

# UI/ASP Transfer Application Form

for the Suffolk Life MasterSIPP

(when transferring a scheme from which benefits are being taken)

**This is a legally binding document between you and Suffolk Life.  
It is part of a set all of which should be read together:**

- » UI/ASP Key Features
- » Personal Illustration
- » Schedule of Fees
- » Schedule of Allowable Investments
- » Terms and Conditions
- » **UI/ASP Transfer Application Form**

The letters 'SIPP' are rendered in a large, light grey, 3D-style font with soft shadows underneath, giving them a sense of depth and weight.

**SUFFOLKLIFE**  
THE INTELLIGENT APPROACH

All applications must be made through a financial adviser. We will need the original of this UI/ASP transfer application form so that we can establish your Suffolk Life MasterSIPP. If you are transferring in partially crystallised benefits, you will also need to complete an application form for a Suffolk Life MasterSIPP. Please complete this form using black ink and block capitals.

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## Investor's personal details

## 1.1 Investor's details

Title Mr/Mrs/Miss/Ms/Other

 Male  Female

Forename(s)

Surname

Date of birth Day/Month/Year

(Refer to Appendix A) Nationality

You will need to provide evidence of your age before payment of benefits can recommence. Please ask your adviser to complete the certificate verification form appended to this application form.

Country of residence

We do not accept applications from individuals resident in, or a citizen of the United States of America.

Permanent residential address

Postcode

Telephone numbers

Home

Work

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

National Insurance number

Are you married or in a registered civil partnership?

 Yes No (Refer to Appendix A)

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

Day/Month/Year

## 1.2 Investor's status

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

1

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

Employer's name

Employer's address

Postcode

2

Receiving a pension chargeable to tax

3

**Self-employed** (In receipt of profits or gains which are chargeable to tax under Schedule D)

If trading under a different name please write it in the box below.

4

A child under the age of 16 years

5

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

6

Caring for a person aged 16 years or over

7

In full time education

8

Unemployed

9

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

## Section 1

### 1.3 Eligibility declaration

Please indicate below which of the following apply to you.

- 1  **I am a UK relevant individual.\***
- Unlimited contributions can be made to your Suffolk Life MasterSIPP. However, only the amount of your total contributions to all pensions up to the higher of £3,600 gross or 100% of your UK taxable earnings will receive tax relief. Where the total contributions paid to all pensions (by you and/or your employer) exceed the annual allowance or special annual allowance (this may be applicable where in the current or previous tax years your total income exceeds £130,000 - you should consult your adviser to see if this is applicable) the relevant tax charges will apply.
- \* A UK relevant individual is one who:
- has relevant UK earnings chargeable to income tax for that year;
  - is resident in the UK at some time during that tax year;
  - was resident in the UK at some time during the five tax years immediately before the tax year in question and was also resident in the UK when the individual joined the pension scheme;
  - has general earnings for that tax year from overseas Crown employment subject to UK tax (as defined by Section 28 of the Income Tax (Earnings and Pensions) Act 2003); or
  - is the spouse of an individual who has general earnings for that tax year from overseas Crown employment subject to UK tax (as defined by Section 28 of the Income Tax (Earnings and Pensions) Act 2003).
- 2  **I am a non UK relevant individual.**
- You are entitled to contribute any amount, but you will not be entitled to receive any tax relief on your contributions.

## Section 2

### Adviser section

- This section should be completed by a regulated UK adviser/intermediary before the applicant completes the rest of the form.

#### 2.1 Adviser's details

Name of authorised adviser	<input type="text"/>		
Full name of regulated organisation	<input type="text"/>		
Contact address	All required non-regulatory correspondence will be sent to this address. Copies can also be sent to the investor at his/her request.		
	<input type="text"/>		Postcode
Contact numbers	Telephone		Fax
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>		
Name of regulator	<input type="text"/>		
Regulator's reference number for organisation	<input type="text"/>	Regulator's reference number for individual	<input type="text"/>
	If the regulated organisation is an appointed representative or part of a network, please give details below.		
Name of principal or network	<input type="text"/>		
Regulator's reference number for principal or network	<input type="text"/>		

## Section 2

**Important:** Before completing the rest of this form, the investor should check that the adviser has completed section 2 and that all details are correct.

