

7IM SIPP

Application Form

(Discretionary)



PLEASE PRINT CLEARLY IN BLOCK CAPITALS AND COMPLETE ALL APPLICABLE SECTIONS OF THIS FORM.

The 7IM SIPP is operated by 7IM Investment and Retirement Solutions Limited (the **SIPP Operator**), which is authorised under the Financial Services and Markets Act 2000 for the establishment, operation and winding up of personal pension schemes. The SIPP Operator is regulated by the Financial Conduct Authority (FCA) to act as a SIPP operator and is also the HMRC regulated scheme administrator of the 7IM SIPP.

Investment services for the 7IM SIPP are provided by Seven Investment Management LLP (**7IM**). Neither the SIPP Operator nor the Trustee are permitted to give financial or investment advice.

When we refer to **I, my, you** or **your** in this application form, we mean the person signing this application form. When we refer to **us, we** or **our**, we mean the SIPP Operator. Certain terms in this application form have a particular meaning and are capitalised. These terms are either defined in this application form or in the 7IM SIPP Glossary, which can be found on www.7im.co.uk

By completing this application form, you confirm that you have read the following documents:

- the 7IM SIPP Terms and Conditions, the 7IM SIPP Glossary and the 7IM SIPP Fees and Charges;
- the 7IM Terms and Conditions and 7IM Fees and Charges for the selected Investment Service;
- the 7IM SIPP Key Features;
- your personal Illustration.

Are you eligible for the 7IM SIPP?

To apply for the 7IM SIPP you must usually meet one the following criteria:

- a UK resident with Relevant UK Earnings;
- a Crown employee with earnings from overseas Crown employment subject to UK tax;
- a spouse or civil partner of a Crown employee with no earnings;
- a parent / grandparent / third party on behalf of a minor (someone under 18);
- a non-UK resident who wants to transfer other UK pension benefits to the 7IM SIPP.

Please ensure that you fully complete all sections in this application form, to prevent delays in the application process.

Section 01 About you

1.1 Individual member details

Pre-sales illustration reference:

(Please note, we are unable to proceed without this).

If you have an existing 7IM account, please provide your account number:

Title:

First Name(s):

Surname:

Gender:

☐

Male

☐

Female

Date of Birth (DD/MM/YYYY):

National Insurance Number:

Nationality:

Marital status (please tick **one**): ☐ Single ☐ Married ☐ Civil Partnership
☐ Divorced ☐ Widowed ☐ Dissolved Civil Partnership

Permanent Residential Address (please note we cannot accept a PO Box number or a care of (c/o) address):

City:

County (or country if not UK): Postcode:

Email:

Telephone:

1.2 Your employment status

☐ Employed ☐ Unemployed ☐ Self Employed ☐ Pensioner
☐ Full Time Education ☐ Caring for person aged 16 or over ☐ Caring for child under the age of 16
☐ Child under age 16 ☐ Other (please specify):

1.3 Intended retirement age

At what age do you intend to start taking retirement benefits?

This is the age that you would like your 7IM SIPP Account value projected to. The earliest you can normally take retirement benefits is from age 55. If you are unsure, please use age 75. If you do not enter anything, we will assume that you wish to use age 75.

If you wish to start taking retirement benefits now, please complete the taking benefits form in addition to this application form.

1.4 Money Purchase Annual Allowance (MPAA)

It is a legal requirement for you to let us know if you are subject to a reduced Annual Allowance because you have previously accessed pension benefits flexibly through Flexible Drawdown (pre April 2015), or by taking an Uncrystallised Funds Pension Lump Sum (UFPLS) or by using Flexi-access Drawdown (both post April 2015). More information about this can be found in the 7IM SIPP Key Features document.

Have you previously accessed pension benefits flexibly from any other pension scheme? ☐ Yes ☐ No

(If no, move to section 2.5)

If yes, please confirm when you were first accessed flexible pension benefits (DD/MM/YYYY):

/ /

1.5 Tax protections and the Lump Sum Allowance

Do you have any Tax Protection which gives you a higher Lump Sum Allowance? ☐ Yes ☐ No

(If no, move to section 3)

If yes, please confirm the type of protection and ensure you enclose the appropriate HMRC certificate.

