

# Full asset SIPP.

Your application.

## Welcome

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This application form will help us to establish your full asset SIPP. Please complete all relevant sections using black or blue ink in BLOCK CAPITALS and include your signature where indicated.

Before you start this application it is important that you read our **Terms and Conditions of Business** including the **Schedule of Services**, the Plan's **Key Features** and **full asset SIPP Guide**.

## Declaration of Sub-Trust

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This document sets up the SIPP under the umbrella of a master trust and appoints you as the Co-Trustee of your SIPP along with Denton & Co. Trustees Limited. Your SIPP name will be 'Dentons SIPP - your initial(s) and surname', e.g. 'Dentons SIPP - J G Smith'.

Please ensure this document is fully completed, signed by you as the Member and independently witnessed (i.e. not by a family member or anyone that is connected to you, which includes someone living at the same address).

**We cannot accept any errors, corrections or omissions on this form as this is a legal document.**

## Non-advised clients only

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To cover the cost of establishing the Plan, please pay the establishment fee of £420 by BACS to the bank details below:

Bank Name: Clydesdale Bank Plc  
Account Name: Dentons Pension Management Limited  
Account Number: 50020767  
Sort code: 82-61-15

# Declaration of Sub-Trust

FOR OFFICE USE

## Parties

### (1) THE MEMBER

FIRST NAME

MIDDLE NAME(S)

SURNAME

ADDRESS

**(2) DENTONS PENSION MANAGEMENT LIMITED** a company incorporated in England and Wales under registered number 2352951 whose registered office is at Sutton House, Weyside Park, Catteshall Lane, Godalming, Surrey GU7 1XE ("the Provider")

**(3) DENTON & CO. TRUSTEES LIMITED** a company registered in England and Wales under company number 1939029 whose registered office is at Sutton House, Weyside Park, Catteshall Lane, Godalming, Surrey GU7 1XE ("the Trustee")

## Background

- A** The Dentons Self Invested Personal Pension ("the Scheme") was established by a Declaration of Trust dated 9 May 1996 and is a Registered Pension Scheme (as defined in section 150 of The Finance Act 2004).
- B** The Member is a person who has made an agreement with the Provider under the Scheme. The agreement creates one hundred Arrangements ("the Arrangements").

## Effect of this deed

- 1** The Provider appoints the Member as a co-trustee of the assets which are held under the Arrangements ("the Member's Fund"). Unless otherwise agreed by the Trustee and the Member the value of the Member's Fund is initially held in one of the Arrangements.
- 2** The Member agrees with the Provider that the Member will not require or attempt to require the withdrawal of funds held by the Provider under the Scheme in respect of the Arrangements, other than for providing benefits in accordance with the provisions of the Scheme and at the time specified in the Rules of the Scheme. The Member also agrees to be bound by and to comply with the provisions of the Trust Deed and Rules which govern the Scheme from time to time.

This page has deliberately been left blank.

**AS EVIDENCE** of the aforementioned the parties duly executed this Deed on the date first mentioned above.

**SIGNED** as a Deed and Delivered by the **MEMBER**

<b>Member Signature</b>	<input type="text"/>
<b>FIRST NAME</b>	<input type="text"/>
<b>MIDDLE NAME(S)</b>	<input type="text"/>
<b>SURNAME</b>	<input type="text"/>

In the presence of the following independent witness

<b>Witness Signature</b>	<input type="text"/>
<b>Name (IN CAPITALS)</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
<b>Occupation</b>	<input type="text"/>

**SIGNED** as a Deed and Delivered by **DENTONS PENSION MANAGEMENT LIMITED**

<b>Authorised Signatory</b>	<input type="text"/>
<b>Authorised Signatory</b>	<input type="text"/>

**SIGNED** as a Deed and Delivered by **DENTON & CO. TRUSTEES LIMITED**

<b>Authorised Signatory</b>	<input type="text"/>
<b>Authorised Signatory</b>	<input type="text"/>

