

# Alliance Trust Full SIPP

## Cater Allen bank mandate

<b>Bank account title</b>	The title of the bank account will be 'Alliance Trust Full SIPP' followed by the member's name. For example, <b>Alliance Trust Full SIPP - F Smith</b>
<b>Bank details</b>	Cater Allen Private Bank, PO Box 826, Bradford BD1 5UL
<b>Trustee details</b>	Alliance Trust Pensions Limited, 131 Finsbury Pavement, London EC2A 1NT

### Member's details

Statements will automatically be sent to the member at this address.

### Address for additional monthly statements

Statements will also be sent to the person named below, if required.

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

### 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.

<b>Member's Signature</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### PLEASE DO NOT COMPLETE – Alliance Trust Pensions will complete this section

<b>Name</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Signature</b>	<input type="text"/>				

on behalf of Alliance Trust Pensions Limited



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