

# Application Form

for the Suffolk Life MasterSIPP for property

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

- » Key Features
- » Your Personal Illustration
- » Schedule of Fees
- » Terms and Conditions
- » Property Guide
- » Application Form**

The letters 'SIPP' are rendered in a large, bold, 3D sans-serif font. They are light grey with a subtle gradient and cast soft shadows on the surface below them, giving them a three-dimensional appearance.

**SUFFOLK**LIFE

## This application form is for one investor, and accompanies the Property Form.

In the case of two or more investors, an Application Form will be required for each investor. These can be obtained from your adviser.

All applications must be made through a financial adviser. We will need the original of this application form so that we can establish your Suffolk Life MasterSIPP. Please complete this form using black ink and block capitals.

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## Section 1

# Investor's personal details

Title	Mr/Mrs/Miss/Ms/Other	<input type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Forename	<input type="text"/>			
Middle name	<input type="text"/>			
Surname	<input type="text"/>			
Date of birth	Day/Month/Year	<input type="text"/>	(Refer to Appendix A)	Nationality <input type="text"/>
We can only accept applications from residents of the United Kingdom. We can not accept applications from citizens of the United States of America, even if they are residents of the United Kingdom.				
Country of residence	<input type="text"/>			
Permanent residential address	<input type="text"/>			
			Postcode	
Telephone numbers	Home	<input type="text"/>	Work	<input type="text"/>
Email address	<input type="text"/>			
National Insurance number	Please enter, in the box below, your National Insurance number which is essential for this application to proceed. <input type="text"/>			
Expected retirement age	Please enter, in the box below, an age from 55 to indicate when you intend to start taking benefits. This does not affect your right to begin taking benefits at any age permitted. Please note that if this field is left blank we will assume you intend to start taking benefits at age 75. <input type="text"/>			
If yes, spouse's/registered civil partner's date of birth	Are you married or in a registered civil partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No (Refer to Appendix A) <input type="text"/>			
	Day/Month/Year	<input type="text"/>		

## Section 2

# Adviser section

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

## 2.1 Adviser's details

Name of authorised individual	<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	<input type="text"/>	Fax	<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"/>			

## 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"/>
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"/>	
Electoral roll check			Date of check <input type="text"/>	
Most recent mortgage statement	<input type="text"/>	<input type="text"/>	<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"/>
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 driving licence	<input type="text"/>		Date of expiry <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. Please note that utility bills and bank statements should be no older than three months and tax notifications must be relevant to the current tax year.

## 2.3 Source of wealth and funds

## Must be completed for all applications

Current occupation	<input type="text"/>
Gross annual remuneration	£ <input type="text"/>
Source of wealth	Please tick one of the following which best describes the origin of your personal wealth.
	<input type="checkbox"/> Income from employment* <input type="checkbox"/> Income from savings/investments <input type="checkbox"/> Gift
	* Please ensure that current occupation and annual remuneration are also completed.
	<input type="checkbox"/> Lottery and other gambling winnings <input type="checkbox"/> Inheritance <input type="checkbox"/> Property sale <input type="checkbox"/> Divorce settlement
	<input type="checkbox"/> Pension income from registered pension scheme(s) <input type="checkbox"/> Income from a lifetime annuity
Other; please specify	<input type="text"/>

## 2.3 Source of wealth and funds (continued)

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 below.

\* 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 distance

Did you advise your client specifically to take out a Suffolk Life MasterSIPP?

Yes  No

Did you advise your client on the suitability of transferring any employer-sponsored schemes to a Suffolk Life MasterSIPP?

