

Record of Payments Due

This form must be completed by the employer who is paying contributions on behalf of a member from their own account or deducting contributions from a member's salary. The member must also complete the Additional Contribution Form.

Employers are obliged by the Pensions Regulator to provide a new record of payments due for any amendments to contributions.

1 Member Details

Member Name			
NI Number		Member Number (if known)	

2 Employer Details

Company Name			
Address			
	Postcode		
Contact Name		Tel No	
Email Address		Fax No	
Company House Registered Number			
Registered Address (if different from above)			
	Postcode		

3 Contribution Details

Regular Contributions

Employer (Gross)	£
Employee (Net)	£
Frequency	
Date of first contribution	
Payment due date	*

Single Contributions

Employer (Gross)	£
Employee (Net)	£
Payment due date	*

*This is the latest date which Yorsipp must receive payment. The date must be completed in all cases.

4 Declaration

Employer Signature		Date	
Name			
Position in Company			

Additional Contribution Form

Member Name Title Forename(s) Surname

Member Number

Contributions

Earnings for Current Tax Year £

	Member and Third Party Contributions	Employer	Nil Relief	Frequency
Single	<input type="text"/> £ net	<input type="text"/> £ gross	<input type="text"/> £	
Regular	<input type="text"/> £ net	<input type="text"/> £ gross	<input type="text"/> £	<input type="text"/>

If contributions are being made by a third party and/or your employer the relevant Identity Verification Certificate should be completed, where the person making the contributions is an individual or an employer that is a sole trader.

If your employer wishes to contribute to your SIPP please arrange for them to complete a Record of Payment Due form.

In Specie contributions? ☐ Yes ☐ No If yes, please contact the administrator for further instruction.

If paying by cheque, please make the cheque payable to Yorsipp (Trustees) Ltd.

Remuneration

Do you wish your Financial Adviser (company name)

to receive remuneration from this additional contribution? ☐ Yes ☐ No

Amount to be paid £ or percentage %

Member Declaration

To the best of my knowledge and belief, the statements included in this application are true and complete.

I am a UK resident or am overseas as a Crown Servant or spouse/partner of a Crown Servant.

I understand that I must advise the Trustee in writing within 30 days if there is any change in my employment (including becoming unemployed); any change to my residency status; any change in my name or permanent residential address.

I declare that the 'total' contributions to any UK Registered Pension Scheme in respect of which I am entitled to receive tax relief, will not exceed the higher of the basic amount or my relevant UK earnings and in any event shall not exceed the annual allowance as determined by HM Revenue & Customs.

I declare that to the best of my knowledge and belief the information provided on this form is correct and complete. I further declare that to the best of my knowledge and belief the above declaration concerning tax relief is correct.

I declare that I will give notice to the Scheme Administrator if an event occurs as a result of which I will no longer be entitled to tax relief on my contributions by the later of 5 April in year of assessment or 30 days from the date of it's occurrence.

I understand that if I have not used all of my Annual Allowance in one or more of the last three tax years, it may be possible for such unused amounts to be added to the annual allowance available to me in a current tax year. There is no carry forward of the Money Purchase Annual Allowance.

Signature Date