

## Member Application

### 1 Introduction

Please refer to Yorsipp's Prestige SIPP Key Features for further information on the Yorsipp Registered Pension Scheme, prior to completing this application form. Yorsipp Ltd is not authorised to provide financial advice and would strongly recommend that advice is sought from an FCA regulated Financial Adviser. If you do not currently have an adviser, you may wish to obtain details of advisers in your area via [www.unbiased.co.uk](http://www.unbiased.co.uk).

Please note that making a false declaration on this application can have serious consequences.

Incomplete information may cause delays in the processing of this application.

### 2 Personal Information

Name	Title	Forename(s)	Surname
Address			
	Postcode		
Home Tel No		Work Tel No	
Email Address		Mobile No	
Marital Status		Nationality	
Date of Birth		Spouses Date of Birth	
N. I. Number		Member's Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
I do not have a National Insurance Number	<input type="checkbox"/>		
Tax Reference		Tax Reference District	
Expected Retirement Age		Country of Residence	

Please indicate here as to whether you wish Yorsipp to accept instructions from the email address detailed above  Yes  No

Employment Status   Employed    Self-Employed    Pensioner    Full Time Education    Unemployed    Other

If you have ticked "Other" please complete the following:   Caring for a person over age 16    Full time education

Unemployed    Other  (Please give details)

### 3 Protection against the Lifetime Allowance Charge

Have you registered with HM Revenue & Customs for protection against the Lifetime Allowance Charge?

Yes

No

If yes, please tick all that apply and provide a copy of the certificate or enter the HMRC reference number, as appropriate.

Enhanced Protection	<input type="checkbox"/>	Certificate Enclosed	<input type="checkbox"/>
Enhanced Protection with Lump Sum Protection	<input type="checkbox"/>	Certificate Enclosed	<input type="checkbox"/>
Primary Protection	<input type="checkbox"/>	Certificate Enclosed	<input type="checkbox"/>
Primary Protection with Lump Sum Protection	<input type="checkbox"/>	Certificate Enclosed	<input type="checkbox"/>
Fixed Protection (2012)	<input type="checkbox"/>	Certificate Enclosed	<input type="checkbox"/>
Fixed Protection 2014	<input type="checkbox"/>	Certificate Enclosed	<input type="checkbox"/>
Individual Protection 2014	<input type="checkbox"/>	Certificate Enclosed	<input type="checkbox"/>
Fixed Protection 2016	<input type="checkbox"/>	HMRC Reference	<input type="text"/>
Individual Protection 2016	<input type="checkbox"/>	HMRC Reference	<input type="text"/>

### 4 Contributions

Have you drawn flexible benefits from any UK Registered Pension Scheme? (i.e. Flexi Access Drawdown or Uncrystallised Funds Pension Lump Sum)

Yes

No

Earnings for Current Tax Year

£

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

\* Delete as appropriate

Frequency of regular contributions:

Monthly  Quarterly  Half-yearly  Annually

Yorsipp will need to verify the identity of any person or company making contributions to your SIPP. Please speak to your adviser for further details or contact us if you do not have an adviser.

If your employer wishes to contribute to your SIPP please arrange for them to complete a Record of Payments Due form. Please visit our website or contact us if you require a copy of this form.

In Specie contributions?

Yes

No

If yes, please contact us for further instruction.

### 5 Transfers

Are you transferring the benefits under one or more Registered Pension Scheme(s) into your SIPP?

Yes

No

If yes, please provide the following information and complete a separate SIPP Transfer In Application form for each transfer.

	Number	Total estimated value
Cash transfer	<input type="text"/>	<input type="text"/>
In specie	<input type="text"/>	<input type="text"/>

## 6 Investment Instructions

The relevant sections have been completed on the attached Cater Allen Self Invested Personal Plan Member Bank Account Application Form and Mandate.

## 7 Benefits

Do you intend to commence benefits immediately? Yes  No

Are you currently in receipt of benefits? Yes  No

If yes, please complete a SIPP Benefit Payment Form.