Yes  No

## Declaration

- I confirm that I have the appropriate authorisation to sign this declaration for the organisation detailed in section 2.1.
- I certify that I 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 applicant.
- I have included the relevant reference information or certified documentary evidence on / with this form.
- I agree to receive details of my client's Suffolk Life MasterSIPP by post, fax, via email and / or the Suffolk Life secure portal.
- I confirm that I have verified that all relevant literature including this application is the latest available version. To check, please visit [www.suffolklife.co.uk/applications](http://www.suffolklife.co.uk/applications)
- The organisation detailed in section 2.1 accepts responsibility to ensure that instructions they or any of their employees or agents give to any appointed investment manager to purchase investments will be in accordance with the latest available Schedule of Allowable Investments. This includes the requirement not to purchase investments that would give rise to a tax charge or liability as taxable property as defined under Part 2 Schedule 29A of the Finance Act 2004. If a non-allowable investment is purchased the organisation agrees to indemnify Suffolk Life for any loss or liability, including any tax charge or penalty levied by HM Revenue & Customs on Suffolk Life, as a direct result of the plan holding such an investment.

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

Name

Position in organisation

Signed

Date

Please discuss the figures in section 7 (page 10) of the investor's declaration with your client before that section is completed.

Suffolk Life will pay agreed fees (see section 7) upon production of a correct invoice. For an 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

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

## Section 3

# Investor's status and eligibility declaration

### 3.1 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**

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.

### 3.2 Eligibility declaration

Please indicate below which of the following apply to you.

1  ***I am a relevant UK individual.\****

Unlimited contributions can be made to your Suffolk Life MasterSIPP. However, only the amount of your total gross contributions to all pensions up to the higher of £3,600 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 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 relevant UK individual.***

You are entitled to contribute any amount, but you will not be entitled to receive any tax relief on your contributions.

## Transfer details

If this section does not apply, please go on to section 5.

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 for example: PP, EPP	<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"/>

Please indicate below which of the following statements will apply at the time of the transfer to your Suffolk Life MasterSIPP.

- 1  None of the scheme has begun paying benefits (uncrystallised)
- 2  Some of the scheme has begun paying benefits (crystallised)

This application form can only be used for the uncrystallised part of your scheme. If you also wish to transfer the crystallised part, your adviser will provide you with another, different application form.

### 4.2 Assets to be transferred

Type of assets Please indicate below which of the following apply to your transfer.

- 1  The transfer payment will comprise only cash.
- 2  A property, or properties, or an interest in a property or properties are to be transferred.  
You will need to complete a property form in respect of this transfer.

If the sections above have been completed, you, the investor must sign and date the declaration in section 4.3 overleaf (in addition to the declaration in section 7).

### 4.3 Discharge forms

Please tick as appropriate:

- 1  Completed discharge forms are enclosed.
- 2  Completed discharge forms will follow.  
We will not request the transfer until we receive the completed discharge forms.
- 3  I request Suffolk Life to obtain the discharge forms from the scheme administrator / trustee / insurance company in section 4.1. and forward them on for completion.  
We will always charge a fee for the transfer. Please refer to the Schedule of Fees.
- 4  Discharge forms are not required by the transferring scheme.

If the sections above have been completed, you, the investor must sign and date the declaration in section 4.4 (in addition to the declaration in section 7).

## 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 wish for the pension scheme benefits detailed in sections 4.1 and 4.2 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

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[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.

Call charges may vary between telephone providers.

**SUFFOLKLIFE**

## Contribution details

If this section does not apply please go on to section 6.

### 5.1 Personal contributions

If this does not apply, go on to section 5.2.

All relievable personal contributions must be made net of basic rate tax, which we will reclaim from HM Revenue & Customs and add to your Suffolk Life MasterSIPP. This can take up to 11 weeks.

Your contribution intentions, requested below, are for illustrative purposes only; actual contributions may be greater or less. Please note that you are required to inform us in writing if you contribute in aggregate more than 100% of your earnings to this and any other pension scheme in a single tax year.

Under current pensions legislation if you contribute more than the Annual Allowance to all of your pensions you can also carry forward any Annual Allowance that you have not used from the previous three tax years. It will be your responsibility to calculate the amount available to carry forward and we will apply for tax relief on the full amount, for personal contributions, unless you notify us to the contrary.

