

Joint application form for investing in a Prudential Trustee Investment Plan within a Hornbuckle Self-Invested Personal Pension

Form reference H101P

Section A - Introduction

Please complete this form if you wish to invest in a Prudential Trustee Investment Plan in a new Hornbuckle plan. Other investment options are available. If you already have a Hornbuckle plan, please use the Prudential Trustee Investment Plan - Series A application form.

You must complete sections C to Q.

Your financial adviser must complete sections R and S.

Please use black ink and write in CAPITAL LETTERS or tick as appropriate.
Any corrections must be initialled.
Please do not use correction fluid as this will invalidate your application.

Section B - About this form

If someone else fills in this form for you (for example, your financial adviser), please check that all the details are correct before you sign the Declaration. You are responsible for all the answers you or your financial adviser provide on this application.

Please read the Key Features Document as this will provide you with important information regarding the key risks and benefits of the product(s) to help you make a decision.

Please also read the guide to fund options as this will provide you with full details of the funds available, their objectives, Prudential's Risk rating of these funds and charges to help you select the funds suitable for your needs.

Please return this form to: **Hornbuckle, Tyman House, 42 Regent Road, Leicester, LE1 6YJ.**

Section C - Member details

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other

Surname

Full Forename(s)

Date of Birth

Sex

Male

Female

D	D	M	M	Y	Y	Y	Y
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☐☐

National Insurance Number

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Section D - Investment details

Amount of Investment.

£

(The minimum initial investment is £20,000, the minimum additional investment is £10,000. The maximum contribution is normally £1,000,000. Prudential may accept higher value contributions on request.)

Is this an application for an increase to an existing Prudential Trustee Investment Plan?

Yes

No

If Yes, please give plan number

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Are there any other Application Forms in respect of members of the same Occupational Pension Scheme being submitted at the same time as this Application Form?

Yes

No

If Yes, how many other Application Forms are there?

Please note that it is important for you to tell us if you have any existing Trustee Investment Plans and/or you are submitting any other Application Forms in respect of members of the same Occupational Pension Scheme to ensure you benefit from any applicable Fund Size Discounts.

Chosen funds	% to be invested in each fund
	%
	%
	%
	%
	%
	%
	%
Total	100%

Are you choosing a PruFund Protected Fund?

☐

No Go to Section E.

☐

Yes Choose the guarantee term from the options available (please refer to The PruFund Range of Funds :Guarantee Options (INVS11470))

years

Only one PruFund Protected Fund is allowed per Plan. If you select a guarantee term that ends on or after the member's 99th birthday, we will invest it in the non-protected version of the fund.

Section E - Taking income (optional)

Complete this section if you want to take income from this plan.

Income Level % each year payable Monthly ☐ Quarterly ☐
Half yearly ☐ Yearly ☐

Or

Income Deferred ☐ (tick box)

Please provide scheme bank account details, as we cannot make payments direct to the member.

Name of account holder

Name and address of Bank/
Building Society

Postcode

Sort Code - -

Account No

Section F - Adviser charge instructions

Are Adviser charges to be taken from the plan and paid to your Adviser? If No, go to Section G. Yes ☐ No ☐

Adviser charges for arranging the set up of this plan

The Adviser charge agreed for consultations resulting in setting up this plan can be taken either as a percentage of the contribution or a fixed monetary value.

To be taken as % of contribution %

Or

as a specified monetary amount £

Ongoing Adviser charges

The Adviser charge agreed for ongoing advice is deducted from the fund as a percentage of the fund value. Please enter the annual amount of charge and the frequency deductions are to be made from the fund to meet the cost of ongoing advice.

As a percentage of fund value % p.a.

Ongoing adviser charges to be deducted once every (please tick ONE box) ☐ month ☐ quarter

Ongoing Adviser Charges will be calculated and deducted proportionately across all funds including PruFund Protected Funds. As this will reduce the Guaranteed Minimum Fund, you can choose to exclude PruFund Protected Funds from the deduction of this charge.

Please tick the box if you do not want Ongoing Adviser charges to be deducted from the PruFund Protected Fund. This option is not available if you are only invested in a PruFund Protected Fund. ☐

Section G - Self-Invested Personal Pension

Please select the type of plan you are applying for:

Full SIPP

☐

Single Investment SIPP

☐

Section H - Applicant correspondence details

Permanent residential address

Correspondence address (if different)

Postcode

Postcode

Correspondence to:

You

☐

Your adviser

☐

Both

☐

Tel no

Mobile no

Email

Intended retirement age

Are you now or have you ever been a US citizen?

Yes

☐

No

☐

Section I - Employment status

I am (please tick one):

Employed

☐

Self-employed

☐

A pensioner

☐

A child under the
age of 16

☐

Other

☐

If you have selected "other" from the list above, please confirm which of the following best describes your status:

Caring for one or more
children aged under 16

☐

Caring for a person aged
16 or over

☐

In full time education

☐

Unemployed

☐

Other

☐

If you have selected "other", please provide details

Section J - Contributions

Will you be paying contributions to your Hornbuckle plan?

