



Please read this document carefully so you fully understand the implications of any financial decisions, and keep it safe for future reference. It may also help to refer to our online **glossary** for explanations of technical or unfamiliar terms.

OPTION SIPP AND FULL SIPP DATA CAPTURE FORM

We want all of our customers to be able to access our services equally. For those who may need additional help, we have put in place some support to make it easier. If required, we can arrange to send you this document in special formats, such as large print or braille. Please ring us on **01204 803500** if this is needed.

Full details of how we can tailor communications and documents to suit your needs can be found on our website at **www.embarkpensions.co.uk/accessibility-policy**

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 records only and Embark Pensions do not require this form to complete the SIPP setup. Embark Pensions will not use any information on this form and instead will only use the information submitted 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: | D | D | M | M | Y | Y | Y | Y | Gender: _____

Marital Status: _____ NI Number: _____

Age at which your client would like to take their 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: | D | D | M | M | Y | Y | Y | Y |

2 CONTRIBUTIONS

Current Salary:* £

* If your client is 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:			
Do you require Embark Pensions to reclaim tax relief on this contribution?	Yes	No	Yes No

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

Please note: If you are only reclaiming tax relief on part of your contribution, you will need to complete two contribution forms and make two payments to your SIPP. The first form and payment must be for the amount that requires tax relief; the second form and payment must be for the amount where no tax relief will be claimed.

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 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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