

---

# Sippchoice Bespoke SIPP

## Application Form (from 1 January 2019)

---

Please indicate the unique reference number shown on the Key Features Illustration that you received with this application. Failure to complete this section will delay the establishment of your SIPP.

KFI reference number	
----------------------	--

If you have not received a Key Features Illustration please do not complete this form but contact your financial adviser, who will arrange for an illustration to be prepared. Alternatively, please request an illustration via [www.sippchoice.co.uk/KFI](http://www.sippchoice.co.uk/KFI).

If you would like to join the Sippchoice Bespoke SIPP then please complete this form and return it to us at: Dentons Pension Management Limited, Sutton House, Weyside Park, Catteshall Lane, Godalming GU7 1XE.

Please note that the Sippchoice Bespoke SIPP is governed by its Trust Deed and Rules and its Terms and Conditions (each as amended from time to time). These documents, together with the Key Features Document, can be obtained from the Literature page of our website at [www.sippchoice.co.uk](http://www.sippchoice.co.uk) or by contacting us. Please review these documents before you complete this form and if you have any questions then please contact us or consult your adviser.

In accordance with anti-money laundering requirements, we need to verify your identity before we can set up the default bank account. Without this information, we cannot establish your Sippchoice Bespoke SIPP.

We will ONLY accept a copy of the original documents if they have been certified by an authorised individual who is registered and active on one of the following registers:

Financial Advisers: <https://register.fca.org.uk/>

Solicitors: <http://www.sra.org.uk/> OR <http://solicitors.lawsociety.org.uk/>

Accountants: <http://www.icaew.com/en/about-icaew/find-a-chartered-accountant> OR <http://www.accaglobal.com>

All certified copies must state that it is a true copy of the original. All evidence of identity documents must also state that the photo is a true likeness of the individual. Certified copies must include the individual's position, authorisation number, original Company certification stamp and date. The signature MUST be 'wet ink'.

Please supply ONE item from EACH of the following lists. Please note: A CVIC form will ONLY be accepted if certified copies are also attached.

Evidence of identity	Evidence of address
Current full passport	Council tax bill (for the latest tax year)
Current photocard full UK driving licence	Utility bill (not mobile phone) dated within the last 6 months
National identity card	Mortgage statement dated within the last 6 months
Firearms certificate	Current full UK driving licence (but only if this hasn't already been used to confirm identity)
State pension or benefits book/letter	HM Revenue & Customs tax notification (for the latest tax year) Bank statement dated with the last 6 months

In addition to the identification provided above we may verify your identity electronically by matching your details held by credit reference and fraud prevention agencies. Please see the Member's Declaration and our Terms and Conditions for further details.

We strongly recommend that you:

1. obtain financial advice that is specific to your personal circumstances before you proceed with this application; and
2. submit a Death Benefit Nomination Form, a copy of which is contained in the Appendix, together with this application form and return it to us.

## A Your personal details

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Other (please specify) <input type="text"/>				
Forename(s)	<input type="text"/>							
Surname	<input type="text"/>							
Date of birth	D <input type="text"/>	D <input type="text"/>	M <input type="text"/>	M <input type="text"/>	Y <input type="text"/>	Y <input type="text"/>	Y <input type="text"/>	Y <input type="text"/>
Are you married or in a registered civil partnership?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
Spouse/dependant's date of birth	D <input type="text"/>	D <input type="text"/>	M <input type="text"/>	M <input type="text"/>	Y <input type="text"/>	Y <input type="text"/>	Y <input type="text"/>	Y <input type="text"/>
National Insurance number	<input type="text"/>							<input type="checkbox"/>
OR tick this box if you do not have a National Insurance number								
Nationality	<input type="text"/>							
Permanent residential address	<input type="text"/>							Postcode <input type="text"/>
How long have you been at this address?	Years <input type="text"/>	Months <input type="text"/>	If less than 3 years please provide details of your previous address:					
	<input type="text"/>							Postcode <input type="text"/>
Mailing address (if different)	<input type="text"/>							Postcode <input type="text"/>
Telephone numbers	Home <input type="text"/>							
	Work <input type="text"/>							
	Mobile <input type="text"/>							
Email address	<input type="text"/>							
Are you, or have you been, a politically exposed person or associated to someone who is or was one?	Note: a politically exposed person is someone who has a high political profile or been entrusted with a prominent public function.							
	Yes <input type="checkbox"/>	No <input type="checkbox"/>						