### 2.2 Investor's identity verification

#### Evidence of name

Item	Ref./Acc. number	Place of birth	Date of birth	Date of expiry	Certified copy attached
Current full passport	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Residence permit issued to EU Nationals by the Home Office	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Current UK/EU photo driving licence	<input type="text"/>			Date of issue <input type="text"/>	<input type="checkbox"/>
Current full UK driving licence (old style)	<input type="text"/>			<input type="text"/>	<input type="checkbox"/>
		Issuing authority			
Firearms certificate	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="checkbox"/>
State pension or benefits book/notification letter	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="checkbox"/>
Subcontractors certificate	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="checkbox"/>
HM Revenue & Customs tax notification	<input type="text"/>	Type: Notice of coding		<input type="text"/>	<input type="checkbox"/>

#### Evidence of address

Item	Ref./Acc. number	Name of lender	Date of issue	Certified copy attached
Home visit		Premises entered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of visit <input type="text"/>	<input type="checkbox"/>
Solicitor letter confirming completion of house purchase or land registration			Date of letter <input type="text"/>	<input type="checkbox"/>
Electoral roll check			Date of check <input type="text"/>	<input type="checkbox"/>
Most recent mortgage statement	<input type="text"/>	<input type="text"/>	Date of issue <input type="text"/>	<input type="checkbox"/>
Current local authority tax bill	<input type="text"/>	Name of authority <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Local authority rent card or tenancy agreement	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Bank/building society/credit union statement or passbook	<input type="text"/>	Name of issuer <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Utility bill (not mobile phone)	<input type="text"/>	Name of utility company <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Current UK/EU photo driving licence	<input type="text"/>		<input type="text"/>	<input type="checkbox"/>
Current full UK driving licence (old style)	<input type="text"/>		<input type="text"/>	<input type="checkbox"/>
State pension or benefits book/notification letter	<input type="text"/>	Issuing authority <input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Please provide one evidence of name and one evidence of address.

## 2.3 Source of wealth and funds

## Must be completed for all applications

Current occupation

Annual remuneration

£ 

Source of wealth

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

 Income from employment\*  Income from savings/investments  Gift

\* Please ensure that current occupation and annual remuneration are also completed.

 Lottery and other gambling winnings  Inheritance  Property sale  Divorce settlement Pension income from registered pension scheme(s)  Income from a lifetime annuity

Other; please specify

Source of funds

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

 Transfers from a registered pension scheme  Personal contributions  Contributions from your employer\* Contributions from another third party\*

Please state their name and relationship to the investor.

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

 Pension sharing order

Other; please specify

## 2.4 Adviser's declaration and signature

Nature of initial advice

How was the sale transacted?  Face to face  At distanceDid you advise your client specifically to transfer crystallised benefits to a Suffolk Life MasterSIPP?  Yes  NoDid you advise your client on the suitability of transferring any employer-sponsored schemes to the Suffolk Life MasterSIPP?  Yes  No

Please could you confirm whether you have provided advice to your client on taking benefits from their Suffolk Life MasterSIPP

 I have provided advice to my client on taking benefits. I have not provided advice to my client on taking benefits but I have explained the risks of taking benefits.

Declaration

- I confirm that I have the appropriate authorisation to sign this declaration for the organisation detailed in section 2.1.
- Where the investor has elected to use Cofunds:
  - I/we confirm that I/we have made available to the investor the Cofunds Customer Agreement for SIPPs provided by Suffolk Life and the investor has agreed to these terms.
  - my Cofunds Intermediary Authorisation code is
- I / We certify that I / we have verified the identity of the investor, detailed in section 2.2, having:
  - seen the original documents;
  - checked that any requiring a signature were pre-signed; and
  - confirmed that any associated photograph of the investor bore a true likeness to the investor.
- I / We have included the relevant reference information or certified documentary evidence on / with this form.
- I / We agree to receive details of my client's Suffolk Life MasterSIPP by post, fax, via email and / or the Suffolk Life secure portal.
- I / We confirm that we have verified that all the relevant literature including this application is the latest version. To check, please visit [www.suffolklife.co.uk/applications](http://www.suffolklife.co.uk/applications)

## Section 2

### 2.4 (continued)

The person who signs this declaration must be the person who has seen the original documentary evidence.

Name	<input type="text"/>
Position in organisation	<input type="text"/>
Signed	<input type="text"/>
Date	<input type="text"/>

Please discuss the figures in section 9 (page 16) of the investor's declaration with your client before that section is completed.

Suffolk Life will pay agreed fees (see section 9) upon production of a correct invoice. For example please see [www.suffolklife.co.uk/remuneration](http://www.suffolklife.co.uk/remuneration).

- An invoice is enclosed with this application
- An invoice will be sent at a later date

## Section 3

### Investment details

#### 3.1 Investment intentions

To help us to establish the appropriate arrangements we need to know your investment intentions. Funds will remain on deposit in your SIPP bank account until we receive alternative instructions.

