

# Alliance Trust Full SIPP

Cater Allen Application Form and  
Mandate for a Self Invested Personal  
Pension Plan Member Bank Account

**For action by the Scheme provider ONLY**

Sterling £ Scheme Master Number

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Account Number Allocated

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Any information section not completed will be interpreted as though there is no information to input.

**Part 1 Scheme details** ▣▣▣▣▣▣▣▣

Name of Corporate Trustee	Alliance Trust Pensions Limited
Name of Scheme	Alliance Trust Personal Pension Plan
Name of Member	

**Part 2 New Account details** ▣▣▣▣▣▣▣▣

Please indicate the amount to be deposited and whether a cheque book is required  Cheque book required (Please tick)

Cheques should be made payable to the name of the new Account shown below\*  
No cash, postal orders or third party cheques accepted.

All Deposits from (please tick the appropriate box)

<input type="checkbox"/> a Registered Pension Scheme	<input type="checkbox"/> Pension Contributions	<input type="checkbox"/> Transfer(s) from other Registered Pension Scheme
<input type="checkbox"/> Other	if Other, please specify the source of the funds <input style="width: 600px;" type="text"/>	

Where pension contributions are to be made, please indicate from the list below, from which sources your contributions have been funded:

<input type="checkbox"/> income from employment	<input type="checkbox"/> income from savings/investments
<input type="checkbox"/> gift	<input type="checkbox"/> lottery and other winnings
<input type="checkbox"/> property sale	<input type="checkbox"/> inheritance
<input type="checkbox"/> divorce settlement	<input type="checkbox"/> other (please specify) <input style="width: 400px;" type="text"/>

Anticipated contributions p.a.

Name to be shown on new Account (to appear on Cheque and/or Paying-in book where applicable. 36 characters per line)\*

The title of the bank account will be 'Alliance Trust Full SIPP' followed by the member's name, for example Alliance Trust Full SIPP - F Smith

### Part 3 Professional Adviser's details



Have you been introduced by a Professional Adviser?

Yes  No

If Yes, please complete the details below. If No, go to Part 4.

Name of Company

Address

Postcode

Telephone Number

Contact Name

Email Address

Does your Professional Adviser require copy statements for this account?

Yes  No

Copy statements will be provided at the same time as they are provided to the Corporate Trustee as detailed in Part 1 of the Application Form and Mandate to support SIPP Plan Bank Accounts to which this application is linked.

### Part 4 Personal details of Scheme Member



In order to ensure that our information is always up to date, and to comply with Anti Money Laundering Regulations, please complete the form below. In some circumstances we may not be able to process this request without this information.

Are you an existing customer of Cater Allen Private Bank?

Yes  No

If yes, please provide your existing Account Number

Title

Date of birth

Surname

Previous Surname/ Other name you use(d)

Forenames

Gender Male  Female

Permanent residential address

Nationality

Second Nationality (if dual citizen)

Postcode

I confirm that a CVIC (Confirmation of Verification of Identity Certificate) is being supplied



We  The Corporate Trustee  
 and  The Member (if applicable)

hereby apply to open a Self Invested Personal Pension Plan Member Bank Account ('the Account') with Cater Allen Private Bank ('the Bank') in accordance with the published Terms and Conditions and in accordance with the Account Mandate below, which we acknowledge having received and to which we agree to be bound and any subsequent amendments which the Bank inform us of from time to time.

**We hereby certify that:**

- A We are duly authorised by the Trust Deed of the Scheme to open the Account and operate it as set out in this Mandate and we hereby indemnify the Bank against any losses suffered as a result of any operation of the Account in accordance with this Mandate which is found to be in breach of the Trust Deed.
- B In the event of the death, incapacity or inability to act of the Member, the Bank is able to pay or deliver all money, securities, deeds or documents or any other property which it holds, to the order of the Corporate Trustee.
- C In the event of the inability of the Corporate Trustee to act the Bank will suspend the operation of the Account until such time as a replacement Corporate Trustee is appointed and becomes a party to the Account.