## 8 Expression of Wish

On your death, your remaining Individual Funds will be applied in accordance with the rules of the Scheme to provide lump sum and/or pension death benefits. Within the overall limits of the tax legislation, the rules give wide discretion over the exact form of benefits, and the recipients.

Do you want the Scheme Trustees to consider paying benefits to a particular individual(s), a trust, or a charity? Yes  No

If yes, please complete a SIPP Member Expression of Wish Form, which is available on request or from our website:  
<http://www.yorsipp.com/literature/>

## 9 Financial Adviser Details

Name	Title	Forename(s)	Surname
Company Name			
Address			
	Postcode		
Tel No		Mobile No	
Email Address		FCA Reg No	

Do you wish your Financial Adviser to receive remuneration from your Yorsipp Plan?  Yes  No

Do you wish us to accept investment instructions from your financial adviser?  Yes  No

Remuneration	Initial (Set Up)	Amount	£	or	Percentage	%
	Annual (Renewal)	Amount	£	or	Percentage	%

Annual fees are generally paid annually at the time Yorsipp produces the Annual Valuation Statement. Percentage-based annual fees will be calculated using the total fund value at that time.

Any additional fees must be submitted by an invoice signed off by the member.

## 10 Member Declaration

I wish to become a member of the Yorsipp Registered Pension Scheme.

I understand that I will only be eligible to receive tax relief on my contributions if I meet at least one of the following criteria:

- I have relevant UK earnings chargeable to UK income tax for that year; or
- I have been tax resident in the UK at some time during that year; or
- I was tax resident in the UK at some time during the five tax years immediately before that year and when I became a member of the pension scheme; or
- I or my spouse / civil partner have, for that year, general earnings from overseas Crown employment subject to UK tax.

I agree to be bound by the Trust Deed and Rules of the scheme and as amended from time to time.

I have received and read the Yorsipp Prestige SIPP Key Features.

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 understand that the reduced Money Purchase Annual Allowance will apply where I have accessed benefits flexibly from any UK Registered Pension Scheme.

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 which may affect my entitlement to tax relief on my contributions by the later of 5 April in year of assessment or 30 days from the date of its occurrence. These include:

- I cease to be a UK resident
- I contribute in excess of the basic amount, 100% of my earnings or the annual allowance (whichever is lower)
- I cease to have UK relevant earnings
- I access pension benefits flexibly from any UK Registered Pension Scheme
- I change my permanent residential address
- I apply for or lose any protection against the Lifetime Allowance Charge

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 to carry forward any unused amounts to the current tax year. There is no carry forward of the Money Purchase Annual Allowance.

I accept the Yorsipp Ltd and Yorsipp (Trustees) Ltd fees (as amended from time to time) and that they will be deducted from my fund. Should additional administration require to be carried out by Yorsipp I understand and accept that an extra cost may be incurred and applied to my fund.

I consent to my Financial Adviser receiving fees as detailed in the Financial Adviser Details section until such a time as I cancel them in writing. I understand this is an agreement between me and my adviser and that Yorsipp simply facilitates the payment. Due to the strict rules surrounding payments made from a pension scheme, I understand that Yorsipp may request further information from my financial adviser before making a payment.

I understand and accept it is my responsibility to ensure that the appropriate cleared funds are available to pay any fees (financial adviser or administration) that are due to be paid from my fund.

In the event that insufficient liquid funds are available within my SIPP for Yorsipp's fees to be deducted, I understand and accept that Yorsipp may invoice me directly.

I wish to nominate the persons named in the SIPP Member Expression of Wish form to receive any death benefits payable under the scheme on my death. I understand that this request does not bind the trustees of the scheme to carry out my wishes.

If this Application Form is being submitted in respect of a child under the age of 16 it is hereby declared that it is being signed on the child's behalf by a parent or legal guardian.

If this Application Form is being submitted in respect of a person who by reason of mental disorder is incapable of managing his affairs or by reason of physical disability has difficulty in signing documents for the management of his affairs it is hereby declared that it is being signed on that persons behalf by his/her attorney or guardian.