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## Personal details

<b>Title</b>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="text"/>
<b>First name</b>	<input type="text"/>			
<b>Middle name(s)</b>	<input type="text"/>			
<b>Surname</b>	<input type="text"/>			
<b>Marital status</b>	Single <input type="checkbox"/> Married <input type="checkbox"/> Civil partner <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="text"/>			
<b>Date of Birth</b>	DD/MM/YYYY	<input type="text"/>		
<b>Spouse/Dependants Date of Birth (if applicable)</b>	DD/MM/YYYY	<input type="text"/>		
<b>Nationality</b>	<input type="text"/>			
<b>National Insurance number</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<b>Planned retirement age</b>	<input type="text"/>			
<b>Are you, or have you been, a politically exposed person or associated with anyone who is or was?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>If Yes please provide details</b>	<input type="text"/>			
<b>Home address</b>	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>	Postcode	<input type="text"/>	
<b>How long have you been at this address?</b>	Years <input type="text"/>	Months <input type="text"/>		
<b>If less than three years, please provide details of your previous address</b>	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>	Postcode	<input type="text"/>	
	Years <input type="text"/>	Months <input type="text"/>		
<b>Do you have any health concerns we should be aware of? If Yes, please provide details in the box below</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>Does anyone have Power of Attorney over your financial affairs? If Yes, please provide details in the box below</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>Are there any other factors you feel we should be aware of in order to administer your pension scheme to the best of our capability. Please provide details below:</b>	<input type="text"/>			

### Please note:

Please complete all required information in full. Your name and address must be verifiable by your client identification document(s) and be consistent throughout this form.

### Please note:

Your National Insurance number is essential for your application to proceed.

### Please note:

Please enter an age from 55 to indicate when you intend to start taking benefits.

### Please note:

A politically exposed person is someone who has a high political profile or been entrusted with a prominent public function.

## SECTION 1

Our preferred method of communication with you will be via email. Please provide your contact details below:

Email address

Main telephone number

Mobile number

If you do not have an email address or you would prefer to receive communications by post, please tick this box.

☐

Do you consent to receive Marketing communications?

Yes

☐

No

☐

## SECTION 2

### Eligibility

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

Are you resident in the UK for tax purposes?

Yes

☐

No

☐

Are you in receipt of earnings which are chargeable to UK income tax?

Yes

☐

No

☐

Are you a Crown Servant performing duties abroad or the spouse or civil partner of such a Crown Servant?

Yes

☐

No

☐

Are you a non UK resident with a qualifying UK Pension Plan or Plans relating to previous UK residency and employment?

Yes

☐

No

☐

## SECTION 3

### Employment status

Please tick one of the following boxes to best describe your status:

Employed

☐

Child under age 16

☐

Self employed

☐

Caring for one or more children aged under 16

☐

Unemployed

☐

Caring for a person over 16

☐

Retired/Pensioner

☐

In full time education

☐

If other (please specify)

#### Please note:

It is important for us to determine the status of the applicant to assist us in confirming eligibility and to ensure that tax relief for contributions are made on terms appropriate to the applicant's status.



## SECTION 4

# Lifetime allowance protection

Have you registered for protection from the lifetime allowance (LTA)?

Yes ☐ No ☐

If Yes, please indicate which protection applies

Enhanced ☐ Primary ☐ Fixed 2012 (£1.8M) ☐ Fixed 2014 (£1.5M) ☐  
Fixed 2016 (£1.25M) ☐ Individual 2014 ☐ Individual 2016 ☐

**Please note:**

Please send a copy of your certificate to us.

**Please note:**

The LTA was abolished from 6 April 2024. However, protections remain in place for a potentially higher tax-free lump sum.

## SECTION 5

# Source of funds

Please tick one or more of the following options to indicate from which source(s) your pension is to be funded.

	Member	Employer	Third Party
Transfer of benefits from another registered pension scheme	<input type="checkbox"/>		
Pension contribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorce settlement			<input type="checkbox"/>
Other (please specify)	<input type="text"/>		

## SECTION 6

# Client identification

In accordance with anti-money laundering requirements, we need to verify your identity. Please provide clear and legible copies of one evidence of identity and one evidence of address from each of the following lists. If you are a UK national living abroad or a foreign national, we may require additional proof of identity. Please contact us.

Please supply **ONE** item from **EACH** of the following lists.

### Evidence of identity

- ☐ Current full passport
- ☐ Current photocard full UK Driving Licence
- ☐ National Identity Card
- ☐ Firearms certificate

### Evidence of address

- ☐ Council tax bill (for the latest tax year)
- ☐ Utility bill (not mobile phone) dated within the last 6 months
- ☐ Mortgage statement dated within the last 6 months
- ☐ Current photocard full UK Driving Licence (but only if this hasn't already been used to confirm identity)
- ☐ HM Revenue & Customs tax notification (for the latest tax year)
- ☐ Bank statement dated within the last 6 months

In addition to the identification provided we will 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 of Business for further details.

If there are any problems verifying your identity, we will contact you.

## Contributions

If your SIPP is only to receive a transfer of funds from another approved pension scheme and you do not intend to make any contributions, you can ignore this section and go to Section 8.

