



# Application Form of Your Global SIPP

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To London & Colonial Services Limited ('London & Colonial'):

Options UK Personal Pensions LLP ('Options UK') act as third-party administrator for Your Global SIPP. They provide the day-to-day administration services relating to Your Global SIPP and will be your first point of contact in relation to your SIPP. London & Colonial and Options UK are part of the same group of companies (STM Group Plc) and are both authorised and regulated in the UK by the FCA.

I hereby apply for Your Global SIPP contract on the basis of the following information:  
Please answer all questions in full.

## 1.1 Personal Details

Title	<input type="text"/>
Forename(s)	<input type="text"/>
Middle Name(s)	<input type="text"/>
Surname	<input type="text"/>
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Permanent residential address	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Postcode/Country	<input type="text"/>

If you wish us to use an alternative correspondence address please contact our SIPP Team:  
[enquiries@optionspensions.co.uk](mailto:enquiries@optionspensions.co.uk)

How long have you lived at this address:  Years  Months If less than three years, please provide details of previous three years' residency separately

National Insurance Number*:	<input type="text"/>
Date of Birth:	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year
Intended Retirement Age**:	<input type="text"/>
Contact Tel Number:	<input type="text"/>
Email Address:	<input type="text"/>

## 1.2 Employment Status

<input type="checkbox"/> employed	<input type="checkbox"/> caring for one or more person aged under 16	<input type="checkbox"/> child (under 16)	<input type="checkbox"/> in full-time education
<input type="checkbox"/> self-employed	<input type="checkbox"/> pensioner	<input type="checkbox"/> caring for a person aged 16 or over	<input type="checkbox"/> unemployed
<input type="checkbox"/> other (please state)	<input type="text"/>		

### 1.3 Tax Status

What country are you currently tax resident in?

From What date  Day  Month  Year

Are you a USA citizen?

Have you ever been a USA tax resident?

Have you been a UK tax resident in the current tax year?

Have you ever been a UK resident for tax purposes?

Date became non-UK resident for tax purposes:  Day  Month  Year

Are you subject to Scottish Income Tax?

### 2.1 Financial Adviser Details

Please note we can only accept applications where a Financial Adviser has been appointed.

Adviser details (to be completed by your adviser):

Full Name Of Firm

Name of Adviser

Main Business Address  Email

Telephone  Regulatory Body (e.g. FCA)

Regulatory Body Authorisation Number:

Advice given which takes into account the suitability of both Your Global SIPP and the underlying investment strategy. My/our client is following the advice given.

Signature

On behalf of the Financial Adviser

Print Name:

Stamp If Available

## 2.2 Identity Verification

In accordance with the Guidance Notes issued by the Joint Money Laundering Steering Group (JMLSG), and/or Financial Action Task Force (FATF) we are required to verify the identity and residential address of all clients. In order to do so we must obtain documentary evidence for proof of identity and residential address.

I/we confirm and certify that the necessary evidence, as set out in the guidance notes issued by the Joint Market Laundering Steering Group (JMLSG), and/or Financial Action Task Force (FATF) to verify the identity of the client, has been obtained.

Examples of acceptable documentary evidence for proof of Identity are as follows (please provide the originals or a certified copy):

- Current signed passport
- Resident permit
- Current photo driving licence
- Current driving licence
- Firearms/shotgun certificate
- State pension or benefits payment book/notification letter
- Sub-contractors certificate
- Inland Revenue tax notification

I/we confirm and certify that we have verified the identity of the client and that we have:

- seen the original documents
- checked that any requiring a signature were pre signed
- confirmed that any associated photograph of the client represents a true likeness of them

Examples of acceptable documentary evidence for proof of address are as follows (please provide the originals or a certified copy):

- Utility bill (mobile phone statements are not acceptable)
- Bank statement (internet printed bank statements are not acceptable)
- Current photo driving licence
- Current driving licence
- Electoral roll check
- Recent mortgage statement
- Recent local authority tax bill
- Local authority rent card or tenancy agreement
- House/motor insurance certificate
- State pension or benefits payment book/notification letter
- Solicitor letter
- Home visit

I/we confirm and certify that we have verified the address of the client and that we have:

- seen the original documents dated within the last 3 months
- checked that any requiring a signature were pre signed

**Where copies of original documents are provided, they must be properly certified using the correct wording and by the correct person, as detailed below:**

“Certified to be a true copy of the original seen by me”.  
 Name: ..... (of the person certifying)  
 Tel. number: ..... (of the person certifying)  
 Position: ..... (of the person certifying)  
 Company: ..... (of the person certifying)  
 Address: ..... (of the person certifying)  
 Date: ..... (the date the certification was made)  
 Signature: ..... (the signature of the person certifying)

## 3. Financial Adviser Remuneration

Please **only** complete this section if you wish to pay your adviser fee from your pension fund.

