

Alliance Trust Full SIPP

Application form (from 6 April 2008)

If you wish to apply for an Alliance Trust Full SIPP then please complete all parts of this form:

- if you or your employer will be contributing to the Alliance Trust Full SIPP please complete a separate Contributions Form.
- if you are arranging for a transfer payment to be made to the Alliance Trust Full SIPP please complete a separate Transfer Details Form.

Then return the completed forms to Alliance Trust Savings Limited, PO Box 164, Meadow House, 64 Reform Street, Dundee DD1 9YP.

Note: It will not be possible for us to accept your contributions and/or any transfer payments unless we have received the appropriate forms.

PLEASE COMPLETE IN BLOCK CAPITALS AND BLACK INK

1 Your personal details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other (<i>please specify</i>)	<input type="text"/>	
Surname	<input type="text"/>						
Forename(s)	<input type="text"/>						
Permanent residential address	<input type="text"/>						
Mailing address (if different)	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone number(s)	<input type="text"/> Home			<input type="text"/> Work			
Email address	Please state your email address only if you agree to us using it to communicate with you. <input type="text"/>						
National Insurance number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Status	Please tick the box against the category that is most applicable to your present circumstances. <i>Please tick one box only</i>						
	<input type="checkbox"/>	I am in receipt of taxable income from employment.			<input type="checkbox"/>	I am in receipt of taxable income from self-employment.	
	<input type="checkbox"/>	I am in receipt of a taxable pension.			<input type="checkbox"/>	I am in full-time education.	
	<input type="checkbox"/>	I am caring for one or more children aged under 16.			<input type="checkbox"/>	I am caring for a person aged 16 or over.	
	<input type="checkbox"/>	I am unemployed.			<input type="checkbox"/>	Other (<i>please specify</i>) <input type="text"/>	

Payments to the Alliance Trust Full SIPP

I confirm that I am eligible to obtain tax relief on any contributions that I may make to the Alliance Trust Full SIPP because I satisfy at least one of the following criteria:

- I am in receipt of relevant UK earnings or have been in receipt of relevant UK earnings at some time during the tax year in which the contributions are paid, or
- I am, or have been at some time during the tax year in which the contributions are paid, resident in the United Kingdom, or
- I am, or am the spouse/civil partner of, an individual who has for the tax year in which the contributions are paid general earnings from overseas Crown employment subject to UK tax.

If I am not eligible to obtain tax relief, I am applying for the Alliance Trust Full SIPP because I intend making a transfer payment to it.

2 Authority to disclose information and accept instructions

If you want to authorise Alliance Trust Savings Limited to disclose any details about your Alliance Trust Full SIPP, and/or to allow Alliance Trust Savings Limited to accept investment instructions on your behalf, then please provide the following details:

Contact name	<input type="text"/>						
Company	<input type="text"/>						
Address	<input type="text"/>						
	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone number	<input type="text"/>						
Authority to disclose information	Can Alliance Trust Savings Limited or the Trustee disclose full details about your Alliance Trust Full SIPP to the contact specified above or to any other contact of the company?						
	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Authority to accept instructions	Can Alliance Trust Savings Limited accept instructions from this contact or any other contact of the company?						
	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
We will need to communicate with you about your Alliance Trust Full SIPP. We will communicate with you, and if you have authorised us to disclose information, we will copy that communication in accordance with your authority.							
If you want to alter this authority then please provide Alliance Trust Savings Limited with a fresh authority.							

3 Death benefits - expression of wish

The value of your pension fund may be available to your beneficiaries as a lump sum payment if you die before you take pension benefits. If you are taking pension benefits in the form of an unsecured pension then a lump sum may also be payable, although this would be subject to tax. Please indicate below who you would like to receive any lump sum payment on your death. You can nominate more than two people if you wish – please use an additional sheet of paper for this purpose. You can change your nomination at any time.

I express my wish for you to pay any lump sum benefits on my death to the following beneficiaries in the proportions shown. I understand that the Trustee of the Alliance Trust Personal Pension Plan, will consider my wishes, has complete discretion as to whom lump sums are paid and is not required to follow my wishes.

