

# EMPLOYER CONTRIBUTION FORM

FOR HORNBUCKLE MITCHELL SIPP | HORNBUCKLE MITCHELL PRIVATE PENSION |  
THE PRIVATE PENSION | FLEXIBLE INCOME PENSION PLAN | FREEDOM SIPP

Please complete this form in BLOCK CAPITALS and black ink and return it to: Embark Pensions, Tyman House, 42 Regent Road, Leicester LE1 6YJ. If you need assistance in completing this form, please call our Customer Services team on 0116 366 8600.

Complete this form if your employer intends to pay contributions to your Embark Pension.

You must complete sections 1 to 3.

Your employer must complete sections 4 to 7.

Your financial adviser must complete section 8.

## 1 MEMBER DETAILS

Title:

Forename(s):

Surname:

Address:

Postcode:

Date of Birth:

| D | D | M | M | Y | Y |

Pension Number:

Email:

National Insurance Number:

If you do not have a National Insurance number please tick here.

### Lifetime Allowance Protection:

If you hold Enhanced or Fixed Protection any contribution paid to your pension will result in the loss of your protection. You should speak to your financial adviser.

### Money Purchase Annual Allowance (MPAA):

Have you triggered the Money Purchase Annual Allowance (MPAA)?

Yes

No

If 'Yes' please supply us with your written confirmation provided by the scheme administrator if other than Embark Pensions, and refer to our Member Contribution Form guidance.

**2 EMPLOYMENT STATUS**

I am (please tick one):

- Employed                                      Self-employed                                      A child under the age of 16
- A pensioner                                      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:

**3 MEMBER DECLARATION**

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 Embark Services 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.

I am the member named in section 1.

I am making these declarations on the member's behalf, and I am:

- The parent or guardian of the member.
- The member's attorney or receiver, or another person managing and administering the member's affairs.
- A person with power of attorney in relation to the member's affairs.

I have received financial advice in relation to this transaction: Yes                                      No

Member Signature:

Print Name:

Date: | D | D | M | M | Y | Y |

**4 EMPLOYER DETAILS**

Company Name:

Contact Name:

Registration Number:

Registered Address:

Postcode:

Telephone Number:

Email:

**5 CONTRIBUTION DETAILS**

**Single contribution**

Gross amount of single contribution: £ \_\_\_\_\_ Date of payment: | D | D | M | M | Y | Y |

**Regular contribution**

Is this a new regular contribution? Yes \_\_\_\_\_ No - amendment to existing \_\_\_\_\_

If 'Yes', new contribution:

Gross amount of regular contributions (per payment): £ \_\_\_\_\_ Start date of regular contributions: | D | D | M | M | Y | Y |

Frequency of regular contributions:  
 Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Annually \_\_\_\_\_

If 'No', amendment to existing regular contributions:

Total new gross amount of regular contributions (per payment): £ \_\_\_\_\_ Start date of amended contributions: | D | D | M | M | Y | Y |

Frequency of regular contributions:  
 Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Annually \_\_\_\_\_

**6 BANK ACCOUNT DETAILS**

Please confirm the bank account details from which contributions will be paid:

Bank/Building Society: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: | | | | | | | | | | Sort Code: | | | | | |

**7 EMPLOYER DECLARATION**

We agree that the information provided in sections 4, 5 and 6 are correct.

We agree that any contribution deducted from the earnings of the member named in section 1 will be paid to the pension no later than the nineteenth day of the month following the date of deduction. Any late payments may require Embark Services Limited to report them to The Pensions Regulator.

Signature: 

Print Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date: | D | D | M | M | Y | Y |

## 8 VERIFICATION OF IDENTITY

This section is for the financial adviser to complete in respect of the employer. This should be the same company details as provided in section 4.

Company Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Registered Address: \_\_\_\_\_  
 Postcode: \_\_\_\_\_

Trading Address: \_\_\_\_\_  
 Postcode: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Company Registry: \_\_\_\_\_

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

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

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: 


Print Name: \_\_\_\_\_ Firm Name: \_\_\_\_\_


Date: \_\_\_\_\_ | D | D | M | M | Y | Y | \_\_\_\_\_



 0116 366 8600

 0845 125 6700

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