



Application Form

SIPP

Please complete all sections in black ink, in BLOCK LETTERS and return to:
EBS Pensions Limited ('EBS')
5th Floor
Cannon Street
London
EC4N 6EU

You must complete sections 1, 2, 4 and 7 if you wish to pay contributions, arrange for your employer and/or a third party to contribute to your SIPP or wish your SIPP to receive transfer payment(s).

The Glossary provided with this form contains definitions of terms used.

Application Form

Section 1 Personal Details

You must be at least 18 years of age to be eligible for the EBS SIPP.

You must be resident in the UK to be eligible for the EBS SIPP.

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	<input type="text"/>
First Name(s)	<input type="text"/>	
Surname	<input type="text"/>	
Date of Birth	<input type="text" value="D D M M Y Y Y Y"/>	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Permanent Residential Address	<input type="text"/> <input type="text"/> <input type="text"/>	
Post Code	<input type="text"/>	
Telephone Number	<input type="text"/>	Office Number <input type="text"/>
Mobile Number	<input type="text"/>	Fax Number <input type="text"/>
Email Address	<input type="text"/>	
National Insurance Number	<input type="text" value="_ _ _ _ _ _ _ _ _ "/>	
Anticipated Retirement Age	<input type="text"/>	(minimum age 55)
Note: where you do not select a retirement age we will use age 75.		
Country of residence for tax purposes	<input type="text"/>	
Nationality	<input type="text"/>	

For UK passports, the full passport reference consists of the 30 letters and numbers (excluding any chevrons) located in the last row on the principal page of your passport.

Identity and Address Verification

Anti-money laundering regulations require us to verify your identity and address. We may be able to do this using the information you provide in this form, together with either your driving licence number or your current passport reference. Please complete the fields below and, where possible, include a photocopy of your passport or driving licence with your application.

Full passport reference	<input type="text"/>
Passport Expiry Date	<input type="text" value="D D M M Y Y Y Y"/>
OR	
Driving Licence Number	<input type="text"/>

Where an electronic check is carried out, the system will also check if you have a credit history but will not disclose any details. The system will add a note to your credit file to show that an identity check was made but this information will not be available to third parties for credit assessment purposes.

In the event that we cannot process the application electronically using the information provided to us we will request certified copies of additional documentation. A consulate bank or other regulated firm can certify copies for overseas individuals. For UK clients, certification can also be carried out by an accountant, solicitor, building society, bank or Financial Conduct Authority authorised firm.

The term 'politically exposed person' is used to describe someone who has held a prominent public function (for example senior politician, senior government, judicial or military official, senior executive of state owned corporation, important political party official), or an individual who is closely related to such a person (for example family member or business/financial link).

Section 1 Personal Details (continued)

Are you a politically exposed person or associated with one now or at any time in the past?

YES NO

If yes, please provide details (including name, position and/or association):

Section 2 Employment Status

Please advise us of your employment status and, where appropriate, complete the additional fields.

Self Employed

Employed

Employer Name

Employer Address

Postcode

Occupation

Other (please select) caring for one or more children aged under 16

caring for a person aged 16 or over

in full-time education

unemployed

retired

other (please give details)

Section 3 Reserve Trustee

The Trust Deed gives you the ability to ask EBS to appoint an adult member of your family or trusted friend and/or professional adviser as a Reserve Trustee who would take your place as a Trustee of your SIPP in the event of your death, or because of incapacity. You have the right to replace such Reserve Trustee with another at any time. You do not need to make a decision now on the name of the person, but if you have already decided, please enter the details of the person you wish to appoint.

Title Mr Mrs Miss Ms Other

First Name(s)

Surname

Address

Postcode

Telephone Number Office Number

Mobile Number Fax Number

Email Address

Relationship to you and/or professional capacity (eg solicitor, accountant, etc)

Payments from your SIPP in the event of your death

To help your Trustees decide who should receive death benefits from your SIPP fund and in which proportions, please complete your 'Expression of Wish' form (Appendix 1).

Section 4 Eligibility and Contributions

The information you provide in this section outlines your eligibility to open a SIPP and the contributions you wish to be made to it.

Eligibility

Are you resident in the UK?

Yes No

If NO, you cannot set up an EBS SIPP

Lifetime Allowance protection

If you hold a valid HMRC certificate for any of the following forms of protection in relation to the Lifetime Allowance, please tick the relevant ones and provide a copy of each certificate.