Liability of the Trustee for any indebtedness arising from time to time on the Account shall be limited to the assets held within that part of the trust's Personal Pension Plan which is referable to the Member.

**Authorised Signatories**

The Authorised Signatories of the Corporate Trustee will be as provided for in Part 6 of the Application Form and Mandate to support SIPP Plan bank Accounts applicable to the Scheme.

Scheme Master Number 

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Please act on the signature(s) of the Authorised Signatories of the Corporate Trustee (see above) and as set out in Part 6 of the above Application Form and Mandate to support SIPP Plan Bank Accounts, in respect of cheques or other orders for payment on the Account, and as authority for the sale, purchase, delivery or other dealings with securities, bills, coupons, documents, boxes, packages and their contents and other property at any time held by you.

All transactions on this Account **must be signed** by

Member and the Corporate Trustee

OR

Corporate Trustee only

**For payments below £500,000, one Authorised Signatory is required to sign on behalf of the Corporate Trustee. For payments of £500,000 or over, two Authorised Signatories are required to sign on behalf of the Corporate Trustee.**

We hereby authorise the Bank to provide the Scheme's Auditors with such information as they may request concerning the Self Invested Personal Pension Plan Member Bank Account and any transactions which may have taken place via the Account.

The above authority shall remain in force until the Bank receives written notice of its revocation, notwithstanding any change in the constitution (or name) of the Scheme and shall apply notwithstanding any change in the identity of the Trustees or the admission of any new Trustee or Trustees.

We authorise the Bank to send copies of all statements issued in respect of the Account and to disclose details of that Account to any Professional Adviser, as advised from time to time, or their successors in title. We acknowledge that such Professional Adviser may receive commission from the Bank in respect of the Account.

The Bank is hereby authorised to comply with all withdrawal instructions given by facsimile, providing that such instructions are signed in accordance with the current Mandate to operate the above Account and the Bank may act upon such instructions without the need for a further enquiry. The Bank may act upon such instructions immediately and without further enquiry unless it has cause to be suspicious as the nature and content of the request.

**Fees**

We hereby authorise the Bank to deduct from the Self Invested Personal Pension Plan Member Bank Account such management fees and charges as may be notified from time to time to the Bank under the sole signature of the Corporate Trustee.

**Closure of Account**

The Bank will not accept notification of closure of this Account unless it is authorised by the correct signatories as detailed on the valid Mandate that is in existence at that point in time.

**Explanatory Note:** If this application is made in joint names "I" in the statement below should read as "we" where appropriate.

This statement relates to the information I have given in this application and to any other information which I provide to you (Cater Allen Private Bank) or which you hold on me. I confirm that I am entitled to disclose information about any parties named on the application form.

Whether or not I become a customer, all the information I give to you Cater Allen Private Bank or you hold on me including transactional data, may be shared with and used by the group of companies to which Cater Allen Private Bank belongs (The Santander group), your associated companies, service providers or agents who may be located in other countries. I understand that you will ensure that my information is only used in accordance with your instructions and your own strict internal confidentiality policies. If you transfer my information to another country, you will also ensure that this is given the same levels of protection as required under the UK Data Protection Act.

I agree that my information may be used in this way for administration purposes and to:

- Provide and run the Account or service I have applied for and develop and improve your products and services.
- Invite me to take part in market research surveys. **If I would prefer not to be included in market research I can tick this box**



### I have been introduced to Cater Allen Private Bank via an intermediary

I understand that Cater Allen Private Bank will not use my information for marketing purposes. However, I understand that I may receive details of products and services from other Abbey Group companies if I have agreed to receive marketing from them directly.

### For all Cater Allen Private Bank Customers

Before you can open my Account you will check my details with Fraud Prevention Agencies, and may make searches of credit reference agencies who will supply you with information including information from the Electoral Register, for the purposes of verifying my identity. Scoring methods may be used to verify my identity. **A record of this process will be kept that may be used to help other companies to verify my identity.** If I give you false or inaccurate information and fraud is identified, details will be sent to Fraud Prevention Agencies. Law enforcement agencies may access and use this information.

