

International Expat SIPP

Member Application Form

Applicant Name _____

The International Expat SIPP is operated and administered by PSG SIPP Limited.

The asset trustee for the International Expat SIPP is International SIPP Trustees Limited.

An agreement is in place between PSG SIPP Limited and IVCM whereby certain administrative functions in respect of the International Expat SIPP are outsourced to and undertaken by IVCM.

PSG SIPP Limited

6 Doolittle Mill
Froghall Road
Ampthill, Bedfordshire
MK45 2ND

PSG SIPP Limited is authorised and regulated by the Financial Conduct Authority with registration number 514654.

PSG SIPP Limited is a wholly owned subsidiary of Basi and Basi Financial Planning Limited.

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Important Information

- (i) This is part of a set of literature including Key Features, Illustration Pro Forma, Fee Schedules, Terms and Conditions, all of which should be read together.
- (ii) The information supplied will be held in the strictest confidence and subject to the provisions of Data Protection legislation.
- (iii) Please sign on pages 11, 13 and 15. (Your signature on page 16 requires witnessing by an independent third party)
- (iv) Please enclose one form of photo ID and one form of address ID e.g. passport, driving licence, bank statement (dated within three months), utility bill (dated within three months)
- (v) If your employer will be making a contribution(s) on your behalf please arrange for them to sign on page 6

1 Applicant

Title Mr Mrs Miss Ms Other

Forename(s)

Surname

Date of birth

Permanent residential address

 Postcode

Date moved in

If you have lived at this address for less than three years please provide details of all other addresses on a separate sheet.

Telephone numbers Home Mobile

Email address

National insurance number

Nationality

Are you a US citizen? Yes No

Retirement age *You can take benefits any time after the age of 55 years*

Marital status Single Married Civil Partner
Divorced Widowed Other

Name of spouse/partner

Date of birth

2 Occupation and Eligibility

What is your occupation?

Please confirm which of the following categories best describes your status

Employed

Employer's name

Employer's address

 Postcode

I am unemployed

I am self-employed (i.e. taxed under Schedule D)

I am in full time education

I care for one or more children under age 16 years

I am under age 18 years

I am in receipt of a pension chargeable to tax

I care for a person aged
16 years or over

If none of the above apply
please explain your status

Pension Opt-out

Have you opted out or declined to join an occupational pension, group personal pension/stakeholder pension scheme or employer sponsored auto-enrolment pension arrangement, in favour of making payments to this plan?

Yes

No

3 Contributions

IMPORTANT Have you already 'flexi-accessed' your pension rights?

Yes

No

The amount of contributions you can make may be restricted if you have 'flexi-accessed' your pension rights. If you are unsure as to the circumstances that will limit the level of contributions that you can make please refer to the 'Important Notes' at the end of this form.

3.1 Personal Contributions

Please complete this section if you will be making a personal contribution(s).

If you have benefits which are subject to enhanced or fixed protection, any protection will be lost if a further contribution is paid.

Tax relief can be claimed on contributions made before you reach 75 years and provided you satisfy at least one of the following:

- (i) You are resident in the UK for tax purposes.
- (ii) You are in receipt of earnings which are chargeable to UK income tax.
- (iii) You or your spouse/civil partner are a Crown Servant employed overseas.

The receipt of any basic rate tax relief due can take up to 11 weeks to claim after payment. Tax relief above the basic rate of tax should be reclaimed via your annual self-assessment tax return.

Please ensure you seek advice from a suitably qualified professional before making contributions into your SIPP.

Personal contribution	Regular £	<input type="text"/>	Single £	<input type="text"/>
Regular contribution payment frequency	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>
	Half yearly	<input type="checkbox"/>	Yearly	<input type="checkbox"/>
	Start date for regular contributions	<input type="text"/>		
Source of earnings	Earnings	<input type="checkbox"/>	Savings	<input type="checkbox"/>
	Inheritance	<input type="checkbox"/>	Gift	<input type="checkbox"/>
	Property sale	<input type="checkbox"/>	Lottery winnings	<input type="checkbox"/>
	Divorce settlement	<input type="checkbox"/>		
	Other - please specify	<input type="text"/>		

3.2 Employer Contributions

This section should be completed by your employer if they will be making pension contributions into your SIPP.

If the Member has benefits which are subject to enhanced or fixed protection, any protection will be lost if a further contribution is paid.

You can only claim tax relief on contributions made before age 75.

The Pensions Regulator's code of practice requires us to report late payment of contributions. Payment should be made no later than the 19th of the month after the Member's pay date.