I understand that to comply with anti-money laundering rules, Yorsipp Limited and/or Yorsipp (Trustees) Limited must carry out various checks and procedures and will not be ready to commence work instructed by me or for me until these procedures have been completed to our satisfaction. I further understand that you may use the services of an electronic provider to verify any information provided to you.

### Instructions

The member should give all instructions or notices regarding the scheme to the Trustees as Trustees and Administrator. The Trustees may act upon oral, facsimile instruction or electronic instructions in a form acceptable to the Trustees but reserve the right to refuse to act until the original written instruction is received. Subject to the aforesaid, any notice, request or consent under this agreement shall be in writing. Any notice to the member shall be sufficiently served if sent by first class post to the member's address as stated herein or otherwise as formally notified to the Trustee. Any notice to the Trustee to be sufficiently served shall require to be sent by first class recorded delivery post to the Registered Office concerned, marked for the attention of the Company Secretary or other such official as the party concerned may from time to time intimate in writing to the member. Any notice sent by first class post shall be deemed to have been duly served on expiry of two days after the day of posting. In proving service it shall be sufficient to prove that the envelope containing the notice was duly addressed to the party concerned and in accordance with this clause and posted to the place to which it was so addressed.

If agreed with you in advance Yorsipp may accept instructions from you by e-mail provided that such instructions bear to have been sent from an e-mail address which has been notified to us for this purpose. Yorsipp will send you written confirmation that we have acted on your instructions by post to your address and in the event that the instruction was not sent by you, you must contact Yorsipp to advise us of this immediately. The security of emails cannot be guaranteed as they are transmitted over a public network and Yorsipp accepts no responsibility in respect of it. You agree to accept this risk and shall indemnify Yorsipp against any resulting liability provided that we have acted in good faith.

The Trustee will use reasonable endeavours to ensure that any paper instruction given by the member is acted upon by the Trustee within a reasonable time. However the member accepts that delay may ensue in relation to any instruction:

- (a) which is received late, in particular after 3pm or on a bank holiday, local holiday or non business day for financial purposes, or
- (b) which requires clarification, or
- (c) on which the Trustee is of the view that independent or additional advice is requested

Where an instruction for the member involves instructing the scheme administrator, other adviser, consultant or third party, the Trustee will have no responsibility or liability beyond taking reasonable steps to ensure that the instruction is, in terms hereof, duly passed on.

### Data Protection

I accept that under the Data Protection Act 1998, Yorsipp (Trustees) Ltd (the trustees) are required to obtain my consent to process data about me. I therefore consent to the trustees and Yorsipp Ltd (the administrators) processing data relating to me for the purpose of administering and operating the scheme. In addition to this I authorise the data being transferred to third parties in connection with the administration and operation of the scheme.

I have the right to ask for a copy of the personal data held on record of me for the payment of a nominal fee. Any inaccuracies that require to be corrected will be amended as and when requested.

Signature  Date

### SIPP Cancellation Rights

When your SIPP is set up we will offer you the right to cancel your plan within 30 calendar days of us accepting your application. Within this period Yorsipp will retain all monies in your designated trustee bank account until the period is up before we can proceed with actioning your benefit and/or investment instructions.

If you wish to waive your right to this 30 day cancellation period and take your benefits and/or investments immediately you can complete the following waiver. (Please note you are unable to waive your right to cancel where your SIPP is set up wholly or in part by the transfer of deferred benefits from an occupational pension scheme).

I would like to waive my right to the 30 day cancellation period and I fully understand the implications of this, including the fact that once I have waived my right to this cancellation period, I will no longer be able to have any contributions made refunded or transfer payments automatically returned to the transferring pension scheme provider.

