













### 3 Contributions

#### 3.4.1 Title

Mr  Mrs  Ms  Other:

#### 3.4.2 Surname

#### 3.4.3 First and other names in full

#### 3.4.4 Date of birth (DDMMYYYY)

#### Town of birth

#### 3.4.5 Country of birth

#### 3.4.6 Employment status

Employed  Self-employed  Unemployed  Full time education  
 Pensioner  Caring for children under 16  Other - please specify below

#### 3.4.7 Driving Licence number (if applicable - 18 characters as shown on your photocard)

#### 3.4.8 Do they have a National Insurance number? You can find this on a payslip or a letter from HMRC or DWP.

No  Yes -

#### 3.4.9 Phone numbers

Home  Mobile

#### 3.4.10 Email

#### 3.4.11 Address of the third party (For identity verification purposes) 'Care of' and PO Box are not acceptable.

Building number/name

Street, city, county and country

Postcode

#### 3.4.12 Do they have an existing account with us?

No  Yes - please give us their account number









## 4 Transfers (continued)

### 4.3 Declaration and signature for transfers

In relation to the transfer application for the Pension, I declare that:

- I have read the document relating to the Pension and I understand that this transfer will be bound by the Rules (as this term is defined in the Fidelity Adviser Solutions Client Terms).
- I authorise the current provider(s) to release all necessary information to Fidelity to enable the transfer of funds to the Pension.
- I authorise and instruct the current provider(s) to transfer funds from the plans listed in this application directly to Financial Administration Services Limited. Where the current provider(s) has asked me to provide 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 the current provider(s) may incur as a result of having made the transfer(s) listed in this application.
- Where I have requested a re-registration, I authorise and instruct the current provider(s) to re-register the assets from the plan(s) to Financial Administration Services Limited. I authorise the current provider(s) to sell and transfer in cash any assets which cannot be so re-registered or held by Fidelity.

If an employer is paying contributions to any of the plans as listed in this application, I authorise the current provider(s) to 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, Fidelity's responsibility is limited to the return of the total payment(s) to the current provider(s).

- Where the payment(s) made to Fidelity represents all of the funds under the plan(s) listed in this application, then payment made as requested will discharge the current provider(s) of all claims and responsibilities in respect of the plan(s) listed.
- Where the payment(s) made to Fidelity Adviser Solutions represents part of the funds under the plan(s) listed in this application, then the current provider(s) will be discharged of all claims and responsibilities only in respect of the part of the plan(s) represented by the payment(s).
- I promise to accept responsibility in respect of any claims, losses and expenses that Fidelity and the current provider(s) may incur as a result of any incorrect information provided by me in this application or of any failure on my part to comply with any aspect of this application.

#### Your signature

By signing here I confirm I have read and completed all relevant sections as per the instructions on this form. (If you are transferring funds from another pension, you must sign here and in section 9).

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Date

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## 7 Expression of wish (continued)

### 7.3 Beneficiary 3

#### 7.3.1 Title

Mr  Mrs  Ms  Other:

#### 7.3.2 Surname

#### 7.3.3 First and other names in full

#### 7.3.4 Beneficiary's address. 'Care of' and PO Box are not acceptable.

House number/name

Street, city, county and country

Postcode

#### 7.3.5 Relationship to you

Percentage (if you are naming more than one beneficiary the percentages must equal 100%)

•  %

### 7.4 Beneficiary 4

#### 7.4.1 Title

Mr  Mrs  Ms  Other:

#### 7.4.2 Surname

#### 7.4.3 First and other names in full

#### 7.4.4 Beneficiary's address. 'Care of' and PO Box are not acceptable.

House number/name

Street, city, county and country

Postcode

#### 7.4.5 Relationship to you

Percentage (if you are naming more than one beneficiary the percentages must equal 100%)

•  %

## 8 Declaration

### General declarations

In relation to the application for a Pension, in respect of the individual named in this application (the "Applicant") I declare that:

- I am the legal guardian of the Applicant; and
- The Applicant is under 18 years of age.
- Until the Applicant reaches 18 years of age I will be responsible for the Pension Account as if I were the Account holder. During this time the Applicant will remain the beneficial owner of the Pension Account.
- I agree to pay my adviser an Initial Fee and/or an Ongoing Fee, if applicable, as stated on this application form and in accordance with the Fidelity Adviser Solutions Client Terms. For all fees I instruct Fidelity to deduct monies from cash within the account or sell unit/shares from either a nominated fund or typically my largest fund holding to pay the fees. I understand that these fees will become irrevocably due and payable immediately on receipt of the monies by Fidelity and that Fidelity will then hold this money as agent of my adviser. I confirm that I have received a personalised illustration that shows the effect of the fees agreed on the investment.
- I have been given copies of the Fidelity Adviser Solutions Client Terms, Doing Business with Fidelity Adviser Solutions document and key information documents to read, and acknowledge that I have read these documents and will be bound by them (as may be amended from time to time) in the event of the application being successful.
- I agree to pay all the charges related to the Pension as set out in the Doing Business with Fidelity Adviser Solutions document.
- I confirm that the information I have provided on the application, and any other documents completed in connection with the application, is correct, complete and not misleading.
- I confirm that I will not request the withdrawal of monies held in the Pension Account to provide benefits or any income or distribution earned on those monies, other than in accordance with the Rules (as this term is defined in the Fidelity Adviser Solutions Client Terms).
- I confirm that any penalty or tax charge arising as a result of an unauthorised payment being made, except as a result of an error or omission in the part of the Scheme Administrator (as this term is defined in the Fidelity Adviser Solutions Client Terms), can be deducted from the Pension Account and paid to the Revenue. If there are insufficient funds in the Pension Account to cover this amount, I agree to pay the Scheme Administrator the balance of the penalty and/or tax charge.
- I confirm that I have read the data protection statement set out in the Fidelity Adviser Solutions Client Terms and agree that personal data (including any sensitive data) may be used for the purposes described (subject to me exercising my right not to be contacted with details of other products and services).
- I am aware that you may make searches at credit or electronic reference agencies, for the purpose of identity verification. I am also aware that the credit reference agencies will record details of the search whether or not the application is successful and that this is not a credit check and will not be used or seen by lenders to assess ability to obtain future credit.

### Signature of the legal guardian of the applicant

By signing here I confirm I have read and completed all relevant sections as per the instructions on this form.

Date

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### Tax relief declarations

If the Applicant is under 16 year of age only declaration (1) should be signed (by the legal guardian of the Applicant). If the Applicant is 16 or 17, only declaration (2) should be signed (by the Applicant).

- (1) If the Applicant is under 16 years of age and if contributions are to be paid I, the legal guardian of the Applicant confirm that:
- a) the total of the contributions paid to the Pension and to other registered pension schemes, on which the Applicant is entitled to tax relief, under Section 188 of Finance Act 2004, will not exceed, in any tax year, the basic amount (currently £3,600 gross);
  - b) the declaration in a) is correct, to the best of my knowledge and belief;
  - c) will give notice to the Scheme Administrator if an event occurs, as a result of which the Applicant will no longer be entitled to relief on contributions, under section 188 of Finance Act 2004. I will give this notice by the later of:
    - end of the tax year in which the event occurs; and
    - 30 days of the event

### Signature of legal guardian of the applicant

By signing here you confirm that you've read and completed all relevant sections as per the instructions on this form.

Date

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## 8 Declaration (continued)

- (2) If the Applicant is 16 or 17 years of age and if contributions are to be paid I, the Applicant, confirm that:
- a) I am under age 75 and a relevant UK individual under Section 189 of Finance Act 2004 and not a US person;
  - b) the total of the member contributions paid to my Pension and to other registered pension schemes, on which I am entitled to tax relief, under Section 188 of Finance Act 2004, will not exceed, in any tax year, the higher of:
    - The basic amount (currently £3,600 gross); or
    - 100% of my relevant UK earnings (as defined in Section 189 of Finance Act 2004 in the tax year);
  - c) the declaration in b) is correct, to the best of my knowledge and belief; and
  - d) I will give notice to the Scheme Administrator if an event occurs, as a result of which I will no longer be entitled to relief on your contributions, under section 188 of Finance Act 2004. I will give this notice by the later of:
    - end of the tax year in which the event occurs; and
    - 30 days of the event

### Signature of applicant (minor)

By signing here I confirm I have read and completed all relevant sections as per the instructions on this form.

Date

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### Declarations – third party

Please complete this section only if a third party is making contribution.

I understand that the information I provide on this form will be processed in accordance with the Fidelity data protection statement contained in the Fidelity Adviser Solutions Client Terms.

I declare that:

- The Applicant is under 18 years of age.
- The information given by me is correct to the best of my knowledge and I will inform Fidelity immediately of any changes to the information contained therein.

### Signature of third party

By signing here you confirm you have read and completed all relevant sections as per the instructions on this form.

Date

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**Important: A Direct Debit Guarantee should be retained by the relevant 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, FIL SIPP Trustee (UK) Limited will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request FIL SIPP Trustee (UK) 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 FIL SIPP Trustee (UK) 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 FIL SIPP Trustee (UK) 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.