

Alliance Trust Full SIPP

Application form

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.

Forms are available at www.alliancetrust.co.uk

Please return the completed forms to Alliance Trust Savings Limited, PO Box 164, 8 West Marketgait, 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 Personal details

If you are already an Alliance Trust Savings client please provide your Client Reference Number

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Title

Date of birth

DD	MM	YYYY
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Surname

Marital status

Single	<input type="checkbox"/>	Married/ civil partner	<input type="checkbox"/>
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Forenames

Male/Female

Permanent residential address

Mailing address (if different)

Postcode

Postcode

Phone number

Mother's maiden name (for security purposes)

Do you have a National Insurance Number? Yes No

If yes, you must enter it here

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Email address

Please only provide your email address if you agree to us using it to communicate with you.

2 Current status of occupation and eligibility

Occupation

Approximate annual earnings (if applicable) £

Please tick the box against the statement that best describes your present circumstances. (Please tick one box only)

I am receiving taxable income from employment

I am receiving taxable income from self-employment

I am receiving a taxable pension

I am in full-time education

I am caring for one or more children aged under 16

I am unemployed

I am caring for a person aged 16 or over

Other (please specify)

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.

3 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"/>	Phone number	<input type="text"/>
Company	<input type="text"/>	Adviser firm FSA reference number	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>		
Postcode	<input type="text"/>		

(a) Authority to disclose

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?

(Please tick one box only)

Yes

No

(b) Authority to accept instructions

Can Alliance Trust Savings Limited accept instructions from this contact or any other contact of the company?

(Please tick one box only)

Yes

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.

4 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 three 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 unless otherwise provided by law and is not required to follow my wishes.

Beneficiary 1

Name	<input type="text"/>	Relationship to you	<input type="text"/>
Date of birth	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	Proportion to receive (%)	<input type="text" value=""/> %

Beneficiary 2

Name	<input type="text"/>	Relationship to you	<input type="text"/>
Date of birth	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	Proportion to receive (%)	<input type="text" value=""/> %

Beneficiary 3

Name	<input type="text"/>	Relationship to you	<input type="text"/>
Date of birth	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	Proportion to receive (%)	<input type="text" value=""/> %

Total allocation (%)

Please check the total allocation adds up to 100%.

%

5 Declaration by Alliance Trust Savings



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.

- under the Data Protection Act 1998, we, and the Trustee, are data controllers and will process data about you in performance of our duties as SIPP scheme administrator and Trustee.
- we will use information provided to check your identity, and that of any other person providing funds for your SIPP, with credit reference and fraud prevention agencies. The agencies will record our check and will make that record available to others to verify your identity.
- we use scoring methods to verify your identity as this provides a thorough check of the available data. If you supply false or inaccurate information and we suspect fraud, we will inform the fraud prevention agencies. If we cannot verify your identity by electronic means we may ask you for additional information.

6 Declaration to Alliance Trust Savings and Signature



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 Schedule of 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 Schedule of 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.

I understand that the Alliance Trust Full SIPP cannot be used to receive contracted out minimum contributions from HM Revenue & Customs

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.

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

Member's Signature

X

Date

DD	MM	YYYY
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Alliance Trust Savings Limited PO Box 164, 8 West Marketgait, Dundee DD1 9YP

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ALLIANCE TRUST ASSET MANAGEMENT

ALLIANCE TRUST PLC

ALLIANCE TRUST SAVINGS

Alliance Trust Savings Limited is registered in Scotland No. SC98767; registered office, PO Box 164, 8 West Marketgait, Dundee DD1 9YP; 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. 09-307 (Mar 2010)

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

5	2	2	0	8	7	0	9
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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)

a Registered Pension Scheme Pension Contributions Transfer(s) from other Registered Pension Scheme

Other if Other, please specify the source of the funds

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

income from employment income from savings/investments

gift lottery and other winnings

property sale inheritance

divorce settlement other (please specify)

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 DD MM YYYY

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

5	2	2	0	8	7	0	9
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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

5	2	2	0	8	7	0	9
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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

Alliance Trust Pensions Limited	The Corporate Trustee
---------------------------------	-----------------------

Signature

Date

DD	MM	YYYY
----	----	------

Alliance Trust Pensions Limited	The Corporate Trustee
---------------------------------	-----------------------

Signature

Date

DD	MM	YYYY
----	----	------

Member's Signature

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

Yes No

Full name

Signature

Date

DD	MM	YYYY
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Cater Allen is the name used for banking services provided by Cater Allen Limited. Registered Office: Abbey National House, 2 Triton Square, Regent's Place, London, NW1 3AN. Registered in England Number 383032. Authorised and Regulated by the Financial Services Authority. Cater Allen Limited is one of the Abbey group of companies. Cater Allen and the flame logo are registered trademarks. All deposits held with Cater Allen Private Bank are fully and unconditionally guaranteed by Abbey National plc. Calls may be recorded and monitored.

www.caterallen.co.uk

09-209 (June 2009)

Alliance Trust Full SIPP

Transfer details

If you are to arrange a transfer payment to your Alliance Trust Full SIPP please complete this form then return it to Alliance Trust Savings Limited, PO Box 164, 8 West Marketgait, Dundee DD1 9YP.

