

Transact SIPP Application Form

Adviser Notes

The terms used in this Application Form shall have the meanings ascribed to them in the Transact SIPP Key Features Document, the Transact SIPP Income Withdrawal Key Features Document, where relevant (together the Transact SIPP Key Features Document), and/or the Transact Key Features Document and Terms and Conditions for the Transact wrap service (incorporating an General Investment Account and ISA) ("Transact Terms and Conditions") (or, in respect of Section 12 of this Application Form, the Transact Adviser Terms and Conditions).

This Application Form must be read in conjunction with the Transact SIPP Key Features Document and the Transact Terms and Conditions. These documents are available on www.transact-online.co.uk.

If the application is being signed under a Power of Attorney, we will require the identity of the Attorney to be verified as well as that of the applicant. The original or a certified copy of the Power of Attorney appointment documentation must be submitted with this application. We will also need to record and, where necessary, verify the reason for granting the Power of Attorney.

1 Applicant Details

Full Name

Transact Portfolio Number (if known)

Please confirm your current status by ticking one of the following boxes:

- | | | |
|---|---|---|
| <input type="checkbox"/> Employed | <input type="checkbox"/> Self - employed | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Full time education | <input type="checkbox"/> Pensioner | <input type="checkbox"/> Carer for person aged under 16 |
| <input type="checkbox"/> Carer for person aged 16 or over | <input type="checkbox"/> Other (please specify below) | |

2 Adviser's Confirmation of Verification of Identity

We are required by law to verify the identity and residential address of all applicants. We can satisfy our legal requirements by verifying this information directly with the applicant, or by accepting your declaration of your verification of this information with the applicant.

If you (the Adviser) do not complete the following declaration/provide the required documentation, we will contact the applicant direct in order to verify this information.

Confirmations:

Where Applicant has **moved house in the three months prior to the date of this Application Form**, please specify their previous address below:

Previous Residential Address

Country**Postcode**

I, the Registered Individual named in Section 12 below, hereby confirm that:

- (i) the information set out in Section 1 above in respect of the person named in that section as 'Applicant' and, where Applicant has changed address in the three months prior to the date of this Application Form, the information set out in the paragraph above, was obtained by me/my firm in relation to Applicant; and
- (ii) the evidence which I/we have obtained to verify the identity of Applicant: *(tick one box only)*

meets the standard evidence set out within the Guidance for the UK Financial Sector issued by the Joint Money Laundering Steering Group

OR

exceeds the standard evidence set out within the Guidance for the UK Financial Sector issued by the Joint Money Laundering Steering Group (written details of the further verification evidence taken are attached to this Application Form).

and, where this Application Form is being signed for an Applicant under a Power of Attorney and/or a party who is not an Applicant is making payments of premium:



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2 Adviser's Confirmation of Verification of Identity (Cont)

Attorney/Payer

Name of Attorney/Payer

Residential Address of Attorney/Payer

Country

Postcode

Where Attorney/Payer has **moved house in the three months prior to the date of this Application Form**, please specify their previous address below:

Previous Residential Address

Country

Postcode

I, the Registered Individual named in Section 12 below hereby confirm that, where there is a person detailed above as 'Attorney/Payer':

- (i) the information set out above in respect of Attorney/Payer and, where Attorney/Payer has changed address in the three months prior to the date of this Application Form, the information set out above, was obtained by me/my firm in relation to Attorney/Payer; and
- (ii) the evidence which I/we have obtained to verify the identity of Attorney/Payer: *(tick one box only)*

meets the standard evidence set out within the Guidance for the UK Financial Sector issued by the Joint Money Laundering Steering Group

OR

exceeds the standard evidence set out within the Guidance for the UK Financial Sector issued by the Joint Money Laundering Steering Group (written details of the further verification evidence taken are attached to this Application Form)

Registered Individual Signature

Date

3 Politically Exposed Persons (PEPs)

Is any party to the application, past or present, a head of state or government; a senior politician; a senior government, judicial or military official; a senior executive of a publicly owned enterprise; an important political part official; or a known associate or immediate family member?

Yes

No

If yes, give details below:



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4 Nominated Account Details

You must provide us with details of your Nominated Account so that we may use this account to make payments to you. Your Nominated Account must be a sterling account at a UK bank or building society. For your protection, any cash withdrawal from your Portfolio will only be paid by direct credit to your Nominated Account (or to your Transact General Investment Account, where you so elect).

