

Curtis Banks Contribution Form

This form should be used for contributions to the schemes with Crescent Trustees including:

The Pointon York Individual and Single Investment Pension Plan

The Pointon York eSIPP

This form should be completed if you wish to begin making contributions to an existing SIPP or to amend your existing contribution. Before completing this form, please refer to the <u>Contributions and Annual Allowance Guidance notes</u> available on the Curtis Banks website.

1.	Perso	onal Deta	ils																								
Please	Please complete <u>all</u> the items in this section																										
Schem	e name																										
Membe	Member name Plan number																										
Addres	S																										
				Postcode																							
	If any of your personal details have changed, please inform Curtis Banks by secure message or by using the appropriate form available on our website www.curtisbanks.co.uk																										
2.	Statu	JS																									
Please	indicate	your status by	tickin	ng o	one	ne o	or I	moi	ore	of	the	e bo	oxe	es b	elo	ow:	:										
1		Employed If th	nis appli	lies,	s, pl	plea	ase	e giv	ve y	you	ır er	mplo	oye	er's (deta	ails	bel	low:	:								
		Employer's na	me]		
		Company num	nber]		
		Employer's ad	dress																						Ī		
																			Pos	tcode							
2		Receiving a pe				_																					
3		Self-employed If trading under	=		_	_		-			_							_	jeab	le to	tax	ur	der S	Sche	dule	e D)	
		Trading name	u unic	CICII		Tiui		e pic	Cusi	JC 11	VIICC				DOX	Coci	.10	'							7		
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5		Caring for one	_				-			nde	r th	he a	age	a of	16	i ve	ars										
6		Caring for a po											-90			,,											
7		In full time ed		_			,	,				_															
8		Unemployed																									
9		Other please sp	oecify ir	in th	the	e bo	ox b	belo	ow																		

3. Personal Contributions

Please provide details of the cor	ntributions you wish to make to your pension.								
Single contribution (net)	£								
Regular contribution (net)	£								
Frequency of payment	monthly quarterly annually								
Start date	DD MM YYYY								
Please note: Your regular contribute notified to amend or cancel the contribute of t	tions will continue at the rate and frequency specified above until such time as we are ributions.								
3.1 Third party contributi	ons								
Please provide details if the contribu	tion is to be made by a third party individual (not employer), for example a relative.								
Full name of third party									
Date of birth	DD MM YYYY								
	are being made by a third party other than your employer, please provide copie sllowing headings for the person specified in section 3.1 above:								
Identity	Address								
Current full passport	Bank/building society/credit union statement or passbook Council tax bill								
National Identity card Current full UK driving licence	Utility bill (not mobile phone)								
HM Revenue & Customs tax notification	Mortgage statement								
Firearms certificate	Current full UK driving licence (not if used to confirm identity)								
State pension or benefits book/letter	HMRC tax notification (not if used to confirm identity)								
	by an appropriate person (doctor, lawyer or other professional person) and statements, old (or 12 months for a mortgage or tax bill).								
3.2 MPAA									
The MPAA is triggered by accessing	Allowance) is an allowance which applies to your money purchase pension contributions. any of your pensions in certain ways, such as receiving income in flexi-access drawdown or triggered the MPAA, your scheme administrator or insurance company will have provided is.								
Please confirm whether you have	e triggered the MPAA:								
I have not triggered the	MPAA								
I have triggered the MP	AA.								
Date of MPAA trigger	DD MM YYYY								
Scheme where trigger occurred									

Please note: All personal contributions to the SIPP are made net of basic rate tax, which we reclaim from HMRC.

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4. Employer Contributions

Employer contributions are paid gross into the SIPP. Please ensure you have completed your Employer's details in Section 2. Employer Contributions will not be accepted into the SIPP if this section is not completed.

Please enter the intended amou	ints below:					
ngle contribution (gross)						
Your employer should complete	the following section:					
		egular payments into your employee's er payment will be made from the company				
All salary deductions made by a salary payment date.	n employer must be paid to the SIPF	by the 19 th of the month following the				
Record of payments due						
Regular Employee contribution	£	(net)				
Regular Employer contribution	£	gross)				
Frequency of payment	monthly quarterly	annually				
Start date	DD MM YYYY					
Please note: Regular contribution amend or cancel the contributions.	will continue at the rate and frequency sp	pecified above until such time as we are notified to				
Signature on behalf of employer						
Name						
Position						
Date						

Contribution payment methods

Single contributions

By cheque: Please make the cheque payable to

'Crescent Trustees - member initials, surname and SIPP number'

Bank transfer: Please use the following account details ensuring that you include the reference as detailed below:

Account name Crescent Trustees Ltd SIPP Receipt Account

Account number 03384969 Sort Code 20-57-69

Reference 'Member SIPP number and surname'

Regular contributions

Direct Debit: Please complete the direct debit mandate provided at the back of this form.

5. Payment instructions

Please confirm in this section how you would like contributions into your scheme to be invested.