If you have not already completed the application form, please complete and sign it and return it to us with this form. If you are to arrange more than one transfer, you must use a separate transfer details form for each transfer. Please note, we do not accept transfers of protected rights from which you are currently taking income drawdown.

Please complete in block capitals and black ink.

Part 1 – Personal details

Title	<input type="text"/>	Client reference number (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	National Insurance Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Forenames	<input type="text"/>								

Part 2 – Please complete this part in all cases

(a) Name of transferring scheme

(b) Total amount of transfer payment

Total amount of transfer payment £

Does the Total Amount of transfer payment include any contracted-out or protected rights? (Please tick) Yes No

If Yes, please provide a breakdown of the Total Amount of transfer payment between:

Contracted-out or protected rights benefits £ Non-protected rights £

All amounts stated by me are the current values at the date of this form.

(c) Income drawdown

Are you currently taking income drawdown (unsecured pension or alternatively secured pension) from the non-protected rights in the transferring scheme? (Please tick) Yes No

If No, please proceed to (d).

If Yes, is the whole of your pension fund being used for income drawdown? (Please tick) Yes No

Please remember, we cannot accept transfers of protected rights from which you are currently taking income drawdown.

(d) Name/address of the transferring scheme or insurance company

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>

(e) Your reference or policy number

Reference or policy number

(f) Transfer from another SIPP

Is this transfer from another self-invested personal pension(SIPP)?
(Please tick)

Yes

No

If Yes, please proceed to (h).

(g) Lump sum protection as part of a block transfer

Is this transfer part of a block transfer from an occupational pension scheme where you are entitled to a lump sum in excess of 25% of your transfer value? (Please tick)

Yes

No

(h) Transfer in respect of a divorce settlement

Is the transfer in respect of a divorce settlement? (Please tick)

Yes

No

If No, please proceed to (i).

If Yes, does it relate to benefits that are already in payment? (Please tick)

Yes

No

(i) Tax-free cash/income drawdown

Are you over 55 and want to take a tax-free cash sum and/or income drawdown when this transfer payment has been accepted by us? (Please tick)

Yes

No

(j) Transfer in-specie

Will any part of the transfer be an in-specie transfer of assets? (Please tick)

Non Protected Rights		Protected Rights	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If Yes to either question, please provide a copy of the latest valuation you hold showing details of the assets to be transferred. If the valuation does not show it we will need to know details of the split of the assets between Non Protected and Protected Rights. Please proceed to Part 3 below. Alliance Trust Savings Limited will arrange the transfer and will quote the fee for this before proceeding.

Part 3 – Declaration

I confirm that this form relates to a proposed transfer to my Alliance Trust Full SIPP.

I request the transferring scheme, or insurance company, specified above to transfer the value of my benefits to the Trustee and Scheme Administrator of the Alliance Trust Personal Pension Plan, and to accept instructions in respect of the transfer on my behalf from Alliance Trust Savings Limited and to disclose all information relevant to the transfer to them.

I accept that the Trustee and Alliance Trust Savings Limited are unable to advise me on the merits of the transfer and I confirm that I have not received any advice in respect of the proposed transfer from the Trustee, Alliance Trust Savings Limited or from any of their employees.

Member's name

Member's signature

I understand that the actual amount or value of the transfer payment may change between the date of my request and the date that it is received by the Trustee or Alliance Trust Savings Limited.


I am satisfied that the consequences of this transfer on protection of my pension entitlements that arose before 6 April 2006 are acceptable to me.

I understand that if I have requested Alliance Trust Savings Limited to arrange the transfer, Alliance Trust Savings Limited will make a charge for arranging the transfer.

I understand that when the transfer payment is received it will remain in my SIPP bank account, earning interest, until such time as I ask you to arrange for it to be invested.

To the best of my knowledge and belief all information given on this form is true, correct and complete.

Date DD MM YYYY

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

Alliance Trust Savings Limited PO Box 164, 8 West Marketgait, Dundee DD1 9YP

Tel +44 (0)1382 321000 Fax +44 (0)1382 321183 Email contact@alliancetrust.co.uk www.alliancetrust.co.uk/alliancetrustsavings

Alliance Trust Full SIPP

Contributions form (from 6 April 2010)

Please read the Important notes to employers overleaf before completing this form

Please complete in block capitals and black ink.

