

DENTONS



YOUR MONEY : YOUR FUTURE

Single Portfolio SIPP

Application Form

www.dentonspensions.co.uk

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Please complete all sections of this application form as fully as possible.

Section 1

Personal Details

Title Mr Mrs Miss Other

Forenames

Surname

Marital Status Single Married Divorced
Partnered Separated Widowed

Date of Birth

Dependant's Date of Birth

Address

Post Code

Telephone Home
Work

National Insurance Number

Your Tax Details
(These details can be found on your Tax Code Notification, your P60 or P11D form)

Tax District

Tax Reference Number

Planned Retirement Age

Have you registered for enhanced or primary protection? Yes No

Section 2

Status

Please confirm which of the following categories describe your status

Employed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Self Employed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Retired/Pensioner	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Child under age 16	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If "Other" which of the following best describes your position:-

a) Caring for one or more children aged under 16	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b) Caring for a person over 16	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c) In full time education	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d) Unemployed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
e) Other	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Section 3

Eligibility

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

Are you resident in the UK for tax purposes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you in receipt of earnings which are chargeable to UK income tax	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you a Crown Servant performing duties abroad or the spouse or civil partner of such a Crown Servant	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you a non UK resident with a qualifying UK Pension Plan or Plans relating to previous UK residency and employment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Section 4

Contribution Details

Please give details of the total contributions to be paid into your Dentons Self Invested Personal Pension (SIPP).

Personal Contributions
(To be paid net of basic rate tax)

Initial

Monthly

Annually

Employer's Contributions
(To be paid gross)

Initial

Monthly

Annually

Have you or your employer contributed to any other registered pension schemes in the current tax year?

Yes

No

If yes, please provide details of the total amount paid to date

£

Estimated earnings in current tax year

£

Evidence of earnings attached

P60

Payslip

Other

Section 5

Transfers

This section must be completed if you are transferring benefits from another scheme, otherwise go to Section 6.

Please complete for each transferring scheme.

Scheme 1

Scheme 2

Name of transferring scheme		
Name and address of Trustees or Scheme Administrator		
Inland Revenue Reference Number		
Policy Number		
Total Transfer Payment		
Have any benefits come into payment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what percentage of the Lifetime Allowance has been crystallised	%	%
Is the scheme subject to a pension sharing order?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the transfer have a protected lump sum?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the scheme have a protected pension age?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the scheme consist of Protected Rights?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 5 - Continued

Scheme 3

Scheme 4

Name of transferring scheme		
Name and address of Trustees or Scheme Administrator		
Inland Revenue Reference Number		
Policy Number		
Total Transfer Payment		
Have any benefits come into payment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what percentage of the Lifetime Allowance has been crystallised	%	%
Is the scheme subject to a pension sharing order?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the transfer have a protected lump sum?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the scheme have a protected pension age?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the scheme consist of Protected Rights?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 6

Nominated Beneficiaries

Please indicate below those persons who you would like any lump sum benefits paid to in the event of your death. These nominations will not bind the trustees but will act as an expression of your wishes. The persons nominated can be changed at any time.

1. Name

Address

Relationship

%

2. Name

Address

Relationship

%

3. Name

Address

Relationship

%

Section 7

Application Details

Please provide your chosen investment company details:

Contact Name

Company Name

Address

Phone Number

Details of Financial Adviser providing advice:

Please delete (1) or (2) below, as appropriate:

1. Advice has been provided by:

Name of Adviser:

FSA Individual Registration Number:

Name of Company:

FSA Firm Reference Number:

Date:

2. I confirm that a Financial Adviser has not been involved in connection with this Application and that I have received no advice in relation to the establishment of my Dentons SIPP.

Signed

Date

Section 8

Member's Declaration

I declare that

- (a) to the best of my belief and knowledge the particulars, undertakings and declarations contained in this application form are correct and complete.
- (b) the total contributions made by me, or on my behalf, other than employer contributions, will not exceed the higher of:-
 - (i) the basic amount, or
 - (ii) my relevant UK earnings for that tax year, as defined in Section 189 of the Finance Act 2004.
- (c) I shall give notice to the Administrator, Dentons Pension Management Limited, if any event occurs, and as a result of which I will no longer be entitled to relief for any contributions pursuant to Section 188 of Finance Act 2004. Such notice shall be given by the later of:-
 - (i) 5 April in the year of assessment in which the event occurs and
 - (ii) the date which is 30 days after the occurrence of that event.

I apply to Dentons Pension Management Limited to become a member of the Dentons Self Invested Personal Pension (SIPP). I consent to Dentons Pension Management Limited making such enquiries as it deems necessary to administer the Dentons SIPP and hereby authorise the provision of such information by my employer or any other organisation.

In respect of a transfer I request that the Scheme Administrator of the transferring scheme transfers the whole of my available transfer value, including any protected rights. I authorise the Trustees/Scheme Administrator of the transferring scheme to provide such information as may be requested by the Administrators of my SIPP. I discharge the transferring Scheme Administrator from all liabilities under their Plan listed.

I understand that the Administrator may create separate arrangements to hold any Protected Rights, as they deem appropriate.

I agree to pay the Administrator's fees as notified to me, for their services, and agree that these charges may be taken out of the bank account held for my benefit.

I confirm that I have been provided with a copy of Dentons Pension Management Limited's Terms and Conditions of Business, and understand that the Administrator is authorised under the Financial Services and Markets Act 2000 for the establishment, operation and winding-up of SIPPs and is not permitted to give financial or investment advice, nor does it accept any liability for the performance or choice of investments or performance or choice of any investment manager.

**Please note that it is a serious offence to make a false statement.
The penalties are severe and could lead to prosecution.**

Signed

Date

Section 9

Legal Guardian's Declaration

I, as the member's legal guardian, hereby declare: -

1. I have completed this application and given the undertakings in section 8 on behalf of the member.
2. I agree to be responsible for this contract, as if I were the member, until the member reaches his or her 18th birthday.
3. I shall ensure that the contribution limits applicable to the member whilst a minor shall not be exceeded.
4. I understand that the contributions paid to the Dentons SIPP may only be returned to the member in the form of benefits payable under the rules of the scheme.

Signed Date

Name

Address

Section 10

Administrator's Declaration

We, Dentons Pension Management Limited, hereby agree to administer the Dentons SIPP on behalf of the provider.

We also undertake that we shall only transfer funds out of your account in settlement of fees or to facilitate such transactions as you confirm to us in writing in advance.

Signed Date
On behalf of Dentons Pension Management Limited



Dentons Pension Management Limited
Actuarial & Pension Consultants

[Linden House, Woodside Park, Catteshall Lane, Godalming, Surrey, GU7 1LG](#)

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The following companies, all of which are Registered in England, and with their Registered Offices being as above, comprise the Dentons Group:
Dentons Pension Management Ltd (Reg No 2352951); Denton & Co Trustees Ltd (Reg No 1939029);
NTS Trustees Ltd (Reg No 1407848) and Dentons Investment Services Ltd (Reg No 3955927)

Dentons Pension Management Ltd and Dentons Investment Services Ltd are both Authorised and Regulated by the Financial Services Authority

DPM.Single SIPP application.0909

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