THE PREMIER TRUST

SIPP

SELF INVESTED PERSONAL PENSION

APPLICATION

defaqto 2018 ★★★★★ SIPP

Moneyfacts ★★★★★ SIPP 2018

SECTION A | Personal Details

This section must be completed by all applicants

BASIC INFORMATION

Title (circle or insert as appropriate)	Mr ✔ Mrs Ms Miss Other:
Forename(s)	Nigel Paul
Surname	Roberts
Permanent Residential Address	13 Thrapston Road
	Finedon
	WELLINGBOROUGH
	Postcode NN9 5DG
Daytime Phone Number	07801 833878 Fax
Email Address	nigel@nrgroundworks.co.uk
Date of Birth	03/03/1972 Gender Male
National Insurance Number	NX 71 49 80 A Nationality British
Marital Status	SINGLE MARRIED ✔ REGISTERED CIVIL PARTNERSHIP SEPARATED DIVORCED WIDOWED
Occupation	Company Director
Age you plan to take benefits	55 NB: If you leave this blank we will assume state pension age
Or immediately	(please complete a Member Benefits form)

YOUR STATUS (please tick the most applicable option)

I am:

1 ✔ Employed

Employer's Name: N R Groundworks Ltd

Address: 28 Thrapston Road, Woodford

KETTERING Postcode NN14 4HY

2 ☐ Self-employed

3 ☐ Pensioner, ie receiving a pension subject to UK income tax

4 ☐ Under the age of 18 (please complete the Legal Guardian form)

5 ☐ Caring for one or more children under the age of 16

6 ☐ Caring for a person aged 16 or over

7 ☐ In full time education

8 ☐ Unemployed

9 ☐ Other (please describe)

SECTION B | Transfers

Please complete this section if you want to transfer funds from other pension schemes into your Plan.

If you have more than three transfers in then please photocopy this page.

If any assets are to be transferred in specie, please provide us with a list of these assets. We will review each asset and may ask for additional information to be provided before we are able to confirm whether these can be accepted. We may ask for additional information from the transferring scheme before we process your request. This could result in a delay in the transfer process.

Please note that we will only accept transfers from occupational pension schemes or those containing safeguarded benefits where the transfer is being made on the basis of a **positive recommendation** from an FCA regulated Financial Adviser. Safeguarded benefits are defined as benefits other than money purchase or cash balance benefits. Examples of this include, but are not limited to, defined benefits, guaranteed pensions including Guaranteed Annuity Rates (GARs) and Guaranteed Minimum Pensions (GMPs).

If an adviser charge is to be paid in relation to the transfer(s) please ensure that we have been provided with a completed adviser charges agreement.

TRANSFER 1

Transferring scheme/Provider	Royal London Personal Pension
Policy Number	3744631
HMRC Reference Number	
Address	Royal London House, Alderley Road,
	WILMSLOW — Postcode: SK9 1PF
Telephone number	0345 60 50 050
Estimated Transfer Value	£ 115,240

Does this represent the full transfer value of the Plan?	Yes ✔	No		
Is the transferring Plan subject to any existing or proposed trustee in bankruptcy orders, earmarking or pension sharing orders, or other receiving orders?	Yes	No ✔		
Type of scheme being transferred, Please select from one of the following:	Personal Pension ✔	Occupational: Defined Benefit	Occupational: Defined Contribution	Other
Does the transferring scheme contain any Safeguarded Benefits?	Yes	No ✔		
Please confirm if you received advice from an FCA regulated Financial Adviser in respect of the transfer: If Yes your adviser will need to complete the Adviser Declaration	Yes ✔	No		
Have you taken any benefits from the scheme?	Yes	No ✔		
If Yes please confirm by what method you have taken the benefits	Flexi-Access Drawdown	Uncrystallised Funds Pension Lump Sum	Capped Drawdown	

If via Capped Drawdown please confirm current maximum pension and review date If there are multiple pots please list the individual maximum pensions and review dates		
If benefits have been taken from the scheme please confirm whether the scheme is entirely or partially in drawdown?	Full Drawdown	Partial

How is the transfer to be made? Please select one of the following:

All as cash ✔ All in specie ☐ Part cash, part in specie ☐

ADVISER SECTION

I confirm that I have given advice to transfer the above plan and have the appropriate permissions as per Part 4A of the Financial Services and Markets Act (FSMA). The transfer is not being undertaken on an insistent client basis and I have provided a positive recommendation to the transfer.

