

# Third Party Contribution Form

## Form reference H104

Complete this form if a third party other than your employer intends to pay contributions to your Hornbuckle plan.

You must complete sections 1 to 3.

If you are completing this form as a supplement to H101 SIPP Application Form (Core) you do not have to complete any section of this form.

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

The third party paying the contribution(s) must complete sections 4 to 7.

Your financial adviser must complete section 8.

### Quick actions:

CLEAR

PRINT

## 1. Member details

Forename(s)

Hornbuckle plan number

Surname

Email

Date of birth

Address

D D M M Y Y

National Insurance number

Postcode

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. Member declarations

CLEAR

PRINT

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

Signature

Print name

Date

D D M M Y Y

### 4. Third party details

#### 4.1 Individuals

Title

Address

Forename(s)

Surname

Postcode

Tel no

Email

## 4.2 Other (including companies, trusts, etc.)

CLEAR

PRINT

Name

Contact name

Registered address

Tel no

Email

Postcode

## 5. Contribution details

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

£

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 regular 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

CLEAR

PRINT

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

Bank / building society

Sort code

Account / roll number

Account name

## 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

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

Address

Postcode

Postcode

Date of birth

D D M M Y Y

### 8.2 Other

Name

Registration number

Registered address

Registry

Postcode

## 8. Verification of identity cont'd

CLEAR

PRINT

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

Firm name

Print name

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 H104G Third Party Contribution Form guidance.

### Where to send

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

### Get in touch

Tel: 0844 728 9090 Fax: 0845 125 6700  
clientservicing@hornbuckle.co.uk  
www.hornbuckle.co.uk

Page 5