	Tick
Primary Protection	<input type="checkbox"/>
Enhanced Protection	<input type="checkbox"/>
Fixed Protection 2012	<input type="checkbox"/>
Fixed Protection 2014	<input type="checkbox"/>
Individual Protection 2014	<input type="checkbox"/>
Fixed Protection 2016	<input type="checkbox"/>
Individual Protection 2016	<input type="checkbox"/>
Lifetime Allowance Enhancement Factor	<input type="checkbox"/>

Money Purchase Annual Allowance

Are you subject to the Money Purchase Annual Allowance?

Yes No

- The amount you should pay is the gross amount less basic rate tax. For example, at current rates, if you wished to contribute £10,000, you would actually pay £8,000.
- You must advise us in writing if you contribute in aggregate in any tax year more than 100% of your relevant UK earnings for that tax year.
- Tax relief can only be claimed on contributions made before age 75.

Personal contributions

If you are enclosing a cheque for an initial single contribution (net of basic rate tax) state amount

£

Cheques should be payable to the name of your individual SIPP.

Do you wish to pay regular contributions?

Yes No

If YES how much (state amount net of basic rate income tax)

£ p.m./p.a.

Source of wealth

Please tick one or more of the following boxes to indicate how your SIPP is to be funded:

	Tick
Pension funded by the transfer of benefits from other pension schemes	<input type="checkbox"/>
Earnings	<input type="checkbox"/>
Savings	<input type="checkbox"/>
Divorce settlement	<input type="checkbox"/>
Inheritance	<input type="checkbox"/>
Lottery or other winnings	<input type="checkbox"/>
Property sale	<input type="checkbox"/>
Gift	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>

- Employer contributions are paid gross.
- Personal contributions deducted from your salary are paid net of basic rate tax. To ensure tax relief is not lost details of the contributions must be recorded in the Employer Contributions, Record of Payments Due (Appendix 2).
- To satisfy the requirements of the Pensions Regulator, your employer must complete and return to EBS a 'Record of Payments Due' (Appendix 2), which must be replaced with a new record if there are any changes to payments.
- EBS may be required to report any missed or late payments to The Pensions Regulator.
- For tax relief purposes a contribution by a third party is treated as a contribution by you.

Employer contributions

If your employer will be contributing to your SIPP, please confirm amount and frequency:

Employer	£ <input type="text"/>	p.m./p.a.
Employer (from salary)	£ <input type="text"/>	p.m./p.a.

Third party contributions

Please telephone us on 020 7149 6560 to discuss our requirements to accept payments made by a third party other than your employer.

Investment of contributions

Cash contributions will be held in an interest bearing account with Bank of Scotland until you give instructions for their investment.

Section 5 Transfer payments and Investment

Transfer payments

If you wish to transfer benefits from other registered pension schemes to your SIPP you should complete and return a transfer request form (Appendix 3) in relation to each transfer.

If you are unsure about the suitability and execution of any pension transfers, you should consult your professional pension adviser.

Please note EBS will only consider accepting a transfer from a defined benefit occupational scheme or where non-money purchase benefits to be transferred include Guaranteed Minimum Pension benefits and/or are subject to a Guaranteed Annuity Rate ('safeguarded benefits') provided you have received a positive recommendation to transfer from a regulated financial adviser.

If you have Enhanced Protection it should not be lost if a transfer is made from a registered pension scheme to your SIPP provided it is a 'permitted transfer' in accordance with Paragraph 12 of Schedule 36 of the Finance Act 2004. Similarly, if you have Fixed Protection 2012, 2014 or 2016 it should not be lost if a transfer is made from a registered pension scheme to your SIPP provided it is a 'recognised transfer' in accordance with section 169 of the Finance Act 2004.

Investment

Cash transfers will be held in an interest bearing account with Bank of Scotland until you give instructions for their investment.

Section 6 Cancellation Rights

Set Up

When you set up your SIPP, we will send you a cancellation notice. You will have 30 days from the date you receive the notice to cancel your SIPP if you change your mind.

Transfers in

If cash, assets or both resulting from a pension transfer are transferred to your SIPP at any time, we will also issue a cancellation notice and you will have 30 days to cancel the pension transfer.

Declaration

I declare that I understand any cash and any assets held during the cancellation period will be subject to investment fluctuations during the cancellation period and that as a result, the value of the repayment may be higher or lower than the amount originally invested.

I also understand that if I subsequently cancel the transfer during the cancellation period, you will attempt to repay the transferring scheme but that the transferring scheme may refuse to accept the repayment, or only accept it on different terms from those applying prior to the transfer, in which case I will give you my instructions on whether to pay the amount to another registered pension scheme.

