

Application Form

January 2020

International
EXPAT
SIPP



HERITAGE
PENSIONS

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Important Note

- I. This is part of a set of literature including the Key Features document, Personal Illustration, Fee Schedule and Terms and Conditions, all of which should be read together.
- II. Please sign on pages 9, 10 and 11.
- III. Please enclose 1 form of photo ID and 1 form of address ID e.g. [Passport - Driving license - Bank statement (dated within 3 months) - Utility bill (dated within 3 months)].
- IV. If your employer will be making a contribution(s) on your behalf please ask they sign on page 6.
- V. The information supplied will be held in the strictest confidence and subject to the provisions of data protection legislation.

Section 1

Personal Details

Heritage Pensions will only accept this form if it is correctly and fully completed

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You should also read and consider the separate Fees Schedule, Key Features and Terms and Conditions dated January 2020. To secure copies, refer to: ivcm.com/international-expat-sipp

Important Information

Before sending this application form to IVCM, please check that you have completed all the questions on the application form by printing clearly in the spaces provided, and sign the relevant sections.

When complete email and post this form to:

newbusiness@ivcm.com
Heritage Pensions
6 Doolittle Mill, Froghall Road, Ampthill,
Bedfordshire, MK45 2ND

Proof of Identity

Heritage Pensions is required to verify your identity as part of the New Business process. Please attach certified copies of relevant proof of identity and proof of address (dated within the last 3 months) when submitting your application.

Your personal details

Mr Mrs Miss Ms Other Date of birth [dd/mm/yy]

Name [first name, middle, surname]

Gender Male Female Nationality

Are you a US citizen? Yes No National Insurance Number

Permanent Residential Address

	Postcode
--	----------

Date moved in

If lived at this address for less than 3 years please provide details of all addresses separately

Home

Work

Mobile

Fax

Email address

Retirement Age

You must insert a pension age for us to process your application. You can take benefits at any time after age 55 upon request.

Marital status Single Married Widowed Divorced Civil Partner

Other

Spouse / Civil Partner

Mr Mrs Miss Ms Other Date of birth [dd/mm/yy]

Name [first name, middle, surname]

Occupation and Eligibility

What is your occupation?

Please confirm by ticking the relevant box which of the following categories best describes your status:

I am employed Employer's Name

Employer's Address

	Postcode
--	----------

I am Self-Employed (i.e taxed under Schedule D)

I care for a person aged 16 or over

I am in receipt of a pension chargeable to tax

I am in full time education

I am unemployed

I am under school age (18)

I care for one or more children under age 16

If none of the above apply,
please explain your status

Pensions Opt-Out

Have you opted out or declined to join an occupational pension, group personal pension/stakeholder pension scheme or employer sponsored auto-enrolment pension arrangement, in favour of making payments to this plan?

Yes

No

Please note

⁽¹⁾The amount of contributions you can make may be restricted if you have 'flexi-accessed' your pension rights. If you are unsure as to the circumstances that will limit the level of contributions that you can make please refer to the Important Notes at the end of this form.

Contributions

Important:

Have you already 'flexi-accessed' your pension rights? ⁽¹⁾ Yes No

3.1 Personal Contributions

Please complete this section if you will be making a personal contribution(s). If you have benefits which are subject to enhanced or fixed protection any protection will be lost if a further contribution is paid by / for you.

Tax relief can be claimed on contributions made before age 75 and provided you satisfy at least one of the following:
 (i) You are resident in the UK for tax purposes (ii) You are in receipt of earnings which are chargeable to UK income tax.
 (iii) You or your spouse/ civil partner are a Crown Servant employed overseas.

The receipt of any basic rate tax relief due can take up to 11 weeks to claim after payment. Tax relief above the basic rate of tax should be reclaimed via your annual self-assessment tax return.

Please ensure you seek advice from a suitably qualified professional before making contributions into your SIPP.

If your employer will be making contributions, please arrange for Section 3.2 to be completed.

