

Suffolk Life, 153 Princes Street Ipswich, Suffolk, IP1 1QJ T 0370 414 7000 F 0370 414 8000 curtisbanks.co.uk

# Suffolk Life SIPP Overseas Client Declaration

#### This form is for Suffolk Life SIPP applicants only.

This form should be completed alongside the application form for Suffolk Life SIPP, if you fall into one of the following three categories:

1. You are a UK National, resident outside of the UK (but not in the US) - please complete sections 2, 3 and 6.

- 2. You are a UK National, resident in the US please complete sections 2, 4 and 6.
- 3. You are a US National, resident in the UK please complete sections 2, 5 and 6.

If you do not fall into one of the above categories, we will not be able to accept your application.

If you are a resident in, or a national of, any jurisdiction listed on the HM Treasury list of high risk jurisdictions, we will not be able to accept your application.

### 1 Accessing our services

If you experience difficulties accessing any of our services due to personal circumstances, we may be able to make some adjustments to help you. Please provide us with details of your needs so we can assess any reasonable adjustments that we can make for you.

The information you provide will help us assess your requirements and make any reasonable adjustments to improve how we work and communicate with you. We will require your consent to process this information, and to enable us to share this data with other third parties where appropriate, e.g. investment firms or advisers, to help us, and others to continue to meet your needs. Please could you kindly provide this below.

I agree to my information being processed by Curtis Banks Group, to include being shared and gathered between relevant third parties.

Please refer to our Privacy Information Notice for Clients, should you require further guidance on how we collect use and protect your personal information. This can be found on our website **www.curtisbanks.co.uk** or please ask your adviser or us for a copy.

Your consent to share personal information is entirely voluntary and you may withdraw your consent at any time. Should you have any questions about this process, or wish to withdraw your consent, please contact the SIPP Support Team on 01473 296969 or sippsupportteam@curtisbanks.co.uk.

### 2 Client's details

Client's name Client number Nationality

Country of residence

### 3 You are a UK National, resident outside of the UK (but not in the US)

Please answer the following statements:

'es No	Yes	I confirm I am a UK National
'es No	Yes	I confirm there will not be any contributions to my plan
'es No	Yes	I have received advice on any tax implications of opening my plan
'es No	Yes	My adviser is UK based, regulated by the FCA, and has advised on any transfers to my plan
'es No	Yes	My plan is to be funded only by transfers from UK pension schemes
'es No	Yes	My accountant / adviser / investment manager (delete as appropriate) will be handling any necessary reporting
'es No	Yes	I confirm that the SIPP is $\underline{not}$ being actively marketed overseas

If the answer to any of the above is 'No', we will not be able to accept your application.

## 4 You are a UK National, resident in the US

Please answer the following statements:

I confirm I am a UK National	Yes	No
I confirm there will not be any contributions to my plan	Yes	No
I have received advice on any tax implications of opening my plan	Yes	No
I have received advice regarding the suitability of investments for US residents	Yes	No
My adviser is UK based, regulated by the FCA, and has advised on any transfers to my plan	Yes	No
My plan is to be funded only by transfers from UK pension schemes	Yes	No
My accountant / adviser / investment manager (delete as appropriate) will be handling any necessary reporting	Yes	No
I confirm that the SIPP is $\underline{not}$ being actively marketed overseas	Yes	No

If the answer to any of the above is 'No', we will not be able to accept your application.

### 5 You are a US National, resident in the UK

#### Please answer the following statements:

Yes No	Yes	I confirm I am a UK resident
Yes No	Yes	I have received advice on any tax implications of opening my plan
Yes No	Yes	I have received advice regarding the suitability of investments for US nationals
Yes No	Yes	My adviser is UK based, regulated by the FCA, and has advised on any transfers to my plan
Yes No	Yes	My plan is to be funded only by transfers from UK pension schemes
Yes No	Yes	My accountant / adviser / investment manager (delete as appropriate) will be handling any necessary reporting
Yes No	Yes	I confirm that the SIPP is not being actively marketed overseas

If the answer to any of the above is 'No', we will not be able to accept your application.

### 6 Declaration

HM Revenue & Customs warning	Since this application is also to be used as an application for tax relief at source, it is a serious offence to make false statements. The penalties are severe. False statements could lead to prosecution.
Declaration	<ul> <li>I declare that to the best of my knowledge and belief the statements made in all sections of the form (whether in my handwriting or not) are full and accurate.</li> </ul>
	<ul> <li>I confirm that I will notify Suffolk Life in writing or via secure message (within 30 days) if any of the above information changes at any time whilst my plan remains open.</li> </ul>
	<ul> <li>I understand that if I am resident in, or a national of, any jurisdiction listed on the HM Treasury list of high risk jurisdictions, my application may not be accepted.</li> </ul>
Print name	
Signature of client	
or person signing on behalf of a client who is under 18 and/or who is incapable by reason of mental disorder of managing and administering his/her affairs	
Date	

Please note that if you ask us to pay pension benefits to a non-UK bank account, we can only do this twice in a calendar year, and an additional fee will be charged. We will tell you about this fee when you make your request to us.

## 6 Declaration (continued)

If you are signing this form on behalf of a client who is under 18 and/or who is incapable by reason of mental disorder of managing and administering his/her affairs please include your details below:

Full name

Address

Date of birth Day/Month/Year

Please also return a completed Identity Verification Form which is available on our website or on request.

Suffolk Life will aim to electronically verify your identity. We may do this by using reference agencies to search sources of information about you (an identity search). This will not affect your credit rating. In the event that Suffolk Life is unable to complete the identity verification electronically, we will contact you to provide documentary evidence as an alternative.

You should also read our Privacy Information Notice. This can be found on our website **www.curtisbanks.co.uk** or please ask your adviser or us for a copy.

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Call charges will vary. We may record and monitor calls. If you're contacting us by email, please remember not to send any personal, financial or banking information because email is not a secure method of communication.

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