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

Investment application forms through adviser	1	<input type="checkbox"/>	Unit trust / other investment application forms provided to Suffolk Life by your adviser
Unit trust / collective dealing	2	<input type="checkbox"/>	Dealing in unit trusts / collectives using the Cofunds platform By ticking this box you agree to the terms set out in the Cofunds Customer Agreement for SIPP's provided by Suffolk Life. This is available via your adviser. If you are an existing Cofunds customer please give your Cofunds customer reference number here <input type="text"/>
Share dealing	3	<input type="checkbox"/>	Dealing in unit trusts / collectives via another fund supermarket/platform
	4	<input type="checkbox"/>	Stockmarket based investments using Suffolk Life's preferred execution-only broker, Stocktrade, a division of Brewin Dolphin Limited Suffolk Life will open an account. The terms of the facility are available on request. Please give the following information for online dealing. Mother's maiden name <input type="text"/> Email address <input type="text"/>
Property	5	<input type="checkbox"/>	Stockmarket based investments using an investment manager or other execution-only broker Please complete the investment manager details in section 3.2, below.
	6	<input type="checkbox"/>	Commercial property purchase You will need to complete a property form available on our website or upon request.

## 3.2 Investment manager details

If this does not apply go on to section 3.3

Type of service required

Discretionary  Advisory  Execution-only

Address



Postcode

Contact name

Contact numbers

Telephone

Fax

Email address

Please note: We cannot guarantee that we will be able to establish an account with your chosen investment manager or broker. We will notify you if it is necessary to appoint an alternative.

## 3.3 Investment authority

If this does not apply go on to section 3.4

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

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

Name of investment manager / broker

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

Name

Relationship to investor

## 3.4 Illustration details

In order for us to provide personal illustrations now and going forward that best demonstrate the impact of the chosen investment strategy on the performance of your pension, please provide the following details in consultation with your adviser:

- Providers typically use a standard medium growth rate of 7% meaning that the value of the underlying investments is assumed to grow at this rate each year. However, we offer you the option to choose the medium growth rate based on your investment strategy. This is particularly relevant where you intend to hold significant cash or similar investments for the longer term, in which case a lower rate will generally be appropriate.

Please enter your preferred medium growth rate below:

% Medium growth rate to be assumed (minimum of 0%, maximum of 7%.)

Unless indicated otherwise above, we will apply the medium growth rate of 7%.

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

Annual management charge (AMC)  Total expense ratio (TER)

Unless indicated otherwise above, we will apply the AMC option.

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

Initial external investment expenses  % / £  (flat rate)

Annual external investment expenses  % / £  (flat rate)

Unless instructed otherwise we will apply both an initial and annual expense figure of 1.5% of the value of any non-property investments..

- The external investment expenses listed in (3) will be applied to the percentage of your fund value that is to be invested in non-property investments. Please indicate the estimated percentage below:

% Non-property investment percentage

Unless you request otherwise, on the initial illustration(s) we will assume that all of your fund is to be invested in non-property assets and therefore that these fees will apply to the whole of your SIPP.

## Transfer details

If you are transferring from more than one scheme, you should complete a separate copy of this section for each additional scheme.

### 4.1 Scheme details

Full name of scheme to be transferred	<input type="text"/>		
Type of scheme being transferred e.g. PP, EPP etc.	<input type="text"/>		
Transfer value (or estimate) non-protected rights benefits	£ <input type="text"/>	Transfer value (or estimate) protected rights benefits	£ <input type="text"/>
Name of scheme administrator / trustee / insurance company	<input type="text"/>		
Address	<input type="text"/>		
		Postcode	<input type="text"/>
Policy/account number (if applicable)	<input type="text"/>	HM Revenue & Customs reference number (if known)	<input type="text"/>

This application form can only be used to transfer arrangements crystallised by the above designations. If you also wish to transfer any uncrystallised arrangements, your adviser will provide you with another, different application form.

### 4.2 Income details

We require the following information about the scheme you are transferring.

Reference date	<input type="text"/>
Maximum permitted income	<input type="text"/>
Taxable income taken to date in the current reference year	<input type="text"/>
Percentage of lifetime allowance used	<input type="text"/>

Please provide details on a separate sheet and attach to this form where funds are held in separate arrangements.

### 4.3 Assets to be transferred

Type of assets	Please indicate below which of the following apply to your transfer.
1	<input type="checkbox"/> The transfer payment will comprise only cash.
2	<input type="checkbox"/> A property, or properties, or an interest in a property or properties are to be transferred. You will need to complete a property form, available on our website or upon request.
3	<input type="checkbox"/> Other assets are to be transferred <i>in specie</i> ( <i>in specie</i> transfers involve transferring shares and other assets without selling them. Please ensure that the current scheme administrator permits this). Please complete section 3 of this form. An <i>in specie</i> transfer schedule, available for download from our website or on request, must also be completed in full unless a full current fund valuation containing all the information requested on the schedule is provided. Please also ensure that you read all the notes within the schedule. Please tick below as appropriate: <input type="checkbox"/> A completed <i>in specie</i> transfer schedule is enclosed. <input type="checkbox"/> A full valuation of the fund is enclosed, including SEDOL codes. All details requested on the <i>in specie</i> transfer schedule must be provided before we can initiate the transfer. <input type="checkbox"/> A completed <i>in specie</i> transfer schedule or full valuation of the fund will follow. All details requested on the <i>in specie</i> transfer schedule must be provided before we can initiate the transfer.

