



### HOW TO PROCESS YOUR APPLICATION

The Forthplus SIPP is a self-invested personal pension designed to give investment flexibility and allow you to control if and when you start taking your benefits. It is a complex financial product and therefore, to apply for The Forthplus SIPP, you are required to have a financial adviser who is regulated in the region where you live and has been confirmed by us to act as intermediary to clients in respect of The Forthplus SIPP.

Before you proceed with the application you should read the Key Features Document, Terms & Conditions and the Fee Schedule of The Forthplus SIPP. These are available on our website and from your financial adviser. During your application process we will also provide you with a personal illustration which should be read and considered.

- If you have registered with HMRC for pension protection against the Lifetime Allowance, please contact us for the relevant forms
- If you have additional transfers, please print additional transfer request forms, available from our website or through your financial adviser
- If you are a legal guardian completing this on behalf of a child under age 18, the details given should relate to the child. The legal guardian should complete their details on the Legal Guardian Consent form available from us on request

**The Forthplus SIPP  
Application Form**

# 1 PERSONAL DETAILS

The information we require to be able to establish your policy. Please complete all parts.

<p>Title: <input type="text"/></p> <p>Forename(s): <input type="text"/></p> <p>Surname: <input type="text"/></p> <p>Gender (please tick): Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Date of birth: <input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY</p> <p>Daytime Telephone: <input type="text"/></p> <p>Email: <input type="text"/></p> <p>Permanent Residential Address:</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> Country <input type="text"/></p> <p>Correspondence Address (if different):</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> Country <input type="text"/></p> <p>Country of Residence: UK <input type="checkbox"/> Other <input type="text"/></p> <p>National Insurance Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Or tick here if you are not eligible for a NI No. <input type="checkbox"/></p> <p>Your Expected Age of Retirement: <input type="text"/></p>	<p>Employment Status:</p> <p>Choose the one which most closely represents your principal source of income. Only tick <b>one</b> box.</p> <p>Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Pensioner <input type="checkbox"/></p> <p>In Full Time Education <input type="checkbox"/> Unemployed <input type="checkbox"/> Child under 16 <input type="checkbox"/></p> <p>Caring for one or more children under 16 <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Marital Status: <input type="text"/></p> <p>Spouse/Civil Partner's Name: <input type="text"/></p> <p>Spouse/Civil Partner Date of Birth: <input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY</p> <hr/> <p><b>NOMINATED BENEFICIARIES:</b></p> <p>Nominate who you would like to receive your benefits when you die and the percentage. This can be changed at any time by writing to Forthplus Pensions Limited.</p> <table border="1"> <thead> <tr> <th>Full Name</th> <th>Relationship</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> <hr/> <p><b>ADVISER AUTHORITY:</b></p> <p>Do you want your financial adviser to notify us of investment selections on your behalf? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(If <b>YES</b>, we will not require your confirmation to act on instructions received from your adviser).</p>	Full Name	Relationship	Percentage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>											
<input type="text"/>	<input type="text"/>	<input type="text"/>											