### Personal contributions

All eligible personal contributions are made net of basic rate tax. We will reclaim this from HM Revenue & Customs, which can take up to 11 weeks.

Net Initial contribution (£)

Net Monthly contribution (£)

Net Annual contribution (£)

I confirm I will have sufficient relevant UK earnings as defined by HMRC to justify this contribution ☐

**Please note:** You will be asked to provide evidence of your earnings to support your personal contributions at the end of each tax year. We would encourage you to speak to a regulated financial adviser or accountant before making any pension contributions.

#### Please note:

If you are making contributions in excess of the annual allowance, please provide evidence of earnings for the relevant three years to support 'carry forward'.

#### Please note:

You must tick this box if personal contributions are being made.

### Employer contributions

All employer contributions are paid gross of basic rate tax. We do not require evidence of your earnings for employer contributions.

Gross Initial contribution (£)

Gross Monthly contribution (£)

Gross Annual contribution (£)

#### Please note:

Following the establishment of your SIPP you can make regular personal and/or employer contributions by completing a Standing Order form from your bank and notifying us.

### Annual allowance

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

Yes

☐

No

☐

If Yes, please provide details of the total amount (£ gross) paid to date

#### Please note:

If your contributions in respect of a tax year exceed the annual allowance then you may be subject to an annual allowance charge.

### Contributions

If your employer is making contributions to your SIPP, they are required to keep a record of contributions that they are due to pay either directly as company contributions or indirectly as an employee contribution deducted from payroll.

# Transfers

	Scheme 1	
Name of transferring scheme		
Name and address of Trustees, Scheme Administrator or Insurance company		
HMRC PSTR (Pension Scheme Tax Reference) number, if known		
Plan number		
Is this a full or partial transfer?	Full <input type="checkbox"/>	Partial <input type="checkbox"/>
Total transfer payment (or estimate) If a partial transfer, please state the exact amount to be transferred	£	
	Yes	No
Is your transfer in-specie? If Yes, please provide a full list of assets.	<input type="checkbox"/>	<input type="checkbox"/>
Have you received free impartial guidance from the Government via Pension Wise?	<input type="checkbox"/>	<input type="checkbox"/>
Is the transfer from a defined benefit/final salary scheme or does it include any other form of safeguarded benefits (e.g. guaranteed annuity rates)?*	<input type="checkbox"/>	<input type="checkbox"/>
Is the scheme subject to a pension sharing order?	<input type="checkbox"/>	<input type="checkbox"/>
Does the transfer have a protected lump sum?	<input type="checkbox"/>	<input type="checkbox"/>
Does the scheme have a protected pension age?	<input type="checkbox"/>	<input type="checkbox"/>
Have any benefits come into payment? If yes, what benefit type:	<input type="checkbox"/>	<input type="checkbox"/>
Partially crystallised?	<input type="checkbox"/>	<input type="checkbox"/>
Fully crystallised?	<input type="checkbox"/>	<input type="checkbox"/>
Capped drawdown?	<input type="checkbox"/>	<input type="checkbox"/>
Flexi-access drawdown (FAD)?	<input type="checkbox"/>	<input type="checkbox"/>
Date of first flexi-access drawdown payment (DD/MM/YYYY)		
If benefits are in payment, what % of the lifetime allowance has been used up?		
Are regular income payments to continue after the transfer?	<input type="checkbox"/>	<input type="checkbox"/>
Is any part of the transfer a pension death benefits transfer?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what is the value of the transfer?	£	
Have the pension death benefits been designated into dependant's/nominee's/successor's FAD in your name?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what was the date of the designation? (DD/MM/YYYY)		
Are the pension death benefits subject to income tax?	<input type="checkbox"/>	<input type="checkbox"/>

## Please note:

If you are making more than two transfers, please attach our standalone SIPP Transfer in Declaration with this application.

## Please note:

If you are in ill health at the time of making a transfer to your SIPP, and should die within two years, the transfer could result in inheritance tax penalties, therefore we recommend that you take independent financial advice.

## Please note:

'In-specie' refers to assets that are not transferring as cash.

## Please note:

\*Before accepting a transfer of more than £30,000 from a scheme with safeguarded benefits (which includes defined benefit/ final salary benefits) into the Plan, we require written confirmation that you have received a positive recommendation to transfer from a Pension Transfer Specialist.

Our 'Transfers from schemes offering safeguarded benefits' form must be fully completed and accompany your SIPP application. We are only able to process a safeguarded benefits transfer when we are in receipt of the fully completed application forms, including the above form. From this date of receipt, we will require a minimum of seven working days prior to the transfer expiry deadline.