Any assets that are not allowable under the terms of the Suffolk Life MasterSIPP must either be sold before we proceed with the transfer or remain with the current scheme.

**The investor must sign and date the declaration in section 4.4 below (in addition to the declaration in section 9).**

## 4.4 Declaration and signature for transfers

## Declaration

Please read and sign the declaration below to authorise the transfer(s).

- *I declare that to the best of my knowledge and belief the statements made in this section (whether in my handwriting or not) are correct and complete.*
- *I understand that, in accordance with the terms and conditions, a fee may be charged in respect of the transfer of the above scheme.*
- *I hereby consent to Suffolk Life obtaining details from the administrator / trustee or insurance company or other pension provider of any scheme, contract or arrangement of which I am or have been a member in connection with the transfer and authorise the giving of such details to Suffolk Life.*

*I also consent to my adviser:*

Adviser firm name

Firm FSA number

*obtaining the same details.*

- *While Suffolk Life will request transfers in a timely manner, I understand that Suffolk Life is not responsible for the timely completion of the transfer.*
- *I understand that a crystallised arrangement can only be transferred in full and not in part.*
- *I understand that Suffolk Life will not request any in specie transfer until all of the information requested in the in specie transfer schedule has been provided and any necessary account with an investment manager or execution-only broker has been established.*
- *I wish for the pension scheme benefits detailed in sections 4.1, 4.2 and 4.3 to be transferred to my Suffolk Life MasterSIPP.*

**Please note: It is a serious offence to make false statements. The penalties are severe. False statements could lead to prosecution.**

Name of investor

Signature of investor

Date

[www.suffolklife.co.uk](http://www.suffolklife.co.uk)

Suffolk Life is the trading name of Suffolk Life Pensions Limited (registered in England and Wales number 1180742) and Suffolk Life Annuities Limited (registered in England and Wales number 1011674). Both companies are authorised and regulated by the Financial Services Authority.

Suffolk Life Pensions Limited is the operator and scheme administrator of the Suffolk Life MasterSIPP.

Suffolk Life Trustees Limited (registered in England and Wales number 6341296) is the trustee.

Suffolk Life Annuities Limited is an insurance company that provides the trustee investment plans to the trustee to hold commercial property investments.

The registered address of all companies is 153 Princes Street, Ipswich, Suffolk, IP1 1QJ Tel: 0870 414 7000 Fax: 0870 414 8000

Telephone calls to Suffolk Life are recorded for training, monitoring and fact verification purposes.

## Income agreement

- This agreement, which is for continuing unsecured income or alternatively secured pension via your Suffolk Life MasterSIPP, is made between you and Suffolk Life and is supplemental to the terms and conditions of the Suffolk Life MasterSIPP.
- The agreement is dated the date that your Suffolk Life MasterSIPP is established.

### General

- 1 You elect that an additional arrangement under your Suffolk Life MasterSIPP be applied to either unsecured income or alternatively secured pension in accordance with the terms of the Suffolk Life MasterSIPP to allow the continuation of unsecured income or alternatively secured pension. Fees for income withdrawal and designations will apply as stated in the Suffolk Life MasterSIPP schedule of fees. Each crystallised arrangement must be maintained separately and will incur its own set of fees as stated in the Suffolk Life MasterSIPP schedule of fees.
- 2 You must specify for each arrangement being transferred the initial gross annual income to be paid as unsecured income or alternatively secured pension, the frequency of such income payments, the date of the first payment and the bank account to which it should be paid. The bank account should be a personal account in your own name and the payments must comply with the terms and conditions as modified by this agreement.
- 3 Income payments must be taken proportionately from non-protected rights and protected rights benefits held in the same arrangement.
- 4 You can at any time, on giving us written notice, vary the payments provided for in clause 2 but subject always to the SIPP bank account having sufficient cleared funds and any other terms and conditions as modified by this agreement.

### Transfer

- 5 You can at any time, on giving us written notice, transfer all or each of your arrangements to another pension scheme.