I wish to pay my adviser as detailed below. I confirm my adviser has provided me with their schedule of fees and I understand that the following fee(s) will be payable, the amounts are gross and include VAT where applicable.

### From Your Global SIPP

Initial:  %      AND/OR       £

(Based on the payments initially received and payable at outset)

Annual:  %      AND/OR       £

(Payable annually in advance on each anniversary based on the fund value at the time)

Additional Transfers:  %      OR       £

(if applicable)

Initial remuneration is paid based upon the amounts initially received from the sources detailed in this application and are payable at outset.

Annual remuneration is payable (where applicable) based upon the fund value on or around the anniversary date.

**Please Note: The above fees do not include the fees deducted by London & Colonial. Other investment charges made by an Investment Manager, Custodian or underlying fund charges are payable in addition.**

## 4. Your Global SIPP Fees

The fees London & Colonial will charge for setting up and administering Your Global SIPP are outlined in the Your Global SIPP fee schedule. You should have been provided with a copy by your financial adviser. A copy is also available on our website.

Please confirm that you have read and agreed to this fee schedule by ticking this box

## 5.1 Initial Investments

Please provide details in the table below of your investment and provider choice. Please also confirm who will manage and make the investment trading decisions for the funds held with your chosen Investment Provider.

In accordance with the Your Global SIPP Fee Schedule, an additional fee will be payable for all non-panel investment providers.

Investments and Allocation			
Investment Type (Please tick one only)	Investment Provider	Investment Trader (Please tick)	Percentage allocation
Offshore Bond			
Platform			
Execution only stockbroker		Financial Adviser	
Investment Manager		Investment Manager (complete 5.2)	100%
Structured Product			
Structured Deposit			
<b>TOTAL ALLOCATION</b>			<b>100%</b>

Please send the investment application documents for your chosen Investment Provider to London & Colonial. Once received, we will complete the remainder of the investment application form and return it to your chosen Investment Provider.

Head Office Address: 1st Floor Lakeside House, Shirwell Crescent, Furzton Lake, Milton Keynes, Buckinghamshire, MK4 1GA.

We will invest the maximum available (subject to liquidity requirements) with your chosen Investment Provider. Please contact us if you wish to amend amount to be invested. All investment payments to UK Investment Providers will be made by BACS transfer.

Please tick here if you require same day payments to your Investment Provider (additional charges may apply, see below).

All same day payments to non-UK Investment Providers will incur an additional bank payment charge. Please refer to our current Schedule of Fees for current banking charges, which can be seen here:

<http://www.londoncolonial.com/downloads>

## 5.2 Investment Manager

Please confirm Investment Manager information (if applicable)

Investment Manager Individual Name	<input type="text"/>	
Company Name	<input type="text"/>	
Authorisation Body (e.g. FCA)	<input type="text"/>	
Authorisation Number	<input type="text"/>	
Correspondence Address	<input type="text"/>	
Country	<input type="text"/>	Postcode <input type="text"/>
Contact Email Address:	<input type="text"/>	
Contact Telephone Number:	<input type="text"/>	

The appointment of the Investment Manager will be subject to the agreement of London & Colonial.

## 5.3 Disinvestment Instruction

On occasion the cash held in the designated SIPP bank account may not be sufficient to meet the full amount of payments due from Your Global SIPP. In order for us to be able to process an automatic payment of any pension income that may be due, or to make any other payments required, it may be necessary for us to disinvest from other liquid investments held within Your Global SIPP in order to make such payment(s) possible. Liquid investments are normally held with one of the following Your Global SIPP Custodians:

- Investment Manager
- Insurance Company
- Stockbroker
- Investment Platform/WRAP

The default disinvestment instruction will apply to those liquid investments held with an Investment Custodian. Please select one of the following options to confirm how we are to proceed should we need to disinvest.

Please also note that some of the options listed may incur additional charges, and that full details of these can be obtained from the Investment Custodian concerned.

All future disinvestments will be carried out on the basis selected, until you notify us in writing of a different basis.

We are able to change the Investment Custodian used for the disinvestment instruction at any time if you or your client request that we do so.

For all disinvestments we will ask the selected Investment Custodian to first use any cash that they hold in the account and then:

Please tick one only

Please refer to our Terms & Conditions document for full details about the way in which we will apply the disinvestment instruction and how we will also apply a default instruction should one not be provided or no longer be valid at some point in the future.

<input type="checkbox"/> Disinvest equally across all investments	<input type="checkbox"/> Disinvest from largest investment
<input type="checkbox"/> Disinvest proportionally from each investment	<input type="checkbox"/> Not applicable – Request from Investment Manager

## 6. Taking Benefits

I wish to take Benefits immediately:  Yes  No

If you have answered **Yes**, please complete the **Benefit Payment Form**.