## Please note:

We only have authority to contact relevant parties and obtain information about your transfer once you have completed and signed the Transfer information request in Section 15 of this application.

# Transfers

	Scheme 2	
Name of transferring scheme		
Name and address of Trustees, Scheme Administrator or Insurance company		
HMRC PSTR (Pension Scheme Tax Reference) number, if known		
Plan number		
Is this a full or partial transfer?	Full <input type="checkbox"/>	Partial <input type="checkbox"/>
Total transfer payment (or estimate) If a partial transfer, please state the exact amount to be transferred	£	
	Yes	No
Is your transfer in-specie? If Yes, please provide a full list of assets.	<input type="checkbox"/>	<input type="checkbox"/>
Have you received free impartial guidance from the Government via Pension Wise?	<input type="checkbox"/>	<input type="checkbox"/>
Is the transfer from a defined benefit/final salary scheme or does it include any other form of safeguarded benefits (e.g. guaranteed annuity rates)?*	<input type="checkbox"/>	<input type="checkbox"/>
Is the scheme subject to a pension sharing order?	<input type="checkbox"/>	<input type="checkbox"/>
Does the transfer have a protected lump sum?	<input type="checkbox"/>	<input type="checkbox"/>
Does the scheme have a protected pension age?	<input type="checkbox"/>	<input type="checkbox"/>
Have any benefits come into payment? If yes, what benefit type:	<input type="checkbox"/>	<input type="checkbox"/>
Partially crystallised?	<input type="checkbox"/>	<input type="checkbox"/>
Fully crystallised?	<input type="checkbox"/>	<input type="checkbox"/>
Capped drawdown?	<input type="checkbox"/>	<input type="checkbox"/>
Flexi-access drawdown (FAD)?	<input type="checkbox"/>	<input type="checkbox"/>
Date of first flexi-access drawdown payment (DD/MM/YYYY)		
If benefits are in payment, what % of the lifetime allowance has been used up?		
Are regular income payments to continue after the transfer?	<input type="checkbox"/>	<input type="checkbox"/>
Is any part of the transfer a pension death benefits transfer?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what is the value of the transfer?	£	
Have the pension death benefits been designated into dependant's/nominee's/successor's FAD in your name?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what was the date of the designation? (DD/MM/YYYY)		
Are the pension death benefits subject to income tax?	<input type="checkbox"/>	<input type="checkbox"/>

## Please note:

If you are making more than two transfers, please attach our standalone SIPP Transfer in Declaration with this application.

## Please note:

If you are in ill health at the time of making a transfer to your SIPP, and should die within two years, the transfer could result in inheritance tax penalties, therefore we recommend that you take independent financial advice.

## Please note:

'In-specie' refers to assets that are not transferring as cash.

## Please note:

\*Before accepting a transfer of more than £30,000 from a scheme with safeguarded benefits (which includes defined benefit/ final salary benefits) into the Plan, we require written confirmation that you have received a positive recommendation to transfer from a Pension Transfer Specialist.

Our 'Transfers from schemes offering safeguarded benefits' form must be fully completed and accompany your SIPP application. We are only able to process a safeguarded benefits transfer when we are in receipt of the fully completed application forms, including the above form. From this date of receipt, we will require a minimum of seven working days prior to the transfer expiry deadline.

## Please note:

We only have authority to contact relevant parties and obtain information about your transfer once you have completed and signed the Transfer information request in Section 15 of this application.

# Investments

Please tick the relevant boxes below for all the investments that may apply and provide details of your proposed investments.

## 1. Investment company/Fund platform

Yes ☐ No ☐

If Yes, please complete the following details:

Contact name	<input type="text"/>
Company name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Phone number	<input type="text"/>
Email	<input type="text"/>

### Was this investment advised by a regulated financial adviser?

Yes ☐ No ☐

To set up an account with your chosen investment company you will also need to complete and send to us their appropriate application form, having signed it as a Co-Trustee of your SIPP. Failure to supply the relevant account opening form may delay the establishment of your SIPP. The account will be opened in the name of the SIPP.

Dentons Pension Management Limited cannot comment on, nor take any responsibility for the claims or performance of any asset chosen by you and held within the Plan.

## 2. Commercial property - please ensure you have completed our *Commercial Property Questionnaire*.

Yes ☐ No ☐

### Was this investment advised by a regulated financial adviser?

Yes ☐ No ☐

## 3. Esoteric/Private equity investments - please ensure you read the Investment Guidance notes and complete our *Questionnaire*.

Yes ☐ No ☐

### Was this investment advised by a regulated financial adviser?

Yes ☐ No ☐

## 4. Loan to unconnected parties - please ensure you read the Investment Guidance notes and complete our *Questionnaire*.