Any fees or costs incurred prior to cancellation will be payable proportionately for the relevant period and I will remain responsible for any transactions entered into prior to cancellation.

Applicant's
signature

Date

D	D	M	M	Y	Y	Y	Y
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Section 7 Declaration

Please sign this section

The EBS SIPP ('the Scheme') is a registered pension scheme as defined in Part 4 of the Finance Act 2004. EBS is the Scheme Trustee and Scheme Administrator of the Scheme.

I apply for membership of the EBS SIPP and I declare that

I have received and read copies of the Deed and Rules governing the Scheme as a whole, the Supplemental Deed governing my own SIPP, together with EBS's Terms of Business, EBS SIPP Fee Schedule and EBS SIPP Key Features document. I shall execute the Supplemental Deed confirming both my membership of the Scheme and my appointment as a Trustee of my SIPP fund within the Scheme and agree to be bound by the Rules as amended from time to time and any of the provisions that may at any time apply to my membership of the Scheme.

I have had an opportunity to raise any queries with you, and I fully understand the legal agreement based on these documents to which I will become bound by signing this application form. In particular:

- I confirm that EBS has not provided investment advice, or advice in relation to the merits of setting up this pension and / or transferring monies into it.
- I have been made aware that if I am uncertain as to the suitability of setting up this pension, transferring monies into it or making my own investment decisions, I should seek professional financial advice before opening an EBS SIPP.
- I acknowledge that I will be personally responsible for the payment of your fees from my SIPP fund.
- I am resident in the UK.

Total contributions to my SIPP and to any other registered pension schemes in respect of which I am entitled to tax relief under Section 188 of Finance Act 2004 will not exceed the higher of

- a) the basic amount (£3,600 gross for the current tax year); or
- b) my relevant UK earnings within the meaning of Section 189 of Finance Act 2004 for that tax year.

I will give notice to the Scheme Administrator if any event occurs, as a result of which I will no longer be entitled to relief for my contributions under Section 188 of Finance Act 2004 and I will give this notice by the later of

- a) 5th April in the year of assessment in which the event occurs; **and**
- b) the date which is 30 days after the occurrence of that event.

I will inform EBS within thirty days of any of the following occurring

- My permanent residential address changes
- I cease to be UK resident
- I cease to have relevant UK earnings
- I start to have relevant UK earnings again
- My employment status changes
- Total contributions, referred to above, exceed 100% of my relevant UK earnings in any tax year
- I register for an enhanced Lifetime Allowance in respect of a pension credit or a transfer from an overseas pension scheme I consent to EBS obtaining details of any other registered pension schemes of which I am a member from the relevant trustees, insurance company(ies) and/or other providers concerned.

I consent to EBS processing my personal information in accordance with the relevant Data Protection legislation. I agree to my personal information being used for the administration of my SIPP and for the business purposes of EBS and its associated companies.

Every statement and declaration made in this application is to the best of my knowledge and belief correct and complete and I understand that the making of false claims connected with an application for or in connection with my continued membership of the Scheme may constitute an offence rendering me liable for prosecution. If I discover that I have provided incorrect or incomplete details, I will provide the additional information to EBS.

Signed
(by applicant)

Date

D	D	M	M	Y	Y	Y	Y
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Section 8 Privacy notice

EBS Pensions Limited will collect personal information about you such as your name and address ("Personal Data"). EBS Pensions Limited will be the Data Controller as defined under UK Data Protection legislation and regulations.

We will only process your personal data where we have a legal basis for doing so. This includes:

- Where you have provided positive consent to the company
- Processing is necessary for the performance of a contract between you and the firm or to take steps to enter into a contract;
- Processing is necessary for compliance with a legal or regulatory obligation
- The company has a legitimate interest upon which the data may be processed. Any decision to process data on the basis of legitimate interest will be made on a case by case basis and in line with the guidance set out in UK Data Protection legislation.

We may disclose your Personal Data to other companies within the Embark Group of companies and third parties which provide services in connection with the administration of your account.

We may also share your Personal Information for legitimate business reasons or as may be required by applicable law and regulations with your Financial Adviser, third parties appointed by your Financial Adviser, third party investment managers, and product providers with whom you or your Financial Adviser instructs us to invest.

We may disclose your Personal Information to a credit reference agency in order to verify your details both during the application process and the ongoing administration of your account. This information will be used to prevent fraud and money laundering and to check your identity. Any checks performed may be recorded on your credit history.