## 7. Transfer Request Form

**To: The Administrator of the Transferring Scheme or Policy**

### 7.1 Transferring Scheme or Policy details

Scheme/Policy Name	<input type="text"/>		
Scheme/Policy Number	<input type="text"/>	Estimated Transfer Value	<input type="text"/> £
Administrator's Name	<input type="text"/>		
Address	<input type="text"/>	Town/Postcode	<input type="text"/>
		Country	<input type="text"/>
		Telephone Number	<input type="text"/>
Company Email Address	<input type="text"/>	Country where pension is held	<input type="text"/>

### 7.2 Scheme Type

<input type="checkbox"/> Occupational Money Purchase (defined contribution including safeguarded benefits)*	
<input type="checkbox"/> Occupational Money Purchase (defined contribution)	<input type="checkbox"/> Occupational Final Salary (defined benefits)*
<input type="checkbox"/> Recognised Overseas Pension Scheme (including Qualifying Recognised Overseas Pension Schemes)	<input type="checkbox"/> Other UK Registered Pension Scheme

\* Please ask your Financial Adviser who has advised on this transfer to complete and sign the Pension Transfer Advice Form.

### 7.3 Status of Transfer Value

<input type="checkbox"/> Uncrystallised
<input type="checkbox"/> Crystallised (please complete The Benefit Payment form)
<input type="checkbox"/> Partially Crystallised (please complete The Benefit Payment form)

### 7.4 Policyholder/Scheme Member

Full Name	<input type="text"/>		
Address	<input type="text"/>	Postcode/Country	<input type="text"/>
		Date of Birth	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year
National Insurance N <sup>o</sup>	<input type="text"/>	Transfer In-Specie?	<input type="checkbox"/> Yes <sup>†</sup> <input type="checkbox"/> No

<sup>†</sup> Please provide a list of assets separately



## 7. Transfer Request Form (continued)

### Declaration to the Administrator of the Transferring Scheme

I authorise London & Colonial Services Limited and Options UK Personal Pensions LLP ('Options UK'), who provide the day-to-day administration services relating to Your Global SIPP, to obtain information on my pension. I wish to transfer my entitlement under the above Scheme to the LCS SIPP Trust (marketed as the "Your Global SIPP"), which is registered by HM Revenue & Customs under reference 00834613RN. I authorise and instruct you to transfer sums and assets from the Plan(s) as listed on this Transfer Request Form directly to London & Colonial Services Limited and to provide any instructions and/or discharge required by any relevant third party to do so.

Where you have asked me to give you any original policy document(s) in return for the transfer of sums and assets and I am unable to do so, I promise that I will be responsible for any losses and/or expenses which arise as a result, and which any reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information deliberately or carelessly given by me, or on my behalf, either in this Form or with respect to benefits from the Plan.

I authorise London & Colonial Services Limited, Options UK and the current provider named in this Transfer Request Form to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to London & Colonial Services Limited.

I authorise London & Colonial Services Limited, Options UK and the current provider, and any employer paying contributions to any of the Plan(s) as listed in this Transfer Request Form, to obtain from each other and release to each other, any information that may be required to enable the transfer of sums and assets to London & Colonial Services Limited.

Until this Application is accepted and complete, London & Colonial Services Limited's responsibility is limited to the return of the total payment(s) to the current provider(s).

Where the payment(s) made to London & Colonial Services Limited represent(s) all of the sums and assets under the Plan(s) listed in this Transfer Request Form, then payment made as requested will discharge the Administrator of the Transferring Scheme of all claims and responsibilities in respect of the Plan(s) listed.

Where the payment(s) made to London & Colonial Services Limited represent(s) part of the sums and assets under the Plan(s) listed in the Transfer Request Form, then the Administrator of the Transferring Scheme will be discharged of all claims and responsibilities only in respect of the part of the Plan(s) represented by the payment(s).

### Declaration to London & Colonial Services Limited and the Administrator of the Transferring Scheme.

I promise to accept responsibility in respect of any claims, losses, and expenses that London & Colonial Services Limited and the current provider(s) may incur as a result of any incorrect information provided by me in this Application or of any failure on my part to comply with any aspect of this Application.

Signature:

Date:

Day	Month	Year
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## 8. Nomination Of Death Beneficiaries Form

You may request that any of your pension fund remaining on your death is payable to one or more persons. Please state each person's name and address in the first column and the desired percentage or proportion of your available fund in the fourth column. This nomination can be changed by submitting a replacement nomination form to us at any time.

