

THIRD PARTY CONTRIBUTION FORM

- For use with:**
- Hornbuckle Mitchell SIPP
 - Hornbuckle Mitchell Private Pension
 - Private Pension
 - Hornbuckle Mitchell FIPP
 - Freedom SIPP

Please complete this form in **BLOCK CAPITALS** and black ink and return it to: Embark Pensions, Provincial House, 37 New Walk, Leicester, LE1 6TU. 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 |



 0116 366 8600

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Hornbuckle Mitchell Trustees Limited are the trustee for the Hornbuckle Mitchell SIPP, the Hornbuckle Mitchell Private Pension, the Private Pension and the Hornbuckle Mitchell FIPP. Avalon SIPP Trustees Limited are the trustee for the Freedom SIPP.

Embark Pensions is a trading name of Embark Services Limited, a company registered in England (No. 02089815) with its registered office at 100 Cannon Street, London, EC4N 6EU. Embark Services Limited is authorised and regulated by the Financial Conduct Authority (Registration no. 120820). Embark Services Limited is a wholly owned subsidiary of Embark Group Limited (No. 03578067) with its registered office at 100 Cannon Street, London EC4N 6EU.