You and other organisations may search and use the records held by Credit Reference and Fraud Prevention Agencies about me and my Financial Associates or Partner/Spouse and others in my household, to prevent crime, fraud and money laundering and for example:

- to check details provided on applications for credit and credit related or other facilities
- to verify my identity if I or my financial associate applies for other facilities
- to help make decisions about credit and credit related services, insurance proposals and claims and all types of facilities for me, my financial associate or partner/spouse and other Members of my household
- to check the operation of credit and credit related Accounts and to manage Account and facilities including tracing debtors and recovering debt
- to help make decisions about job applicants and employees, to undertake statistical analysis and system testing.

You and other organisations, may search and use from other countries the information recorded at Fraud Prevention Agencies. Further information on the Credit Reference Agencies and Fraud Prevention Agencies you use is available by telephoning your Agents on 0800 092 3300.

You may also give essential information about my Account and cards (if any) to others if necessary to run my Account and for regulatory purposes.

Information about me will be kept after my Account is closed. I understand I have the right to see certain records you hold about me on payment of a fee\* and that an information sheet (Subject Access Info sheet) explaining my rights is available by calling 0800 092 3300.

\*Please see banking tariff for details.

### Investment and reserve Account applications

I understand that when you access this application and any future increase in my credit and/or overdraft limit (this does not apply to those under 18), you will use the information for credit assessment, which may include credit scoring. You may make enquiries relating to me and my business that you consider necessary (e.g. from another financial institution) and search the files of Credit Reference Agencies at my business and home address, and will keep a record of each search. This could impact on my ability to obtain credit elsewhere within a short period of time. Details about this application (whether or not it proceeds) may be recorded at the Credit Reference Agencies. An association between joint applicants or between myself and any other person will be created at the Credit Reference Agency. This will link our financial records each of which will be taken into Account in all future applications by either or both of us. If an association already exists then my applications will be assessed with reference to these associated records. This situation will continue until one of us successfully files a disassociation at the Credit Reference Agency. Details about me, my business and the conduct of this Account may also be passed to the Credit Reference Agencies. When appropriate the Credit Reference and/or Fraud Prevention Agencies will also record details of my agreement with you, the payments I make under it and any default or failure to keep its terms and any deliberate non-payment following a change of address without notice.

The Credit Reference Agencies and/or Fraud Prevention Agencies may share my information with other organisations when credit decisions are being made for the purposes described in the section "For all Cater Allen Private Bank customers" above.

## 7 Declaration



The Bank requires the Member and the Corporate Trustee to sign this Application to authorise the opening of this Account, in accordance with the Application Form and Mandate to support SIPP Plan Bank Accounts, and to authorise the Authorised Signatories thereunder to sign on its behalf. If the Member is to be an Authorised Signatory on this particular SIPP Plan Bank Account then please indicate this below.

### By signing this Application Form we agree that:

- We have read and understand the Data Protection Statement, and agree that you can use our information as stated in the Statement.
- We have received and accept the Terms and Conditions of this Account and agree to also be bound by any subsequent amendments advised to us by the Bank from time to time.
- The information contained in this Application is true and correct.
- Cater Allen Private Bank is duly authorised to operate the Account (s).
- The Member's Personal Details, as completed in Part 4 are true and correct.

This Member is joining the Scheme, Master Number

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Please see the Application Form and Mandate to support SIPP Plan Bank Member Accounts linked to the above Scheme Number for the Authorised Signatories of the Corporate Trustee to this account.

### Corporate Trustee

	<b>Alliance Trust Pensions Limited</b>	<b>The Corporate Trustee</b>		
<b>Signature</b>	<input type="text"/>		<b>Date</b>	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>

	<b>Alliance Trust Pensions Limited</b>	<b>The Corporate Trustee</b>		
<b>Signature</b>	<input type="text"/>		<b>Date</b>	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>

### Member's Signature

Is the Member to be an authorised signature on this particular SIPP Plan bank account?

Yes  No

<b>Full name</b>	<input type="text"/>		
<b>Signature</b>	<input type="text"/>	<b>Date</b>	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>

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[www.caterallen.co.uk](http://www.caterallen.co.uk)

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