

Pension Money SIPP

APPLICATION FORM

| Title | Mr Mrs Ms Dr Surnam | e |
|-------------------------------------|--|----------------------------------|
| Forenames | | |
| Address | | |
| | | |
| Postcode | Nur | nber of years at current address |
| | If fewer than 3 years please give | previous address: |
| Address | | |
| | | |
| Postcode | | |
| Home Telephone | Mobile | |
| Email Address | | |
| Date of Birth | National Insurance No. | |
| Retirement Age | | |
| If you intend to immedi | liately take benefits please tick | |
| Marital Status (Please | tick as appropriate) | |
| Single Married/ | /Civil Partnership Widowed Divorced | Spouse's D.O.B |
| Employment Status (P | Please tick as appropriate) | |
| Employed | Self Employed Unemplo | yed Retired |
| Caring for a person aged 16 or over | Full Timed Education Caring fo under 16 | |

The Key Features document contains important information regarding how the Pension Money SIPP works, its structure and the rules that apply to membership of the Scheme. This should be read prior to signing the application and if there is anything that you do not understand you should ask your adviser. The Trust Deed and Rules are available on request.

The Pension Money SIPP is provided and operated by Hartley Pensions Limited, a company authorised and regulated by the Financial Conduct Authority 735936 and registered in England and Wales 09469576 T: 0117 316 9991 E: admin@hartleysas.co.uk W: www.hartleypensions.com



HMRC PROTECTION

If you have HMRC Protection and make a contribution in to your plan, the Protection may be lost which could result in a tax liability. It is recommended that you take advice from an Independent Financial Adviser.

| Have you registered fo Where you have registered fo | | No pe and attach a co | opy of the cert | ificate. | | |
|--|-----|--------------------------|-----------------|-----------------------|-----|----|
| Type of Protection | | | | Certificate Attached? | Yes | No |
| | ADV | ISER DET | AILS | | | |

I hereby appoint (please insert name of financial adviser)

As my financial advisers for the purposes of my plan and fully understand and agree that in all circumstances I am solely responsible for all decisions relating to the purchase, retention and sale of investments held under the scheme for my benefit. I agree to fully indemnify Hartley Pensions Ltd (The Provider) and the Hartley Pensions Trustees Limited (The Trustee) against any claim in respect of such decisions.

FEES

| Initial Payment | % | of initial contribution/transfer value | | |
|-----------------|---|--|--|--|
| Ongoing Payment | % | of fund value | | |

I agree for Hartley Pensions Ltd to settle these fees and any third party costs/fees relating to those investments or advice I receive in respect of this arrangement from my pension funds upon receipt of appropriate invoices.

If there are insufficient pension funds to settle any fees from my plan I agree to make alternative arrangements for settlement.

Hartley is also authorised to seek information from any third party necessary to establish this arrangement, and may realise any of the investments held for my benefit in order to pay such charges and any third party costs/fees relating to those investments or advice I receive in respect of this arrangement.

In return for the services to be provided by Hartley Pensions Ltd (Hartley), I agree that Hartley may deduct from my pension fund their charges, initial and ongoing, as outlined in the schedule of fees.

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SOURCE OF FUNDS

| Transfers from existing products | Property Sale |
|--|------------------------------|
| Income from Employment | Sale of Investments |
| Income from Savings and/or Investments | Lottery / Gambling win |
| Savings | Divorce Settlement |
| Gift or Inheritance | Other (please specify below) |
| | |

I have triggered my Money Purchase Annual Allowance (MPAA) with another pension arrangement.

TAX ENTITLEMENT

Please read the below statements and select one option which is applicable to you. This will enable us to reclaim the relevant tax relief.

| Option 1 | Option 2 | Option 3 |
|--|--|--|
| • I have relevant UK earnings chargeable to income tax or general earnings from overseas crown employment subject to UK income tax in the current tax year and I am, or have been a resident in the UK at some time in the current tax year | My spouse/civil partner have general earnings from overseas crown employment subject to UK tax for the current tax year. I, or my spouse/civil partner are in overseas crown employment but for this tax year do not have relevant UK earnings subject to UK income tax I was a resident when I became a member of the SIPP and have been a UK resident in the previous 5 years but do not have UK relevant earnings in the current tax year | I am not a UK resident and I have not been for the previous 5 years I am over the age of 75 |
| We will claim basic rate tax relief (20%) on your whole contribution | We will claim tax relief up to a maximum of £3,600 gross (£2,880 net) | We will not claim any tax relief on your contribution. |

DECLARATION

I am applying for a Pension Money SIPP on an execution-only basis and I confirm that I am not appointing a financial adviser.

I confirm that the total gross contributions made to all UK registered pension schemes of which I am entitled to tax relief in any year will not exceed the higher of £3,600 gross or 100% of my UK relevant earnings.

I will notify the Scheme Administrator if I am no longer entitled to tax relief on my contributions no later than the end of the tax year or within 30 days of from the date of change.

I have read the leaflet 'Key Features Of the Pension Money SIPP' and have been notified of the charges involved in setting up and administering my plan. I hereby apply to Hartley Pensions Ltd to become a member of the Pension Money SIPP and agree to be bound by the scheme's Trust Deed and Rules.

I confirm that, to the best of my knowledge, the information provided on this Application Form and the accompanying forms are correct.

It is a serious offence to make false statements and doing so could lead to prosecution.

| Signed | Date | |
|--------|------|--|
| | | |

Please note - the application cannot proceed unless this form is fully completed.

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