Personal Contribution	Regular	<input style="width: 100px;" type="text" value="£"/>	Single	<input style="width: 100px;" type="text" value="£"/>
Regular contribution payment frequency	Monthly	Quarterly	Half-yearly	Yearly
Start date for regular contributions				
Source of earnings	Earning	Savings	Inheritance	Gift
	Lottery winnings	Divorce Settlement	Property Sale	
	Other - please specify			

Important:

This section should be completed by your employer if they will be making pension contributions into your SIPP

3.2 Employer Contributions

If the member has benefits which are subject to enhanced protection or fixed protection it will be lost if a further contribution is paid

The Pensions Regulator's code of practice requires us to report late payment of contributions. Payment should be made no later than the 19th of the month after the member's pay date

Name of Employer

Employer Contribution

Regular

£

Single

£

Regular contribution payment frequency

Monthly

Quarterly

Half-yearly

Yearly

Start date for regular contributions

Employers Declaration

To be signed by an authorised signatory of the employer

Name

Position in Company

Signature

	Date [dd/mm/yy]

Important:

Heritage Pensions does not provide financial or investment advice.

Please specify your immediate investment plans.

Please tick as appropriate:

I have no immediate plans

I intend to buy collectives

I intend to appoint an investment manager - **please complete details below**

I intend to buy a commercial property - **please complete the property questionnaire available upon request**

Your Investment Manager Details

Name

Telephone

Office

Mobile

Fax

Address

Postcode

FCA Authorisation Number

Email address 1

Email address 2

Service Provided

Discretionary

Advisory

In the event of your death please confirm the % split of any benefits payable to your nominated dependant/beneficiary(ies)

International SIPP Trustees will consider the wishes expressed but the nominations will not be binding

You may change your nominated beneficiary (ies) in writing at any time

Name of Dependant / beneficiary (ies)

Name of Dependant / Beneficiary	Date of Birth [dd/mm/yyyy]	Relationship	%
			%
			%
			%
			%
			%

If you wish to nominate a Charity (ies) as a beneficiary please confirm below:

Nomination of a Charity (ies)

Name of Dependant / Beneficiary	Date of Birth [dd/mm/yyyy]	Relationship	%
			%
			%

Member's Declaration

This is our standard Application Form upon which we intend to rely. For your own benefit and protection you should read this declaration carefully before signing. If you do not understand any point please ask for further information or seek advice from a suitably qualified professional.

How we use your information

The information on this form and any further information provided by you and/or your nominated advisers, now or in the future, will be used by Heritage Pensions to:

1. Set up and administer your SIPP
2. Send information relating to your SIPP to you or your advisers
3. Provide statistics for marketing/ new business analysis by Heritage Pensions or its agents
4. Give essential information about your SIPP to others (for example investment providers, regulatory authorities, or your agents such as your financial adviser or investment manager) if necessary to run your SIPP and regulatory purposes. We may share your information with contracted third parties (including those outside EEA) as necessary in order to set up and administer your SIPP. Such contracted third parties will hold your information in accordance with UK Data Protection Legislation. Information about you may be kept under your SIPP is closed.

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I hereby declare that:

- a)** To the best of my knowledge and belief the information, undertakings and declarations contained in this application form are in all respects true and accurate
- b)** I confirm that by completing this application, I agree to become a member of the International Expat SIPP established under a master trust and agree to be bound by the rules, and any subsequent amendments as may be adopted from time to time. I have read and agree to the fees charged by Heritage Pensions for the administration of the SIPP as outlined in the SIPP fee schedule as amended from time to time. I understand that fees will be deducted from my SIPP bank Account.
- I understand that Heritage Pensions is the establisher and operator of the International Expat SIPP and is regulated by the Financial Conduct Authority. It also acts as the Scheme Administrator. The trustee is International SIPP Trustees
- c)** I have read and understood the Key Features, Terms and Conditions and the Product Disclosure Statement of the International Expat SIPP and agree to be bound by them. I understand the Administrator is authorised under the Financial Services and Markets Act 2000 for the establishment, operation and winding-up of SIPPs and is not permitted to give financial or investment advice nor does it accept any liability for the performance or choice of investments or performance or choice of any investment manager.
- d)** I am aware of my cancellation rights as detailed in the SIPP Key Features and agree to waive my cancellation rights for the establishment of my SIPP. (Delete if not applicable).
- e)** The total payments to any registered pension scheme in respect of which I am entitled to relief under section 188 of the Finance Act 2004 will not exceed the higher of the 'basic amount' or my relevant UK earnings for that tax year within the meaning of section 189 of that Act. (The basic amount for the 2020/21 tax year is £3,600 gross but this may change in future years).