Signature:	
Name:	Simon Carlin
FCA Number:	SMC01150
Date:	

TRANSFER 2

Transferring scheme/Provider			
Policy Number			
HMRC Reference Number			
Address			
		Postcode	
Telephone number			
Estimated Transfer Value	£		
Does this represent the full transfer value of the Plan?	Yes	No	
Is the transferring Plan subject to any existing or proposed trustee in bankruptcy orders, earmarking or pension sharing orders, or other receiving orders	Yes	No	
Type of scheme being transferred, Please select from one of the following:	Personal Pension	Occupational (Defined Benefit / Defined Contribution)	Other
Does the transferring scheme contain any Safeguarded Benefits?	Yes	No	
Please confirm if you received advice from an FCA regulated Financial Adviser in respect of the transfer: If Yes your adviser will need to complete the Adviser Declaration	Yes	No	
Have you taken any benefits from the scheme?	Yes	No	
If Yes please confirm by what method you have taken the benefits	Flexi-Access Drawdown	Uncrystallised Funds Pension Lump Sum	Capped Drawdown

If via Capped Drawdown please confirm current maximum pension and review date If there are multiple pots please list the individual maximum pensions and review dates	
If benefits have been taken from the scheme please confirm whether the scheme is entirely or partially in drawdown	Full Drawdown / Partial Drawdown

How is the transfer to be made? Please select one of the following:

All as cash ☐ All in specie ☐ Part cash, part in specie ☐

ADVISER SECTION

I confirm that I have given advice to transfer the above plan and have the appropriate permissions as per Part 4A of the Financial Services and Markets Act (FSMA). The transfer is not being undertaken on an insistent client basis and I have provided a positive recommendation to the transfer.

Signature:	
Name:	
FCA Number:	
Date:	

TRANSFER 3

Transferring scheme/Provider	
Policy Number	
HMRC Reference Number	
Address	
Postcode	
Telephone number	
Estimated Transfer Value	£

Does this represent the full transfer value of the Plan?	Yes	No		
Is the transferring Plan subject to any existing or proposed trustee in bankruptcy orders, earmarking or pension sharing orders, or other receiving orders?	Yes	No		
Type of scheme being transferred, Please select from one of the following:	Personal Pension	Occupational – Defined Benefit	Occupational – Defined Contribution	Other
Does the transferring scheme contain Safeguarded Benefits?	Yes	No		
Please confirm if you received advice from an FCA regulated Financial Adviser in respect of the transfer: If Yes your adviser will need to complete the Adviser Declaration	Yes	No		
Have you taken any benefits from the scheme?	Yes	No		
If Yes please confirm by what method you have taken the benefits	Flexi-Access Drawdown	Uncrystallised Funds Pension Lump Sum	Capped Drawdown	

If via Capped Drawdown please confirm current maximum pension and review date If there are multiple pots please list the individual maximum pensions and review dates	
If benefits have been taken from the scheme please confirm whether the scheme is entirely or partially in drawdown?	Full Drawdown / Partial Drawdown

How is the transfer to be made? Please select one of the following:

All as cash ☐ All in specie ☐ Part cash, part in specie ☐

ADVISER SECTION

I confirm that I have given advice to transfer the above plan and have the appropriate permissions as per part 4A of the Financial Services and Markets Act (FSMA). The transfer is not being undertaken on an insistent client basis and I have provided a positive recommendation to the transfer.