Yes ☐ No ☐

### Was this investment advised by a regulated financial adviser?

Yes ☐ No ☐

## 5. Other investments - please state:

Dentons Pension Management Limited cannot comment on, nor take any responsibility for the claims of, or performance of, any asset chosen by you and held within your SIPP.

### Please note:

If you are transferring funds from another registered pension scheme, you will not be able to invest in illiquid assets within the 30-day cancellation period unless transferring assets in specie. Please see Section 13, Transfer Declaration for more information.

### Please note:

The Commercial Property Questionnaire, Investment Guidance notes and other investment questionnaires can be downloaded from our website or provided on request.

## Nominated beneficiaries

Please list below the people whom you would like to receive any lump sum/income benefits in the event of your death. These nominations will not bind the trustee/administrator but will act as an expression of your wishes.

If you wish to nominate more than three beneficiaries, please copy this page or continue on a separate sheet and attach it to this application form.

You can change your nomination at any time by requesting a further 'Expression of wishes' form.

<b>First Beneficiary Name</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
	<input type="text"/>
<b>Postcode</b>	<input type="text"/>
<b>Date of birth</b>	<input type="text"/>
<b>Relationship</b>	<input type="text"/>
<b>Percentage (%) of benefit to be paid</b>	<input type="text"/>

<b>Second Beneficiary Name</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
	<input type="text"/>
<b>Postcode</b>	<input type="text"/>
<b>Date of birth</b>	<input type="text"/>
<b>Relationship</b>	<input type="text"/>
<b>Percentage (%) of benefit to be paid</b>	<input type="text"/>

<b>Third Beneficiary Name</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
	<input type="text"/>
<b>Postcode</b>	<input type="text"/>
<b>Date of birth</b>	<input type="text"/>
<b>Relationship</b>	<input type="text"/>
<b>Percentage (%) of benefit to be paid</b>	<input type="text"/>

<b>Total (%)</b>	<input type="text"/>
<b>Date completed</b> (DD/MM/YYYY)	<input type="text"/>

**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):**

### Please note:

If you are unsure about the implications of your nomination, please speak to us or contact your financial adviser.

## Financial adviser declaration

To be completed by the Financial Adviser if financial advice has been given in relation to the SIPP.

**Name of Financial Adviser**

**FCA Individual Reference Number**

**Name of Adviser Company**

**FCA Company reference number**

**Company address**

**Financial Adviser Contact  
telephone number**

**Financial Adviser Email Address**

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

**Name of principal organisation  
or network**

**FCA company reference number of  
principal organisation or network**

**Does your company provide  
restricted or independent advice?**

Restricted

☐

Independent whole of market

☐

**If restricted, please confirm in  
what way?**

### Financial Adviser Business Model

As part of Dentons' due diligence on financial intermediaries who introduce new business to Dentons, please confirm the investment strategies advised by the adviser company. Please tick as many of the following options as they apply to the advising company:

**Investment platforms**

☐

**Unquoted UK equities**

☐

**Discretionary Fund Manager**

☐

**Gold bullion**

☐

**UK commercial property**

☐

**Loans to unconnected parties**

☐

**Other**

**What is the company's exposure  
to high-risk investments such  
as UCIS, Loans, Overseas  
Commercial Property etc.?**

**Please state as a percentage of  
overall business.**

## Financial adviser declaration continued

### Financial Advice on the self invested personal pension (SIPP)

As the regulated financial adviser, I confirm that I have given advice on this client's SIPP on the following:

**SIPP establishment**

Yes ☐ No ☐

**SIPP contributions (as outlined within Section 7)**

Yes ☐ No ☐

**SIPP related transfers (as outlined within Section 8)**

Yes ☐ No ☐

**SIPP investments (as outlined within Section 9)**

Yes ☐ No ☐

**How was the advice provided?**

Face to face ☐ Online (e-meeting) ☐ Other ☐

**If other, please provide more information on how the client was provided with the details on the SIPP establishment.**

### Financial Adviser remuneration

**What are your standard initial fees for advice on a SIPP?**

**What are your standard annual fees for advice on a SIPP?**

**At what frequency are your standard annual fees paid?**

Monthly ☐ Quarterly ☐ Annually ☐

**Has there been an instance where the adviser company has had an agency refused/withdrawn?**

Yes ☐ No ☐

**If Yes, please provide further information.**

**To be signed by the regulated Financial Adviser who has provided advice to the client:**

- I confirm that I have provided the client with a suitability report covering all the advice provided, as outlined above. The report has been discussed with the client and the content fully understood.
- I confirm that the investments that I have advised for this client are suitable based on my understanding of their risk tolerance, capacity for loss, investment objectives and personal circumstances.
- I confirm that the recommended investment strategy will be monitored and discussed with the client regularly to ensure it remains appropriate on an ongoing basis.