f) I will tell Heritage Pensions of any relevant event which means that I will no longer be entitled to relief for any contributions pursuant to Section 188 of Finance Act 2004. I will do so before the later of the end of the tax year in which the event occurs or within 30 days of the event.

g) I agree to my financial adviser receiving fees as stated in Section 8 of this application form.

h) I authorise Heritage Pensions to obtain such information as is required to effect the transfer of my benefits from previous arrangements as detailed in Section 9 of this application form. I authorise the transferring scheme / insurer of the transferring scheme to disclose information to Heritage Pensions.

i) I agree to the fees charged by Heritage Pensions for the administration of the SIPP as published and amended from time to time.

j) I authorise Heritage Pensions to accept written instruction from my financial adviser (by letter or electronic communication including fax and email) to buy, sell and switch investments within my SIPP until this authority is expressly revoked by me in writing.

If you do not want your financial adviser to have the authority specified in this section, please delete this statement.

I agree;

- > That I am solely responsible for all decisions relating to the purchase, retention and sale of the investments forming my personal arrangement under the SIPP;
- > Not to hold Heritage Pensions and International SIPP Trustees liable for any claim in respect of the decisions made by myself or any appointed adviser;
- > That I will be responsible for any losses and / or expenses which are the result of any untrue, misleading or inaccurate information given by me or on my behalf either in this form or with respect to the benefits from my SIPP.

k) I understand Heritage Pensions or any third party as they may appoint (including those outside the EEA) will process and hold on computer or otherwise information about me as a result of this application. I give my consent to obtaining, recording and holding this information and other such personal data as is reasonably required to administer the Scheme and my own benefits. I also give my consent to disclosing to a third party such information about me as may be required by that third party to enable them to trace my whereabouts in the future and require their assistance. I also consent to disclosing to the HMRC or any regulatory body such information as is required for their purposes. Where I have disclosed the personal data of other living individuals I am also deemed as agent on behalf of those individuals to have given consent on their behalf and informed them of the identity of the data controllers and the purposes for which their data will be processed.

It is a serious offence to make a false statement. The penalties are severe and could invalidate membership of the SIPP and lead to prosecution.

Name	
Signature	
Date	

Section 7

Financial Adviser Fee Agreement

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Please note:

You need to complete this section with your Financial Adviser. If you are in doubt about the suitability of the SIPP and or investment you should speak with an Independent Financial Adviser.

Financial Adviser details

Adviser's Name
[first name, middle name, surname]

Adviser's Business Name

Company Address

FCA authorisation Number

Email address

Mobile number

Work number

Fax number

Is the above Financial Adviser connected to you in any way? (e.g. relative, business partner, etc) Yes No

Basis of sale With advice Face to Face Remotely

Adviser Remuneration

Please confirm details of the fees to be made by deduction from the SIPP fund. An invoice must be presented before each payment is made:

Establishing the SIPP £ or £ % of fund

Ongoing Advice £ or £ % of fund

To be signed by the member

Name

Signature

Date [dd/mm/yy]