Signature:

Name:

FCA Number:

Date:

SECTION C | Contributions

Please complete this section if contributions will be paid to your Plan.

YOUR ENTITLEMENT TO TAX RELIEF (please tick one option)

I am:

1 ☑ **A UK relevant individual**

You will receive tax relief on contributions up to the higher of £3,600 gross (£2,880 net) and 100% of your UK taxable earnings. If your total contributions exceed the annual allowance or tapered annual allowance there will be a tax charge to you at your marginal rate on the excess. You are a UK relevant individual if:

- You have relevant UK earnings chargeable to income tax for this tax year, and
- You are resident in the UK at some time during this tax year, or
- You were resident in the UK at some time during the five tax years leading up to this tax year and were also resident in the UK when you joined the pension scheme, or
- You have general earnings from overseas Crown employment subject to UK tax in this tax year,
- You are the spouse or civil partner of an individual who has for this tax year general earnings from overseas Crown employment subject to UK tax.

2 ☐ **A non UK relevant individual, but I was a UK resident or had earnings chargeable to UK income tax in the last five years**

You will receive tax relief on contributions up to £3,600 gross (£2,880 net).

3 ☐ **A non UK relevant individual**

You will not receive tax relief on contributions.

PROTECTION FROM THE LIFETIME ALLOWANCE

Do you have Enhanced Protection?	Yes / No ✔
Do you have Fixed Protection?	Yes / No ✔

If you have Enhanced Protection, Fixed Protection 2012, Fixed Protection 2014 or Fixed Protection 2016 any contribution made to this scheme will result in the loss of the Protection. For further information please speak to your Financial Adviser.

ANNUAL ALLOWANCE

Are you subject to the Money Purchase Annual Allowance (MPAA) rules as you have flexibly accessed your pension savings?	Yes / No ✔
If Yes, please confirm the date the MPAA first applied to you you will receive tax relief only on money purchase pension savings up to £10,000 a year	
Are you subject to the Tapered Annual Allowance? Please refer to the Key Features document for further information	Yes / No ✔

CARRY FORWARD

If you are using Carry Forward please request our supplementary form.

OPTING OUT

Have you opted out or declined to join an occupational pension, group personal/ stakeholder pension scheme or employer sponsored auto-enrolment pension arrangement in favour of making payments to this Plan?	Yes / No ✔
If Yes please confirm employer name	

TYPE OF CONTRIBUTION

Do you wish to make:

- [ ] 1. Personal Contributions (please complete section 1)
- [ ] 2. Employer Contributions (please complete section 2)
- [ ] 3. Third Party Contributions (please complete sections 1 and 3)

1. PERSONAL CONTRIBUTIONS

Please contact us for a standing order mandate should you wish to set up regular contributions

Net single contribution	£		
Net regular contribution	£ Monthly	£ Quarterly	£ Annually
Start date for regular contribution			

Source of funds

Please tick one or more to indicate how the contributions are being funded

Employment Income		Divorce Settlement	
Savings/Investment		Inheritance	
Property Sales		Gift	
Other		Please specify	

If applicable we will reclaim basic rate tax on personal contributions which will take between 7 - 11 weeks. The value of the reclaim can only be invested once it has been paid into your designated SIPP bank account and it has cleared and upon written instructions from yourself or your financial adviser.

2. EMPLOYER CONTRIBUTIONS

Please make your cheque payable to the name of your pension scheme. Please contact us for a standing order mandate should you wish to set up regular contributions.

Gross single contribution			
Gross regular contribution	£ Monthly	£ Quarterly	£ Annually
Start date for regular contribution			

Company Name			
Registered Number		Contact Name	
Registered Address			
		Postcode	
Phone Number		Fax	
Trading Address			
		Postcode	

Please tick the box to confirm that the company is listed on a recognised EEA regulated market e.g. the London Stock Exchange ☐

It is presumed that the entity making the contribution(s) is subject to the laws of England and Wales. If this is not the case, please indicate below the legal jurisdiction to which the entity is subject to:

If contributions are being paid by the deduction from pay please complete the following sections.