Name of Bank/Building Society

Address

Account Name

Account Number

Branch Sort Code (shown on your cheques)

 - -

Country

Postcode

How long has the Applicant in question held this account?

Years

Months

5 Adviser Payments

Please specify below the payments that you require to be deducted from your Portfolio and paid to your Adviser on your behalf as part of the operation of your client account.

(If you have already set these on an application or another Transact portfolio/facility you do not need to restate them here. If you set payments out here which are different from those on any previous application for another Transact portfolio/facility, these payments will only apply to your Transact SIPP.)

Payment Types and Applicable % Rates:

Initial	Switch	Annual New Cash	Annual Investments & Switch Cash
%	%	%	%

If you wish the Initial Adviser payment to be paid on a Portfolio Establishment Fee basis, please tick here:

6 Employment Details

If your employer is making contributions on your behalf, please provide current employment details.

Employer's Name

Postal Address

Employer's Telephone Number

Country

Postcode



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7 Contribution Details

Please indicate the net contribution you wish to make and/or the gross amount of any employer contribution.

One-off Contributions are subject to the minimums detailed in the Transact SIPP Key Features Document and the Transact Terms and Conditions	Deposit Amount	Deposit Method (Cheque or Electronic Transfer)
Net Single Member Contribution	£	
Gross Single Employer Contribution	£	

Contributions to be paid at regular intervals are subject to the minimums detailed in the Transact SIPP Key Features Document and the Transact Terms and Conditions	Deposit Amount	Timing		
		Frequency (M, Q, H, Y)	Day (1st, 11th, or 21st)	Start Month
Net Regular Member Contribution	£			
Gross Regular Employer Contribution*	£			

*Employer Payment Record needed

We will consider applications for Contributions to be paid at regular intervals. Please note that each and every such Contribution shall be made as a single contribution (and not as regular contribution payments).

For transfer of benefits from another scheme, please refer to 'Section C Transfer from another scheme / provider' below

Do you wish to contract-out of the State Second Pension? **Yes** **No**

If 'Yes' please complete Parts 2, 3 and 4 of HMRC form CA1542 (APP1) which can be found in the schedule at the end of this application form.

Are you already contracted-out of the State Second Pension with another Personal Pension provider? **Yes** **No**

If 'Yes' and you have not asked for the existing arrangement to be cancelled, you will need to also complete HMRC form CA1543 (APP2) and forward it to HMRC who will cease to make payments to your existing arrangement.

Where you wish contributions to be paid at regular intervals, please ensure that you supply us with a Direct Debit Mandate (Transact Form T006) and allow 10 working days for this to be set up.

Source of Funds	<input checked="" type="checkbox"/>	Amount From That Source (if any)	Payment Instructions
Cheque / Bankers Draft	<input type="checkbox"/>	£	For details, see A below
Electronic Transfer	<input type="checkbox"/>	£	For details, see B below
Transfer from another provider	<input type="checkbox"/>	£	Complete C below
Inter-wrapper Switch	<input type="checkbox"/>	£	Complete D below
Total amount of Initial Contribution:		£	

Please note we cannot accept your Transact SIPP application until we have received your Initial Contribution.

A Cheque/Bankers Draft

Please make payable to: **Integrated Financial Arrangements plc – Transact SIPP**

If the payer of the Contribution is not an Applicant, we will require verification of the identity and address of the payer (see Section 2, above), in addition to the verification required of the Applicant.

B Electronic Transfer

Please instruct your bank/building society to send payment to:

Account Name: Integrated Financial Arrangements plc Transact Client Account
Sort code: 60-00-01
Account Number: 36298921
Bank: National Westminster Bank plc
Address: City of London Office, PO Box 12258, 1 Princes Street, London EC2R 8PA

If the payer of the Contribution is not an Applicant, we will require verification of the identity and address of the payer (see Section 2, above), in addition to the verification required of the Applicant.



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7 Contribution Details (Cont)

C Transfer from another scheme / provider

Please provide details of all the scheme benefits or policy(s) to be transferred to your Transact SIPP.

Type of Scheme (e.g. Personal Pension, AVC, etc)

Scheme/Provider

Address

Contact Name

Telephone Number

Country

Postcode

Membership/Policy Number(s)

If benefits are being transferred from more than one source, a separate form will be required for each transfer.

Please confirm the portion(s) to be transferred.
(Please tick the relevant box(es))

Non-Protected Rights

Protected Rights

Safeguarded Rights

Please note that any Guaranteed Minimum Pension will be held as Protected Rights.