Yes

☐

No

☐

If “yes”, please complete H102 Member contribution form

Will your employer be paying contributions to your Hornbuckle plan?

Yes

☐

No

☐

If “yes”, please complete H103 Employer contribution form

Will another third party be paying contributions to your Hornbuckle plan?

Yes

☐

No

☐

If “yes”, please complete H104 Third Party contribution form

Section K - Transfers

Will you be transferring any existing pension benefits into your Hornbuckle plan?

Yes

☐

No

☐

If “yes”, please complete H105 Transfer form

Section L - Taking benefits

Are you intending to start drawing benefits from your Hornbuckle plan immediately?

Yes

☐

No

☐

If “yes”, please complete H106 Benefit payment form

Section M - Expression of wish

Do you want to make a nomination about who should receive the benefits in your Hornbuckle plan on your death?

Yes

☐

No

☐

If “yes”, please complete H107 Expression of wish

Section N - Adviser charging

Do you want to pay your adviser a fee from your Hornbuckle plan in addition to the charges from the Prudential TIP (as selected in Section F)?

Yes

☐

No

☐

If “yes”, please complete H108 Adviser charging form

Section O - Data protection statement

I understand and accept that:

The Hornbuckle Mitchell Group Limited may disclose my personal information to verify my details with a credit reference agency or agencies both during the application process and during the ongoing administration of my plan. This information will be used to prevent fraud and money laundering and to check my identity. Any checks performed may be recorded on my credit history.

The information provided by The Hornbuckle Mitchell Group Limited to credit reference agencies will be used by other credit grantors to prevent fraud and money laundering, to make credit decisions about me and the people with whom I am financially associated, and occasionally for tracing debtors.

The Hornbuckle Mitchell Group Limited will disclose my personal information to any legal or regulatory body if required to do so by law.

The Hornbuckle Mitchell Group Limited will use my personal information, and share it with associated companies, in order to:

1. Set up my plan.
2. Provide administration services in relation to my plan.
3. Send me information relating to my plan.
4. Keep me updated on products and services from you and your associated companies that may interest me or to take part in market research.

If you would prefer not to hear from us about new products and services please tick here:

☐

We will never pass your details to any third parties without your consent.

The Hornbuckle Mitchell Group Limited may need to process sensitive personal information about me, such as information relating to my health.

The Hornbuckle Mitchell Group Limited may need to transfer my personal information to another country, in which case The Hornbuckle Mitchell Group Limited will ensure that my personal information is afforded the same level of protection as required under the UK Data Protection Act.

I have a right to obtain a copy of the personal information that The Hornbuckle Mitchell Group Limited holds in relation to me (subject to the payment of a fee) and to have any inaccuracies corrected.

I confirm that I have appointed the financial adviser named in section S of this application form to act on my behalf and authorise The Hornbuckle Mitchell Group Limited to disclose information to my adviser to assist in the administration and performance of my plan.

By signing this application form I consent to the use of my personal information for the purposes and on the terms above.

In order to ensure the accuracy of the service we provide to you, and to train our staff, The Hornbuckle Mitchell Group Limited may record communications we have with you.

I confirm that I have obtained the consent of any individual paying contributions to my plan on my behalf for The Hornbuckle Mitchell Group Limited to use the individual's personal data to verify their identity with a credit reference agency or agencies for the purpose of preventing fraud and money laundering, and that the individual acknowledges and agrees that any credit checks performed may be recorded on their credit history.

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Section P - Cancellation rights

Application

You can cancel your application to join the Hornbuckle Mitchell SIPP at any time within 30 days of the date that we accept your application.

You can find full details of your cancellation rights in the Key Features Document for the Scheme.

If you would like to cancel your application, you can do so by emailing us at clientservicing@hornbuckle.co.uk or writing to us at the address at the end of the form.

You can choose to waive your cancellation rights within the 30 day cancellation period.

Would you like to waive your cancellation rights? Yes

☐

No

☐

Transfers

You can cancel your application to transfer your pension benefits to your Hornbuckle plan at any time within 30 days of the date that we receive the transfer.

You can find full details of your cancellation rights in the Key Features Document for the Scheme.

If you would like to cancel the transfer you can do so by emailing us at clientservicing@hornbuckle.co.uk or writing to us at the address at the end of the form.

Taking benefits

You can cancel your application to designate your plan for the payment of a drawdown pension at any time within 30 days of the date that we crystallise your benefits.

You can find full details of your cancellation rights in the Key Features Document for the Scheme.

If you would like to cancel the crystallisation of your benefits you can do so by emailing us at clientservicing@hornbuckle.co.uk or writing to us at the address at the end of the form.

Section Q - Member declarations

General

I apply to become a member of The Hornbuckle Mitchell SIPP ("the Scheme").

I agree to be bound by the Trust Deed and Rules and the Terms and Conditions of the Scheme as they may be amended from time to time.