Please also refer to the 'Contribution Notes for Employers' which can be found on our website.

Please note that any personal contributions received through the deduction of employees pay will be net contributions and we will reclaim basic rate tax as previously detailed. All employer contributions received are gross contributions.

Payment due date*		Date employee is paid	

* This is the latest date DP Pensions Ltd must receive the payment by. **The payment due date must always be completed.**

Frequency of contributions taken from pay	
Date the first contribution will be deducted	
Month which the first payment will relate to	

Declaration by your Employer

1. We declare that to the best of our knowledge and belief, the particulars given in this Section and any other supporting documents are complete and correct.
2. We undertake to advise DP Pensions Ltd within 30 days of the Member ceasing to be employed by us or where contributions are reduced or terminated.
3. We agree to DP Pensions Ltd carrying out checks to establish proof of our identity. Should these checks prove unsatisfactory, we may be required to provide proof of identity to the satisfaction of DP Pensions Ltd, who may at its sole discretion determine whether to accept our contribution(s).
4. We confirm that we have read and understood DP Pensions Ltd's "Contributions Notes for Employers" Booklet.
5. Where we are paying regular contributions, we understand that if any payment due is not received within 90 days of the due date or where DP Pensions Ltd feel that non-payment is of material significance, then DP Pensions Ltd may be required to advise The Pensions Regulator and the SIPP member. We understand that it is our responsibility to ensure DP Pensions Ltd is

provided with relevant information to monitor payments and that should we fail to provide it we may also be reported to the Pensions Regulator.

Signed for and on behalf of employer	
Name	
Capacity	
Date	

3. THIRD PARTY CONTRIBUTIONS

Please complete this section if your personal contributions will be paid to your SIPP by a third party other than your employer.

Title (circle or insert as appropriate)	Mr Mrs Ms Miss Other:
Forename(s)	
Surname	
Date of Birth	
Address	
	Postcode
Organisation Name	
Registered Address	
	Postcode
Trading Address	
	Postcode

Please tick the box to confirm that the company is listed on a recognised EEA regulated market e.g. the London Stock Exchange

It is presumed that the entity making the contribution(s) is subject to the laws of England and Wales. If this is not the case, please indicate below the legal jurisdiction to which the entity is subject to:

You will need to supply documentary evidence of the identity of the third party.

Declaration by third party:

I agree to DP Pensions Ltd carrying out checks to establish proof of my identity and residence. Should these checks prove unsatisfactory, I will be required to provide proof of identity to the satisfaction of DP Pensions Ltd, who may at its sole discretion determine whether to accept the contribution.

Signature of third party	
Name	
Date	

Please note cheques are banked on the date of receipt.

If applicable we will reclaim basic rate tax on third party contributions which will be treated as personal contributions from you. This will take between 7 – 11 weeks. The value of the reclaim can only be invested once it has been paid into your designated SIPP bank account and it has cleared and upon written instructions from yourself or your financial adviser.

SECTION D Financial Adviser

Please complete this section if you wish to appoint a Financial Adviser.

FINANCIAL ADVISER DETAILS

Company/Firm Name	The Lost Coin Financial Planning Ltd	FCA No	672057
Network Name (if appropriate)	Sense Network Ltd	FCA No	465124
Individual adviser name	Simon Carlin		
Address	5 Loveridge Court, Frampton Cotterell,		
	Bristol	Postcode	BS36 2NX
Email Address	simon@thelostcoin.co.uk	Phone	0117 230 5077

INITIAL ADVISER CHARGES

Please complete this section if you have agreed to pay your Financial Adviser from your SIPP for the initial advice and services that they have provided to you. We will pay the Initial Adviser Charges from your SIPP bank account once the relevant contributions and/or transfers have been paid into your Plan. Please select one of the following options:

☐ **A percentage** of each new pension contribution and each new transfer payment received as part of the SIPP Set up ____ %

☐ **A percentage** of future contributions, please select ____ %

☐ Regular contributions ☐ Ad hoc contributions

☐ **A fixed amount** of each pension contribution and each transfer payment received as part of the SIPP set up £ ____

☐ **A fixed amount** of future contributions, please select £ ____

☐ Regular contributions ☐ Ad hoc contributions

☐ **Another basis** agreed with your Financial Adviser (give details below)

ONGOING ADVISER CHARGES

Please complete this section if you have agreed to pay Ongoing Adviser Charges to your Financial Adviser. Payment of Ongoing Adviser Charges can only be paid to your Financial Adviser if your adviser is going to provide you with ongoing advice and services. Please select one of the following options:

☐ **A percentage** of the value of your SIPP per annum, paid on the anniversary of the date your SIPP first received funds ____ %

☐ **A fixed amount** per annum, paid on the anniversary of the date your SIPP first received funds £ ____

☐ **Another basis** agreed with your Financial Adviser (give details below)

ADVISER CHARGES TO BE PAID FROM INVESTMENTS

Please confirm below details of any adviser charges that will be paid directly from the investments held in the SIPP by the investment managers / administrators:

Name of Investment	
Initial Adviser Charge	
Annual Adviser Charge	
Name of Investment	
Initial Adviser Charge	
Annual Adviser Charge	
Name of Investment	
Initial Adviser Charge	
Annual Adviser Charge	

Another basis agreed with your Financial Adviser (give details below)

SECTION E Investments

Please indicate how you plan to invest your Plan by selecting one or more of the following:

			Estimated amount to be invested
1	☐	**Collective Investments** Please give investment manager details below	£
2	☐	**Investment Manager / Stockbroker** Please give investment manager details below. If you wish for all funds to be transferred to the investment manager without a member signature please tick this box ☐	£
3	☑	**Commercial property** Please complete our Property Questionnaire	£ 105,000
4	☐	**Other investment (please specify)**	

Investment Manager			
Address			
		Postcode	
Contact Name		Phone Number	

Investment Manager			
Address			
		Postcode	
Contact Name		Phone Number	

SECTION F | Expression of Wish

On your death, your remaining Individual Funds ("your funds") will be applied in accordance with the rules of the Scheme. Within the overall limits of the tax legislation, the rules give wide discretion over the exact form of benefits and the recipients. Any nomination you make in this form is not binding on the Scheme, but will be considered carefully.

This form allows there to be the widest range of beneficiaries and options possible. For example a spouse may decide that on the death of the scheme member they do not wish to receive all the benefits from the Plan. To enable the Trustees to consider paying funds from the Plan to the children and/or grandchildren on the spouses request these children and/or grandchildren should be named on this form.

This nomination revokes any previous nomination.

Part 1: Nomination(s)

I hereby nominate as beneficiaries of the Plan:

1.1 my husband/wife	Jane Louise Roberts	("**Spouse**");
1.2 my children	Matthew Roberts	("**Children**")
	Rebecca Roberts	
1.3 my grandchildren		("**Grandchildren**")
1.4 named		("**Other**
individuals		**Beneficiaries**") and

1.5 the trustees for the time being of a settlement dated made between (1) and (2) ("**the settlement**") and known as and the beneficiaries of the Settlement.

and / or I nominate the following charities to receive the benefits of my Plan:

	("**Charities**")

Part 2: My Aims

2.1 At this point, it is difficult for me to provide any clear guidance as to the exact steps that I would like you to take in relation to my funds in the Plan, as I cannot be certain of the tax or pension rules that will apply on my death or what the circumstances of my family at the time will be. However, in broad terms, my wishes are as follows.