Payment instruction for single contributions

Please specify below how you would like your contribution to be invested:

Retain in SIPP bank account

All

Please specify amount

f

Invest in specific investments

(please complete the table below)

Name of investment provider

Policy / plan number

Amount in £ sterling or %

Specific fund instructions

Payment instruction for regular contributions

Please specify b	pelow how you v	would like your reg	ular contributio	ns to	be invested:
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•	Retain in SIPP bank account	
•	Invest in specific investments	(please complete the table below)

Name of investment provider	Policy / plan number	Amount in £ sterling or %	Frequency Monthly / quarterly / annually

5. Payment instructions continued

Investments	usina	application	forms	provided b	ov v	vour	adviser.

Please indicate brief details of the proposed investments below. If your chosen investment is unregulated you will need to complete a separate investment questionnaire. Full due diligence will be carried out by Curtis Banks on the acceptability of unregulated assets into the SIPP and we reserve the right to decline investment requests.							
If someone will be assisting you below:	with investments, including your professional adviser, please give their details						
Name of firm							
Contact name							
Address							
	Postcode						
FCA authorised number							
6. Protection							
Please indicate if you have Prote	ction on your pension arrangement.						
	Fixed protection on my pension arrangements Please provide a copy of your ne reference number (for 2016 protection).						
No, I have not applied fo	r any form of protection on my pension arrangements						
IMPORTANT NOTE:							
If you answered yes to the above contributions.	e, please be aware that your protection will be lost if you elect to make further						
7. Source of Wea	alth						
Section 7 need not be comp advised you on making cont	leted if the form is being sent to us by a Financial Adviser who has ributions.						
If you are making contributions to that are being paid and supply evidence a	e SIPP, please tick the appropriate box to confirm the source of wealth from which they s indicated:						
1. Earnings – a P60, pa	yslip or tax return						
2. Sale of or income f	rom investment – copy of relevant document						
3. Gift or inheritance	– copy documents with relevant details						
4. Other – please specif	y below and supply relevant copy documents						

8. Declaration

- I declare that to the best of my knowledge and belief all statements made in this application form (including the contents of this declaration) as at the date of completion (whether in my handwriting or not) are correct and complete.
- I agree and consent to Curtis Banks Limited carrying out checks to confirm my identity, residence and source of wealth and I agree to supply all requested information deemed necessary for the purpose of these checks.
- I declare 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 understand that there is no entitlement under the SIPP to Unauthorised Payments (as defined in the Finance Act 2004). I will not knowingly carry out any action which could lead to Unauthorised Payments.
- If I am already subject to the Money Purchase Annual Allowance (MPAA), I have supplied the date the MPAA first applied to me in Section 3 of this application.
- I accept that Curtis Banks is not responsible for checking whether I am subject to the MPAA before accepting contributions and applying for tax relief on personal contributions.
- I will inform Curtis Banks Limited in writing within 30 days if:
 - There is a change in my permanent residential address;
 - There is a change in my employment status or in my employer;
 - I cease to be UK resident or I become UK resident again;
 - I cease to have UK relevant earnings;
 - I contribute more than 100% of my earnings to all my pension arrangements in a tax year;
 - Any other event occurs, as a result of which I am no longer entitled to tax relief on pension contributions; or
 - I lose my right to enhanced or fixed protection.

Member signature	
Name	
Date	

When completed, this form should be returned to:

Curtis Banks Ltd 3 Temple Quay Bristol BS1 6DZ

9. **Direct Debit Mandate**

Personal Contributions

All personal contributions to the	he SIPP are made net of	basic rate tax, whicl	h we reclaim from HM	RC.
Please enter the net amount b	elow:			
Regular contribution	£	Frequency		
Employer Contributions				
Employer contributions are pa	id gross into the SIPP. Pl	lease enter the amo	unt below:	
Regular contribution	f	Frequency		
Payment Date				
Please confirm payment date	1st 8th	15th La	st day of month	
Start date				
	Tootuvetio	on to vous hav	alc au	
Curtis Banks	building society	on to your bai to pay by Di		DIRECT
Please fill in the whole form using a ball p	point pen and send to: Curtis B	anks Limited, 3 Temple	e Quay, Bristol BS1 6DZ.	
Name and full postal address of you To: The Manager	r bank or building society Bank/building society	Service user number		
Address				
		Reference		
	Postcode	Please pay Crescent Tr Instruction subject to understand that this I	the safeguards assured by	s from the account detailed in this y the Direct Debit Guarantee. I Crescent Trustees Limited and, if /building society
Name(s) of account holder(s)		Signature(s)		
Branch sort code				
Bank/building society account numb	Der	Date		
Banks an	nd building societies may not acc	cept Direct Debit Instruction	ons for some types of accoun	nt.

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 Debit
- If there are any changes to the amount, date or frequency of your Direct Debit Crescent Trustees Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Crescent Trustees 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 Crescent Trustees 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 Crescent Trustees 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.