Signature  Date

**PENSION ADMINISTRATORS**

Eadie House, 74 Kirkintilloch Road, Bishopbriggs, Glasgow G64 2AH

Tel 0141 772 3365 Fax 0141 762 1862

Email: [info@yorsipp.com](mailto:info@yorsipp.com)

Web: [www.yorsipp.com](http://www.yorsipp.com)

Registered Office: c/o Calvert Dawson Ltd., 288 Oxford Road, Gomersal, Cleckheaton BD19 4PY Registration number 05743279

Yorsipp Limited is authorised and regulated by the Financial Conduct Authority

## SELF INVESTED PERSONAL PLAN MEMBER BANK ACCOUNT APPLICATION FORM AND MANDATE

For action by Scheme provider only

£ sterling Master Account number	<input type="text"/>
€ euro Master Account number	<input type="text"/>
\$ US dollar Master Account number	<input type="text"/>
Account number allocated	<input type="text"/>

Please ensure you visit [www.caterallen.co.uk](http://www.caterallen.co.uk) to download the FSCS Information Sheet and Exclusions List before completing this application form. You will be asked to acknowledge receipt of the Information Sheet in the Declaration section of this application form.

Please complete this form in BLOCK CAPITALS and black ink and return it in the pre-paid envelope provided to: **Cater Allen Private Bank, 9 Nelson Street, Bradford BD1 5AN**. If you need any help completing this form, please call us on **0151 298 6570**.

### 1 Scheme details

Applicant(s) to complete

Name of Corporate Trustee <input type="text" value="Yorsipp (Trustees) Limited"/>	Name of Scheme <input type="text" value="Yorsipp"/>
	Name of Member <input type="text"/>

### 2 Which Account(s) are you applying for?

Applicant(s) to complete

Please let us know the account(s) you would like to open, by ticking the relevant box. Tell us the amount you would like to deposit as an opening balance, and in which currency. Then decide whether you would like a chequebook and/or paying-in book(s).

SIPP Bank Account	Chequebook	Over the counter Paying-in Book	Postal deposit Paying-in Book
<input type="checkbox"/> Deposit    £ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reserve Account for Pensions<sup>1</sup></b>			
<input type="checkbox"/> Deposit    € <input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Deposit    \$ <input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Sovereign 30 Account<sup>1</sup> (minimum opening balance £5,000)</b>			
<input checked="" type="checkbox"/> Deposit    £ <input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Term Deposit<sup>2</sup></b>			
Minimum £50,000			
<input type="checkbox"/> Deposit    £ <input type="text"/>			

(For notes, please refer to page 7).

### 3 Source of funds

Applicant(s) to complete

All Deposits from (please tick the appropriate box):

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  Gift   
Income from savings/investment  Property sale   
Lottery and other winnings  Inheritance   
Divorce settlement  Other

If 'Other' (please specify)

Anticipated contributions £  per annum

What name would you like to be shown on the new Account? This is the name that will appear on chequebooks and paying-in books, where applicable. There is room for a maximum of 22 characters per line.

Yorsipp (Trustees)
Limited ( )

### 4 SIPP Provider / Professional Adviser's details

Applicant(s) to complete

Have you been introduced to Cater Allen Private Bank by a SIPP Provider / Professional Adviser?

Yes  No

If 'Yes', please complete the details below. If 'No', go to section 5.

Name of company

Telephone

Address

Postcode

Email

Contact name



## 5 Personal details of Scheme Member

Scheme member(s) to complete

In order to ensure that the Bank's information is always up to date, and to comply with Anti-Money Laundering Regulations, please complete the section below. In some circumstances the Bank may not be able to process your request without this information.

If this application form does not provide you with enough space for everyone's personal details, please print this section of the form and complete for each additional person then attach all relevant pages to this application.

If the scheme member is an existing Cater Allen Client, please provide their Cater Allen Account number

Mr  Mrs  Ms  Miss   
Other  If 'Other' please state

Forename(s)

Middle name(s)

Surname

Any other name the scheme member has been, or is, known by

Male  Female

Date of birth

Nationality

Does the scheme member have dual nationality?

Yes  No

If yes, please specify which country

Current home address (permanent residential address\*)

  
  
  
  

Postcode

\* \* This is the address where the scheme members Personal Access Code (PAC) will be posted. C/O and PO Box addresses are not acceptable.