2.2 It is my primary intention to benefit my family as outlined below in a protective and efficient way, minimising tax and other tax charges as far as possible so that my family receive the maximum benefit overall from the Plan.

2.2.1 If my Spouse survives me
I would like 100% of the fund in the Plan to be available for my Spouse's primary benefit during his / her lifetime. If my Spouse so wishes, please consider making the funds in the Plan available to my Children [and / or my Grandchildren].

2.2.2 If my Spouse fails to survive me or does not wish to benefit from the whole of the Plan
I would like 100% of the funds in the Plan not required by my Spouse to be available for my Children's equal primary benefit during their lifetime. If any of my Children so requests, please consider making the funds in the Plan available to his / her children.

2.2.3 If my Spouse and Children fail to survive me or do not wish to benefit from the whole of the Plan
I would like 100% of the funds in the Plan not required by my Spouse and my Children to be available for my Grandchildren so that each branch of my family receives an equal share of the Plan.

2.2.4 If my Spouse, /and Children and Grandchildren fail to survive me or do not wish to benefit from the whole of the Plan
I would like 100% of the funds in the Plan to be made available for the Other Beneficiaries in the following proportions:

Other beneficiary	Proportion

2.3 I would like 100% of the funds to be made available to the charities in the following proportions:

Charities	Proportion

2.4 I would like the Trustees to consider the following (please complete this box if your wishes have not been stated in full on the previous pages)

Part 3: Availability of drawdown
A beneficiary may wish to take drawdown as an alternative to receiving a lump sum. The tax legislation will only allow this if the beneficiary qualifies as a dependant or nominee.

I want the Scheme to be able to offer drawdown to any beneficiary, whether or not they are a dependant and / or specifically nominated by me.

I understand that this Nomination and Expression of Wish does not bind the Trustee or Scheme Administrator of the Plan, but will help them pay out benefits in line with my wishes.

SECTION G | Agreement & Declaration

Please read the following carefully before you sign this Application Form

I apply for membership of the Premier Trust (the Plan).

1. I agree to be bound by the rules of the Plan, which I have had the opportunity to read and consider. I confirm that I have read and understood the Key Features of the Plan.
2. I declare that to the best of my knowledge and belief, the particulars given in this Application Form and any other documents completed in connection with this application are complete and correct.
3. I fully understand and agree that in all circumstances:
   a. I am solely responsible for all decisions relating to the purchase, retention and sale of the investments held in the Plan for my benefit; and
   b. I fully indemnify D A Phillips & Co Ltd and DP Pensions Ltd against any claim in respect of such decisions.
   c. Should I wish to invest using a platform I will be provided with a SIPP Permitted Investment List and any investment that is not on the list should first be approved by DP Pensions Limited.
4. I will not require, nor attempt to require, the withdrawal of funds or assets held to provide benefits for me under the Plan, or the income on those funds or assets, other than in accordance with the rules of the Plan. If an unauthorised payment is made from my Plan, I agree that any charges levied by HM Revenue & Customs may be taken out of my Plan's bank account held for my benefit and that DP Pensions Ltd may realise any of the investments held for my benefit in order to pay those charges. If there are insufficient funds available in my Plan, I agree to pay DP Pensions Ltd the difference between the total charges due and the amount available in my Plan.
5. In return for services provided by DP Pensions Ltd, I agree to pay the charges set out in the charging structure current at the date of this application as amended from time to time. I agree that:
   a. those charges may be taken out of the Plan's bank account held for my benefit; and
   b. DP Pensions Ltd may realise any of the investments held for my benefit in order to pay those charges and in order to pay any third party charges relating to those investments.
6. I accept that DP Pensions Ltd will correspond with my Adviser unless I give written notice to the contrary.
7. I authorise DP Pensions Ltd to pay Adviser Charges due to my Adviser as set out in Section D of this Application. I agree that it is my responsibility to inform DP Pensions Ltd in writing if I wish these payments to stop or if I change my Financial Adviser.
8. I confirm that I am giving my permission for DP Pensions Ltd to process my personal data in accordance with the Data Protection Act 1998.
9. I agree to DP Pensions Ltd carrying out checks to establish proof of my identity and residence, and those of my employer where employer contributions are to be paid. Should these checks prove unsatisfactory, I will be required to provide proof of identity to the satisfaction of DP Pensions Ltd, who may at its sole discretion determine whether to accept my application.
10. If contributions are paid to my Plan on which tax relief is sought, I declare that:
    a. I am under age 75 and am a relevant UK individual (see Note 1, below);
    b. the total of the contributions paid to this Scheme and to other registered pension schemes, in respect of which I am entitled to tax relief, under section 188 of Finance Act 2004, will not exceed, in any tax year, the higher of:
       - the basic amount (see Note 2, below), or
       - my relevant UK earnings (see Note 3, below) in that tax year;
    c. the declaration in (b) is correct, to the best of my knowledge and belief;
    d. I will give notice to the scheme administrator if an event occurs, as a result of which I will no longer be entitled to relief on contributions, under section 188 of Finance Act 2004. I will give this notice by the later of:
       - 5th April in the year of assessment in which the event occurs; and
       - the date which is 30 days after the occurrence of that event.