Type of Transfer (please tick one)

Cash

In Specie

In the event that we are unable to transfer all or part of the assets in specie, those assets will be transferred as cash.

Important – Please note, where benefits are subject to earmarking, we **cannot** accept the transfer.

Please note, you must also complete the Client Declaration In Respect Of Transfers In, attached at the Schedule at the back of this Application Form.

You should check with the existing provider to confirm that an in-specie transfer to Transact is possible before submitting this Application Form to us.

D Inter-wrapper Switch

Please give details of any asset held in any of your existing Transact Wrappers that you would now like to hold in your Transact SIPP instead.

Description of Asset (including undertaking name for fund or share and any SEDOL/EPIC code)	Transact Wrapper	Quantity (or Amount, if cash)	Current Value	Valuation Date
			£	
			£	
			£	
			£	
			£	
			£	
			£	

Please note that in practice you will need to complete the relevant Wrapper documentation to make the necessary withdrawal. A withdrawal from your Transact ISA will not affect any subscription already paid in the current tax year.

The cash contribution arising from the sale of the asset(s) must be paid from your General Investment Account (GIA) (ie: your Transact GIA and Transact SIPP will have the same account name and number).

The Financial Questionnaire (Section 10) must also be completed in respect of all assets comprising Initial Contribution.



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8 Death Benefits

Non-Protected Rights

I accept that this information is only an expression of my wishes and I understand that whilst the Trustee/Administrator will pay due consideration to these wishes, they have absolute discretion as to the beneficiaries and the proportion of benefit paid to each beneficiary.

Full Name of Beneficiary	Date of Birth	Full Postal Address	Relationship	Proportion (%)
	/ /			
	/ /			
	/ /			

100%

Protected Rights

If you are survived by a spouse or civil partner, an income must be provided from any protected rights fund. If you do not have or do not anticipate having a spouse or civil partner, please indicate below how any lump sum benefits should be paid.

Full Name of Beneficiary	Date of Birth	Full Postal Address	Relationship	Proportion (%)
	/ /			
	/ /			
	/ /			

100%

Notes:

- Any Protected Rights death benefit paid as a lump sum may be liable to Inheritance Tax as it is not possible to issue a Protected Rights contract on a discretionary death benefit basis. This potential liability may be avoided by placing these benefits under trust.
- The above death benefit nominations will remain valid only until you reach age 75. Upon turning 75, Alternatively Secured Pension death benefits will first be paid to your spouse/civil partner and/or dependant(s) as income. Where there is no spouse/civil partner or dependant, benefits will be paid to a charity nominated by you, or otherwise selected by Transact.

Alternatively Secured Pension only

Death benefits will first be paid to your spouse/civil partner and/or dependant(s) as income. Where there is no spouse/civil partner or dependant, benefits will be paid to a charity.

Full Name of Charity	Registered Number	Full Postal Address	Proportion (%)

100%



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9 Income Details (Unsecured/Alternatively Secured Pension Transfers only)

Please provide details below of the income required in respect of transfers of existing benefits that have been crystallised. This must be within the limits specified by the Government Actuary's Department and as appear in your Personalised Illustration.

	Gross Amount	Timing			GAD % (0% to 120% if Unsecured Pension, 55%-90% if ASP)
		Frequency (M, Q, H, Y)	Day* (7th, 17th, 27th)	Start Month	
Non-Protected Rights	£				
Protected Rights /Safeguarded Rights	£				

* Payments from your Pension can only be made on the 7th, 17th or 27th of the month. Please select only one date.

Please indicate to where you wish your benefits to be paid:

Your Transact General Investment Account

Your Nominated Account

Another Account (please specify below)

Bank/Building Society

Address

Account Number

Account Name

Country

Postcode

Branch Sort Code



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10 Financial Questionnaire

Total annual income last year

£

Salary last year

£

Bonus last year

£

In respect of the payments to be made into your SIPP, you must confirm its/their source by selecting the applicable source(s) from the table below:

Source	✓	Amount From That Source (if any)	Paid by Third Party (Please tick if Yes)
Monies from a Transact Facility		£	
Savings from Earnings		£	
Maturing Investments or Policy Claims		£	
Share/OEICs/Unit Trust Sale		£	
Property Sale		£	
Inheritance		£	
Loan		£	
Gift		£	
Lottery / Betting* / Casino Win		£	
Compensation Payment		£	
Income from Investments		£	
Other Income Sources		£	

* Please note that income from spread betting is Income from Investments, and not a Betting Win

Appropriate verification will be required in respect of third party contributions.