How long has the scheme member been at their current home address?

Years  Months

Does the scheme member have a shared mail box? (e.g. block of flats)

Yes  No

If yes we will make special arrangements if they need to receive their chequebook or paying-in book by post.

Country of residence

Email

Telephone

Mobile

Previous home address if less than three years at address shown within 'Current home address' field. If the scheme member has had more than one previous address in the last three years, please provide details of all other addresses on a separate sheet)

  
  
  
  

Postcode

How long did the scheme member live at this address?

Years  Months

Occupation

## 6 Term Deposit options only

Applicant(s) to complete

To open a Term Deposit, funds must be sent to us via electronic transfer – we cannot accept a cheque for the deposit amount. On approval of this application to open a Term Deposit, we will contact you to confirm the paying-in details and process.

Please confirm the length of Term Deposit that you would like to open below:

### Term length options

3 months  6 months  9 months   
12 months  24 months  36 months

**This section should only be completed by FCA authorised and regulated Financial Intermediary – if you do not have an FCA authorised and regulated Financial Intermediary, please proceed to section 8.**

If you are a FCA authorised and regulated Financial Intermediary who has fully verified the identities of your client(s) as listed in section 5 of this form, please read and confirm the following details by completing and signing this section.

Full name of introducing firm

Regulator reference number

**First applicant**

Full name (including any middle names)

Current home address

  
  


Date of birth

Postcode

**Second applicant**

Full name (including any middle names)

Current home address

  
  


Date of birth

Postcode

**Confirmation**

We confirm that:

- (a) the information provided in this section was obtained by me in relation to the applicant;
- (b) the evidence we have obtained to verify the identity of the applicant(s) (tick only one):

Meets the standard evidence set out within the guidance for the UK Financial Sector issued by the Joint Money Laundering Steering Group ("JMLSG"); or

Exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation)

FCA authorised and regulated Financial Intermediary's Signature

Name

Position

Date

We **Yorsipp (Trustees) Ltd** **USTEE** The Corporate Trustee

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 may 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.

The liability of the Trustees for any indebtedness arising from time to time on the Account(s) 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 section 6 of the Application Form and Mandate to support SIPP Plan Bank Accounts applicable to the Scheme.

Please act on the signature(s) of the Authorised Signatories of the Corporate Trustee (see above) and as set out in section 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 (please tick one box):

Member and the Corporate Trustee

Or

Corporate Trustee only

Please tell us how many Authorised Signatories are required to sign at any one time on behalf of the Corporate Trustee - please write this information **both** numerically and in words, for example '2 - two':

2 - two

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 Financial Intermediary, as advised of from time to time, or their successors in title. We acknowledge that such Financial Intermediary 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 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.

**Providing you with information**

I confirm that I am entitled to disclose information about any parties named on the application form. If this application is made in joint names "I" in the statement below should be read as "we" where appropriate.

**Using my personal information**

Whether or not I become a customer, you may use all the information I and/or my Financial Intermediary give to you, Cater Allen Private Bank, or you hold on me, including transactional data, to provide and run the account or service I have applied for. This includes information about the conduct (including details of transactions) of any account or policy that I have with you, a group company or an associated company. You may also use my information to help you develop and improve your products and services. You will keep information about me after my account is closed.

**Sharing my personal information**

You may share my information for the purposes described in this statement with the group of companies to which you belong (the Santander group) and your associated companies, and with service providers or agents. These companies may be based in other countries. I understand that you will make sure that my information is only used in line with your instructions and your own strict policies on confidentiality. If you transfer my information to another country, you will also make sure that you give it the same levels of protection as needed under the UK Data Protection Act. You may also give essential information about my account to others if needed to run my account and for regulatory purposes.

If money is sent electronically (e.g. by CHAPS or telegraphic transfer) from my Plan, I understand that personal information about me contained in the transaction may be provided to overseas authorities and the beneficiary bank in order to comply with applicable legal obligations and prevent crime. I accept that you may be required to supply the beneficiary bank with my full name, address and Plan number and that this information may reach the beneficiary intact.