☐ Primary protection

☐ Enhanced protection

☐ Primary and enhanced protection

☐ Fixed protection 2012

☐ Fixed protection 2014

☐ Fixed protection 2016

☐ Individual protection 2014 Enter the amount: £

☐ Individual protection 2016 Enter the amount: £

Section 02 Contributions**2.1 Are contributions being paid by you?**

☐ Yes ☐ No (If no, move to section 3.2)

We are only able to accept contributions from you if at the time of payment:

- you have Relevant UK Earnings liable to income tax for that tax year; or
- you are resident in the UK at some time during that tax year; or
- you were resident in the UK both at some time during the five years immediately before that tax year and when you became a member of the pension scheme; or
- you or your spouse has, for the tax year, general earnings from overseas Crown employment subject to UK tax.

☐ Please tick this box to confirm that at least one of the above applies to you.

If you have ticked the box above, we will pre-fund basic rate tax relief and add it to your personal contributions before investing them. We will then claim this back from HMRC.

Under current tax laws, if you are a higher or additional rate tax payer, you will be entitled to claim the difference between basic rate and your actual rate of tax through your self assessment tax return.

One-off Contribution
(minimum £1,000):

£ net

Please send a cheque payable to
"7IM Trustees Limited"

Regular Contribution per month
(minimum £100):

£ net

Please complete the direct debit
mandate included with this form

Please indicate your preferred direct debit collection date:

☐ 1st ☐ 15th

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Please ensure this application form and your direct debit instruction are correctly completed and returned to us in time for the first intended direct debit collection date. It can take up to 15 working days to set up a direct debit, and the first direct debit will be collected on the next occurring due date after the direct debit has been set up. If the due date falls on a weekend or bank holiday, the direct debit will be collected on the next working day.

We use GoCardless to process your direct debit payments. More information on how GoCardless processes your personal data and your data protection rights, including your right to object, is available at <https://gocardless.com/legal/privacy/>

Are your contributions being funded via your employment income? ☐ Yes ☐ No

If **No**, please describe the source of your investment wealth in the box below:

2.2 Is your employer contributing?

☐ Yes ☐ No

If you have answered **yes** to this section, please complete and attach a 7IM SIPP Contribution Form. We will only set up these types of contributions on receipt of the appropriate form(s). If we do not receive these, we will assume you do not require this. However, you can submit these at any time in the future.

2.3 Investment of regular contributions (Managed Investment Service only)

If you or your employer are paying regular contributions, please confirm which investments you would like to purchase with these regular payments. Please provide the % split ensuring the total adds up to 100%.

Stock / Fund Name in Full (including share class if known)	SEDOL	%
TOTAL		100%

Section 03 Transfers from other pension schemes

Would you like to transfer any of your existing pensions to your 7IM SIPP? ☐ Yes ☐ No (If no, move to section 5)

If you wish to transfer more than **three** pensions, please use an additional transfer form and attach it to this application form.

You confirm that you authorise us to arrange for the transfer of funds from the following schemes (including details of any additional transfers contained in the additional transfer form) into the 7IM SIPP and to liaise with all necessary third parties to arrange that. Your current scheme provider may require additional information and documentation. When payment is made to the 7IM SIPP as instructed, you shall no longer be entitled to receive pension benefits from the transferring schemes to the extent that you have transferred pension funds from them into the 7IM SIPP.

Please be aware that we cannot accept transfers from Defined Benefit (DB) pension schemes. Please ensure you do not request these, as they will be rejected and may cause a delay in processing your application.

The decision to access pension savings is an important one. We therefore strongly advise that you seek advice from a regulated financial adviser and refer to the guidance provided by the government initiative, Pension Wise. Further information about this free service can be found at www.pensionwise.gov.uk or by calling 0300 330 1001.

Please make sure to complete all questions if you are crystallising your 7IM SIPP.

- 3.1 Please confirm whether you have taken financial advice in relation to taking benefits and/or transfers. If no, please also complete our Non-advised drawdown form. ☐ Yes ☐ No
- 3.2 Please confirm whether you have referred to guidance from the government initiative, Pension Wise ☐ Yes ☐ No

If you have taken advice from a regulated Financial Adviser, they must complete Section 07 of this form.

Please complete the additional information required for each transfer on the following pages and enclose a copy of the latest statement you have received from the provider for each transfer.

Transfer 1

Please confirm if this is a full or partial transfer: ☐ Full ☐ Partial

We are unable to accept partial transfers if that pension is in drawdown.

How is the transfer to be made?