We reserve the right to ask for additional information and/or supporting documentation at any time.



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11 Buy Instructions

Please specify below whether you want the costs and charges incurred in making any purchases set out below to be deducted on an Inclusive or Exclusive basis. "Inclusive" means that the amount of contribution specified for such purchase shall be used to pay for both the investments specified and the costs and charges. "Exclusive" means that the amount of contribution specified for such purchase shall be used to pay for the investments only, and the costs and charges shall be deducted separately from your Transact account in accordance with the Transact SIPP Key Features Document and the Transact Terms and Conditions.

Inclusive

Exclusive

Please note that all purchase instructions (including instructions to make regular purchases) are subject to the Transact SIPP Key Features Document and the Transact Terms and Conditions and, in particular, to there being sufficient Contribution available to make the purchase in question. Please note that, unless otherwise specified in the purchase instructions, we will purchase income units/shares.

One-off Buy Instructions

Where, at this time, you also wish to instruct us to make a purchase of investments from your Contribution, please complete the following. Please note that, whether or not you complete the following, you may still instruct us to make purchases of investments from your Contribution at any time during the term of your SIPP by notifying us in accordance with the Transact SIPP Key Features Document and the Transact Terms and Conditions.

Description of Asset (including undertaking name for fund or share and any SEDOL/EPIC code or template name)	Amount (value) to be purchased
	£
	£
	£
	£
	£
	£
	£
	£

Buy Instructions at Regular Intervals

Where, at this time, you also wish to instruct us to make regular purchases of investments from your Contribution, please complete the following. Please note that, whether or not you complete the following, you may still instruct us to make regular purchases of investments from your Contribution at any time during the term of your SIPP by notifying us in accordance with the Transact SIPP Key Features Document and Transact Terms and Conditions.

Description of Asset (including undertaking name for fund or share and any SEDOL/EPIC code or template name)	Amount (value) to be purchased	Frequency (M, Q, H, Y)	Start Month*
	£		
	£		
	£		
	£		
	£		
	£		
	£		

*This will be deemed to be the later of (i) the Start Month stated here and (ii) the month following the date on which a valid direct debit instruction is in place. Please note that it takes up to 10 (ten) Business Days from the date of receipt of your T006 (or from the Commencement Date, if later) for a valid direct debit instruction to be in place.



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12 Adviser Details and Declarations

Firm Name

Firm Address

Country

Postcode

Registered Individual Name

Firm's Transact Number

FSA Number (FRN)

Network Name (if any)

FSA Number (IRN)

I confirm that I have read and understood the Transact Adviser Terms and Conditions and I agree to be bound by the same, as from time to time amended by Integrated Financial Arrangements plc on one month's written notice to me.

I confirm that I have informed each individual for whom identity and address verification is required that you may, at your sole discretion, undertake a search on a third party electronic database in order to satisfy yourself as to the identity and/or address of any such individual.

I agree and acknowledge that the Transact Adviser Terms and Conditions (as may be so amended from time to time) shall apply in respect of the Transact SIPP as between me and you and, in respect of the Transact General Investment Account, as between me and Integrated Financial Arrangements plc.

Signature

Authorised signatory for and on behalf of the Adviser



13 Client Declarations

I acknowledge and agree that you are relying on the information provided on this Application Form and section 1 of the Transact Portfolio Application Form as part of this application in making your decision to issue a Transact SIPP to me, that the Transact SIPP could be invalidated by any failure to disclose facts which might influence your assessment of this application prior to acceptance, and that you might seek to make a claim against me for any loss which you suffer in relying on that information. Should I feel that any additional information should be brought to your attention, I undertake to immediately provide this to you, signed by me and my Adviser.

I apply for a Transact SIPP and agree to be bound by the Rules of the Scheme set out in the Transact SIPP Key Features Document and Transact Terms and Conditions. I represent and confirm that to the best of my knowledge and belief all of the statements made above in this Application Form or provided by way of additional information are true and complete and not misleading and shall, together with such terms and conditions, the Rules of the Scheme, and any endorsements to these, form the basis of the contract between me and you.

I confirm that the information provided by me in this application for a Transact SIPP and in section 1 of my Transact Portfolio Application Form is accurate and complete.

