

SIPP Application Form (External Provider)

PILLING & Co

INSTRUCTIONS

Please complete this form using BLOCK CAPITALS in black ink.

Send signed paper forms, identification documentation to:

Pilling & Co, Henry Pilling House, Booth Street, Manchester, M2 4AF.

Send signed scanned / photographs (*all pages of the form*) to: admin@pilling.co.uk or your usual Pilling contact.

You will also need to provide us with account opening documentation from your SIPP provider.

PERSONAL DETAILS

Title First Name(s) (*in full*)

Surname Existing Pilling Account Number

Date of Birth / / National Insurance Number

Permanent Residential Address

..... Postcode

Primary Telephone Secondary Telephone

Email Address ¹

¹ If you have provided an email address, your account will be set up by default for online statements, valuations, contract notes and newsletters. You will receive an email with instructions to activate your online access.

If you have not provided an email address, these documents will be sent via post. Note that this may incur a higher custody charge.

IDENTIFICATION

Please provide two different forms of identification, **one from List A**, and **a second from either list**:

List A

- Valid full UK Passport ²
- Valid full UK Driving Licence ²
- Recent evidence of entitlement to a State or Local Authority-funded Benefit
- HMRC Demand / Statement / Notification

² Certified copies are acceptable and must be prepared by a Bank, Solicitors or Post Office.

List B

- Current Council Tax Demand letter or Statement
- Current Bank Statement ³
- Current Credit/Debit Card Statement ³
- Utility Bill from the last three months ³

³ Not printed from internet.

continue overleaf...

SIPP PROVIDER

Please provide us with details of your current SIPP provider.

Company Name

SIPP Name Account/Reference Number

Address

..... Postcode

Telephone Email Address

Please provide us with the bank details for your current SIPP provider.

Account Name

Account Number Sort Code - -

FUNDS

How will you fund your SIPP? *(please tick all that apply)*

☐ Contribution of £..... *(or provide details separately)*

☐ Cash transfer of Existing Pension

☐ In-specie ⁴ transfer of Existing Pension

⁴ Transfer account in its current form *(all holdings)*

Source of Funds *(i.e. employment, pension, asset sales etc.)*

I expect to trade times per week/month/quarter/year *(please delete as appropriate)*

AGENT

I agree that the agent listed below can instruct Pilling & Co to give dealing, corporate action, cash movement and settlement instructions for this account.

Agent

Agent FCA Number Agent VAT Number

Agents must also complete the Pilling & Co Indirect Clients Supplementary Terms of Business form to be become registered contact.

Name Signature Date / /

continue overleaf...

SIPP TRANSFER ADVICE DISCLOSURE

As you are probably well aware investing in pensions can be complicated with many considerations to make. You also need to consider lots of factors particularly when transferring a pension from one provider to another.

We would like to draw your attention to the comment made in our SIPP Terms & Conditions, when asked do we give pension transfer advice. ***"Under no circumstances is Pilling & Co ever responsible for advising you on the suitability of transferring existing schemes into our SIPP. This decision is your own and transfers are, without exception, accepted on this basis."***

With this in mind we would be grateful if you would sign below to acknowledge that you understand the above and tick one box to confirm if you have taken advice, before requesting the transfer of existing pension schemes to us.

☐ I confirm that I have taken advice from:

Advisor Name

Advisor Address

..... Postcode

Please note, if you have been advised you can access or secure a loan against your pension before age 55 this may be an illegal pension unlocking scheme and you should advise us immediately. You could lose all your pension value and be left with a large tax bill.

☐ I have not taken advice regarding my request to transfer existing pension schemes to a SIPP with Pilling & Co. I understand that I take full responsibility for the decision to transfer pension(s) and I cannot hold Pilling & Co liable in any way should the transfer(s) not be in my best interests or I lose benefits from a pension scheme I transfer from. **I understand I cannot access my pension until age 55.**

Name Signature Date / /

continue overleaf...

NON-UK RESIDENCY

I confirm that I am not a US person, resident or green card holder. If you are resident for tax purposes in a country other than the UK ⁵ please tell us here:

.....
⁵ UK in this definition **does not include** Isle of Man, Jersey, Guernsey, Gibraltar and other Crown dependencies.

DECLARATIONS

I declare that:

- ✓ To the best of my knowledge, the information provided in this form is accurate. I will inform Pilling & Co of any changes that may affect this information.
 - ✓ I have read, understood, and agree to the terms of this service as outlined in the General Terms & Conditions of Business. I acknowledge that these terms may be updated to reflect regulatory changes.
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AUTHORISATIONS

I authorise Pilling & Co Stockbrokers Ltd.:

- ✓ To hold my cash, investments, interest, dividends, and any other rights or proceeds from those investments and any other cash. I also understand that if I were to have overseas investments, my assets may be deposited in non-UK jurisdictions where my rights and protections may be reduced.
 - ✓ To hold my investments in CREST, where possible, in the name of St Anns Square Nominees Limited.
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PLEASE SIGN HERE

Name Signature Date / /

Please Note: For us to accept instructions on this account from a third party (*e.g. spouse, partner etc.*) please enclose a third party authority form with this form, unless a third party authority is already in place.



Pilling & Co Stockbrokers Ltd. is Authorised & Regulated by the Financial Conduct Authority No. 652114
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