### Annuity purchase

- 6 You can at any time, on giving us written notice, exercise the right to purchase a pension annuity under the open market option in respect of each or any of the units making up your unsecured income fund, subject to the legal requirement that all protected rights benefits within the SIPP (whether crystallised or uncrystallised) must be annuitised together. You acknowledge that under current legislation an unsecured income fund must either be used to buy a pension annuity by age 75 or converted to an alternatively secured pension at that date. Annuities purchased with protected rights benefits must follow a prescribed basis.

### Warning

- 7 You understand that unsecured income or alternatively secured pension has risks as well as rewards particularly if the investment performance of the fund is disappointing or if too much income is withdrawn. Consequently, it will rarely be clear (except with the benefit of hindsight) whether unsecured income or alternatively secured pension will or will not be ultimately beneficial for you.
- 8 When a conventional annuity is purchased, the amount of income which will be received by a particular annuitant who remains alive reflects an element of cross-subsidy from those who bought annuities but have died. An individual in good health who elects instead for unsecured income or alternatively secured pension will receive no such subsidy, but instead retains a substantial portion of the original fund as a death benefit. The absence of such a mortality subsidy can have a substantial cumulative effect over a period of time, especially in male single life cases. This effect accelerates with age.

### ASP transfer in

- 9 An income of between 55% and 90% of the basis amount derived from Government Actuary's Department (GAD) tables must be taken from an alternatively secured pension fund in each pension year.

## Income payment details

### 6.1 Initial gross income

Please specify below the amount to be paid.

Initial gross income required

Maximum  Nil (Unsecured income)/Minimum (Alternatively secured pension)

Other This must be between the minimum and maximum amount. £

Type of income payment

Single  Regular If regular, please give details below.

Frequency of income payments

Monthly  Quarterly  Half-yearly  Yearly

Date of first payment Month/Year

 

The income requirements stated in this section will be assumed to apply to each crystallised arrangement being transferred unless you otherwise advise us in writing. Where non-protected and protected rights benefits are held within the same arrangement, income must be taken proportionately from these benefits.

### 6.2 Personal bank account details for income payments

We are only able to make payments to a personal account in your own name, which includes joint accounts.

Bank or building society

Address

Postcode

Sort code

Account in the name(s) of

Account number

Roll number

Payments may only be made to a UK bank account or to an account that can accept BACS or CHAPS payments. Please speak to your bank if you have any questions as to whether your account is suitable.

All income payments will be made on the last business day of the month. We require 10 working days' notice to establish or amend income payments. For monthly payments, if there is insufficient time to set up your first payment you will receive a double payment on the next payment date. It is your responsibility to ensure sufficient funds are available in the SIPP bank account.

## Benefits payable on death if transferring an unsecured income fund

- This section enables you to specify to whom, in the event of your death, you wish the benefits from your unsecured income fund to be paid.
- Please read the declaration before entering details of your beneficiaries.

### Declaration

- *On my death I wish the person(s) (if any) nominated in section 7.1 and 7.2, if they are then living, to be the beneficiary(ies) of my unsecured income fund(s).*
- *I accept that this nomination is only an expression of wishes and I understand that whilst the scheme administrator will pay due consideration to those wishes they have absolute discretion as to the beneficiary(ies) and to the proportion of benefit paid to each beneficiary unless otherwise provided by law.*
- *I understand that I can change the nominations in sections 7.1 and 7.2 at any time, in writing, and that the scheme administrator will refer to the latest completed form held.*

### 7.1 Spouse/registered civil partner/financial dependant(s) as beneficiary(ies)

Non-protected rights death benefits may be payable to your spouse or registered civil partner and/or a person or persons who is/are financially dependent on you.

Protected rights death benefits must provide an income for a spouse or registered civil partner. If there is no spouse or registered civil partner, the benefits can be paid to a person or persons who is/are financially dependent on you.

[If none of the above apply go on to section 7.2](#)

On your death the person(s) named below will be given the following options:

- 1 To take their share of the residual value of each fund in cash after deduction of 35% tax, except in respect of protected rights benefits.
- 2 To take over their share of each unsecured income fund or convert it to an alternatively secured pension fund if the dependant is over the age of 75.
- 3 To purchase a pension annuity with their share of each unsecured income fund (annuities purchased with the protected rights benefits must follow a prescribed basis).

Each beneficiary can choose his/her own option from 1, 2 and 3 above or any combination of the three, subject to legislation. Further details of these options are contained in the notes below and also in the unsecured income/alternatively secured pension key features document.