<input type="checkbox"/> Cash only	Estimated cash transfer value	£ <input type="text"/>
<input type="checkbox"/> In Specie	Estimated In Specie value	£ <input type="text"/>
<input type="checkbox"/> Cash and In Specie	Estimated total transfer value	£ <input type="text"/>

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For In Specie transfer of assets, please provide details of the holdings below, or attach a valuation:

Stock / Fund Name in Full (including share class if known)	SEDOL	Number of Shares / Units	Approximate Value (£)

Name of Transferring Scheme:

Name of Transferring Scheme Provider:

Telephone Number:

Address:

Postcode:

Plan Number:

Pension Scheme Tax Reference number (PSTR):

Have you already received benefits (lump sum and / or pension) from this arrangement? ☐ Yes ☐ No

Please also tell us the crystallised and uncrystallised fund values below:

Crystallised fund value: £ Uncrystallised fund value: £

Does this transfer include any safeguarded benefits which offer guarantees such as guaranteed annuity rates, guaranteed growth rates or guaranteed minimum pension? ☐ Yes ☐ No

(If yes, your Financial Adviser **must** complete the Financial Adviser declaration.)

Transfer 2

Please confirm if this is a full or partial transfer: ☐ Full ☐ Partial

We are unable to accept partial transfers if that pension is in drawdown.

How is the transfer to be made?

<input type="checkbox"/> Cash only	Estimated cash transfer value	£ <input type="text"/>
<input type="checkbox"/> In Specie	Estimated In Specie value	£ <input type="text"/>
<input type="checkbox"/> Cash and In Specie	Estimated total transfer value	£ <input type="text"/>

For In Specie transfer of assets, please provide details of the holdings below, or attach a valuation:

Stock / Fund Name in Full (including share class if known)	SEDOL	Number of Shares / Units	Approximate Value (£)
<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"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<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"/>	<input type="text"/>	<input type="text"/>

Name of Transferring Scheme:

Name of Transferring Scheme Provider:

Telephone Number:

Address:

Postcode:

Plan Number:

Pension Scheme Tax Reference number (PSTR):

Have you already received benefits (lump sum and / or pension) from this arrangement? ☐ Yes ☐ No

Please also tell us the crystallised and uncrystallised fund values below:

Crystallised fund value: £ Uncrystallised fund value: £

Does this transfer include any safeguarded benefits which offer guarantees such as guaranteed annuity rates, guaranteed growth rates or guaranteed minimum pension? ☐ Yes ☐ No

(If yes, your Financial Adviser **must** complete the Financial Adviser declaration.)

Transfer 3

Please confirm if this is a full or partial transfer: ☐ Full ☐ Partial

We are unable to accept partial transfers if that pension is in drawdown.

How is the transfer to be made?

<input type="checkbox"/> Cash only	Estimated cash transfer value	£ <input type="text"/>
<input type="checkbox"/> In Specie	Estimated In Specie value	£ <input type="text"/>
<input type="checkbox"/> Cash and In Specie	Estimated total transfer value	£ <input type="text"/>

For In Specie transfer of assets, please provide details of the holdings below, or attach a valuation:

Stock / Fund Name in Full (including share class if known)	SEDOL	Number of Shares / Units	Approximate Value (£)
<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"/>	<input type="text"/>	<input type="text"/>
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<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"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Transferring Scheme:

Name of Transferring Scheme Provider:

Telephone Number:

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Address:

Postcode:

Plan Number:

Pension Scheme Tax Reference number (PSTR):

Have you already received benefits (lump sum and / or pension) from this arrangement? ☐ Yes ☐ No

Please also tell us the crystallised and uncrystallised fund values below:

Crystallised fund value: £ Uncrystallised fund value: £

Does this transfer include any safeguarded benefits which offer guarantees such as guaranteed annuity rates, guaranteed growth rates or guaranteed minimum pension? ☐ Yes ☐ No

(If yes, your Financial Adviser **must** complete the Financial Adviser declaration.)

Section 04 Expression of wish

The SIPP Operator is the Scheme Administrator of the 7IM SIPP and will arrange for the payment and distribution of death benefits from your 7IM SIPP Account on your death.

Please complete this section of the application form to specify your wishes about how you would like your 7IM SIPP funds distributed. Please be aware that any nomination that you make either in this application form, or in future, is not binding on the Scheme Administrator. The 7IM SIPP is deliberately structured that way to minimise the risk of inheritance tax liability. Your nomination will, however, be taken into consideration when exercising discretion on the distribution of death benefits.

It is important that you keep your expression of wishes up to date in line with any changes to your personal circumstances.