We will disclose your Personal Information to any governmental, legal or regulatory body if required to do so by applicable law and regulation.

We may need to disclose sensitive Personal Data about you to third parties, such as information relating to your health where required to do so to give effect to an instruction from you or your Financial Adviser in respect of your account

We may need to transfer your Personal Data to another country, in which case we will ensure that your Personal Data is afforded the same level of protection as is required under UK Data Protection legislation and regulations prior to sending your Personal Data.

We will otherwise keep your personal information confidential and never use it for any other purpose or pass your details to any third parties without your consent.

We will retain your Personal Data for no longer than is necessary to provide the services under the Terms and Conditions applicable to the account and to meet any legal or regulatory obligations that may apply.

You have a number of rights under the Data Protection legislation, including:

1. the right to request a copy of the personal information we hold on you. When you request this information, this is known as making a Subject Access Request (SAR). In most cases, this will be free of charge, however in some limited circumstances, for example, repeated requests for further copies, we may apply an administration fee;
2. the right to have personal information we hold about you transferred securely to another service provider in electronic form;
3. the right to have any inaccurate personal information corrected;
4. the right to have any out of date personal information deleted once there's no business need or legal requirement for us to hold it;
5. the right to object or restrict some processing, in limited circumstances and only when we don't have legitimate grounds for processing your personal information;
6. the right to object to your personal information being used to send you marketing material. We will only send you marketing material where you've given us your consent to do so. You can remove your consent at any time

If you have any questions regarding how the firm uses the data it collects please contact:

The Group Data Protection officer, The Embark Group, 100 Cannon Street, London, EC4N 6EU.

If you are not satisfied with any aspect of how we have managed your data you have the right to complain to the Information Commissioners Office. For further details of your rights under the UK's data protection legislation and regulation please contact the Information Commissioner's Office at <https://ico.org.uk/for-the-public/>

By signing the application form, you consent to the use of your Personal Information for the purposes and on the terms set out above. You have the right to withdraw consent at any time.

Section 9 Financial Adviser Details

Have you received advice from a financial adviser in relation to setting up your SIPP and/or transferring benefits to it from other pension schemes?

Yes No

If no, we will treat you as an execution only client.

If yes, please provide the following details for your financial adviser:

Adviser Name	<input type="text"/>		
Adviser Firm	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Post Code	<input type="text"/>		
Telephone Number	<input type="text"/>	Office Number	<input type="text"/>
Mobile Number	<input type="text"/>	Fax Number	<input type="text"/>
Email Address	<input type="text"/>		
FCA Number	<input type="text"/>		

Appendix 1

Expression of Wish Form

The EBS SIPP

On your death, your remaining Individual Funds will be applied in accordance with the rules of the Scheme. Within the overall limits of the tax legislation, the Scheme rules give wide discretion over the exact form of benefits and the recipients. Any nomination you make in this form is not binding on the Scheme Trustee, but will be carefully considered. The notes to this form provide further explanation: please read them carefully before completing this form.

If you want the Scheme Trustee to pay death benefits to any particular person(s) or charities, please give their details below and indicate what percentage of your remaining Individual Funds you want to go to them.

Name and Address	Relationship to you	%
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

In the event that any of the people named above dies before you, please use the table below to indicate other persons or charities to which you want the Scheme Trustee to consider paying death benefits.

Name and Address	Relationship to you
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Drawdown Option

An individual chosen by the Scheme Trustee to benefit following your death may wish to take drawdown payments instead of receiving a lump sum. If you do NOT wish this option to be available to them then please delete the statement below:

In addition to the nomination(s) above, I nominate for the purposes of the relevant tax legislation any individual who is eligible to receive a lump sum on my death, so that the Scheme Trustee can offer drawdown to any such person as an alternative.

Please sign and date this form, make a copy for your own records and return the original to EBS Pensions Limited at 5th Floor, 100 Cannon Street, London EC4N 6EU.

Signed

Name

Date

Notes

Definitions

“dependant” means your spouse or civil partner, any child of yours under age 23, anyone who is dependent on you due to mental or physical impairment, and anyone (except a child over 23) who is financially dependent on you or with whom you are financially mutually dependent;

Taxation of benefits

Lump sums:

- are free from tax if paid on the death of a member before age 75 and within two years from when the Scheme was/ought to have been aware of the death;
- are also free of income tax if paid to a charity nominated by you, where there are no dependants;
- otherwise are subject to income tax if paid to an individual or a special 45% tax charge if paid to entities such as trusts and companies.