The beneficiary(ies) Please give details below of the beneficiary(ies). If you wish to nominate more than two, continue on a separate sheet and attach it to this form. [Then go on to section 7.2](#)

Name

Address

  


Postcode

Relationship to investor

Date of birth




Non-protected rights benefits

 %

Protected rights benefits

 %

Name

Address

  


Postcode

Relationship to investor

Date of birth




Non-protected rights benefits

 %

Protected rights benefits

 %

#### Notes to section 7.1

- If the person(s) named in this section is/are under the age of 18 years at the date of your death then the scheme administrator will not accept his or her instructions (e.g. choice of benefit option). Instructions will normally be sought from the child's legal guardian(s) under such circumstances.
- A pension annuity on the life of a child must usually cease at his or her 23rd birthday.
- The person(s) named in this section is/are not obliged to take an unsecured pension or alternatively secured pension from us and may transfer the fund to another provider. The open market option is available for annuity purchase.
- You are able to split the death benefits available under each unsecured income fund between the beneficiaries in 7.1 and 7.2 unless they relate to protected rights benefits and you have a surviving spouse or registered civil partner.

## Section 7

### 7.2 Other beneficiaries

This section applies, in the event of your death, if:

- 1 You have not completed section 7.1; or
- 2 All of the beneficiaries you have named in section 7.1 die before you; or
- 3 All of the beneficiaries you have named in section 7.1 no longer qualify as financial dependants.

In these instances the residual value of each unsecured income fund will become payable generally in cash after deduction of 35% tax; or

- 4 You wish to split the benefits payable on death between beneficiaries in section 7.1 and this section.

Any lump sum payments in respect of protected rights benefits may have inheritance tax implications.

The beneficiary(ies) If you wish to nominate more than three, continue on a separate sheet and attach it to this form.

Name

Address

Postcode

Relationship to investor

Non-protected rights benefits

 %

Protected rights benefits

 %

Name

Address

Postcode

Relationship to investor

Non-protected rights benefits

 %

Protected rights benefits

 %

Name

Address

Postcode

Relationship to investor

Non-protected rights benefits

 %

Protected rights benefits

 %

## Section 8

### Benefits payable on death if transferring an alternatively secured pension fund

- This section enables you to specify to whom, in the event of your death, you wish the benefits from your alternatively secured pension fund(s) to be paid.
- Please read the declaration before entering details of your beneficiaries.

#### Declaration

- *On my death I wish the person(s) (if any) nominated in section 8.1, if they are then living, to be the beneficiary(ies) of my alternatively secured pension fund(s).*
- *In the event that the paragraph above does not apply I wish the nomination in section 8.2 and/or 8.3 to apply.*
- *I accept that this nomination is only an expression of wishes and I understand that whilst the scheme administrator will pay due consideration to those wishes they have absolute discretion as to the beneficiary(ies) and to the proportion of benefit paid to each beneficiary unless otherwise provided by law.*
- *I acknowledge that the scheme administrator is required to pay the death benefits to any living spouse, registered civil partner or dependant before any other beneficiary nominated in section 8.2 or 8.3.*
- *I understand that I can change the nominations in sections 8.1 to 8.3 at any time, in writing, and that the scheme administrator will refer to the latest completed form held.*

## 8.1 Spouse/registered civil partner/financial dependant(s) as beneficiary(ies)

Non-protected rights benefits must on death provide an income for your surviving spouse or registered civil partner and/or a person or persons who is/are financially dependent on you. Protected rights benefits must on death provide an income for your surviving spouse or registered civil partner. If there is no spouse or registered civil partner, the benefits can be paid to a person or persons who is/are financially dependent on you.

If the above paragraph does not apply go on to section 8.2.

On your death the person(s) named below will be given the following options:

- 1 To convert their share of each fund to an unsecured pension fund if under the age of 75
- 2 To take over their share of each fund as an alternatively secured pension fund if over the age of 75
- 3 To purchase a pension annuity with their share of each alternatively secured pension fund (annuities purchased with protected rights benefits must follow a prescribed basis).

Each beneficiary can choose his/her own option from 1, 2 and 3 above or any combination of the three, subject to legislation. Further details of these options are contained in the notes below and also in the unsecured income/alternatively secured pension key features document.

The beneficiary(ies) Please give details below of the beneficiary(ies). If you wish to nominate more than three, continue on a separate sheet and attach it to this form. [Then go on to section 8.2.](#)

Name

Address

Postcode

Relationship to investor

Date of birth

Non-protected rights benefits

 %

Protected rights benefits

 %

Name

Address

Postcode

Relationship to investor

Date of birth

Non-protected rights benefits

 %

Protected rights benefits

 %

Name

Address

Postcode

Relationship to investor

Date of birth

Non-protected rights benefits

 %

Protected rights benefits

 %
**Notes to section 8.1**

- If the person(s) named in this section is/are under the age of 18 years at the date of your death then the scheme administrator will not accept his or her instructions (e.g. choice of benefit option). Instructions will normally be sought from the child's legal guardian(s) under such circumstances.
- A pension annuity on the life of a child must usually cease at his or her 23rd birthday.
- The person(s) named in this section is/are not obliged to take an unsecured pension or alternatively secured pension from us and may transfer the fund to another provider. The open market option is available for annuity purchase.
- There may be inheritance tax implications on the death of any beneficiaries where income withdrawal is continued.