**Adviser full name**

**Adviser signature**

**Date (DD/MM/YYYY)**



## Member's declaration

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

I declare that:

- (a) To the best of my belief and knowledge the particulars, undertakings and declarations contained in this application 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 the 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 confirm that I have been provided with a copy of the Plan's **Key Features** document and I have received, read and agree to the **Terms and Conditions of Business** and the **Schedule of Services** for Dentons.

I acknowledge that whilst Denton & Co. Trustees Limited is not authorised to give restricted investment advice, Dentons is so authorised but, ordinarily, will not provide investment advice to individuals implementing a Plan.

I understand that I should seek professional advice in connection with all, or any, investments to be held within my Plan and will invest in accordance with that advice. I understand that Dentons cannot comment on, nor take responsibility for the claims of, or performance of, any asset chosen by me and held within my Plan. I confirm I have sufficient relevant UK earnings to justify personal contributions as outlined in Section 7 and that I will need to provide evidence of my relevant UK earnings at the end of each tax year.

I confirm that this agreement with Dentons Pension Management Limited ('the Provider' and 'Scheme Administrator') creates one hundred Arrangements ('the Arrangements') and unless otherwise agreed by the Provider, the value of the Arrangements ('Member's Fund') is initially held in one of the Arrangements.

## Electronic identity verification

I understand that Dentons may verify my identity electronically by matching my information against information held by credit reference and fraud prevention agencies. I understand that details of credit histories are not made available to Dentons and, although the data provider will add a note to my reference file it should not be used for credit assessment purposes. I understand that my identification will be electronically verified on a rolling three year periodical basis, or more frequently if required to achieve a positive result. I acknowledge that Dentons will hold a copy of the results on their systems to evidence that my identity has been verified.

## Transfers

In respect of a transfer I request that the Scheme Administrator of the transferring scheme transfers the stated amount of my available transfer value. I authorise the Trustees/Scheme Administrator of the transferring scheme to provide such information as may be requested by the Administrators of my Plan.

On completion of the transfer(s), I discharge the transferring Scheme Administrator from all liabilities under the Plan(s) listed in Section 8.

I understand that if I am in ill health at the time of making a transfer to my Plan and should die within two years, that the transfer could result in inheritance tax penalties and I should take independent financial advice.

## Transfer Declaration

I confirm that I am requesting a transfer of funds to the Plan from all of the Plan numbers listed in Section 8:

- I authorise and instruct the providers of the scheme(s) listed in Section 8 (ceding provider(s)) to transfer funds from the Plan(s) as listed in Section 8 directly to Dentons. Where the ceding provider(s) has/have asked me to give them any original policy document(s) in return for the transfer of funds, and I am unable to do so, I promise that I will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information deliberately or carelessly given by me, or on my behalf, either in this form or with respect to benefits from the ceding scheme(s).
- I authorise the ceding provider(s) to release all necessary information to Dentons to enable the transfer of funds to Dentons.
- I authorise the ceding provider(s) to obtain from and release to the financial adviser named in this application (if applicable) any additional information that may be required to enable the transfer of funds.

## Member's declaration continued

- > If an employer is paying contributions to any of the Plan(s) as listed in Section 8, I authorise the ceding provider(s) to release to that employer any relevant information in connection with the transfer of funds from the relevant Plan(s).
- > Until this SIPP application is accepted and complete, Dentons' responsibility is limited to the return of the total payment(s) to the ceding provider(s)
- > Where the payment(s) made to Dentons represent(s) all or part of the funds under the Plan(s) listed in Section 8, then payment made as requested will mean that I shall no longer be entitled to receive pension or other benefits from that part of the Plan(s) represented by the payment(s).
- > I promise to accept responsibility in respect of any claims, losses and expenses that Dentons and the ceding provider(s) may incur as a result of any incorrect information provided by me in this application or of any failure on my part to comply with any aspect of this application.
- > If I have taken benefits from any pension arrangement, with the ceding or any other pension provider in a way which means I am subject to the money purchase annual allowance (MPAA), I have supplied the date the MPAA first applied to me in Section 8 or I am transferring a capped drawdown arrangement(s) to a flexi-access drawdown arrangement(s), I will be subject to the MPAA from the date of my first flexi-access payment.

**Please note:** MPAA will apply when pensions are flexibly accessed and will restrict annual contributions to £10,000pa.