# 2 FINANCIAL ADVISER

<p>Adviser Name: <input type="text"/></p> <p>Adviser Firm: <input type="text"/></p> <p>Adviser Reference: <input type="text"/> Introdcer Reference <input type="text"/></p> <p>Adviser Tel. Number: <input type="text"/></p> <p>Adviser Email Address: <input type="text"/></p> <p>Adviser Office Address:</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> Country <input type="text"/></p>	<p>Regulatory Reference: <input type="text"/></p> <p>Regulatory Authority <input type="text"/></p> <p>If you are operating under a Principal, Principal Firm Name and Intro. Ref:</p> <p><input type="text"/></p> <p>Charges to be paid to your financial adviser from your pension fund: (Invoices will need to be provided by the Firm for payment)</p> <table border="0"> <tr> <td>Initial Payment (from initial fund value):</td> <td><input type="text"/></td> <td>AMOUNT</td> <td>or</td> <td><input type="text"/></td> <td>PERCENT</td> </tr> <tr> <td>Future 'Transfer In' Initial Charges:</td> <td><input type="text"/></td> <td>AMOUNT</td> <td>or</td> <td><input type="text"/></td> <td>PERCENT</td> </tr> <tr> <td>Future 'Contribution' Initial Charges:</td> <td><input type="text"/></td> <td>AMOUNT</td> <td>or</td> <td><input type="text"/></td> <td>PERCENT</td> </tr> <tr> <td>Ongoing Regular Charges:</td> <td><input type="text"/></td> <td>AMOUNT</td> <td>or</td> <td><input type="text"/></td> <td>PERCENT</td> </tr> <tr> <td>Regularity of Ongoing Charges:</td> <td colspan="5"><input type="text"/></td> </tr> </table>	Initial Payment (from initial fund value):	<input type="text"/>	AMOUNT	or	<input type="text"/>	PERCENT	Future 'Transfer In' Initial Charges:	<input type="text"/>	AMOUNT	or	<input type="text"/>	PERCENT	Future 'Contribution' Initial Charges:	<input type="text"/>	AMOUNT	or	<input type="text"/>	PERCENT	Ongoing Regular Charges:	<input type="text"/>	AMOUNT	or	<input type="text"/>	PERCENT	Regularity of Ongoing Charges:	<input type="text"/>				
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Regularity of Ongoing Charges:	<input type="text"/>																														

### 3 PENSION CONTRIBUTIONS

You should read the contributions section of the Terms and Conditions, specifically with reference to your eligibility to receive tax relief, before you fill in the below and start making contributions. Further forms or information may be required in certain circumstances.

Initial Contributions (One-off contribution):

Personal  Employer

Regular Monthly Contributions (Contributions made each month):

Personal  Employer

**ELIGIBILITY FOR RELIEF:**

UK Relevant Individual .....

Not a UK Relevant Individual but Resident in Last 5 years .....

Not a UK Relevant Individual .....

Source of Wealth (where did you get the money intended to be used for this/these contribution(s))

### 4 INVESTMENT INSTRUCTIONS (OPTIONAL)

Investment Name (Enclose applications where appropriate)	Percent Of Transfer	Investment Amount
<input type="text"/>	<input type="text"/> OR	<input type="text"/>
<input type="text"/>	<input type="text"/> OR	<input type="text"/>
<input type="text"/>	<input type="text"/> OR	<input type="text"/>
<input type="text"/>	<input type="text"/> OR	<input type="text"/>

### 5 DECLARATION

**YOUR CANCELLATION RIGHTS – SIGN ONLY IF YOU WISH TO WAIVE THIS ENTITLEMENT**

**SIPP CANCELLATION RIGHTS:** You have a legal right to cancel your SIPP application within a 30 day period from the date of the letter confirming establishment of the SIPP. Further information on this right and other similar rights, such as the right to cancel a transfer (which cannot be waived), is included in the Key Features Document and the Terms and Conditions of The Forthplus SIPP. During this period Forthplus Pensions Limited will retain your fund in your designated bank account until the cancellation period has elapsed after which we can proceed with any investment instruction, or arrange payment of your benefits. Once the SIPP is established the setup fee is due and will not be refunded, should the SIPP not be taken up. If you wish to waive your rights to this 30 day cancellation period you can complete the waiver below:

*I would like to waive my right to the 30 day cancellation period. I fully understand the implications of this, including that having waived my right to this cancellation period I will no longer be able to have contributions detailed on this application refunded.* Yes

Signature:  Date:  /  /

**DECLARATIONS**

The Forthplus SIPP is open to any person who is over the age of 18 and has been advised by a financial adviser. Applicants under the age of 18 may be able to apply, subject to the approval of the Scheme Administrator, though we will need written approval from the legal guardian for that person, who will also need to continue to act on behalf of the individual until they are over the age of 18.

In order to become a member of The Forthplus SIPP you must complete the applicable application form in full, which is available in paper form from our website or through your financial adviser, or through the online portal.

If you do not complete the application form, for whatever reason, this may delay or in certain circumstances lead to your application being declined. We reserve the right to refuse to proceed with any application until we have received all information we reasonably require from you. We will not be liable for any losses or missed opportunities incurred as a result of this delay.

In certain circumstances we may need additional information from you or other third parties to validate your identity in order to proceed with your application. This may result in a delay of the application and any ongoing investments instructions. We will not be liable for the impact of any such delays.