Note 1: An individual is a relevant UK individual for a tax year if they:

a. have relevant UK earnings (see Note 3) chargeable to income tax for that tax year; or
b. are resident in the United Kingdom at some time during that tax year, or
c. were resident in the UK at some time during the five tax years immediately before the tax year in question and they were also resident in the UK when they joined the pension scheme; or
d. have for that tax year general earnings from overseas Crown employment subject to UK tax (as defined by section 28 of the Income Tax (Earnings and Pensions) Act 2003 (ITEPA)), or
e. are the spouse of an individual who has for the tax year general earnings from overseas Crown employment subject to UK tax (as defined by section 28 of ITEPA).

For individuals within (b) to (e) above, who do not have relevant UK earnings, the maximum member contribution is the basic amount (see Note 2).

Note 2: The basic amount is £3,600 for the 2006/2007 tax year and all subsequent tax years to date

SECTION G. **Agreement & Declaration** *continued*

Note 3: Relevant UK earnings are:

a. employment income such as salary, wages, bonus, overtime, commission chargeable to tax under Section 7 (2) Income Tax (Earnings and Pensions) Act 2003 (ITEPA).

b. income derived from the carrying on or exercise of a trade, profession or vocation (whether individually or as a partner acting personally in a partnership) chargeable under Part 2 Income Tax (Trading and Other Income) Act 2005.

c. income arising from patent rights and treated as earned income under section 833 (5B) Income and Corporation Taxes Act 1988 (ICTA).

d. general earnings from an overseas Crown employment which are subject to tax in accordance with section 28 of ITEPA 2003.

Where relevant UK earnings are not taxable in the United Kingdom due to a double taxation agreement (section 788 of ICTA 1988), those earnings are not regarded as chargeable to income tax and so will not count towards the annual limit for relief.

11. I will notify DP Pensions Ltd in writing (within 30 days) if:
    a. There is a change in my employment status;
    b. There is a change in my permanent residential address;
    c. I lose or give up the right to enhanced or fixed protection.

In respect of a transfer payment;