Declaration and nomination(s)

I understand that, in exercising discretion, the Scheme Administrator will not be bound by my wishes but will bear them in mind. In the event of my death, I would like the Scheme Administrator to consider paying benefits to the following:

Individuals

How many beneficiaries would you like to nominate? ☐ If you have entered more than 3 then please include a separate sheet of paper with any additional beneficiaries ensuring that the total payable to all beneficiaries adds up to 100%.

Beneficiary one

Name:

Relationship (if any) to you: Proportion: %

Beneficiary two

Name:

Relationship (if any) to you: Proportion: %

Beneficiary threeName: Relationship (if any) to you: Proportion: %**Trust / Charity**

It is also possible to nominate a trust or UK registered charity to receive benefits on your death. Please record details (if any) below:

Trust / Charity Name: Address: City: Postcode: Proportion: %

Please use this space to provide us with any further information / instructions regarding the payment of death benefits:

Drawdown availability and declaration

In certain circumstances, drawdown benefits may be available as a death benefit option under the 7IM SIPP. The option for an eligible beneficiary to take drawdown, rather than a lump sum, is usually only available if the beneficiary is a Dependant or Nominee. To ensure that the option of drawdown is available to any potential beneficiary, you agree to the following declaration. **In addition to any specific nominations above, I nominate for the purposes of the relevant tax legislation any individual who is eligible to receive a lump sum on my death, so that the 7IM SIPP can offer drawdown to them as an alternative.**

Important information

There are legal and practical difficulties in making payments to minors or other vulnerable beneficiaries. However, it may be possible to arrange for the payment of lump sums to parents or guardians of beneficiaries, or to separate trusts for their benefit, under the 7IM SIPP. If this is relevant for you, you may wish to discuss the setting up of an appropriate trust with your solicitor.

Section 05 Financial Adviser Details

You confirm that you have appointed the following Financial Adviser to act on your behalf under a separate agreement.

Firm:

Full name and title of contact at Financial Adviser:

Section 06 Your Financial Adviser Relationship

If you are using the Managed Investment Service, please tell us the basis on which your Financial Adviser will be acting:

☐**Advisory** – your Financial Adviser will seek your approval to make investment decisions.

Contract notes will be available to view online.

If you would also like copies posted to you, please tick here ☐☐**Discretionary** – you have authorised your Financial Adviser to make investment decisions on your behalf.

Contract notes will be available to view online.

Section 07 Financial Adviser Charges

I have agreed to my Financial Adviser receiving the following fees for providing me with advice in relation to my 7IM SIPP:

(i) Initial fees

Percentage value % of all new contributions to your 7IM SIPP

OR Fixed value

£

(ii) Ongoing fees in recognition of an ongoing service of:

You agree to your Financial Adviser receiving ongoing fees in recognition of an ongoing service of:

Percentage value % per annum of the value* of investments held in your 7IM SIPP

OR Fixed value

£

per annum

*Values are calculated using average daily asset balances. Unless ticked below, the value of investments for percentage value fees will not include cash:

Include cash in the value of investments ☐

Please note model portfolios are regarded as investments, and therefore any cash that may be held within a model portfolio will be included in the value of investments subject to percentage value fees.

Financial Adviser to complete

By signing below, your Financial Adviser confirms that:

- the information provided in this form correctly reflects the contractual terms of the Financial Adviser's appointment under a separate agreement in place between you and your Financial Adviser;
- all instructions given by the Financial Adviser will be in accordance with those terms;
- your Financial Adviser has all authorisations necessary under applicable law and regulation to act as appointed and will remain so authorised;
- your Financial Adviser will notify the SIPP Operator of any changes to its authorisation, including any disciplinary action taken against it, relevant to this appointment;
- your Financial Adviser has provided appropriate advice to you regarding the suitability for you of the 7IM SIPP, any proposed transfers from your other pension schemes to the 7IM SIPP and the proposed underlying investment(s) and where appropriate your retirement benefit options, in accordance with FCA Rules and FCA suitability requirements;
- where any transfer is from a pension scheme with any form of guarantee or other safeguarded benefit, and where the appropriate transfer analysis has been undertaken, your Financial Adviser has advised you of any benefits that may be lost as part of the proposed transfer to the 7IM SIPP;
- the signatory has the necessary authorisation to sign these confirmations on behalf of the Financial Adviser.