Drawdown payments:

- are free from income tax if paid from funds which are designated on the death of a member before age 75 and within two years from when the Scheme was/ought to have been aware of the death (though that time limit does not apply if the member was also in drawdown);
- otherwise are subject to income tax.

Benefits from the Scheme on death at any age are usually free of inheritance tax, because the recipients are chosen by someone other than the member (and this is the main reason why the rules of the Scheme do not treat this form as binding).

Further information

If there is any further information which you think may help or you wish to make additional nominations, please provide it on a separate signed and dated sheet.

You may update your wishes at any time by completing a replacement form.

Please speak to your solicitor if you wish payments to be made directly to minors or other vulnerable recipients.

You can nominate charities and other organisations as well as individuals, but only individuals can receive a drawdown pension.

These notes are intended as a brief summary of relevant rules of the Scheme and tax legislation as at June 2018. They do not override the Scheme rules or legislation and are not a substitute for personalised legal advice. The rules and legislation are subject to change in the future.

Appendix 2

Employer Contributions, Records of Payments Due

Please advise us of your employment status and, where appropriate, complete the additional fields.

Employer contributions must be received by EBS by the 19th of the month following the payment date.

Employee amount does **not** include any salary sacrifice.

Completion of this appendix by your employer is required if regular employer contributions are paid to your SIPP. If the money is deducted from a salary and paid over on behalf of the member non-completion of this section will result in loss of tax relief.

To EBS Pensions Limited
5th Floor, 100 Cannon Street, London EC4N 6EU

Employee's name	<input type="text"/>		
Employee's NI number	<input type="text"/>		
Employer's name	<input type="text"/>		
Employer's registered company number (if applicable)	<input type="text"/>		
Employer's Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Contact Name	<input type="text"/>		
Telephone Number	<input type="text"/>	Fax Number	<input type="text"/>
Email Address	<input type="text"/>		

Employer Contributions for the Employee

Employer Amount (gross)	<input type="text"/>
Employee Amount (net)	<input type="text"/>
Payment Date	<input type="text"/>
Due Date	<input type="text"/>
Frequency	<input type="text"/>

Name of individuals who exercise control over the management of the company

Name of legal and beneficial owners (i.e more than 25% of the shareholding or voting rights)

Anti-money laundering regulations require EBS to verify the identity and address of any individuals named above.

Please supply address and date of birth for each person named above so that we may carry out an electric check to perform this verification. This electronic check will verify if they have a credit history but will not disclose any details. The system will add a note to their credit file to show that an identity check was made but this information will not be available to third parties for credit assessment purposes.

Please ensure the people named in this section are aware of the above.

Appendix 2

Employer Contributions, Records of Payments Due (continued)

In the event that we cannot verify the identity of the named above electronically using the information provided to us we will request certified copies of additional documentation. A consulate, bank or other regulated firm can certify copies for overseas individuals. For UK clients, certification can also be carried out by an accountant, solicitor, building society, bank or Financial Conduct Authority authorised firm.

Employer's
Signature

Date

For and on behalf of the Employer

Print Name

Position

Appendix 3

Transfer Payment Request

Transfers which include safeguarded benefits will not be permitted without a positive recommendation from an FCA authorised financial adviser.

If you wish to transfer your benefits currently held under other registered pension schemes to your SIPP please complete and return a copy of this Appendix for each transfer.

SIPP applicant's name

Transferring scheme details

Is the scheme an occupational pension scheme or a personal pension scheme?

Occupational Personal

Name of Scheme

Name of Scheme Administrator/Provider

Address of Scheme Administrator/Provider

Postcode

Contact Name

Telephone Number

HMRC Pension Scheme Tax Reference (if known)

Plan/Membership Number(s)

Amount of transfer value if known £

Does this represent the full value of your benefits in the transferring scheme? Yes No

Have you flexibly accessed any benefits under the transferring scheme? Yes No

Please tick one of the following to confirm what the funds being transferred consist of:

Uncrystallised funds only

Drawdown pension funds only

Uncrystallised funds and drawdown pension funds

If yes, please provide a copy of the flexible access statement you received by the transferring scheme.

If the transfer includes safeguarded benefits, please provide the following details of the financial adviser who has recommended the transfer and a copy of their positive recommendation to transfer;

Name

Address

Postcode

Telephone number

Email address

FCA registration number

Please select the way you would like the transfer to be made

Cash transfer 'in specie' asset transfer both

If 'in specie' please provide the following details of each asset (including cash) you wish to transfer:

Name of Asset	Type of Asset	Standard/ Non-Standard Asset	Current Value

If available, please also provide copies of recent valuations.