If you wish benefits to be paid to children under age 18, it may be advisable for benefits to be paid from the Scheme into a trust for their benefit. You should discuss the establishment of a trust with your solicitor and enter the details of the trust below.

The security and safety of your data is very important to London & Colonial. A copy of the London & Colonial Privacy Notice can be found on the website: [www.londoncolonial.com/privacy-notice](http://www.londoncolonial.com/privacy-notice)

In the event of my death I would like any sums payable under Your Global SIPP to be paid to the following person or persons in the manner shown below.

I understand that in exercising your discretion in the disposal of the benefits you will not be bound by my nominations but you will bear them in mind.

	Full name and address of beneficiary (if under age 18, please input trust details)	Date of birth	Contact number and/or email	%
1				
2				
3				
4				
5				
6				
7				
<b>Total:</b> (Must add up to 100%):				

Signature:

Date:

Day	Month	Year
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We recommend that you review your nomination(s) regularly, particularly if either your circumstances, or those of your beneficiaries, change. Upon notification of your death, we will refer to the most recent signed nomination received by us.

## 9. Declarations

If my application is accepted, I undertake to be bound by and comply with the Trust Deed and Rules of the LCS Trust SIPP; the Terms and Conditions; fee schedule and the Permitted Investments List for Your Global SIPP; as amended from time to time.

If I have appointed a Financial Adviser in Section 2.1 I give my authority for London & Colonial to accept investment and disinvestment instructions from them and to pay adviser fees to them as detailed in this application form.

If I have appointed an Investment Manager in Section 5.2, I give my authority for London & Colonial to accept investment and disinvestment instructions from them.

I agree that I will inform London & Colonial within 30 days in writing if:

1. There is a change in my residency status
2. There is any change in my name or permanent residential address

I consent to London & Colonial using any personal information supplied on this application or obtained from any third party to be used for the administration of Your Global SIPP.

I authorise London & Colonial to pass my personal information to:

1. Any professional financial or investment adviser(s) which I have nominated on this application form or in any associated correspondence; and
2. Any necessary third party in connection with administering Your Global SIPP
3. Any regulatory authorities or to any other third parties under pensions regulations and/or to comply with any other legal requirements
4. Other companies within STM Group Plc

I consent to London & Colonial providing any relevant information related to Your Global SIPP to any other pension scheme trustees, administrators, practitioners, insurers or pension providers when required to do so.

I consent to London & Colonial performing electronic searches on me to verify my identity for Anti-Money Laundering purposes as and when may be required.

I request and consent to the payment of the transfer value(s) from my previous scheme(s), as indicated on Section 7 to Your Global SIPP. I understand that after such payment neither I nor my spouse, civil partner or dependants will have any entitlement to benefits

under the scheme(s) indicated in Section 7 to which the transfer payment relates.

I am satisfied that Your Global SIPP is suitable for my requirements and apart from the factual information relating directly to Your Global SIPP, I have not sought or been given advice from London & Colonial.

I agree that London & Colonial has no liability to me with regards to the suitability of Your Global SIPP in my circumstances or with regards to the suitability of or risks associated with any investments that I, my Financial Adviser or Investment Manager request to be made by me or on my behalf.

I acknowledge that London & Colonial have the right to refuse to proceed with any investment instructions made by me or by my appointed Financial Adviser or appointed Investment Manager from time to time.

I acknowledge that I will be responsible for any, claims, losses, costs, charges or expenses which may be raised against London & Colonial or incurred by London & Colonial in consequence of London & Colonial acting on instructions received by facsimile or email from the address stated on this application form and/or provided by me, my appointed Financial Adviser, or appointed Investment Manager acting on my instruction.

Email is not a secure method of communication and confidential or sensitive information will not be transmitted in this format by London & Colonial unless you agree otherwise.

These statements apply to the details contained in this form, to any other information provided in association with this Application and to any data which London & Colonial creates, receives or processes in the future in relation to Your Global SIPP.

Whether or not you become a member of the Scheme, the security and safety of your data is very important to London & Colonial. A copy of the London & Colonial Privacy Notice can be found on the website:

[www.londoncolonial.com/privacy-notice](http://www.londoncolonial.com/privacy-notice)

To the best of my knowledge, the particulars and declarations made in this application are correct and complete.

**To be signed by the Member or the Member's Attorney:**

(If being signed by an attorney please enclose the appropriate Power of Attorney):

Signature:

Print Name

Date:  Day  Month  Year



FOR MORE INFORMATION PLEASE CONTACT  
OPTIONS UK PERSONAL PENSIONS LLP

1<sup>st</sup> Floor Lakeside House,  
Shirwell Crescent, Furzton Lake,  
Milton Keynes, Buckinghamshire, MK4 1GA.

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[www.londoncolonial.com](http://www.londoncolonial.com)  
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