You are legally responsible to ensure the accuracy of all information provided as part of your application process and all information subsequently provided to us. You must complete all information accurately to the best of your knowledge and provide any information requested in a timely manner. If you have made any errors, omissions or your information requires updating, you must notify us as soon as practicable to ensure that we hold the most up to date and complete record of you.

If we discover any fraudulent or intentionally inaccurate information has been provided, your pension may be rendered invalid, and we may take action to render the plan gated or inaccessible pending a ruling or advice from third parties and we may be required to take action to return your investment to a liquid state or take any other such actions. In any such circumstances, you will become liable for any costs incurred, legal or otherwise, including our costs. You may be required to personally ensure your plan is returned to its original state, and you may suffer tax penalties from HMRC. We will not be liable for any costs, losses, penalties, taxes or other such disadvantages you may suffer as a result of these actions, and you will be liable to cover any costs or penalties which may be imposed on us as a result of your fraudulent activity.

## 5 DECLARATION (Continued)

Where your application is incomplete or inaccurate, we may alter the application to make it valid, but we are not under any obligation to do so. Such changes will only be made using details which you have previously provided to us.

We expect all applications to be made through a financial adviser or an introducer who has been approved and continues to hold the relevant permissions to introduce you to the product, in accordance with the Appointed Advisers & Third Parties section of the Terms and Conditions. If the application is being made without a financial adviser, or without an approved introducer, you must gain the written approval of the Scheme Administrator prior to completing the application. Further details, clarifications and requirements may be imposed as a result of this decision and your application may be delayed whilst these are fulfilled. We will not be liable for the impact of any such delays.

We may refuse your application or instructions at our discretion and we can choose not to provide a reason for doing so. Your SIPP may become invalid, or if before completion of the application process, we may refuse your application for, but not limited to, the following reasons:

- Providing incomplete or false information
- Your failure to observe the terms
- A disagreement or dispute with us
- As a result of a regulatory or legal requirement
- Any other commercial reason

In such cases, if you have already funded your pension in any way, you may be required to return any transferred money to the previous scheme, and any money paid to you as a member will need to be returned, this may be after any charges and costs have been deducted. If your transferring provider cannot or will not accept the transfer back, then you may need to find another eligible provider to transfer to. You may lose any guarantees or benefits from your transferring provider even if they will accept the policy back. You may be required to return your pension fund to its original state and value before this can be completed, and may become personally liable for any charges and costs on your pension. We will not accept any liability for losses, charges, penalties or otherwise should this occur and reserve the right to make a statement to the relevant legal or regulatory parties should we feel obliged to do so. It is your responsibility to ensure that the information held with us is current and up to date. Intentionally not providing us with updated information where your circumstances have changed, including but not limited to, country or region of residency, could have serious impacts on protections afforded to your pension fund and the validity of actions you have taken.

You must ensure that all of your records are kept up to date, including your full postal address, to which we may have to provide notices, your latest email address, into which we may provide notice of communications and required actions, both urgent and general, alongside confirmation that activities have been carried out on your pension plan, your full residency information, and your latest contact information.

You understand that this is a Self Invested Personal Pension and that Forthplus Pensions Limited are not providing you with any advice or assessing the suitability of the product or any of the underlying investments and you hold Forthplus Pensions Limited free from any liability in respect of your actions and decisions in relation to this product.

### Transfer Declarations

When transferring retirement benefits from one scheme to The Forthplus SIPP, you will be giving up any guarantees of benefits you may have received from the transferring scheme in respect of the amounts that you transfer. The transferring scheme and the underlying investments may have penalties or charges when transferring, as may the investments you hold within the policy. If you choose to transfer investments in-specie from your existing provider to The Forthplus SIPP, each investment will need to be considered against the Investment Policy to ensure that we are able to hold it. If we cannot hold it, we will notify you accordingly to get confirmation of whether we

are to proceed with the transfer or not. We recommend that all transfers of pension benefits are made only after you have sought professional financial advice to ensure that you are aware of what you are giving up, the risks, costs or penalties involved, and the circumstantial matters surrounding your decision. Certain types of transfers legally require you to take advice from an individual who carries the current and appropriate regulatory permissions and you may not be able to proceed until this advice has been received.

