

THIRD PARTY 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 a third party other than your employer intends to pay contributions to your Embark Pension.

You must complete sections 1 to 3.

The third party paying the contribution(s) 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 | 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.

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 confirm that I have obtained the consent of any individual named in section 4 for Embark Services 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.

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 THIRD PARTY DETAILS

4.1 Individuals

Title: _____

Forename(s): _____

Surname: _____

Address: _____

Postcode: _____

Telephone Number: _____

Email: _____

4.2 Other (including companies, trusts, etc.)

Name: _____

Contact Name: _____

Registered
Address: _____

Postcode: _____

Telephone Number: _____

Email: _____

5 CONTRIBUTION DETAILS

Single contribution

Net 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:

Net 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 net amount of regular
contributions (per payment): £ _____

Start date of amended contributions: _____

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

Frequency of regular contributions:

Monthly

Quarterly

Annually

Unless amended above or advised otherwise, we will assume all other regular contributions are continuing unchanged.

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 SOURCE OF FUNDS

Please indicate how your contribution(s) will be funded:

Surplus income

Savings and investments

Other

If you have selected 'Other', please provide details:

8 VERIFICATION OF IDENTITY

8.1 Individuals

Third Party Full Name:

Date of Birth:

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

Address:

Postcode:

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

Address:

Postcode:

Section 8 continued overleaf >>

8 VERIFICATION OF IDENTITY**8.2 Other**

Name: _____ Registration Number: _____

Registered
Address:

Postcode:

Registry: _____

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

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




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 |

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