**My marketing preferences**

You may invite me to take part in market research surveys.

If I don't want to be included in market research, I can tick this box:



If I have been introduced to you via a Financial Intermediary I understand that you will not use my information for marketing purposes (although I may still receive details of products and services from other Santander group companies if I have agreed with them to receive such information).

If I am a customer dealing directly with Cater Allen Private Bank you may identify and let me know by post, telephone or electronic media (including email and SMS) of products or services, which you think may interest me. If I am aged over 18, when deciding whether to provide me with details of a credit product you may search the files of credit reference agencies who will not make a record of this search available to other lenders who search my file.

If I don't want information on other products and services I can tick the following boxes.

Please do not contact me:

- by telephone     by email  
 by post         by SMS

Unless I have said otherwise, by continuing with this application, I agree to you contacting me using any of the methods shown above.

**Verifying my identity and fraud checks**

Before you can open this account, or set up my policy, in order to prevent or detect fraud you will check and share the information provided in this application or at any stage with fraud prevention agencies, and may make searches at 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 false or inaccurate information is provided and fraud identified details will be passed 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 to prevent and investigate crime, fraud and money laundering and for example:

- to check details 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 undertake statistical analysis and system testing;
- to manage credit and credit related accounts or facilities;
- to recover debt and trace my whereabouts;
- to check details on proposals and claims for all types of insurance;
- to check details of job applicants and employees.

You may also search and use your internal records for these purposes.

You and other organisations may search and use from other countries the information recorded at fraud prevention agencies. I understand further information on the credit reference agencies and fraud prevention agencies you use is available by telephoning your Agents on 0800 092 3300.

**Access to my information**

I understand I have the right to see certain records you hold about me if I pay a fee\* and I can get an information sheet (Subject Access Info Sheet) explaining my rights by calling 0800 092 3300.

\* Please see Banking Tariff for details.

The Bank requires the Corporate Trustee to sign this Application to authorise the opening of this Account.

The Corporate Trustees have authority from the Scheme member(s) of the Pension Scheme to allow Cater Allen to undertake appropriate online references searches both now and at any time in the future on the Scheme member(s) for the purpose of verifying their identity and/or their address.

Cater Allen may also request from the Trustees documents confirming the Scheme member(s) identity and/or address. The Pension Administrator undertakes to ensure that the Scheme member(s) is/are made aware of Cater Allen's requirements to use their data in this respect.

**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).
- I have received a copy of the FSCS Information Sheet and Exclusions List.

#### Member

Is the member to be an Authorised Signatory on this particular SIPP Plan Bank Account?

Yes  No

Full name (including any middle names)

Signature

Date

#### Corporate Trustee

Full name (including any middle names)

Position

CORPORATE TRUSTEE

Signature

Date

#### Corporate Trustee

Full name (including any middle names)

Position

CORPORATE TRUSTEE

Signature

Date

#### Notes

Applicant(s) to read

1 If you would like to make the initial deposit by cheque, it is required that the cheque is made payable to the name that you wish your new Account to be in. No cash, postal orders or third party cheques can be accepted.

2 The option to open a Term Deposit is restricted to the electronic transfer of funds only.

Cater Allen Private Bank is able to provide literature in alternative formats. The formats available are: Large Print, Braille and Audio CD. If you would like to register to receive correspondence in an alternative format please contact us on 0800 092 3300. For the hard of hearing and/or speech impaired please use the Text Relay service. Further details can be found at <http://ngts.org.uk/>

Cater Allen Private Bank is the name used for banking services provided by Cater Allen Limited. Registered Office: 2 Triton Square, Regent's Place, London, NW1 3AN. Registered in England number 383032. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority. Our Financial Services Register number is 178737. Cater Allen Limited is part of the Santander group. Cater Allen and the flame logo are registered trademarks. Calls may be recorded or monitored. Telephone 0800 092 3300. [www.caterallen.co.uk](http://www.caterallen.co.uk)