## 8.2 Charities as beneficiaries

Do you wish to nominate any charities as your beneficiaries

Yes

No

If No, go on to section 8.3.

If you wish to nominate more than two charities, continue on a separate sheet and attach it to this form.

If you also want benefits paid to other beneficiaries in section 8.3, below, the total of 100% will apply to the sum of the proportions in both sections.

Name of charity

Address

Postcode

Registered charity number

Non-protected rights benefits

 %

Protected rights benefits

 %

Name of charity

Address

Postcode

Registered charity number

Non-protected rights benefits

 %

Protected rights benefits

 %

## 8.3 Payments to other beneficiaries

Do you wish your benefits to be paid to any other beneficiaries after deduction of any tax payable by us?

Yes

No

If No, go on to section 9.

If you wish to nominate more than two other beneficiaries, continue on a separate sheet and attach it to this form.

Beneficiary's name

Address

Postcode

Relationship to investor

Date of birth

Non-protected rights benefits

 %

Protected rights benefits

 %

Beneficiary's name

Address

Postcode

Relationship to investor

Date of birth

Non-protected rights benefits

 %

Protected rights benefits

 %

**Notes to section 8.3**

- There will be significant tax charges applied if you choose this option and you should take advice from your tax/financial adviser.

## Investor's declaration (including adviser remuneration)

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

- this declaration;
- Section 5 (income agreement) of this form
- UI/ASP Key Features;
- Schedule of Fees;
- Terms and Conditions; and
- Schedule of Allowable Investments.

These documents together form the agreement upon which we intend to rely. If you do not understand any point then please ask your adviser or us for further information.

### Data protection statement

- We, Suffolk Life, take your privacy very seriously. We use the personal information collected via this form and any other information that you provide to us for the purposes of:
  - 1 Providing you with our products and services and dealing with your enquiries and requests;
  - 2 Administering your plan including the payment of benefits;
  - 3 Carrying out market research, statistical analysis and customer profiling; and
  - 4 Sending you information (by post, telephone or email) about our products and services.
- By signing below, you agree to receive the information as described in 4 above, unless you tell us otherwise by ticking this box
- We may need to transfer your information to countries outside the European Economic Area in order to provide our services to you.
- We will disclose your information to other companies within the Suffolk Life group of companies, regulatory bodies, law enforcement agencies, the current and future owners of our business and suppliers we engage to process data on our behalf.

### Declaration

- I request that the benefits described in or arising from this application be provided for me under the Suffolk Life MasterSIPP and in consideration of its acceptance I undertake to be bound by the rules of the scheme in force from time to time.
- I declare that to the best of my knowledge and belief the statements made in all sections of this application form (whether in my handwriting or not) are correct and complete.
- I accept that Suffolk Life will correspond with my adviser (detailed in section 2.1) unless I give written notice to the contrary.
- I confirm that I have received a Suffolk Life MasterSIPP UI/ASP key features document, schedule of fees, schedule of allowable investments, terms and conditions and a personal illustration.
- I authorise Suffolk Life to accept investment and all other instructions in relation to my Suffolk Life MasterSIPP from my adviser detailed in section 2.1 unless and until I inform Suffolk Life in writing to the contrary.
- Where I have requested Suffolk Life to appoint its preferred investment manager or other execution-only broker I understand and accept that:
  - Suffolk Life is not responsible for any decisions, other than those made by Suffolk Life, without my consent in accordance with terms and conditions, relating to the purchase, holding or sale of the investments forming part of my SIPP;
  - I shall not hold Suffolk Life Pensions Limited or Suffolk Life Trustees Limited jointly responsible for any claim in respect of such decisions;
- Suffolk Life has not and will not in future carry out any review of my nominated investment manager's or execution-only broker's financial status (other than in relation to its preferred execution-only stockbroker) or their investment and/or risk strategies.
- I consent to information regarding my Suffolk Life MasterSIPP (including my personal data) being disclosed to my adviser orally, in writing (including by email) or via the Suffolk Life secure portal.
- I have read the data protection statement above.
- I undertake to inform the scheme administrator in writing (within 30 days) if:
  - I cease to be UK resident or change my country of residency;
  - there is a change in my permanent residential address;
  - I apply for an enhanced lifetime allowance in relation to pension credit rights or overseas transfers;
  - I lose or give up the right to enhanced protection.