Name of employer	<input type="text"/>		
Employer contribution	Regular £ <input type="text"/>	Single £ <input type="text"/>	
Regular contribution payment frequency	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	
	Half yearly <input type="checkbox"/>	Yearly <input type="checkbox"/>	
Start date for regular contributions	<input type="text"/>		

Employer declaration

To be signed by an authorised signatory of the employer

Signature	<input type="text"/>
Name	<input type="text"/>
Position in company	<input type="text"/>
Dated	<input type="text"/>

4 Investment Strategy

Please specify your immediate investment plans

Please tick as appropriate:

I have no immediate plans

I intend to buy collectives

I intend to appoint an investment manager*

I intend to buy a commercial property

Please complete a Property Purchase Questionnaire

Name of investment manager*

Address

Postcode

Telephone numbers

Office

Mobile

Email address

FCA authorisation number

Service provided

Discretionary

Advisory

PSG SIPP Limited does not provide financial or investment advice.

5 Expression of Wishes

In the event of your death please confirm the % split of any benefits payable to your nominated dependant(s)/beneficiary(ies)/charity(ies).

International SIPP Trustees Limited will consider the wishes expressed but the nominations will not be binding.

You may change your nominated beneficiary(ies) in writing at any time.

Nomination of dependant(s)/beneficiary(ies)

NAME OF DEPENDANT/BENEFICIARY AND PERMANENT RESIDENTIAL ADDRESS	DATE OF BIRTH	RELATIONSHIP TO YOU	% OF FUND

Nomination of charity(ies)

NAME AND CONTACT DETAILS OF CHARITY(IES)

% OF FUND

6 Member Declaration

This is our standard application form upon which we intend to rely. For your own benefit and protection you should read this declaration carefully before signing. If you do not understand any point please ask for further information or seek advice from a suitably qualified professional.

How we use your information

The information on this form and any further information provided by you and/or your nominated advisers, now or in the future, will be used by PSG SIPP Limited to:

- 1 Set up and administer your SIPP
- 2 Send information relating to your SIPP to you or your advisers
- 3 Provide statistics for marketing/new business analysis by PSG SIPP Limited or its agents
- 4 Give essential information about your SIPP to others (for example investment providers, regulatory authorities or your agents such as your financial adviser or investment manager) if necessary to run your SIPP and for regulatory purposes.

We may share your information with contracted third parties (including those outside the EEA) as necessary in order to set up and administer your SIPP. Such contracted third parties will hold your information in accordance with UK Data Protection Legislation. Information about you may be kept after your SIPP is closed.

I hereby declare that:

- a To the best of my knowledge and belief the information, undertakings and declarations contained in this application form are in all respects true and accurate.
- b I have read and understood the key features and terms and conditions of the International Expat SIPP and agree to be bound by them. I understand the Administrator is authorised under the Financial Services and Markets Act 2000 for the establishment, operation and winding-up of SIPPs and is not permitted to give financial or investment advice nor does it accept any liability for the performance or choice of investments or performance or choice of any investment manager.
- c I am aware of my cancellation rights as detailed in the SIPP key features document and agree to waive my cancellation rights for the establishment of my SIPP. **(Delete if not applicable).**
- d The total payments to any registered pension scheme in respect of which I am entitled to relief under section 188 of the Finance Act 2004 will not exceed the higher of the 'basic amount' or my relevant UK earnings for that tax year within the meaning of section 189 of that Act.
- e I will tell PSG SIPP Limited of any relevant event which means that I will no longer be entitled to relief for any contributions pursuant to Section 188 of Finance Act 2004. I 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.
- f I agree to my financial adviser receiving fees as stated in Section 8 of this application form.
- g I hereby apply to become a Member of the International Expat SIPP and agree to be bound by the Establishing Trust Deed and Rules of the SIPP and any subsequent amendments as may be adopted from time to time.
- h I authorise PSG SIPP Limited to obtain such information as is required to effect the transfer of my benefits from previous arrangements as detailed in Section 9 of this application form. I authorise the transferring scheme/insurer of the transferring scheme to disclose information to PSG SIPP Limited.
- i I agree to the fees charged by PSG SIPP Limited for the administration of the SIPP as published and amended from time to time.

j I authorise PSG SIPP Limited to accept written instruction from my financial adviser (by letter or electronic communication including fax and email) to buy, sell and switch investments within my SIPP until this authority is expressly revoked by me in writing. **(Delete if you do not want your financial adviser to have the authority specified in this section).**

I agree;

That I am solely responsible for all decisions relating to the purchase, retention and sale of the investments forming my personal arrangement under the SIPP;

Not to hold PSG SIPP Limited or International SIPP Trustees Limited Limited liable for any claim in respect of the decisions made by myself or any appointed adviser;

That I will be responsible for any losses and / or expenses which are the result of any untrue, misleading or inaccurate information given by me or on my behalf either in this form or with respect to the benefits from my SIPP.

k I understand PSG SIPP Limited or any third party as they may appoint, including those outside the EEA, will process and hold on computer or otherwise information about me as a result of this application. I give my consent to obtaining, recording and holding this information and other such personal data as is reasonably required to administer the Scheme and my own benefits. I also give my consent to disclosing to a third party such information about me as may be required by that third party to enable them to trace my whereabouts in the future and require their assistance. I also consent to disclosing to HMRC and any other regulatory body such information as is required for their purposes. Where I have disclosed the personal data of other living individuals I am also deemed as agent on behalf of those individuals to have given consent on their behalf and informed them of the identity of the data controllers and the purposes for which their data will be processed.