## A Your personal details (continued)

Status	<b>Please tick only one box. If more than one applies then please tick whichever is your principal source of income.</b>									
	Employed	<input type="checkbox"/>	Caring for one or more children aged under 16	<input type="checkbox"/>						
	Pensioner	<input type="checkbox"/>	Caring for a person aged 16 or over	<input type="checkbox"/>						
	Self-employed	<input type="checkbox"/>	In full-time education	<input type="checkbox"/>						
	Child (under age 16)	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>						
	Other (please specify)	<input type="text"/>								
Lifetime Protection	Have you registered for any form of Lifetime Allowance protection?						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>If 'Yes' then please enclose a copy of the relevant HMRC certificate(s).</b>										
Money Purchase Annual Allowance (MPAA)	Have you triggered the Money Purchase Annual Allowance in another registered pension scheme?						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If yes, please enter the date that this first applied to you									
	D	D	M	M	Y	Y	Y	Y		

## B Financial adviser's details

Please complete either B1 or B2 below

**B1** Please complete this section if you have received advice to join the Sippchoice Bespoke SIPP from your financial adviser.

Details of my financial adviser for the purposes of this application are shown below.										
Adviser's name	<input type="text"/>									
Company name	<input type="text"/>									
Company address	<input type="text"/>									
	Postcode <input type="text"/>									
Email address	<input type="text"/>									
Telephone number	<input type="text"/>									
Adviser charging	If you complete the financial adviser details above then Dentons Pensions Management Limited:									
	(i) will take instructions from, and will correspond with, your financial adviser in relation to your SIPP; and									
	(ii) will pay to your financial adviser the adviser charges set out below from your SIPP's bank account and this will be increased by the current rate of VAT if Dentons receives a VAT invoice for these charges from your financial adviser:									
	Initial	<input type="text"/>								
	Annual	<input type="text"/>								

## B Financial adviser's details (continued)

This section should be completed by your financial adviser.

I confirm that I have advised the applicant to join the Sippchoice Bespoke SIPP and that I have provided the applicant with the Key Features Illustration referenced on page one, Key Features Document and Fees Schedule.	
Adviser's signature	
Adviser's name (in capitals)	
Adviser's FCA reference number	
Date:	

### B2 Please complete this section if you have not received advice to join the Sippchoice Bespoke SIPP from a financial adviser.

I do not have a financial adviser for the purposes of this application and take full responsibility for the decision to make this application and for satisfying myself as to the suitability of this particular product for my personal circumstances.	
<b>Please tick if applicable</b>	<input type="checkbox"/>
How did you hear about the Sippchoice Bespoke SIPP?	
Please indicate your main reason(s) for choosing the Sippchoice Bespoke SIPP:	
Investment flexibility	<input type="checkbox"/>
Personal service	<input type="checkbox"/>
Other (please specify)	

## C About your SIPP

Please complete **all** the sections below.

Please indicate the expected value of your pension fund after all transfer values and any one-off contributions have been received.	
Less than £100,000	<input type="checkbox"/>
Between £100,000 and £1 million	<input type="checkbox"/>
More than £1 million	<input type="checkbox"/>
Please provide details of the expected transfer values and contributions to your SIPP, as follows:	
Transfer values	Approximate transfer value £
	Name of transferring scheme
	Type of scheme: Defined benefit <input type="checkbox"/> Defined contribution <input type="checkbox"/>
	<b>Please provide the above information for each transfer value</b>
Contributions	One-off personal contribution (net) £
	Regular personal contributions (net) £ monthly/annual
	One-off employer contribution (gross) £
	Regular employer contributions (gross) £ monthly/annual

## C About your SIPP (continued)

Please indicate the way in which your SIPP will be invested.		
Standard investment	Managed pension fund	£
	Regulated collective investment scheme	£
	Quoted investment	£
	Fund manager: discretionary	£
	Fund manager: advisory	£
	Self-managed investment dealing account	£
	Commercial property	£
	Other standard investment	£
Non-standard investment	Unconnected unquoted UK company	£
	Unregulated collective investment scheme	£
	Loan to an unconnected UK company	£
	Other non-standard investment	£
Retirement age	<p><b>Please state the age from 55 when you intend to start drawing your benefits. If this field is left blank, we will assume you intend to take benefits from age 75. This does not affect your right to start taking benefits at any permitted age.</b></p> <p>Expected age when you will start to draw benefits from your SIPP <input type="text"/></p>	