Name	<input type="text"/>								
Address	<input type="text"/>								
	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Relationship to you	<input type="text"/>	Proportion to receive	<input type="text"/>	%					
Name	<input type="text"/>								
Address	<input type="text"/>								
	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Relationship to you	<input type="text"/>	Proportion to receive	<input type="text"/>	%					
Please check the total allocation adds up to 100%							Total allocation	<input type="text"/>	%

4 Declaration by Alliance Trust Savings Limited

The Alliance Trust Full SIPP is part of the Alliance Trust Personal Pension Plan. The Alliance Trust Personal Pension Plan is registered with HM Revenue & Customs as a registered pension scheme (tax reference 00605778RB).

Alliance Trust Savings Limited is the Provider and Scheme Administrator of the Alliance Trust Personal Pension Plan. Alliance Trust Savings Limited will administer the Alliance Trust Personal Pension Plan in accordance with the Trust Deed and Rules of the Alliance Trust Personal Pension Plan and the terms of the Alliance Trust Full SIPP.

Alliance Trust Pensions Limited is the Trustee of the Alliance Trust Personal Pension Plan. On acceptance by Alliance Trust Savings Limited of your application, you will become a member of the Alliance Trust Personal Pension Plan.

The Alliance Trust Personal Pension Plan is not able to accept transfer payments that include any contracted-out benefits, i.e. 'protected rights' from a contracted-out money purchase scheme, 'guaranteed minimum pension' earned before 6 April 1997 or any pension after 5 April 1997 from a contracted-out final salary scheme.

The Alliance Trust Personal Pension Plan cannot be used to contract-out of the State Second Pension.

5 Declaration by applicant to Alliance Trust Savings Limited

I apply for an Alliance Trust Full SIPP and for membership of the Alliance Trust Personal Pension Plan. I request that this application is treated as a separate application for 1,000 arrangements under the Alliance Trust Personal Pension Plan.

I confirm that:

- I am eligible to join the Alliance Trust Personal Pension Plan;
- I agree to be bound by the Trust Deed and Rules of the Alliance Trust Personal Pension Plan and the relevant documentation relating to the Alliance Trust Full SIPP;
- I have received and understood the Alliance Trust Full SIPP Key Features, Handbook and the Alliance Trust Full SIPP Member's Guide to Services and Fees and have been given the opportunity to read the Trust Deed and Rules of the Alliance Trust Personal Pension Plan; and
- I accept the fees set out in the Alliance Trust Full SIPP Member's Guide to Services and Fees and that these may be varied from time to time on notice being given to me.

I understand that:

- I have a 30 day right to cancel this application from the date that I receive a cancellation notice from you;
- I can only exercise this cancellation right if the only investment held in my Alliance Trust Full SIPP is cash within a bank account;
- If I choose to invest any cash within my Alliance Trust Full SIPP before the cancellation period expires, I will not be able to exercise my right to cancel; and
- If I have requested a transfer from another pension scheme to the Alliance Trust Personal Pension Plan, and then cancel, I understand that I will have to make a transfer to another pension scheme.

I confirm that my total contributions to any registered pension schemes in respect of which I am entitled to tax relief under Section 188 of the Finance Act 2004 will not exceed the higher of the Basic Amount or my relevant UK earnings within the meaning of Section 189 of the Finance Act 2004 for that tax year.

If an event occurs as a result of which I am no longer entitled to tax relief on my contributions under Section 188 of the Finance Act 2004, I will inform Alliance Trust Savings Limited in writing within 30 days of the occurrence of that event and before any further contributions are made to the Alliance Trust Full SIPP.

I fully understand and agree that in all circumstances:

- I am solely responsible for all decisions relating to the selection, retention or disposal of any investments held in the Alliance Trust Full SIPP for my benefit;
- I fully indemnify and keep indemnified the Trustee and Alliance Trust Savings Limited against any claim in respect of any such decisions; and
- neither the Trustee, Alliance Trust Savings Limited nor any of their employees has given me any advice on the selection, or decision to retain or dispose of, any investments.

