

OPTION SIPP AND FULL SIPP

DATA CAPTURE FORM

Please complete this form in BLOCK CAPITALS and black ink and return it to: Embark Pensions, Dunscair House, Deakins Business Park, Egerton, Bolton BL7 9RP. If you need assistance in completing this form, please call our Customer Services team on 01204 803500.

This Data Capture Form is to be used in conjunction with our Online Application. Please use this form to collate all the client's data which can then be inputted online.

This form does not need signing by the client. This form is for your use only and EBS Pensions Limited, trading as Embark Pensions do not require this form to complete the SIPP setup. Embark Pensions will ignore all information on this form and will instead use the information inputted online.

I confirm that I am applying for (tick one box only): Option SIPP Full SIPP

Transfers

If you are transferring existing pensions into the SIPP, we will require additional information to complete the transfer.

Type of Transfer	What we need
Origo	Scanned copy of SIPP transfer authority form. We can also accept a scanned copy of the transferring scheme's discharge form.
Non-Origo and all in-specie transfers	Original signed transferring scheme discharge form.

1 MEMBER DETAILS

Title: _____ Suffix: _____

Forename(s): _____

Surname: _____

Date of Birth: Gender: _____

Marital Status: _____ NI Number: _____

Age at which you would like to take your benefits? (If left blank, we will use the default age of 65): _____

Permanent Residential Address:
Postcode:

Country: _____ Nationality: _____

Telephone Number: _____ Alternative Telephone Number: _____

Email Address: _____

Employment Type: _____

Have you flexibly accessed your pension benefits? Yes No

If yes, first Flexible Access Date:

2 CONTRIBUTIONS

Current Salary:* £

* If you are Self Employed please state last year's earnings.

	£ Employer	£ Member	£ Third Party
Single Net:			
Single Gross:			

	Date (DD/MM/YYYY)	Date (DD/MM/YYYY)	Date (DD/MM/YYYY)
Single Payment Date:			

	Yes	No	Yes	No
Do you require Embark Pensions to reclaim tax relief on this contribution?				

	£ Employer	£ Member	£ Third Party
Net Regular:			
Regular Gross:			
Regular Frequency:			

	Date (DD/MM/YYYY)	Date (DD/MM/YYYY)	Date (DD/MM/YYYY)
Regular Payment Start Date:			

	Yes	No	Yes	No
Do you require Embark Pensions to reclaim tax relief on this contribution?				

Please note: if you only want to reclaim partial tax relief you will have to complete two separate contribution forms. One for the element that requires tax relief and another for the element where no tax relief will be reclaimed, two separate payments will need to be made. Self employed contributions will be treated as employer.

3 CONTRIBUTING EMPLOYER DETAILS

Company Name:

Company Registration Number:

Address:
Postcode:

4 INVESTMENT STRATEGY

Please be aware, once you have submitted this application, we will use the information provided in this section as your investment instruction. We will confirm this to your Financial Adviser via email.

If your Investment Strategy changes, Embark Pensions will need to receive clear instructions of the change. If we do not receive clear instructions, we cannot be made liable for any financial loss suffered by the SIPP member. For the avoidance of doubt, written instructions, by mail, fax or email can only be considered received on written acknowledgement by Embark Pensions. If no acknowledgement is received it is your responsibility to contact us by phone to ensure the instruction has been received.

If you input your selection below as a percentage, please be aware that 100% is equal to the total fund minus any initial adviser fee, our initial fee and 1 year of our annual fees. We may also have to take into account any income withdrawals from the SIPP through a Pension Commencement Lump Sum (PCLS), income drawdown or an Uncrystallised Funds Pension Lump Sum (UFPLS).

Please note, if you select a monetary amount below, we may have to contact you to confirm the investment amount(s) as the value of your fund can fluctuate.

	Investment Type	Investment Company	Investment Name	Actual Figure for Investment (£ or %)
Investment 1				
Investment 2				
Investment 3				
Investment 4				
Investment 5				

5 EXPRESSION OF WISH

You need to complete this section to inform us who you want the funds in your SIPP to be paid to in the event of your death. You are able to change your nominated beneficiaries at any time but you MUST inform us with the details of your new beneficiaries. We would recommend you consulting with your Financial Adviser prior to completing this section.

	Surname	Forename	Title	Proportion	Relationship
Beneficiary 1				%	
Beneficiary 2				%	
Beneficiary 3				%	
Beneficiary 4				%	
Beneficiary 5				%	



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