Section 8

Transfer-in of Existing Pension Funds

8

Name

Address

Telephone Number

Transferring Plan / Scheme Details

Plan / Scheme Type:	Is this an occupational scheme?		Yes	No
Plan / Scheme Name:	Anticipated transfer value: £			
Is the transfer value secured via a guarantee date / period?	Yes	No	If yes, please indicate the guarantee date / period?	
Does the transfer value represent the full value of the Plan/Scheme?	Yes	No	Have you previously taken benefits from the Plan/Scheme? [If Yes, we cannot accept a partial transfer]	Yes No
Important: Have you already 'flexi-accessed' your pension rights?	Yes	No	Is this transfer by of a block transfer?	Yes No
Is this Plan / Scheme subject to a pension sharing / earmarking order?	Yes	No	Is this Plan / Scheme subject to a protected lump sum? [If yes, the protection will be lost if not part of a block transfer]	Yes No
Is this Plan / Scheme subject to a protected pension age? [If yes, the protection will be lost if not part of a block transfer]			Yes	No
If the transfer includes 'assets' in-specie please provide full details:				

Transfer Authority

I authorise and instruct you to transfer funds from the above Plan / Scheme directly to my International Expat SIPP. I authorise you to release all necessary information requested by Heritage Pensions Limited to enable the transfer to complete.

Declaration

I promise to accept responsibility in respect of any claims, losses and expenses that Heritage Pensions Limited may incur as a result of any incorrect information given above.

I confirm Heritage Pensions Limited has not provided me with any advice concerning the suitability of the transfer.

Name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text" value="[dd/mm/yy]"/>

i The amount of contributions you can make may be restricted if you have 'flexi-accessed' your pension rights. If you are unsure as to the circumstances that will limit the level of contributions that you can make please refer to the Important Notes at the end of this form.



Please read these notes carefully. It is really important that you understand.

Please read these notes carefully. It is really important that you understand whether or not you have 'flexi accessed' your pension rights as doing so reduces significantly the future contributions you can make. (Referred by HMRC as the 'Money Purchase Annual Allowance rules')

If you are still unsure after reading these notes, please refer to your Financial Adviser.

The money purchase annual allowance rules will apply if one of the following occurs in a tax year, on or after 06/04/2015.

- I. You have drawdown funds from a 'flexi access' drawdown fund
- II. You have received an 'uncrystallised funds pension lump sum'
- III. You notified your scheme administrator that you wished to convert your pre 06/04/2015 'drawdown pension' fund to a 'flexi access' drawdown fund and you subsequently drawdown from that fund
- IV. You have taken more than the permitted maximum for 'capped drawdown' from a pre 06/04/2015 drawdown pension fund
- V. You have received a stand-alone lump sum and you are entitled to primary protection with a greater than £375,000 protected tax free lump sum
- VI. You have received a payment from a life time annuity where the annual rate of payment can be decreased other than in permitted circumstances
- VII. You have received a payment of a scheme pension from a money purchase arrangement where the arrangement is providing scheme pensions to less than 12 members, including dependant's, at the time the first payment is made to you

The money purchase annual allowance rules will not apply if one of the following occurs.

- I. You have received a pension commencement lump sum (tax free cash)
- II. You have received a trivial commutation lump sum
- III. You have received a small pots lump sum
- IV. You are in receipt of a scheme pension from a defined benefits arrangement, or from a money purchase arrangement where at least 12 people are receiving a scheme pension
- V. You are in receipt of a lifetime annuity that can't go down except in prescribed circumstances
- VI. After 06/04/2015, you take no more than the permitted maximum capped drawdown from a pre 06/04/15 drawdown pension fund



The International Expat SIPP is administered by Heritage Pensions Limited who are authorised and regulated by the Financial Conduct Authority. The asset trustee for the International Expat SIPP is International SIPP Trustees Limited.

Telephone. +44 01525 408120
Fax. +44 01525 403189
Email.info@heritagepensions.co.uk



The International Expat SIPP is operated and administered by Heritage Pensions Limited who are authorised and regulated by the Financial Conduct Authority. The asset trustees for the International Expat SIPP is International SIPP Trustees Limited. An agreement is in place between Heritage Pensions Limited and IVCM whereby certain administrative functions in respect of the International Expat SIPP are outsourced to and undertaken by IVCM.

Heritage Pensions

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Heritage Pensions Limited is authorised and regulated by the Financial Conduct Authority (FCA No. 475096)