### Cancellation rights for transfers

I understand that I have 30 days from when a transfer is requested to change my mind and this right to change my mind for transfer(s) is separate from my right to cancel the establishment of my Plan. I also acknowledge that I am NOT able to fully waive these cancellation rights.

I am also aware that if I do decide to cancel the transfer, the original pension scheme is not obliged to accept the return of funds and it will be my responsibility to provide Dentons with details of a registered pension scheme that will accept the returned funds within the 30 day cancellation period.

I understand that if I exercise my right to cancel a transfer into my Plan I might not get back the sum I originally invested. I also understand that the amount I will receive is the actual realisation value of the investment upon encashment less any applicable charges.

I understand that a transfer Cancellation Notice will be sent to me once my Plan has been established.

## Member's declaration continued

### Financial Advice

Please tick as appropriate and complete either Part A or Part B below.

- ☐ **NO:** I confirm that I have not sought regulated financial advice in connection with the establishment of my SIPP and/or the SIPP investments, transfers and contributions.
- ☐ **YES:** I confirm that regulated financial advice has been provided as outlined in section 11.

#### Part A - I have not received regulated financial advice

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| > Please confirm that you have completed this application yourself<br>You are responsible for ensuring that all entries are accurate and complete        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| > I understand the full nature of the product (the SIPP) I am establishing as well as the costs involved   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| > I understand the full nature of the investments I am entering into   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| > I am comfortable with the level of risk associated with my chosen investments  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| > I have considered the benefits of seeking regulated financial advice and I am satisfied that such advice is not required                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| > I have sufficient capacity for loss in the event of catastrophic failure of my chosen investment(s)  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| > I have been provided fees and charges information relating to the SIPP itself, as well as the underlying investments in a clear way that I understand. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

#### Part B - I have received regulated financial advice

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| > Did the financial adviser complete this form on your behalf?<br>If Yes, please confirm that you have read this form and are satisfied all entries are accurate and completed fully.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| > I fully understand the advice I have been given in respect of establishing a SIPP with Dentons and the investments to be held  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| > The adviser has provided me with charges for the advice in relation to establishing, funding and investing in a clear way that I understand  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| > I am fully aware of other advice charges that may apply to my SIPP and the investments on an ongoing basis as outlined in Section 9  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| > I confirm that the named financial adviser has provided me with a suitability report for the advice given to establish a SIPP with Dentons and/or for transferring any existing pension arrangements as appropriate to a SIPP with Dentons and/or for the investments required as outlined in Section 11 and I understand the content including any risks involved | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| > I confirm that Dentons will correspond with my financial adviser as shown in Section 11 unless I give written notice to the contrary   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| > I authorise Dentons to accept instructions from my adviser in relation to my SIPP with Dentons, including investment instructions if my adviser is also to be appointed as my investment adviser, unless I inform Dentons in writing to the contrary   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| > I confirm that I fully understand the advice that I have been given  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| > I confirm that I understand the risks of transferring my existing pension schemes to a SIPP with Dentons as outlined in Section 8 (Transfers)  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| > I confirm that I understand the potential risks and benefits of the investments as outlined in Section 9 (Investments).  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## Member's declaration continued

### Financial Adviser remuneration details

Is the financial adviser to be remunerated from your SIPP bank account?

Yes ☐ No ☐

Is your financial adviser to be remunerated by the investment manager?

Yes ☐ No ☐

Where the financial adviser is to be remunerated from the SIPP, please confirm:

#### Initial payment

Specified payment of £  or  % of the initial Plan fund value

#### Annual renewal payment

Specified annual payment of £  or  % of the Plan fund value at payment date

Frequency of payment ☐ Quarterly ☐ Half yearly ☐ Annually

Please pay the regulated financial adviser's firms bank

Bank

Sort Code Number

Account Name

Account Number

Quoting the reference

SIPP Name

- > I authorise Dentons to pay my adviser the adviser charges from my default bank account as specified above
- > I confirm that any adviser charges are genuinely commercial arrangements between myself and my adviser
- > I request that Dentons acts on these instructions in accordance with the provision of my SIPP until otherwise instructed by me in writing
- > I confirm that I am responsible for notifying Dentons in writing of any change to my financial adviser or any change in fees.

### Changing Financial Adviser

You should let us know in writing/by email as soon as possible if you change your financial adviser. From the time we are notified, we will stop paying any ongoing adviser charges but will continue to pay any outstanding initial adviser charges unless you specifically advise us otherwise.

If you wish to appoint a new financial adviser we will need you to complete a new Financial Adviser agreement.