Please note that it is a serious offence to make a false statement. The penalties are severe and could invalidate membership of the SIPP and lead to prosecution.

Signature

Name

Dated

7 FCA Regulated Adviser Fee Agreement

I have appointed

Name of Firm

Address

Postcode

FCA authorisation number

Telephone numbers Office Fax

Email address

Is the above Financial Adviser connected to you in any way? Yes No
(e.g. relative, business partner, etc.)

Basis of sale With advice Face to Face Remotely

FCA Regulated Adviser Remuneration

Please confirm details of the fees to be paid by deduction from the SIPP fund. An invoice must be presented before each payment is made.

I have agreed the following basis of remuneration (the amounts below are exclusive of VAT)

Establishing the SIPP £ or % of fund

Ongoing advice £ or % of fund

Where further contributions, investments and transfers are received in the future, the same terms will apply.

Please add the bank account details where the fees should be sent

Bank	<input type="text"/>		
Bank address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Account name	<input type="text"/>		
Account number/IBAN	<input type="text"/>	Sort code	<input type="text"/>

I confirm my agreement to these charges and hereby authorise and request you pay them from my SIPP funds until otherwise instructed

Signature	<input type="text"/>	Name	<input type="text"/>
		Dated	<input type="text"/>

8 Transfer In of Existing Pension Funds

Please photocopy pages 19 and 20 for every additional transfer.

Provider

Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Telephone number	<input type="text"/>		

Transferring Plan/Scheme

Plan/Scheme Type	<input type="text"/>		
Is this an occupational scheme?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Plan/Scheme Name	<input type="text"/>		
Anticipated transfer value	£	<input type="text"/>	
Does the transfer value represent the full value of the plan/scheme?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Have you previously taken benefits from the plan/scheme? <i>If Yes, we cannot accept a partial transfer</i>	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Have you already 'flexi-accessed' your pension rights?*	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
<i>*Your contributions may be restricted if you have 'flexi-accessed' your pension rights.</i>			
Is this transfer part of a block transfer?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Is this plan/scheme subject to a pension sharing/earmarking order?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Is this plan/scheme subject to a protected lump sum? <i>If Yes, the protection will be lost if not part of a block transfer</i>	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Is this plan/scheme subject to a protected pension age? <i>If Yes, the protection will be lost if not part of a block transfer</i>	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

If the transfer includes 'assets' in-specie please provide full details below

Transfer Authority

I authorise and instruct you to transfer funds from the above Plan/Scheme directly to my International Expat SIPP. I authorise you to release all necessary information requested by PSG SIPP Limited to enable the transfer to complete.

9 Declaration

I promise to accept responsibility in respect of any claims, losses and expenses that PSG SIPP Limited may incur as a result of any incorrect information given above.

I confirm PSG SIPP Limited has not provided me with any advice concerning the suitability of the transfer.

Signature

Name

Dated

IMPORTANT NOTES

Please read these notes carefully. It is really important that you understand whether or not you have 'flexi-accessed' your pension rights as doing so reduces significantly the future contributions you can make. (Referred to by HMRC as the 'money purchase annual allowance rules').

If you are still unsure after reading these notes please refer to your Financial Adviser.

The money purchase annual allowance rules will apply if one of the following occurs in a tax year, on or after 06/04/2015:

- You have drawdown funds from a 'flexi-access' drawdown fund
- You have received an 'uncrystallised funds pension lump sum'
- You notified your scheme administrator that you wished to convert your pre 06/04/2015 'drawdown pension' fund to a 'flexi-access' drawdown fund and you subsequently drawdown from that fund
- You have taken more than the permitted maximum for 'capped drawdown' from a pre 06/04/2015 drawdown pension fund
- You have received a stand-alone lump sum and you are entitled to primary protection with a greater than £375,000 protected tax free lump sum
- You have received a payment from a life time annuity where the annual rate of payment can be decreased other than in permitted circumstances
- You have received a payment of a scheme pension from a money purchase arrangement where the arrangement is providing scheme pensions to less than 12 Members, including dependant's, at the time the first payment is made to you.

The money purchase annual allowance rules will not apply if one of the following occurs:

- You have received a pension commencement lump sum (tax free cash)
- You have received a trivial commutation lump sum
- You have received a small pots lump sum
- You are in receipt of a scheme pension from a defined benefits arrangement, or from a money purchase arrangement where at least 12 people are receiving a scheme pension
- You are in receipt of a lifetime annuity that can't go down except in prescribed circumstances
- After 06/04/15, you take no more than the permitted maximum capped drawdown from a pre-06/04/15 drawdown pension fund