I make the following declaration to the current provider;

I authorise and instruct you to transfer funds from the plan(s) as listed in this form directly to EBS Pensions Limited.

Where you have asked me to give you any original policy document(s) in return for the transfer of funds and I am unable to do so, I promise that I will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information deliberately or carelessly given by me, or on my behalf, either in this form or with respect to benefits from the plan.

I authorise you to release all necessary information to EBS Pensions Limited to enable the transfer of funds to EBS Pensions Limited.

I authorise you to obtain from and release to the financial adviser named in this application any additional information that may be required to enable the transfer of funds.

If any employer is paying contributions to any of the plans as listed in this form, I authorise you release to that employer any relevant information in connection with the transfer of funds from the relevant plan(s).

Until this application is accepted and complete the responsibility of EBS Pensions Limited is limited to the return of the total payment(s) to the current provider.

Where the payment(s) made to EBS Pensions Limited represent(s) all of the funds under the plan(s) listed in this form, then payment made as instructed will mean that I shall no longer be entitled to receive pension or other benefits from the plan(s) listed.

Where the payment(s) made to EBS Pensions Limited represent(s) part of the funds under the plan(s) listed in this form then payment made as instructed will mean that I shall no longer be entitled to receive pension or other benefits from that part of the plan(s) represented by the payment(s).

I promise to accept responsibility in respect of any claims, losses and expenses that EBS Pensions Limited and the current provider may incur as a result of any incorrect information provided by me in this application or of any failure on my part to comply with any aspect of this application.

If I am transferring a capped drawdown arrangement(s) to a flexi-access drawdown arrangement(s), I will be subject to the Money Purchase Annual Allowance (MPAA) from the date of my first flexi-access payment, or if by signing If I am already subject to the MPAA, I have supplied the date the MPAA first applied to me in this form.

To be signed by applicant

BY SIGNING BELOW I AGREE TO THE ABOVE DECLARATION

Name

Signature

Date

Please note the following

- i) If a portfolio of Standard Assets with a stockbroker/investment manager is to be transferred, please provide a copy of a current portfolio valuation report from the stockbroker/investment manager.
- ii) We will only accept shares in/loans to unquoted companies provided they satisfy the requirements set out in our technical note, a copy of which we will send to you.
- iii) We will only accept other Non Standard Assets provided they satisfy our requirements, details of which we will send to you.
- iv) We will only accept land/ or commercial buildings provided all of the requirements set out in our guidance notes are satisfied (copies of the notes will be sent and the solicitor acting for your EBS SIPP).

I, the SIPP applicant, declare the following to EBS

- (i) I wish to transfer my benefits under the transferring scheme referred to above, to my SIPP, which is part of The EBS SIPP (a 'registered pension scheme' for the purposes of Part 4 of Finance Act 2004).
- (ii) Where all or any part of the transfer value is providing capped drawdown pension I understand that this will be applied to my SIPP to provide a capped drawdown pension subject to the same maximum pension level and review periods although in some cases the maximum pension level may need to be recalculated on the anniversary of the start of the pension following transfers.
- (iii) I understand that no tax-free lump sum is available from any part of the transfer value that relates to drawdown pension.
- (iv) EBS Pensions Limited has not recommended or provided any financial advice in relation to this proposed transfer.
- (v) I am aware of my cancellation rights under The EBS SIPP, and in particular those relating to transfers and the potential consequences should I instruct the investment of part or the whole of a transfer payment during the cancellation period.
- (vi) I accept the fees EBS will charge for this transfer as detailed in the 'SIPP Fee Schedule'.

To the best of my knowledge and belief, the statements made in all sections of this Transfer Payment Request are correct and complete.

Signed
(by applicant)

Date

D	D	M	M	Y	Y	Y	Y
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Appendix 4

Permission to release/accept information to/from third party

I authorise EBS Pensions Limited to release or accept information in respect of my SIPP in writing (including email and fax) or by telephone from the following parties:

1. Full name

Address

Postcode

Telephone Number Fax Number

Email Address

2. Full name

Address

Postcode

Telephone Number Fax Number

Email Address

3. Full name

Address

Postcode

Telephone Number Fax Number

Email Address

4. Full name

Address

Postcode

Telephone Number Fax Number

Email Address

Full name of applicant

Signed (by applicant)

Date