Financial Adviser signature is required for the completion of this form

Financial Adviser Signature:

Signed by (please PRINT name):

Date:

Section 08 Source of Wealth

Occupation:

Name of current / last employer:

If your investment wealth is derived from sources other than your current or past employment, please tick the appropriate box(es) and provide the relevant information in the box below:

☐**Gift**

- Name of donor and relationship to client
- Donor's source of wealth
- Reason for the gift

☐**Divorce Settlement**

- Name of divorced partner
- Amount and date received
- Origin of divorced partner's wealth

☐**Compensation Payment**

- Payment source and amount

☐**Other**

Please provide details

☐**Company / Asset Sale**

- Name / nature of the asset
- Date of sale and amount
- Total share of the asset

Relevant Information:

☐**Inheritance**

- Name of the deceased
- Relationship to client
- Amount and date received
- Origin of deceased's wealth

Section 09 Identity Verification

Regulations require us to confirm the identity and address of all our clients. Where possible, we will carry out an electronic check of the personal data you have provided. Where we are unable to verify your identity electronically, we will contact you and request one form of current identification from each list below. We can only accept originals or certified copies.

List A:

Valid Personal Identification which incorporates your full name

Passport / national identity card
Photocard driving licence (full or provisional)
Firearms certificate / licence
Other government issued document

List B:

**Address Verification
(*issued within the last three months)**

Old style full UK driving licence
Local authority issued letter / statement / bill*
Solicitor's letter*
Tax bill
Utility bill*
Bank / credit card statement*
State pension or other government issued document*

Section 10 Reporting currency

The reporting for all your accounts will be in Sterling. If you would prefer this to be in US Dollar or Euro please specify below. **If you are an existing client your reporting currency cannot be changed therefore please move on to the next section.**

☐

US Dollar

☐

Euro

Section 11 Your declarations

You are applying for membership of the 7IM SIPP including the relevant 7IM Investment Service.

This application form, if accepted by us, forms part of a legally binding agreement (“Agreement”) between you, the SIPP Operator and 7IM relating to the 7IM SIPP (PSTR number 00839328RV). The other parts of the Agreement are contained in:

- the 7IM SIPP Terms and Conditions and the 7IM SIPP Fees and Charges – which apply in relation to the operation of the 7IM SIPP by the SIPP Operator; and
- the 7IM Terms and Conditions and 7IM Fees and Charges for the Investment Service you have chosen – which apply in relation to the Investment Service provided by 7IM for your 7IM SIPP Account.

**Please read this section carefully before you sign this application form.
If there is anything you do not understand, please ask for further information.**

By making this application:

- you apply to become a member of the 7IM SIPP;
- you ask the SIPP Operator to:
 - apply on behalf of the Trustee to open a 7IM SIPP Account;
 - appoint 7IM to provide the selected Investment Service for the purpose of your 7IM SIPP Account; and
 - instruct 7IM to appoint a custodian to hold your money and investments relating to your 7IM SIPP Account,
 in accordance with the 7IM Terms and Conditions applicable for the selected Investment Service;
- you understand and agree that:
 - membership of the 7IM SIPP is solely at the discretion of the SIPP Operator and is subject to the requirements set out in the Trust Deed that governs the 7IM SIPP and the Agreement. A copy of the Trust Deed is available on the 7IM website www.7im.co.uk; and
 - when the SIPP Operator notifies you that your application to become a member of the 7IM SIPP has been accepted, you will be bound by the terms of the Trust Deed and the Agreement, as amended from time to time;
- you acknowledge that your personal data will be processed in accordance with the 7IM Privacy Policy, which is available on the 7IM website www.7im.co.uk;
- you accept that neither the SIPP Operator nor Trustee have any liability for the choice or performance of investments within your 7IM SIPP Account;
- you confirm that you have neither requested nor received any advice concerning the suitability of the 7IM SIPP for you, or in relation to any transfers detailed in this application, from the SIPP Operator, Trustee or 7IM (unless you have selected the 7IM Financial Planning or Wealth and Investment Management Service and such advice has been provided to you as part of that Investment Service);
- you confirm that, to the best of your knowledge and belief, the information, declarations and confirmations given in this application form are true, accurate and complete; and
- you will notify the SIPP Operator immediately in writing of any changes to the information provided and any other relevant information.

For the purposes of compliance with applicable tax laws, where you are making contributions to the 7IM SIPP:

- you confirm that you are a Relevant UK Individual;
- you confirm that the total payments to the 7IM SIPP and any other Registered Pension Scheme in respect of which you are entitled to tax relief on your contributions under section 188 of the Finance Act 2004 will not exceed the higher of the Basic Amount or your Relevant UK Earnings for that tax year within the meaning of section 189 of that Act; and
- you confirm that you will notify the SIPP Operator and Scheme Administrator of any relevant event which means that you will no longer be entitled to relief for any contributions pursuant to Section 188 of Finance Act 2004, and you will do so before the later of the end of the tax year in which the event occurs or within 30 days of the event.