I understand that the answers to the questions on this application together with the details provided in section 1 of the Transact Portfolio Application Form will form the basis for a Transact SIPP and for the benefits requested, to be effected by the Trustee(s) or Administrator of the Scheme (as appropriate) on my behalf;

I confirm that I have read and understood the Transact SIPP Key Features Document and the Transact Terms and Conditions and that I understand the charges that will be levied.

Where completing this form on behalf of an applicant aged under 16 (or under 18 if not in employment), I also declare that:

- I will be responsible for the contract as if I were the applicant; and
- Any contributions paid can only be returned to the member as benefits payable under the Rules of the Scheme.

Should I cease to be eligible to contribute to the Transact SIPP for which I am applying, I will notify the Trustee/Administrator accordingly.

I confirm that all payments made to any registered pension scheme in respect of which I am entitled to tax relief will not exceed the greater of the 'basic amount' (currently £3600) or my UK relevant earnings for the tax year in which they are made.

I confirm that I will advise Integrated Financial Arrangements plc if an event occurs following which I am no longer entitled to tax relief on payments and that I will do this by the later of the end of the tax year in which the event occurred or 30 days after the event occurred, whichever is the later.

I consent to the recording of my telephone calls with you.

I acknowledge, agree and undertake that:

1. any shares in companies to which my Transact SIPP is directly or indirectly linked will be held by Transact Nominees Limited (as your custodian) solely as an investment and, accordingly, neither you nor Transact Nominees Limited takes responsibility for the day-to-day management of any such company;
2. you do not and will not provide any advice as to the tax implications of investing in the Transact SIPP; and
3. you do not give any warranty as to the performance or profitability of my Transact SIPP or any part of it and, accordingly, you shall not be liable for any loss or depreciation in the value of my Transact SIPP, whether such loss or depreciation may result from a fall in the value of any investment to which it is, directly or indirectly, linked or from any other cause (but excluding any loss arising from negligence, wilful default or fraud on your part).

For Unsecured Pension transfers only, I understand that:

- no pension commencement lump sum is available from my fund at any time;
- I cannot make any further contributions to this arrangement;
- no further transfers can be made into this arrangement;
- an annuity can be purchased at any time, but after I turn age 75, Alternatively Secured Pension rules will apply.

I understand and agree that the contract that I am applying to enter into with you will be subject to English law and that the terms of each Rule will be in the English language.

I hereby request that the amount shown in Section 7 be invested as a Contribution in the Transact SIPP.

I authorise Integrated Financial Arrangements plc:

- to make on my behalf any claims to relief from tax in respect of my investments.
- to transfer my benefits to the Transact SIPP; and
- to make payments specified in this application form to my Adviser on my behalf.

I confirm that to the best of my knowledge and belief (having made due and careful enquiry) I am not subject to any taxation, exchange control, legislation or regulation that would make this application unlawful.

Data Protection

I consent to any personal information obtained by you (whether contained in this Application Form or otherwise and whether stored electronically or otherwise) being held and used or disclosed to a third party to enable you to process this application, or (in each case) any subsequent transactions and to communicate with me directly or indirectly for any purpose. For the avoidance of doubt, this includes the provision of relevant information to our agents and custodians from time to time.

Signature

X

Print Name

Date

/ /

Country where signed:



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The **Scheme Administrator and Trustee** of the Transact SIPP is Integrated Financial Arrangements plc
Registered Number: 3727592 in England and Wales.

The **Provider** of the Transact SIPP is Integrated Financial Arrangements plc
Registered Number: 3727592 in England and Wales.

The **Custodian** of the non-cash assets for and on behalf of the Provider is Transact Nominees Limited
Registered Number: 3727527 in England and Wales.

Registered Offices: Domain House, 5-7 Singer Street, London EC2A 4BQ.

Tel: (020) 7608 4900

Fax: (020) 7608 5300

Email: info@transact-online.co.uk

Website: www.transact-online.co.uk

Integrated Financial Arrangements plc is both authorised and regulated by the Financial Services Authority,
(entered on the FSA Register under the number: 190856)



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Schedule Client Declarations In Respect Of Transfers In

You need to complete this section if you wish to transfer benefits from another pension scheme or policy.

Please Note: If benefits are being transferred from more than one source, a separate instruction sheet will be required for each transfer.

1 Details of the Pension Scheme or Policy you are Transferring

Name of the Transferring Scheme

Type of Scheme

Address

Contact Name

Telephone Number

Country

Postcode

Your Membership Number or Policy Number

2 Client Declaration

Where I am transferring existing benefits from another provider scheme, I instruct the named provider/scheme (as detailed above) to transfer the funds to the Transact SIPP.