Please indicate below how much you intend to contribute. Cheque payments should be made payable to Suffolk Life Trustees Limited re (investor's name).

We will treat the amount(s) entered as net unless told otherwise.

Net single contribution	£	<input type="text"/>
Net regular contribution	£	<input type="text"/> Frequency <input type="text"/>
Preferred payment date	1st of month <input type="checkbox"/>	15th of month <input type="checkbox"/>

Please complete the Direct Debit instruction in Appendix C.

### 5.2 Employer contributions

If this does not apply, go on to section 5.3.

The employer's contribution intentions, requested below, are for illustrative purposes only; actual contributions may be greater or less.

Please indicate below how much your employer intends to contribute.

All employer contributions are paid gross.

Gross single contribution	£	<input type="text"/>
Gross regular contribution	£	<input type="text"/> Frequency <input type="text"/>
Preferred payment date	1st of month <input type="checkbox"/>	15th of month <input type="checkbox"/>

Where the employer is paying both the personal and the employer contributions, this preferred payment date will be applied to both contributions.

The employer must complete and return the record of payments due in Appendix B and the Direct Debit instruction in Appendix C.

Please note: It will be necessary for your adviser to verify the identity of your employer. Suffolk Life may also need to carry out electronic verification of the employer.

### 5.3 Pension input period

Dates of nominated pension input period

The pension input period is the period in which contributions made to all schemes are tested against the Annual Allowance. We suggest that you discuss this period with your adviser or accountant.

Please indicate below your nominated pension input period. (If you do not the default period under the Suffolk Life MasterSIPP, which runs with the tax year, will apply).

From    to

## Benefits payable on death

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

### Declaration

- *I wish the scheme administrator to pay any lump sum death benefits to the beneficiaries and in the proportions set out below.*
- *I accept that this nomination is only an expression of my wishes.*
- *I understand that whilst the scheme administrator will pay due consideration to those wishes they have absolute discretion as to beneficiaries and to the proportion of benefits paid to each beneficiary unless otherwise provided by law.*
- *I understand that I can change this nomination at any time and that the scheme administrator will refer to the latest completed form held.*
- *I understand that if I have a spouse or registered civil partner, any protected rights death benefits must be used to provide an income for that person.*
- *If I have no spouse or registered civil partner, the benefits can be paid to my nominated beneficiaries in accordance with this declaration.*

**Beneficiaries** Please give details below of your chosen beneficiaries. If you wish to nominate more than four beneficiaries, 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

 %

Name

Address

Postcode

Relationship to investor

Non-protected rights benefits

 %

Protected rights benefits

 %

Total of all percentages

 %

Total of all percentages

 %

### Notes to section 6

- 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. Instructions will normally be sought from the child's legal guardian(s) under such circumstances.

## Investor's declaration (including adviser remuneration)

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

- this declaration;
- the Suffolk Life MasterSIPP Key Features;
- Schedule of Fees;
- Terms and conditions;
- Schedule of Allowable Investments; and
- Property Guide.

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.

A copy of the scheme rules is available on request.

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

### Data protection statement

We, Suffolk Life, take your privacy very seriously. We use the personal information collected through 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 and other companies within the Legal and General Group of companies of which we are a part, banks (including Bank of Scotland), investment managers and fund providers that are appointed to act for your SIPP, regulatory bodies, law enforcement agencies, the future owners of our business and suppliers we engage to process data on our behalf.

Suffolk Life will check your details with fraud prevention agencies. If false or inaccurate information is provided and fraud is identified details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information.

Suffolk Life and other organisations may also access and use this information to prevent fraud and money laundering, for example, when:

- Recovering debt; and
- Checking details on proposals and claims for all types of insurance;

Suffolk Life and other organisations may access and use from other countries the information recorded by fraud prevention agencies.

You can contact Suffolk Life at: Suffolk Life, 153 Princes Street, Ipswich, IP1 1QJ if you want to receive details of the relevant fraud prevention agencies.

