

The Pension Form

Application form for a minor

Please com	plete the	e form	in Bl	LOCK	CAPITALS	using	black	ink.
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What is this form for?

You should use this form to take out a Pension for a minor for the first time, and/or to transfer an existing pension to us on behalf of a minor. Both you and your adviser are required to complete this form. Your adviser will advise you if you are eligible to complete this application on behalf of a minor and what options are most suitable for you.

ections
About the applicant (minor)
About you – the parent/legal guardian
Contributions
Transfers
Investment choices
Adviser details
Expression of wish
Declaration
Check list lease enter the applicant's name
efore submitting this form, the parent/legal guardian must mark an X in the relevant boxes below: I have enclosed a cheque / made a bank transfer payable to Fidelity. Please indicate the amount of the cheque/bank transfer an ensure that the payment is made separate to any other investment product you are applying for with Fidelity.
£
I have completed all the relevant sections
I have read through all the declarations and signed where necessary
I have read the Key Features Document, Client Terms and the relevant key information documents
I am a resident in the UK for tax purposes or a Crown Servant performing duties abroad, or married to or in a civil partnership with a Crown Servant
lease send your completed application form to:
idelity O Box 391 adworth KT20 9FU

G0049201

The Pension Form Application form for a minor

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National Identifier

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No - go to 3.3

Yes - what is the amount?

NET

3	Contributions	(continue	ed)						
5.2.2	How do I make a p	ayment?							
	E.G. "Fidelity re: name. Payments the reverse of th	account holde from other po e draft/cheque	r's name". Ċ arties are not e must contai	heques mus permitted. in the detai	st be issue In additio Is of the c	d include the acco ed from a personal n, for banker's dra riginal account de pank's official stam	l or a joint bo fts and build bited includir	ank accoi ing socie	ty cheque
	OR								
	Bank transfer (i	ncluding faster	payments) -	- please use	e the follo	wing details:			
	Bank:	BARCLAYS E	BANK PLC			Account number	33039005		
	Account Name:	FIL SIPP TRU DEPOSIT TRI				Sort code:	20-93-32		
	Reference	IMPORTANT		E NUMBER		name of the Applic payment reference	•		
	This form must be red bank account. Please			, ,	,				' '
.3	Regular contribution	ıs							
.3.1	Do you want to make	e regular con	tributions?						
	No - go to section	n 3.4							
	Yes - please enter					ıt. £	•	NET	
	The minimum regular			,		onth.			
.3.2	When would you like	e your regular	r contributio	ns to be ta	ken from	your bank accou	nt?		
	1st OR	10th OR	17th	OR	25th				
	Please allow twelve v Collections will then s If regular contribution instruction.	start on the nex	xt available p	bayment da	ite and fo	low the frequency		tion date	for each
.3.3	How often would yo	u like to make	e a paymen	t?					
	Monthly	Quarterly	Every	6 Months		Annually			
.3.4	Date after which reg	ular contribut	ions should	cease (lea	ve blank	to continue until f	further notice	e)	
.4	Third party contribu	tions (only to	be complete	ed if a third	d party is	makina a contrib	oution)		
	Due to regulatory recaccept an applicatio	uirements we	•			•	·	fore we c	an
.4.1	Source of this invest	ment							
	Income from sale	ary [Divorce Settle	ment		Sale of Property		Inheritano	ce
	Gift		Sale of Investr	ment/transfe	r	Savings from inco	me		
	Other - please s	pecify:							

3	Co	ont	trik	out	tio	ns																											
3.4.1	Title	е																															
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Please complete the Direct Debit form on this page. We will then set up the regular contribution. Please remember that if you are setting up multiple regular contributions from different payers, you will need to complete a Direct Debit Instruction for each payer.



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:										
Fidelity PO Box 391 Tadworth KT20 9FU										
	Service U	Jser Num	ber				7			
	4	4	9	7	0	6				
Name(s) of account holder(s)	Referenc	е					_			
Bank/building society account number	Instruction Please pot this Instruction understart so, detail	ay FIL SIPF ction subj nd that this	P Trustee (ect to the s Instruction	(UK) Limite safeguar on may re	ed Direct ds assure main with	d by the [FIL SIPP	Direct De Trustee	ebit Gu (UK) Lir	arante	ee. I
Branch sort code										
Name and full postal address of your bank or building society To: The Manager Bank/building society										
Address	Signature(s	5)								7
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Postcode	Date									

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

DDI2

4.2.8 Telephone number of pension administrator

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

another pension	, you must sign	here and in section 9).					
, , ,		read and completed all	relevant sections	as per the instruction	ns on this form.	(If you are tro	ansferring funds fro

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5 Investment choices

We will follow your investment instructions below, but where we cannot achieve this we will hold your money as cash within your account. This form is for investing into funds and cash only. Should you wish to invest in exchange traded investments, then please specify cash at this point. Then you can use our online service at fidelity.co.uk/clients to make your investment later.

Investment choices

Please invest my contributions and any cash transfers into the following funds. If both a guardian and a third party are making regular contributions, we will use the same investment details for each instruction.

IMPORTANT: Please ensure you include the **Fund code/Ref.** as your fund choice will be derived from the fund code and not the fund name. These can be found on each fund fact sheet at **fidelity.co.uk/clients**

Should any of your new funds pay income, all income payments will be automatically reinvested for you.

Fund code/Ref.	Investment name	Percentage
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
	Amount to be paid into cash within my account	%
	Totals should add up to 100%	1 0 0 %

6 Adviser	details (this section should be completed by your adviser)
6.1 Full name of	the adviser
6.2 Unique agei	ncy number
6.3 FCA firm refe	erence number FCA individual reference number
6.4 Adviser rem	uneration
Contribution type	Initial fees Ongoing Fee
Regular	• An Adviser Ongoing Fee cannot be applied to this type
contributions	investment using an application form. If you would like setup an Adviser Ongoing Fee this must be done online
	Number of initial fee instalments once the assets have been received.
Single	• % or £
contributions	
Cash transfers	% or £ •
Mandal con libra to no	
	ominate an investment to pay fees if there is an insufficient cash balance within the account? Where a ent is already in place you need to log onto Pension Quote & Transact to make changes.
	Fund code/Ref. Investment name
No Yes	
Deducting Adviser C	Charges: d from your cash within your client's account. If there is an insufficient balance, we will sell units from a nominated
	ally the largest fund holding.
By signing below I c	confirm that:
• I am authorised to	conduct this type of business.
,	commended my client to take out a pension with Fidelity
 Where my client is section 5 	transferring other pension(s), I have established that it is suitable for my client to transfer the schemes listed in
	eliance upon the fact, that I have verified the identity of the client named in section 1 in accordance with the Regulations and standards set in Guidance issued by the JMLSG.
I have provided the	e client with the Doing Business with Fidelity Adviser Solutions document, the Fidelity Adviser Solutions Client
Terms and the rele	evant key information documents.
Company Stamp	Adviser signature

Date

FAS_PensionMinorInt/05.23/v27.0/

(DDMMYYYY)

7 Expression of wish

In the event of the applicant's death their Pension will usually provide benefits. Please use this section to nominate beneficiaries you would like us to consider when exercising our discretion as to whom any benefits will be paid. If you would like to nominate more than four beneficiaries please use a separate piece of paper to give us their details. Please note this request will supersede any previous Expression of Wish Form you have sent us, and will apply to all their pension accounts with us..

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Expression of wish (continued)

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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.

Do	ate			

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.

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- (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.

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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	

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.