In relation to Financial Adviser charges:

- you confirm that you have discussed and agreed with your Financial Adviser each of the charges set out in this application form;
- you instruct 7IM to deduct the charges from your 7IM SIPP Account and to pay the amounts deducted to your Financial Adviser or as they otherwise instruct (in making these payments, 7IM will be acting as the agent of your Financial Adviser); and
- you agree that unless and until 7IM receives written notice from you to amend or cancel the instructions given, 7IM will continue to make payments to your Financial Adviser as set out in this application form.

In relation to pension transfers:

- you authorise, instruct and apply to your current pension provider(s) to transfer sums and assets from the pension scheme(s) detailed in this application form directly to the 7IM SIPP and to provide any instructions and/or discharge required by any relevant third party to do so;
- you authorise your existing pension provider(s) to provide the SIPP Operator with information, either written or non-written, in respect of the transfers detailed in this application form;
- you authorise the SIPP Operator, your current pension provider(s), your Financial Adviser named in this application and any employer paying contributions to any of the pension schemes detailed in this application form to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to the 7IM SIPP;
- until this application is accepted and complete, the SIPP Operator's responsibility is limited to the return of the total payment(s) to your existing pension provider(s);
- when payment is made to the 7IM SIPP as instructed, this means that you shall no longer be entitled to receive pension benefits from:
 - the whole of the pension scheme(s) listed in this application form where the whole of the scheme(s) is transferring; or
 - that part of the pension scheme(s) represented by the payment(s) if only part of the scheme(s) is transferring; and
- you accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that the SIPP Operator and your current pension provider(s) may incur as a result of any incorrect, untrue, or misleading information in this application or given by you, or on your behalf, or of any failure on your part to comply with any aspect of this application. This includes where you have been asked to provide any original policy document(s) in return for the transfer of funds and you are unable to do so.

Your signature(s) is required for the completion of this form

Signature:

Signed by (please PRINT name):

Date:

If you are not the named applicant, please tick here and complete the below details ☐

Capacity in which you are signing this Application Form:

Name:

Address:

City:

County (or country if not UK):

Postcode:

Section 12 Where to send the application form

The completed application form and any additional forms should be sent to 7IM Investment and Retirement Solutions Limited, 1 Angel Court, London EC2R 7HJ.

Checklist

Have you:

	Yes
Completed all of the relevant sections of this application form?	<input type="checkbox"/>
Signed and dated this application form?	<input type="checkbox"/>
Included a cheque or a completed direct debit instruction for the payment of contributions (where applicable)?	<input type="checkbox"/>
Met the stated eligibility criteria?	<input type="checkbox"/>
Included your Pre-sales Illustration reference number?	<input type="checkbox"/>
Included a lifetime allowance protection certificate (where applicable)?	<input type="checkbox"/>
Provided a valid National Insurance number?	<input type="checkbox"/>

It may cause a delay or prevent us from processing your application, if you are unable to confirm all of the above.

**PLEASE RETURN THIS FORM TO 7IM INVESTMENT AND RETIREMENT SOLUTIONS LIMITED,
1 ANGEL COURT, LONDON EC2R 7HJ**

7IM Investment and Retirement Solutions Limited is authorised and regulated by the Financial Conduct Authority. Registered office: 1 Angel Court, London EC2R 7HJ. Registered in England and Wales number 10902511. Seven Investment Management LLP is authorised and regulated by the Financial Conduct Authority. Member of the London Stock Exchange. Registered office: 1 Angel Court, London EC2R 7HJ. Registered in England and Wales number OC378740.



Please complete and return to:

7IM Investment & Retirement Solutions LTD
1 Angel Court
London
EC2R 7HJ

Instruction to your bank or building society to pay by Direct Debit

Name(s) of account holder(s)

Service User Number

1	6	2	0	7	3
---	---	---	---	---	---

Bank/Building Society account number

Reference (Office use only)

Branch sort code

Name and full postal address of your Bank/Building Society

Instruction to your Bank or Building Society

Please pay GoCardless re 7IM 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 GoCardless re 7IM and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

Banks and building societies may not accept Direct Debit Instructions for some types of account

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 GoCardless re 7IM will notify you 3 working days in advance of your account being debited or as otherwise agreed. If you request GoCardless re 7IM 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 GoCardless re 7IM 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 GoCardless re 7IM 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.