## D Your declaration to Dentons Pension Management Limited

Application for membership.	
<p>A I apply for membership of the Sippchoice Bespoke SIPP, the provisions of which are contained in the Trust Deed and Rules and the Terms and Conditions, which may be changed from time to time. These documents have been made available to me and I have been given the opportunity to read and understand them.</p> <p>B I confirm that I have received, read and understood the Key Features Illustration referenced on page one and the Key Features Document in relation to the Sippchoice Bespoke SIPP.</p>	
Personal contributions.	
<p>A I confirm that if in any tax year I make any personal contributions to the Sippchoice Bespoke SIPP then:</p> <p>(i) I will be entitled to obtain tax relief on these contributions; and</p> <p>(ii) the total contributions to any registered pension schemes in respect of which I am entitled to receive tax relief under Section 188 Finance Act 2004 will not exceed the higher of the Basic Amount (currently £3,600) or my relevant UK earnings (as defined in Section 189 Finance Act 2004) for that tax year.</p> <p>B Also, if an event occurs as a result of which I am no longer entitled to tax relief on my contributions under Section 188 Finance Act 2004 then I will notify Dentons Pension Management Limited in writing by the later of (i) 5th April in the year of assessment in which the event occurs; and (ii) 30 days after the event occurred, and before I make any further contributions to the Sippchoice Bespoke SIPP.</p>	
Parent or legal guardian declaration (for those applying for membership on behalf of a person under 16 or, in England, Wales and Northern Ireland, under the age of 18, if not in employment).	
<p>A I am making this application on behalf of the applicant named above.</p> <p>B I will be responsible for the applicant's pension arrangements under the Sippchoice Bespoke SIPP until the applicant reaches the age of 16 or 18 as appropriate.</p> <p>C I understand that any payments to the Sippchoice Bespoke SIPP can be used only to provide benefits to the applicant under the provisions of the Trust Deed and Rules and will not be repaid except as permitted under those provisions.</p>	

.....

## D Your declaration to Dentons Pension Management Limited (continued)

Responsibility for correct completion of application form.

- A I confirm that, to the best of my knowledge and belief, all the information and declarations in this form are complete and correct. Furthermore, I understand that it is a serious offence to make any false statements in this form and that to do so may lead to prosecution.
- B I will notify Dentons Pensions Management Limited of any change in the information provided in this form, especially a change of name and permanent residential address.

Data protection statement.

- A I understand that Dentons Pensions Management Limited may:
  - (i) use the information given by me to assist in administering my SIPP and in verifying my identity; and
  - (ii) share any of the information given by me with associated companies, service providers or agents who may be located in other countries and that Dentons Pension Management Limited will ensure that my information is used only in accordance with its instructions.
- B I consent to you disclosing to HMRC and such other organisations or persons as may be required for statutory or regulatory purposes such information regarding my SIPP and my personal details as may be required for their purposes.
- C I confirm that in addition to my general consent for you to hold personal data in accordance with the information outlined in the Terms and Conditions, I also confirm my explicit consent in the event that you need to hold sensitive personal data about me, which may include health information. I understand that any such information will be held in a secure environment and only kept for as long as necessary in order to comply with the General Data Protection Regulations (GDPR). I understand that I have the right to withdraw my general and explicit consent at any time, however, without this you will not be able to process the data I have provided.

Adviser.

- A I authorise Dentons Pension Management Limited to disclose details of my SIPP to, and to accept instructions in relation to my SIPP in writing, by email or by fax from, the financial adviser specified in Section B1 above, or any other financial adviser who I may nominate in writing, unless I notify Dentons Pension Management Limited in writing to the contrary.
- B I authorise Dentons Pension Management Limited to pay to the financial adviser specified in Section B1 above, or any other financial adviser who I may nominate in writing, unless I notify Dentons Pension Management Limited in writing to the contrary, the adviser charges specified in that section.

Consent to marketing.

From time to time, we would like to contact you with details of other products and services we provide, such as our client newsletter and we will need your consent for you to receive marketing material from us. Please accept or decline this consent by ticking the box below. You can opt in or out from receiving marketing material at any time by putting your instruction in writing to us.

I confirm that I wish to receive marketing material from you

I confirm that I do not wish to receive marketing material from you

.....

**D Your declaration to Dentons Pension Management Limited (continued)**

SIPP establishment cancellation rights.

