

Member Contribution Form

BARCODE
INTERNAL USE ONLY

Form reference H102

Complete this form if you intend to pay contributions to your Hornbuckle plan.

You must complete all sections of this form.

If you are completing this form as a supplement to H101 SIPP Application Form (Core) you do not have to complete section 1 or sign section 5.

I am completing this form as a supplement to H101 SIPP Application Form (Core)

Quick actions:

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1. Member details

Forename(s)

Laura

Hornbuckle plan number

DW123456

Surname

Shaw

Email

laura@email.com

Date of birth

1 8 0 5 6 4

Address

43 High Street
Anytown

National Insurance number

Postcode

AB1 9YZ

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 plan 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 Hornbuckle, and refer to H102 Member Contribution Form guidance

2. Employment status

I am (please tick one):

Employed

Self-employed

A pensioner

A child under the age of 16

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. Contribution details

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Will your contribution(s) include any assets other than a cash payment?

Yes

No

If "yes", please provide us with details

If the asset(s) are unlisted securities please complete H112 Unlisted Securities Form

If the asset(s) include other alternative investments please complete H113 Alternative Investments Form

If the asset is a commercial property, you should complete the relevant property purchase form

Single contribution:

Net amount of single contribution

Date of payment

10,000

2

4

0

6

1

4

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.

4. Bank Account Details

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

Bank / building society

My Bank

Sort code

1

2

3

4

5

6

Account / roll number

1234567890

Account name

5. Source of funds

Please indicate how your contribution(s) will be funded

Surplus income

Savings and investments

Other

5. Source of funds cont'd

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If you have selected "other", please provide details

6. Member declarations

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

Dr Laura Shaw

Date

Checklist

Before submitting this form please make sure:



You have completed all of the relevant sections of the form.



You have read and understood the guidance on completing the form contained in H102G Member Contribution Form guidance.

Where to send

Hornbuckle, Tyman House, 42 Regent Road
Leicester LE1 6YJ

Get in touch

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