## 9 (continued)

- I accept that, unless I have provided specific written instructions to the contrary, Suffolk Life will hold all my non-protected rights and protected rights benefits in a single plan.
- I understand that:
  - no pension commencement lump sum is available from the crystallised funds transferred into the new arrangement(s) at any time;
  - no contributions or uncrystallised transfers may be made to a crystallised arrangement; and
  - any further crystallised transfers will require the establishment of a new arrangement for each transfer.
- I understand that before I can make contributions and/or additional transfers (whether crystallised or not) to my Suffolk Life MasterSIPP, I will need to complete a further form.
- I accept the terms of the income agreement contained within this application.
- I authorise Suffolk Life to pay my adviser (detailed in section 2.1) an initial fee / commission, plus VAT if applicable, of:

£  /  % of the initial investment in addition to any initial fees payable to my adviser from underlying SIPP investments

and, if applicable, on each plan anniversary please settle a renewal fee / commission, plus VAT if applicable, of:

£  /  % of the fund value at that date in addition to any annual fees payable to my adviser from the underlying SIPP investments.

- If I am signing this application form and declaration on behalf of a person who is under age 18 and/or who is incapable by reason of mental disorder of managing and administering his/her affairs I:
  - confirm that to the best of my knowledge and belief all the information given and statements made in this application form are complete and accurate;
  - confirm that to the best of my knowledge and belief all of the declarations made in this application form are correct;
  - undertake the obligations falling on the investor; and
  - understand that I may be required to provide further information relating to my status in completing this application form.

HM Revenue & Customs warning

It is a serious offence to make false statements. The penalties are severe. False statements could lead to prosecution.

Signature of investor

Date

 /  / 

A copy of the scheme rules is available from our website or on request.

A copy of this completed application form is available on request from Suffolk Life Pensions Limited.

# Certificate Verification Form<sup>1</sup>

Please complete a separate copy of this form for each certificate verified.

Registration district	<input type="text"/>		
Parish (if specified) & county	<input type="text"/>		
Entry number	<input type="text"/>		
Name of Registrar <sup>2</sup> /official witness <sup>2</sup>	<input type="text"/>		
<b>Marriage/registered civil partnership only</b>			
Date of ceremony	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of groom/registered civil partner	<input type="text"/>		
Date of birth or age of groom/registered civil partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of bride/registered civil partner	<input type="text"/>		
Date of birth or age of bride/registered civil partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Birth certificate only</b>			
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of birth	<input type="text"/>		
Registered name <sup>3</sup>	<input type="text"/>		
Sex	<input type="text"/>		
Date of registration	<input type="text"/>	<input type="text"/>	<input type="text"/>
<ol style="list-style-type: none"> <li>1. Only information contained in the certificate may be recorded on this form. Where information for a particular field is not recorded, please state 'not recorded on certificate'.</li> <li>2. In some cases the signature may be illegible (and the name is not printed). If this is the case, please state 'signature illegible'. This does, at least, confirm that the Registrar has signed the certificate.</li> <li>3. Where a newborn baby has not been given a first name, it will be acceptable to refer to the surname and gender.</li> </ol>			
I/we certify that I/we have examined the certificate(s) of			
Client's name	<input type="text"/>		
Client's address	<input type="text"/>		
	Postcode		
And that the said certificate contains the information as recorded above. A copy is kept on the client file for my/our information to which you may request access.			
Signed	<input type="text"/>	Date	<input type="text"/>
Full name	<input type="text"/>	Position	<input type="text"/>
Verified by (signature of compliance officer)	<input type="text"/>		
Full name	<input type="text"/>		
Company address	<input type="text"/>		
	Postcode		
Regulator's reference number of organisation	<input type="text"/>		

[www.suffolklife.co.uk](http://www.suffolklife.co.uk)

Suffolk Life is the trading name of Suffolk Life Pensions Limited (registered in England and Wales number 1180742) and Suffolk Life Annuities Limited (registered in England and Wales number 1011674).

Both companies are authorised and regulated by the Financial Services Authority.

Suffolk Life Pensions Limited is the operator and scheme administrator of the Suffolk Life MasterSIPP.

Suffolk Life Trustees Limited (registered in England and Wales number 6341296) is the trustee.

Suffolk Life Annuities Limited is an insurance company that provides the trustee investment plans to the trustee to hold commercial property investments.

The registered address of all companies is 153 Princes Street, Ipswich, Suffolk, IP1 1QJ, United Kingdom.

Tel: 0870 414 7000 Fax: 0870 414 8000

Telephone calls to Suffolk Life are recorded for training, monitoring and fact verification purposes.

MS607 March 2010

**SUFFOLKLIFE**  
THE INTELLIGENT APPROACH