I discharge the transfer provider/scheme of all liabilities under their scheme named above. I authorise the named provider/scheme to release the necessary information to enable the transfer to take place.

Signature

Date

Print Name

The remainder of this application will be completed by the Administrator or Trustee(s) of your existing scheme after Transact processes this form.

3 Administrator/Trustee Details

Name of Scheme

Name of Administrator/Trustee (please delete as appropriate)

Address

Type of Scheme

Policy Number(s)

Country

Postcode

HMRC Scheme Ref No.



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4 Transfer Value Details

Total amount of transfer value
(£5,000 minimum unless you have an existing Transact Portfolio)

Deposit Amount	Deposit Method (Cheque or Electronic Transfer)
£	

Does this amount include any Protected Rights, Safeguarded Rights?

Yes No

If YES, please confirm the amount:

Protected Rights	Safeguarded Rights
£	£

Type of Transfer Required

Cash In Specie

Status of Benefits

Uncrystallised Crystallised

If the transferring scheme is in respect of Phased Retirement please confirm the percentage of the benefits that have been crystallised.

%

Is this transfer the result of a Block Transfer?

Yes No

If you have ticked 'Block Transfer', have you been a member of the Transact SIPP the subject of this transfer for longer than one year?

Yes No

If the answer is yes, please note that proceeding with the Block Transfer may have the effect of restricting your pension commencement lump sum entitlement.

If you have ticked 'Yes', confirm the name(s) of the other block transfer member(s).

Important – Please note, where benefits are subject to earmarking, we **cannot** accept the transfer.

Is the transfer payment subject to a court order arising from a divorce?
If YES, please supply details including a copy of the court order.

Yes No

In respect of transfers of benefits already in payment:-

Please confirm the Review Date of the Unsecured Pension/Alternatively Secured Pension:

/ /

What is the current applicable maximum GAD of the Unsecured Pension/Alternatively Secured Pension being transferred?

£

What income has been paid in the current pension year?

£

All cheques must be made payable to: **Integrated Financial Arrangements plc – Transact SIPP**

All non-cash holdings must be registered into the name of: **Transact Nominees Limited**

5 Transferring Authority

I declare that the answers to the questions above are true to the best of my knowledge and belief.

Signed on behalf of the Administrator/Trustee
(please delete as appropriate)

X

Date
/ /

Print Name

Capacity



Provision of National Insurance related information and services - (APP1) tear-off

Joint Notice to start payment of minimum contributions.

HMRC NI Contributions Office
Services to Pension Industry
(Personal Pensions Control Section)
Benton Park View
Newcastle upon Tyne
NE98 1ZZ

1. Appropriate Personal Pension Scheme - notification by the Trustees or Managers

I hereby notify that;

- to the best of our knowledge the person shown in Part 4 of this form is not currently a member of any Appropriate Personal Pension Scheme
- the person named on Part 4 of this form is, or intends to become, a member of the Appropriate Personal Pension Scheme with the number shown in Part 3 of this form
- we have agreed to accept this person as a member of the scheme
- we are willing to receive Minimum Contributions for this person
- we wish the start date for the payment of Minimum Contributions to the scheme to be that shown in Part 3 of this form

Name of the Scheme

The Transact SIPP Identified by the ASCN Overleaf

Signature by, or on behalf of, the Trustees or Managers

Date

/ /

Signatory's position

Authorised Official

Address for correspondence

Integrated Financial Arrangements plc
Domain House
5-7 Singer Street
London EC2A 4BQ

Telephone and Facsimile numbers

Phone (020) 7608 4900 Fax (020) 7608 5300

2. Notification by the scheme member

I hereby notify that I am, or intend to become, a member of the Appropriate Personal Pension Scheme with the number shown in Part 3 of this form. I wish Minimum Contributions to be paid to this scheme for me from the start date shown in Part 3 of this form. I understand that I will not accrue any State Second Pension benefits whilst Minimum Contributions are in payment.

Signature X

Date

/ /

Please turn over

CA1542 (APP1)



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OHDOZ_02



"Transact" is operated by Integrated Financial Arrangements plc Domain House, 5-7 Singer Street, London EC2A 4BQ
Tel: (020) 7608 4900 Fax: (020) 7608 5300 email: info@transact-online.co.uk web: www.transact-online.co.uk
(Registered office: as above; Registered in England and Wales under number: 3727592)
Authorised and regulated by the Financial Services Authority (entered on the FSA Register under number: 190856)