I understand that I have the right to cancel this Sippchoice Bespoke SIPP application and I wish to proceed as indicated below. **One box from below MUST be ticked.**

Yes, I confirm that I wish to waive my SIPP establishment cancellation rights immediately and proceed with the establishment of my SIPP and request of transfers (if applicable). I understand that I will then be unable to cancel my SIPP.

No, I confirm that I do NOT wish to waive my statutory 30 day SIPP establishment cancellation period and I understand that my SIPP will NOT be established until after this period has expired. I also understand that Dentons will NOT request a transfer of funds (if applicable) until after this period has expired.

Member's declaration.

I agree to be bound by the Trust Deed and Rules, the Sippchoice Bespoke SIPP Terms and Conditions and the Data Protection Statement.

I hereby give Dentons my general and explicit consent to collect data that is necessary to provide financial products and services to me in accordance with the Sippchoice Bespoke SIPP Terms and Conditions.

Signed

Date

.....

The Sippchoice Bespoke SIPP has been registered with HM Revenue & Customs under the Pension Scheme Tax Reference 00738995RG. Dentons Pension Management Limited is the Provider and Scheme Administrator of the Sippchoice Bespoke SIPP and it is authorised and regulated by the Financial Conduct Authority under reference number 461094. Sippchoice Trustees Limited is the Trustee of the Sippchoice Bespoke SIPP.

**Dentons Pension Management Limited** Registered office: Sutton House Weyside Park Catteshall Lane Godalming GU7 1XE  
tel: 01483 521 521 fax: 01483 521 515 email: info@dentonspensions.co.uk web: www.sippchoice.co.uk

.....

---

## Appendix

### Death Benefit Nomination Form

Please nominate the beneficiary(ies) who you would like to receive any benefits that may become payable under the Sippchoice Bespoke SIPP in the event of your death by completing and returning this form to us at:

Dentons Pension Management Limited, Sutton House, Weyside Park, Catteshall Lane, Godalming GU7 1XE

You may nominate more than one beneficiary and you may change your nomination in writing at any time.

Your nomination is not binding and, although Dentons Pension Management Limited will have regard to your nomination, it has discretion over to whom any death benefits are paid and is not required to follow your wishes.

#### A Individuals

Please provide details of any individuals who should be considered as a beneficiary.

Name	
Address	
	Postcode
Relationship to you	
Percentage of total	
Name	
Address	
	Postcode
Relationship to you	
Percentage of total	
Name	
Address	
	Postcode
Relationship to you	
Percentage of total	

#### B Trusts

Please provide details of any trusts which should be considered as a beneficiary.

Name of trust	
Names of trustees	
Address of trust	
	Postcode
Percentage of total	



.....

## C Charities

Please provide details of any charities that should be considered as a beneficiary.

Name of charity			
Address of charity			
		Postcode	
Percentage of total			

## D Further details

If you wish to give further details please complete the box below:

My wish is that you also consider the following potential beneficiaries (you can leave this box blank if your wishes are stated in full above):

## E Member's signature

This replaces any previous nomination(s) that I have made.	
Member's signature	
Member's name	
SIPP membership number (if known)	
Date	

### Notes

1. Death benefits can be paid as a lump sum to your beneficiaries. As an alternative to a lump sum, benefits can be paid as income to:
  - your dependants; and/or
  - any individual who is not a dependant and has been nominated by you on this form.
2. Please note that where a charity has been nominated it is not possible for a subsequent beneficiary to nominate a different charity.
3. Further information on death benefits can be found in our Key Features Document which is available via our website.
4. Please make sure that the percentages add up to 100%.
5. Please use an additional sheet of paper if you would like to nominate more beneficiaries than can be accommodated on this form.

.....

The Sippchoice Bespoke SIPP has been registered with HM Revenue & Customs under the Pension Scheme Tax Reference 00738995RG. Dentons Pension Management Limited is the Provider and Scheme Administrator of the Sippchoice Bespoke SIPP and it is authorised and regulated by the Financial Conduct Authority under reference number 461094. Sippchoice Trustees Limited is the Trustee of the Sippchoice Bespoke SIPP.

**Dentons Pension Management Limited** Registered office: Sutton House Weyside Park Catteshall Lane Godalming GU7 1XE  
tel: 01483 521 521 fax: 01483 521 515 email: info@dentonspensions.co.uk web: www.sippchoice.co.uk

.....