12. I authorise and instruct you to transfer sums and assets from the plan(s) as listed directly to DP Pensions Ltd and to provide any instructions and/or discharge required by any relevant third party to do so.
13. I authorise DP Pensions Ltd, the provider of the plan(s) listed and any financial intermediary named in this application 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 DP Pensions Ltd.
14. I authorise DP Pensions Ltd, the provider of the plan(s) listed and any employer paying contributions to any of the plans as listed 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 DP Pensions Ltd.
15. Until this application is accepted and complete, DP Pensions Ltd and D A Phillips & Co Ltd's responsibility is limited to the return of the total payment(s) to the provider of the plan(s) listed.
16. When payment is made to DP Pensions Ltd as instructed, this means that I shall no longer be entitled to receive pension benefits from the whole of the Plan(s) listed where the whole of the Plan is transferring, or that part of the Plan(s) represented by the payment(s) if only part of the Plan(s) is transferring.
17. I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that DP Pensions Ltd, D A Phillips & Co Ltd and the current provider may incur as a result of any incorrect, untrue, or misleading information in this application or given by me, or on my behalf, or of any failure on my part to comply with any aspect of this application. This includes where I have been asked to provide any original policy document(s) in return for the transfer of funds and I am unable to do so.
18. If I have taken benefits from any pension arrangement, with the current or any other pension provider, in a way which means I am subject to the Money Purchase Annual Allowance (MPAA), I have supplied the date the MPAA first applied to me.
19. If I am transferring a capped drawdown arrangement (s) to a flexi-access drawdown arrangement (s), I will be subject to the Money Purchase Annual Allowance (MPAA) from the date of my first flexi-access payment, or if I am already subject to the MPAA, I have supplied the date the MPAA first applied to me.

Where you are receiving advice from an FCA regulated Financial Adviser;

20. **I confirm that I have received a positive recommendation to transfer my pension plan(s).**

H M Revenue & Customs warning: it is a serious offence to make any false statements on this Application Form – the penalties are severe and could lead to prosecution.

Applicant's signature	[signature]	Date	

The Premier Trust is a self-invested personal pension scheme and is referred to as 'the Plan' in this Application Form. The Plan has been registered by HM Revenue and Customs under Chapter 2 of Part 4 of the Finance Act 2004 under reference PSTR 00605999RW.

D A Phillips & Co Ltd, Bridewell House, Bridewell Lane, Tenterden, Kent TN30 6FA is the Trustee of the Plan.

DP Pensions Ltd, Bridewell House, Bridewell Lane, Tenterden, Kent TN30 6FA is authorised as Operator of the Plan and is regulated by the Financial Conduct Authority (No 463171). DP Pensions Ltd will administer the Plan in accordance with the Plan's Trust Deed and Rules.

Confirmation of Verification of Identity

Individual

Introduction by an FCA-Regulated Firm

DP Pensions Ltd

IFA to Complete

1. Details of customer (see explanatory notes below)

Full forename(s) of customer

Nigel Paul

Surname

Roberts

Current address

13 Thrapston Road

Finedon

WELLINGBOROUC Postcode NN9 5DG

Previous address if permanent residential address has changed in the last 3 months

Postcode

Date of birth

03/03/1972

Explanatory Notes

1. A separate confirmation must be completed for each customer (e.g. joint holders, trustee cases and joint life cases). Where a third party is involved, e.g. a payer of contributions who is different from the customer, the identity of that person must also be verified, and a confirmation provided.
2. This form cannot be used to verify the identity of any customer that falls into one of the following categories:
   - those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification;
   - those who have been subject to Simplified Due Diligence under the Money Laundering Regulations; or
   - those whose identity has been verified using the source of funds as evidence.
3. This confirmation must carry an original signature, or an electronic equivalent.

2. Confirmation

I/We confirm that

a) The information in Section 1 was obtained by me/us in relation to the customer;

b) The evidence I/we have obtained to verify the identity of the customer (tick only one):

- [x] Meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG; or
- [ ] Exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation)

c) The underlying evidence taken in relation to the verification of the customer's identity will be available immediately on request

d) The underlying evidence taken in relation to the verification of the customer's identity will be kept for five years beginning on the date of this certificate.

Signature

S.M.A.Cl

Name

Simon Carlin

Position

Managing Director

Date

27072018

3. Details of Introducing Firm (or sole trader)

Full name of regulated firm (or sole trader)

The Lost Coin Financial Planning Ltd

FCA reference number

672057