You have the right to ask for a copy of your information in return for payment of a small fee. To obtain a copy of your information, please write to Suffolk Life, 153 Princes Street, Ipswich, IP1 1QJ.

### HM Revenue & Customs warning

Since this application is also to be used as an application for tax relief at source, it is a serious offence to make false statements.

The penalties are severe. False statements could lead to prosecution.

## 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 confirm that I have received a Suffolk Life MasterSIPP Key Features Document, Schedule of Fees, Schedule of Allowable Investments, Terms and Conditions and a personal illustration.*
- *I accept that Suffolk Life will correspond with my adviser (detailed in section 2.1) unless I give written notice to the contrary.*
- *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. Within this plan, and except where already crystallised arrangements are transferred to it, all funds will be held in a single arrangement.*
- *I authorise Suffolk Life to accept investment and all other instructions in relation to my SIPP from my adviser detailed in section 2.1 unless and until I inform Suffolk Life in writing to the contrary.*
- *Declaration to the administrator of the transferring scheme(s)*
  - *I authorise and instruct you to transfer funds from the plan(s) as listed in section 4 of this application directly to Suffolk Life. Where you have asked me to give you any original policy document(s) in return for the transfer of funds and I am unable to do so, I promise to accept responsibility for any claims, losses and expenses of any nature which you may incur as a result of having made the transfer(s) listed in section 4 of this application.*
  - *I authorise you to release all necessary information to Suffolk Life to enable the transfer of funds to Suffolk Life.*
  - *I authorise you to obtain from and release to the financial adviser named in the section 2.1 of this application any additional information that may be required to enable the transfer of funds.*
  - *If an employer is paying contributions to any of the plans as listed in section 4 of this application, I authorise you release to that employer any relevant information in connection with the transfer of funds from the relevant plan(s).*
  - *Until this application is accepted and complete, Suffolk Life's responsibility is limited to the return of the total payment(s) to the administrator of the transferring scheme(s).*
  - *Where the payment(s) made to Suffolk Life represent(s) all of the funds under the plan(s) listed in section 4 of this application, then payment made as requested will discharge the administrator of the transferring scheme of all claims and responsibilities in respect of the plan(s) listed.*
  - *Where the payment(s) made to Suffolk Life represent(s) part of the funds under the plan(s) listed in section 4 of this application, then the administrator of the transferring scheme will be discharged of all claims and responsibilities only in respect of the part of the plan(s) represented by the payment(s).*
- *Declaration to Suffolk Life and the administrator of the transferring scheme(s)*
  - *I promise to accept responsibility in respect of any claims, losses and expenses that Suffolk Life and the administrator of the transferring scheme 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.*
  - *I confirm that, where I am transferring Protected Rights, I wish to transfer these from the administrator of the transferring scheme to Suffolk Life.*
- *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 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:
  - a I cease to be UK resident;
  - b I contribute on aggregate more than 100% of my earnings to this and any other pension scheme in any tax year;
  - c I cease to have relevant UK earnings;
  - d I begin to have relevant UK earnings again;
  - e there is a change in my employment status;
  - f there is a change in my permanent residential address;
  - g I apply for an enhanced Lifetime Allowance in respect of a pension credit or overseas transfer;
  - h I lose or give up the right to enhanced or fixed protection.
- I confirm that my total gross contributions to all UK registered pension schemes in respect of which I am entitled to tax relief will not exceed the higher of £3,600 or 100% of my UK relevant earnings.
- I accept that Suffolk Life is not responsible for checking whether I have applied, or intend to apply, for flexible drawdown before accepting contributions and applying for tax relief on personal contributions.
- I authorise Suffolk Life to pay my adviser (detailed in section 2.1) the fees set out below. I understand that the fees will be paid on receipt of an invoice or paid by my nominated investment manager to my adviser.