Along with the Transfer Request, you should include the Transfer Discharge Forms from your transferring provider and any additional documentation they may request, such as original policy documents or identification documents. Without these forms Forthplus Pensions Limited may not be able to complete the transfer of your pension to The Forthplus SIPP.

### Contribution Declarations

By confirming that you are a UK Relevant Individual or that you were such within the last 5 tax years and therefore confirming your eligibility to receive relief under your entitlement to relief under Section 188 (Finance Act 2004), you confirm that the sum of contributions will be within the limits. Where you confirm that we are to claim for tax relief on your contributions, you are confirming that when you start making contributions which are net of tax to The Forthplus SIPP, that the total (sum) of all contributions for any Registered Pension Scheme (being any pension scheme registered in the UK, including company pension schemes, personal pension schemes but not including your state pension) are within the permissible limits, being the higher of (a) the basic amount, and (b) the Relevant Individual's UK earnings, within the meaning of Section 189 (Finance Act 2004) for that tax year. You also confirm that you will notify the Trustees within 30 days, or on the 5th April or the year of assessment (whichever comes later) should you no longer become entitled to relief under Section 188 (Finance Act 2004).

If you intend to make contributions above the limits prescribed in Section 188 (Finance Act 2004) or any other contributions that do not benefit from tax relief, you must inform the Trustees that no tax relief is due on those contributions.

**Establishing your SIPP:** You confirm that you have read and understood the Terms and Conditions of The Forthplus SIPP, the Key Features Document and the Fee Schedule and agree to be bound by these documents, as they may change from time to time. You wish to apply for membership to The Forthplus SIPP and for a policy to be established on your behalf for the purpose of providing a retirement benefit solution.

**Member Declaration:** I confirm that I have read and agree to the declarations set out within this document and in the Terms and Conditions of the SIPP, and I appoint the financial adviser to act in accordance with the permission levels set out within the Financial Adviser section of this form and agree to the adviser charges detailed.

Applicant

Signature:

Date:

**Adviser Declaration:** I confirm that I have been appointed to act in relation to this client in line with the Terms and Conditions relating to The Forthplus SIPP and the Terms of Business agreed with Forthplus Pensions Limited and will act accordingly to these documents. The adviser charges have been disclosed and agreed and meet regulatory requirements. Where advice is legally required by parties holding relevant qualifications, such as Pension Transfers, I hold these relevant permissions or have had the suitability of the personal advice provided by or checked by a pension transfer specialist.

Adviser

Signature:

Date:

## 6 PENSION TRANSFERS

Complete the following to transfer your pension benefits from other pension plans into The Forthplus SIPP. Please complete a separate form for each transfer.

### PENSION POLICY TRANSFER 1 – TRANSFER TO THE FORTHPLUS SIPP

Full Name:

Permanent Residential Address:   
 Country

Date of birth:  /  /  National Insurance Number:   
 /  /

Approx. Transfer Value (exact if Partial Transfer):  
 AMOUNT Tick if Partial

Full Scheme Name:  Reference Number:

Address of Scheme Administrator:   
 Country

Type of Scheme:  e.g. Personal Pension / Stakeholder / Final Salary

Tick if already taken benefits from this pension?  Tick if you want to transfer in-specie\*

I confirm:

- I have read the Transfer Declarations in this application form and in the "Money In" section of the Terms and Conditions and have checked if I will incur any penalties or lose any benefits and I wish to transfer to The Forthplus SIPP
- I have read, understood and agree the Transfer Declarations in the Terms and Conditions and I understand that Forthplus Pensions Limited cannot provide any advice relating to the transfer
- I authorise the current provider to give Forthplus Pensions Limited any information they require to process and proceed with the transfer, and authorise the current provider to transfer my benefits to The Forthplus SIPP and extinguish my entitlement to those benefits in the ceding arrangement

*\* An In Specie Transfer is where assets may be re-registered instead of sold and transferred as cash. Please complete the In-Specie Transfer In form to provide us with the relevant information.*

Signature:  Date:  /  /

### PENSION POLICY TRANSFER 2 – TRANSFER TO THE FORTHPLUS SIPP

Full Name:

Permanent Residential Address:   
 Country

Date of birth:  /  /  National Insurance Number:   
 /  /

Approx. Transfer Value (exact if Partial Transfer):  
 AMOUNT Tick if Partial

Full Scheme Name:  Reference Number:

Address of Scheme Administrator:   
 Country

Type of Scheme:  e.g. Personal Pension / Stakeholder / Final Salary

Tick if already taken benefits from this pension?  Tick if you want to transfer in-specie\*

I confirm:

- I have read the Transfer Declarations in this application form and in the "Money In" section of the Terms and Conditions and have checked if I will incur any penalties or lose any benefits and I wish to transfer to The Forthplus SIPP
- I have read, understood and agree the Transfer Declarations in the Terms and Conditions and I understand that Forthplus Pensions Limited cannot provide any advice relating to the transfer
- I authorise the current provider to give Forthplus Pensions Limited any information they require to process and proceed with the transfer, and authorise the current provider to transfer my benefits to The Forthplus SIPP and extinguish my entitlement to those benefits in the ceding arrangement

*\* An In Specie Transfer is where assets may be re-registered instead of sold and transferred as cash. Please complete the In-Specie Transfer In form to provide us with the relevant information.*

Signature:  Date:  /  /



## 6 PENSION TRANSFERS (Continued)

### PENSION POLICY TRANSFER 3 – TRANSFER TO THE FORTHPLUS SIPP

Full Name:

Permanent Residential Address:   
 Country

Date of birth:  /  /  National Insurance Number:

Approx. Transfer Value (exact if Partial Transfer):  
 AMOUNT Tick if Partial

Full Scheme Name:  Reference Number:

Address of Scheme Administrator:   
 Country

Type of Scheme:  e.g. Personal Pension / Stakeholder / Final Salary

Tick if already taken benefits from this pension?  Tick if you want to transfer in-specie\*

I confirm:

- I have read the Transfer Declarations in this application form and in the “Money In” section of the Terms and Conditions and have checked if I will incur any penalties or lose any benefits and I wish to transfer to The Forthplus SIPP
- I have read, understood and agree the Transfer Declarations in the Terms and Conditions and I understand that Forthplus Pensions Limited cannot provide any advice relating to the transfer
- I authorise the current provider to give Forthplus Pensions Limited any information they require to process and proceed with the transfer, and authorise the current provider to transfer my benefits to The Forthplus SIPP and extinguish my entitlement to those benefits in the ceding arrangement

*\* An In Specie Transfer is where assets may be re-registered instead of sold and transferred as cash. Please complete the In-Specie Transfer In form to provide us with the relevant information.*

Signature:  Date:  /  /

### PENSION POLICY TRANSFER 4 – TRANSFER TO THE FORTHPLUS SIPP

Full Name:

Permanent Residential Address:   
 Country

Date of birth:  /  /  National Insurance Number:

Approx. Transfer Value (exact if Partial Transfer):  
 AMOUNT Tick if Partial

Full Scheme Name:  Reference Number:

Address of Scheme Administrator:   
 Country

Type of Scheme:  e.g. Personal Pension / Stakeholder / Final Salary

Tick if already taken benefits from this pension?  Tick if you want to transfer in-specie\*

I confirm:

- I have read the Transfer Declarations in this application form and in the “Money In” section of the Terms and Conditions and have checked if I will incur any penalties or lose any benefits and I wish to transfer to The Forthplus SIPP
- I have read, understood and agree the Transfer Declarations in the Terms and Conditions and I understand that Forthplus Pensions Limited cannot provide any advice relating to the transfer
- I authorise the current provider to give Forthplus Pensions Limited any information they require to process and proceed with the transfer, and authorise the current provider to transfer my benefits to The Forthplus SIPP and extinguish my entitlement to those benefits in the ceding arrangement

*\* An In Specie Transfer is where assets may be re-registered instead of sold and transferred as cash. Please complete the In-Specie Transfer In form to provide us with the relevant information.*

Signature:  Date:  /  /



**Forthplus Pensions Limited**  
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Elma House, Beaconsfield Close,  
Hatfield, Hertfordshire, AL10 8YG

Registered in England and Wales  
Company registration number: 07990504

Authorised and regulated by the Financial Conduct Authority  
FCA number: 653170