## Member's declaration continued

### SIPP establishment cancellation rights

I understand that I have the right to cancel this application. On receipt of my fully completed and signed establishment documentation, I understand that Dentons will send me a Cancellation Notice and I have 30 days from receipt of this Notice to tell Dentons that I have changed my mind and wish to cancel my application. Alternatively, I understand that I can waive my SIPP establishment cancellation rights and in this case my SIPP will proceed to establishment immediately.

**I wish to proceed as indicated below. One box from below MUST be ticked.**

☐

**YES:** I confirm I hereby waive my SIPP establishment cancellation rights and instruct you to proceed immediately with the establishment of my SIPP and the transfer of my benefits from my other pension schemes mentioned in section 8 (if applicable).

☐

**NO:** I confirm that I do not wish to waive my rights to my statutory 30 day SIPP establishment cancellation period and I understand that my Plan 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.

### General and Explicit Consent

In addition to your general consent to hold your personal data in accordance with the information outlined in the **Terms of Business**, Data Protection, we need you to give us your explicit consent in the event that we need to hold sensitive personal data about you, which might include health information. Any such information will be held in a secure environment and only kept for as long as is necessary in order to comply with the regulations. Where relevant, you have the right to withdraw your general and explicit consent at any time, however, without your consent, we will not be able to process the data you have provided.

### Declaration

I confirm that I have been provided with a copy of the Plan's **Key Features** document and I have received, read and agree to the **Terms and Conditions of Business** and the **Schedule of Services** for Dentons.

I confirm that the details provided on this full asset SIPP Application and other accompanying documentation are accurate, correct and complete to the best of my knowledge and belief. I understand that it is a serious offence to make a false statement and that the penalties for this are severe and could lead to prosecution. I will notify Dentons in writing of any change in the information provided in this form, especially a change of name and permanent residential address.

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 terms and conditions outlined on this form.

**Signed**

**Date** (DD/MM/YYYY)

**Member**

This page has deliberately been left blank.

## Transfer information request

Please complete this form for each transfer listed in Section 8.

Member name	<input type="text"/>
Address	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Date of birth	<input type="text"/>
National Insurance number	<input type="text"/> <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 note:

Please ensure that all Transfer request forms are sent to us with your application.

### Please note:

If you have more than two transfers, please copy and complete this form for each transfer.

I request Dentons Pension Management Limited to investigate the value of the pension arrangements shown below with a view to transferring the proceeds to my SIPP.

Transferring Scheme name	Policy number
<input type="text"/>	<input type="text"/>
Transferring Scheme address	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/>

I hereby authorise the insurance company and/or administrators concerned to provide Dentons Pension Management Limited with the details they request regarding the arrangement.

Member signature	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>

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## Transfer information request

Please complete this form for each transfer listed in Section 8.

Member name	<input type="text"/>
Address	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Date of birth	<input type="text"/>
National Insurance number	<input type="text"/> <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 note:

Please ensure that all Transfer request forms are sent to us with your application.

### Please note:

If you have more than two transfers, please copy and complete this form for each transfer.

I request Dentons Pension Management Limited to investigate the value of the pension arrangements shown below with a view to transferring the proceeds to my SIPP.

Transferring Scheme name	Policy number
<input type="text"/>	<input type="text"/>
Transferring Scheme address	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/>

I hereby authorise the insurance company and/or administrators concerned to provide Dentons Pension Management Limited with the details they request regarding the arrangement.

Member signature	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>

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## Administrator's declaration (not for completion by the member)

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We, Dentons Pension Management Limited, hereby agree to administer the Dentons SIPP.

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

**Signed**

**Date** (DD/MM/YYYY)

On behalf of Dentons Pension Management Limited



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

**T** 01483 521 521  
**F** 01483 521 515  
**E** [enquiries@dentonspensions.co.uk](mailto:enquiries@dentonspensions.co.uk)  
**W** [www.dentonspensions.co.uk](http://www.dentonspensions.co.uk)

Dentons Pension Management Limited, Denton & Co, Trustees Limited, NTS Trustees Limited, TP Trustees Limited, Sippchoice Trustees Limited, Fairmount Trustee Services Limited and M.A.B Trustee Company Limited are registered in England & Wales under numbers 02352951, 01939029, 01407848, 02604059, 06869793, 01909678 and 01604556 respectively. Registered office at Sutton House, Weyside Park, Catteshall Lane, Godalming, Surrey, GU7 1XE.

Dentons Pension Management Limited is authorised and regulated by the Financial Conduct Authority, register number 461094.

VAT number for Dentons Pension Management Limited is 863 1639 14.

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