Fixed Fee (Excl.VAT)	Percentage Fee (Excl.VAT)	Subject to VAT?*	
£ <input type="text"/>	and/or % <input type="text"/>	<input type="text"/> Y/N	of the initial investment/funding, for establishment of plan
£ <input type="text"/>	and/or % <input type="text"/>	<input type="text"/> Y/N	of the fund value, on each plan anniversary date as a renewal fee
	% <input type="text"/>	<input type="text"/> Y/N	of the gross value of each monthly contribution received into my plan
	% <input type="text"/>	<input type="text"/> Y/N	of the gross value of each annual contribution received into my plan

Please make ongoing payments at a frequency of:   
 Annually    
 Half Yearly    
 Quarterly

- 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 also:

- 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 applicant; and
- understand that I may be required to provide further information relating to my status in completing this application form.

Waiving of cooling off rights

- By completing this form and requesting you establish a MasterSIPP for me for the purpose of purchasing a commercial property, I acknowledge that my right to cancel the establishment of my MasterSIPP with you is hereby waived unconditionally.
- I understand that this means where I would normally have a right to cancel the establishment of my MasterSIPP I will no longer have the right to receive back any contributions paid within the cancellation period and that I am liable for all applicable fees.

Signature of investor  
 or person signing on behalf of an investor who is under 18 and/or who is incapable by reason of mental disorder of managing and administering his/her affairs

Print name

Date

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

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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

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Q0032945 H0124084 August 2011

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

Please complete a separate copy of this form for each certificate verified. For completion by the adviser company.

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>			
We certify that we have examined the certificate(s) of			
Client's name	<input type="text"/>		
Client's address	<input type="text"/>		
			Postcode
<p>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.</p>			
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.

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## Record of payments due

- For completion by the employer if making regular contributions to the Suffolk Life MasterSIPP.

Employers are obliged by the Pensions Regulator to provide a new record of payments due for any amendments to contributions (anti-money laundering documents must be provided where applicable for employer contributions).

### B.1 Employee details

Employee's name

Employee's NI number

### B.2 Employer details

Employer's name

Employer's address

Postcode

Company registered number

Name of contact

Telephone number

### B.3 Contribution details

Payment frequency

monthly  quarterly  yearly

Payment start date

Employee contributions  
deducted from net pay

£

Employer contributions (gross)

£

Total

£

You have a duty to pay employee contributions to us by the 'payment due date'. This is the 19th of the month following the date of the deduction from pay. For example, a contribution deducted from pay on 5 May must be received by us no later than 19 June. We have a duty to report the late payment of any contribution that is of material significance to the Pensions Regulator.

### B.4 Signature

- We agree to pay the above contributions until further notice and will notify Suffolk Life of any change and provide a new record of payments due.

Signature  
(for and on behalf of employer)

Date

Please also complete the direct debit form over the page.

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## Direct Debit Instruction

- For completion by the investor or the employer when making regular contributions to the Suffolk Life MasterSIPP.
- If both you and your employer intend to make regular contributions, please use a photocopy of this page for one of the mandates.

Type of contribution  Regular personal contribution  Regular employer contribution (anti-money laundering documents must be provided where applicable for employer contributions)

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### Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send to:  
Suffolk Life, 153 Princes Street, Ipswich, Suffolk IP1 1QJ

Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
	Postcode

Service User Number

5	0	2	8	4	2
---	---	---	---	---	---

Name(s) of Account Holder(s)


Bank/Building Society account number

--	--	--	--	--	--	--	--	--	--

Branch Sort Code

--	--	--	--	--	--

Reference

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

[Instruction to your Bank or Building Society](#)

Please pay Suffolk Life Pensions Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Suffolk Life Pensions Limited and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s):
Date

This Guarantee should be detached and retained by the Payer



### The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Suffolk Life Pensions Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Suffolk Life Pensions Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Suffolk Life Pensions Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
  - If you receive a refund you are not entitled to, you must pay it back when Suffolk Life Pensions Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your Bank or Building Society. Written confirmation may be required. Please also notify us.

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