I agree to pay Alliance Trust Savings Limited's fees, as notified to me from time to time, for their services and agree that:

- these fees may be taken out of the bank account that relates to my part of the Alliance Trust Full SIPP;
- if there is insufficient money in that bank account, Alliance Trust Savings Limited may realise any of the investments held within my Alliance Trust Full SIPP in order to pay their fees and any third party fees; or
- if neither of these sources are sufficient to pay these fees in full then they may be recovered from me.

I understand that my benefits under the Alliance Trust Full SIPP may not be surrendered, assigned, commuted or transferred other than as authorised payments under the Finance Act 2004, or in implementation of a pension sharing order in accordance with the Welfare Reform and Pensions Act 1999.

I authorise the Trustee or Alliance Trust Savings Limited to obtain details of any other pension arrangements that I may have from the relevant provider, trustee or scheme administrator, and to satisfy themselves on money laundering regulations. I authorise any persons to disclose such relevant information to Alliance Trust Savings Limited for these purposes.

I agree to give Alliance Trust Savings Limited such information as they may require to administer my benefits under the Alliance Trust Full SIPP.

To the best of my knowledge and belief, the information and declarations made by me or on my behalf, whether in my own writing or typewritten, on this Application Form are true, correct and complete.

Signature

Date

D	D	M	M	Y	Y
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It is a serious offence to make any false statements and to do so can lead to prosecution

6 Cater Allen SIPP account application form, mandate and fees authorisation

Bank account title	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
Bank details	Cater Allen Private Bank, PO Box 826, Bradford BD1 5UL
Trustee details	Alliance Trust Pensions Limited, 131 Finsbury Pavement, London EC2A 1NT

Member's details

Name

Address

Postcode

Note: Statements will automatically be sent to the member at this address. Statements will also be sent to the person named below, if required.

Address for additional monthly statements (optional)

Name

Address

Postcode

Application form, mandate and fees authorisation

We, being the Trustee of the Alliance Trust Personal Pension Plan, hereby apply to open a Cater Allen SIPP Account ('the Account') with Cater Allen Private Bank on the published terms and conditions, and confirm that a resolution has been passed at a properly-convened meeting of the Trustee that these banking arrangements be put in place.

We hereby confirm that we are duly authorised by the Trust Deed and Rules of the Alliance Trust Personal Pension Plan to open the Account and operate it as set out in this mandate and we hereby indemnify you 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 and Rules.

The liability of Alliance Trust Pensions Limited as Trustee for any indebtedness arising from time to time on the Account shall be limited to the assets held within that part of the

Alliance Trust Personal Pension Plan which are referable to the Member.

Please act on the authorised signatures of Alliance Trust Pensions Limited and the Member whose signature is shown below together in respect of cheques or other orders for payment on the account, and authorities for sale, purchase, delivery or other dealing with securities, bills, coupons, documents, boxes, packages and their contents and other property at any time held by you with the exception that Cater Allen Private Bank may operate this mandate on the sole instructions of Alliance Trust Pensions Limited in relation to the payment of fees.

We hereby authorise you to provide the auditors of the Alliance Trust Personal Pension Plan with such information as they may request concerning the Account and any transactions which may have taken place via the Account.

Specimen member's signature

Date

PLEASE DO NOT COMPLETE - Alliance Trust Pensions Limited will complete this section

Name

Signature

Date

on behalf of Alliance Trust Pensions Limited



This literature is printed on paper made from trees grown in sustainably managed forests.

Alliance Trust Savings Limited, PO Box 164, Meadow House, 64 Reform Street, Dundee DD1 9YP.

Tel +44 (0)1382 201900 **Fax** +44 (0)1382 202250

Email contact@alliancetrust.co.uk **Web** www.alliancetrust.co.uk

For security and compliance monitoring purposes telephone calls may be recorded.

Alliance Trust Savings Limited is registered in Scotland No. SC98767, registered office as stated above; is authorised and regulated by the Financial Services Authority whose address is 25 The North Colonnade, Canary Wharf, London E14 5HS firm reference number 116115; gives no financial or investment advice.