I acknowledge that my membership is based on the information in this application and I agree to ensure that The Hornbuckle Mitchell Group Limited is kept accurately informed of any information that they may require to administer my plan.

I acknowledge and agree that The Hornbuckle Mitchell Group Limited has not provided and will not provide me with financial advice concerning the suitability of joining the Scheme to my financial needs and circumstances.

I acknowledge and agree that The Hornbuckle Mitchell Group Limited is entitled to charge fees and expenses for administering my plan. I have received a copy of the Fee Schedule and agree to the fees relating to the options I have chosen as set out in the Fee Schedule and as amended from time to time.

I acknowledge that The Hornbuckle Mitchell Group Limited may amend or increase the fees set out in the Fee Schedule but that they will give me advance notice of any change as set out in the Terms and Conditions of the Scheme.

I confirm that I have been provided with copies of the Terms and Conditions, Fee Schedule and Key Features Document for the Scheme.

Contributions

I declare that in any given tax year the total contributions to any registered pension schemes in respect of which I am entitled to tax relief under section 188 of the Finance Act 2004 will not exceed the higher of (a) the basic amount or (b) my relevant UK earnings for that tax year, within the meaning of section 189 of the Finance Act 2004.

I declare that the declaration I have given above is, to the best of my knowledge and belief, correct.

I declare that the particulars I have provided in this application are, to the best of my knowledge and belief, correct and complete.

I declare that I will give notice to The Hornbuckle Mitchell Group Limited if an event occurs as a result of which I am no longer entitled to tax relief for my contributions pursuant to section 188 of the Finance Act 2004, and I will give that notice no later than the later of (a) the 5th April in the year of assessment in which the event occurs and (b) the date which is 30 days after the occurrence of the event.

Transfers

I authorise and instruct you to transfer funds from the plan(s) as listed in the appropriate section of this application directly to the receiving provider. 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 the receiving provider to enable the transfer of funds to the receiving provider. 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 an employer is paying contributions to any of the plans as listed in the appropriate section of this application, 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 receiving provider’s responsibility is limited to the return of the total payment(s) to the current provider(s).

Where the payment(s) made to the receiving provider represent(s) all of the funds under the plan(s) listed in the appropriate section of this application, then payment made as requested 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 the receiving provider represent(s) part of the funds under the plan(s) listed in the appropriate section of this application, then the current provider(s) will be discharged of all claims and responsibilities only in respect of the part of the plan(s) represented by the payment(s).

I promise to accept responsibility in respect of any claims, losses and expenses that the receiving provider and the current provider(s) 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.

Taking benefits

Please accept this as my instruction to crystallise my Hornbuckle plan as I have instructed in the relevant section of this application.

Adviser charging

I authorise The Hornbuckle Mitchell Group Limited to pay my adviser, whose details have been provided in section S of this form, an adviser charge from my plan.

I understand that the value of my plan will be reduced according to the amount of the payment or payments made by The Hornbuckle Mitchell Group Limited in relation to any adviser charge and any related tax.

I am the applicant named in section C ☐

I am making these declarations on the applicant’s behalf, and I am:

The parent or guardian of the applicant ☐

The applicant’s attorney or receiver, or another person managing and administering the applicant’s affairs ☐

A person with power of attorney in relation to the applicant’s affairs ☐

Signature

Date

D

D

M

M

Y

Y

Print name

Section R - Verification of identity

Applicant full name

Date of birth

D

D

M

M

Y

Y

Address

Postcode

If the applicant has lived at this address for less than 3 months, please provide their previous address

Postcode

I/we confirm that the information above was obtained by me/us in relation to the applicant.

The evidence I/we have obtained to verify the identity of the applicant:

meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG

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

Adviser signature

Date

D

D

M

M

Y

Y

Have you provided a personal recommendation to the applicant in relation to the SIPP plan?

Yes

☐

No

☐

On which basis has the sale of the SIPP plan been transacted?

Face to face

☐

At a distance

☐

Have you agreed with the applicant that we should pay you a fee from the SIPP plan?

Yes

☐

No

☐

If "yes", please make sure that you and the applicant have completed H108 Adviser charging form

Checklist

Please select from the list below the additional forms that you are attaching to this application form:

H102 Member contribution form

☐

H106 Benefit payment form

☐

H103 Employer contribution form

☐

H107 Expression of wish

☐

H104 Third party contribution form

☐

H108 Adviser charging form

☐

H105 Transfer form

☐

Before submitting this application form please make sure:

☐

You have completed all of the relevant sections of the form.

☐

You have read and understood the information and declarations contained in sections O to Q of this form.

☐

You have signed and dated the form at the end of section Q.

☐

Your financial adviser has completed sections R and S of the form.

Where to send

Hornbuckle, Tyman House, 42 Regent Road
Leicester LE1 6YJ

Get in touch

Tel: 0116 366 8669 Fax: 0845 125 6700
salessupport@hornbuckle.co.uk
www.hornbuckle.co.uk