If you and/or your employer will be contributing to the Alliance Trust Full SIPP then please complete Parts 1, 2, and 3 as appropriate and please sign at Part 4 where indicated in all cases.

Then please return this completed form to Alliance Trust Savings Limited, PO Box 164, 8 West Marketgait, Dundee DD1 9YP.

If you have not already completed the Application Form, please complete and sign it and return it to us with this form.

1 Single contribution

Your personal contribution (net of basic rate income tax at 20%)	£ <input type="text"/>	Will your employer deduct this contribution from your salary? (Please tick)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Complete this section only if your employer is to contribute.

Your employer's contribution	£ <input type="text"/>	(gross)
Please complete your employer's name and address and the person with whom we should deal.		
Employer name	<input type="text"/>	Employer address
Employer contact	<input type="text"/>	<input type="text"/>
Phone number	<input type="text"/>	<input type="text"/>
		Postcode
		<input type="text"/>
Email address	<input type="text"/>	

Notes

Cheques for contributions should be sent to us and made payable to 'Alliance Trust Full SIPP – member's name'. Please note that separate cheques are required for your personal, and your employer's, contributions.

Alternatively, contributions may be made by bank transfer, in which case you should notify us whenever a contribution has been paid. The contribution should be paid into your SIPP bank account.

Please note that we will assume that all personal contributions are paid net of basic rate income tax and eligible for tax relief. If you intend to pay any personal contributions that exceed the maximum amount on which you can obtain tax relief then please contact us before making the contribution.

2 Tax free cash/income drawdown

Are you over 55 and want to take a tax free cash sum and/or income drawdown when this single contribution has been accepted by us? (Please tick)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Alliance Trust Savings Limited PO Box 164, 8 West Marketgait, Dundee DD1 9YP

Tel +44 (0)1382 321000 Fax +44 (0)1382 321183 Email contact@alliancetrust.co.uk www.alliancetrust.co.uk/alliancetrustsavings

3 Regular contributions (by standing order)



Your personal contribution

£

(net of basic rate income tax at 20%)

Monthly

Annual

Will your employer deduct these contributions from your salary? (Please tick)

Yes

No

Complete this section only if your employer is to contribute.

Your employer's contribution

£

(gross)

Monthly

Annual

Please complete your employer's name and address and the person with whom we should deal.

Employer name

Employer address

Employer contact

Phone number

Postcode

Email address

Regular contribution commencement date

DD	MM	YYYY
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The commencement date cannot be 29, 30 or 31 of a month. The monthly contributions will be due on the same day of each month or, if this is not a working day, the next working day, until regular contributions are stopped.

All regular contributions will be paid into your SIPP bank account and will remain in that account, earning interest, until you ask us to arrange for them to be invested.

Notes

If you/your employer wish to set up a standing order then you should arrange this with your bank/building society or your employer. If you have access to online banking then it may be possible for you to set this up electronically. Please note that separate standing orders will need to be set up for your personal, and your employer's, contributions. These should be paid into your SIPP bank account.

Employers who make contributions to the Alliance Trust Full SIPP have statutory duties under the Pension Schemes Act 1993 to forward to us a record of payments detailing planned contributions and payment dates. Further information on the employer's responsibilities can be found at www.pensionsregulator.gov.uk.

Please do not set up a standing order for any personal contributions that exceed the maximum amount on which you can obtain tax relief.

4 Declaration



I confirm that this form relates to contributions to be paid to my Alliance Trust Full SIPP.

I confirm that I am entitled to obtain tax relief on the personal contribution(s) detailed on this form.

I understand that all contributions that are paid into my SIPP bank account, will remain there earning interest, until such time as I ask you to arrange for them to be invested.

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 as a result of these contributions(s) 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 or any of their employees have given me any advice on the selection, or decision to retain or dispose, of any investments.

Member's name

Member's signature

My employer has agreed to make the employer contributions set out in Parts 1 and 3 of this form. I authorise Alliance Trust Savings Limited to inform my employer of their obligation to make those payments.

I authorise my employer to provide all information requested by the Trustee or Alliance Trust Savings Limited for the proper administration of my Alliance Trust Full SIPP and to deduct the contributions specified in Parts 1 and 3 of this form as appropriate from my salary and send them to Alliance Trust Savings Limited to be applied to my Alliance Trust Full SIPP.

I authorise the Trustee or Alliance Trust Savings Limited to provide details about my Alliance Trust Full SIPP, including details about me (but excluding personal bank account details, payments to third parties and expressions of wish for death benefits) to my employer for as long as I remain in this employment to allow my employer to administer the payment of contributions for me to the Alliance Trust Full SIPP.

Date

DD	MM	YYYY
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