correct and complete to the best of my knowledge. If further tax becomes payable because the information I have provided above is proven to be incorrect then I understand that I will be wholly and personally liable for the tax charge due and any resultant penalty as may be imposed by HMRC.

It is a serious offence to give false statements and it could lead to a prosecution. The penalties are severe. You must disclose all 'material' facts (i.e. facts which may affect the benefits provided).

Signed

Date

FORM E - Benefit Payment form

Payment Requirements from the EU SIPP

Please state below the percentage of the available fund that you wish to take benefits from

(The available fund is any part of the fund from which you have not previously taken benefits)

Fund * 100% OR %

* Your funds are divided into 1,000 segments. If this percentage does not equate to a whole number of available segments then we will round up to the nearest whole number of segments.

Please state below your income requirements

Tax Free Lump Sum Maximum available OR
 Specified amount £

Income Maximum available OR
 Minimum available OR
 Specified amount £

Income payment (please tick one)

Please indicate how often you wish your income to be paid. Please note that we apply a fee where income is paid more frequently than annually. Please see our fee basis for further details.

Start date of payments (dd/mm/yyyy)

OR on commencement of the plan (tick)

Monthly Quarterly
 6-monthly Annually

Please provide details of the bank account you would like us to credit your income payments to:

Bank Name

Address

Sort Code / Account Number

Reference (if any)

FORM F - Standing Order Instruction

This form should be completed if you wish to make regular contributions to the EU SIPP.

1. Account details to debit

To	The Manager	
Bank Name	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Account Name	<input type="text"/>	
Sort Code / Account Number	<input type="text"/>	<input type="text"/>

2. Payment details

Amount of first payment	£ <input type="text"/>
Date of first payment (dd/mm/yyyy)	<input type="text"/>
Amount of regular payment	£ <input type="text"/>
Amount of regular payment in words	<input type="text"/>
Frequency (monthly, annually, etc.)	<input type="text"/>
Date of regular payment (1st, 2nd, etc.)	<input type="text"/>

3. Account details to credit (for internal use only)

Name of Organisation	London & Colonial	
Bank Name	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Sort Code / Account Number	<input type="text"/>	<input type="text"/>
Reference (if any)	<input type="text"/>	

4. Account holder signature

Please accept this as formal instruction to debit my account in accordance with the instructions given above until further notice.

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

Please photocopy this page for additional regular payments

FORM G - Transfer Request Form - UK Registered Pension Scheme

Please use this form to transfer benefits from a UK Registered Pension Scheme only

To: The Administrator of the Transferring Scheme or Policy

1. Transferring Scheme or Policy details

Name of Transferring Scheme or Policy	<input type="text"/>
Policy number(s)	<input type="text"/>
Estimated Transfer value	£ <input type="text"/>
Administrators name	<input type="text"/>
Address line one	<input type="text"/>
Address line two	<input type="text"/>
Town	<input type="text"/>
Country / Postcode	<input type="text"/> <input type="text"/>
Telephone number	<input type="text"/>

2. Policyholder / Scheme Member

Full name	<input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
National Insurance no.	<input type="text"/>

I wish to transfer my entitlement under the above scheme to the Sunlight Account: A Personal Pension Plan (marketed as the "Open Pension"), which is registered by HM Revenue & Customs under reference 00617057RH. I also understand that after such payment neither I nor my spouse, civil partner or dependants will have any entitlement to benefits under your scheme to which this transfer relates.

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

Please photocopy this page for additional transfer payments

FORM H - Transfer Request Form - Recognised Overseas Pension Scheme (including QROPS)

Please use this form to transfer benefits from a Recognised Overseas Pension Scheme (including QROPS)

To: The Administrator of the Transferring Scheme or Policy

1. Transferring Scheme or Policy details

Name of Transferring Scheme or Policy	<input type="text"/>
Policy number(s)	<input type="text"/>
Estimated Transfer value	£ <input type="text"/>
Administrators name	<input type="text"/>
Address line one	<input type="text"/>
Address line two	<input type="text"/>
Town	<input type="text"/>
Country / Postcode	<input type="text"/> <input type="text"/>
Telephone number	<input type="text"/>

2. Policyholder / Scheme Member

Full name	<input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
National Insurance no.	<input type="text"/>
Transfer In Specie? ⁽¹⁾	<input type="checkbox"/> Yes <input type="checkbox"/> No

I wish to transfer my entitlement under the above scheme to the London & Colonial EU SIPP. I understand that after such payment neither I nor my spouse, civil partner or dependants will have any entitlement to benefits under your scheme to which this transfer relates.

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

Please photocopy this page for additional transfer payments

(1) Please note that we can ONLY facilitate transfers in specie from overseas schemes such as QROPS, if this is the case then please provide details of the assets to be transferred separately.



APPLICATION FORM

Take control of your pension



For more information about any
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