

SIPP/SSAS Pension Scheme Account

SIPP (Self Invested Personal Pension) and SSAS (Small Self Administered Scheme) Pension Scheme Account Request Form

How to fill in this form

- Please complete all boxes, marking NOT APPLICABLE in the sections that do not apply
- Once completed, please print and sign in the Customer Declaration sections as appropriate
- Keep a copy for your records

Next steps

- Please return the completed and signed form to the address below:

Barclays Pensions Team
Ashton House
497 Silbury Boulevard
Milton Keynes
MK9 2LD

Please specify the purpose of the application:

☐ Client Account ☐ Loan Account ☐ Remediation of existing Barclays Account

I/We authorise Barclays Bank PLC to open/maintain a Pension Scheme Account in the name of

Section 1. Details of the SIPP/SSAS Pension Scheme and account operation details

Scheme formation date

Country of domicile – *if not UK*

Indicate type of scheme – *tick one*

☐ SIPP ☐ SSAS

Correspondence contact details

Contact name

Contact phone number

Contact fax number

Contact email address

Correspondence title

Contact address

Building name/number	
Road	
Area	
County	Postcode

Statement details

Correspondence title

Main statement address

Building name/number	
Road	
Area	
County	Postcode

Correspondence title

Duplicate statement address

Building name/number	
Road	
Area	
County	Postcode

Statement format/frequency

☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Half yearly ☐ Annually

Start date

Cheque/credit book details

Correspondence title

Address for cheque/credit book delivery

Building name/number	
Road	
Area	
County	Postcode

Credit book requirements

☐ 30 with quadruplicate slips
☐ 40 with triplicate slips
☐ 60 with duplicate slips

Cheque book requirements

☐ 60 cheques with counterfoil
☐ 240 cheques with counterfoil

Special requirements

Add to electronic banking? ☐ Yes ☐ No

Section 2. Personal information

Please detail the scheme members/beneficiaries and indicate whether they are trustees.

Member 1

Full name

Date of birth

Nationality

Address

Postcode

Country of residence

Trustee

☐ Yes

☐ No

Source of funds

Member 2

Full name

Date of birth

Nationality

Address

Postcode

Country of residence

Trustee

☐ Yes

☐ No

Source of funds

Member 3

Full name

Date of birth

Nationality

Address

Postcode

Country of residence

Trustee

☐ Yes

☐ No

Source of funds

Member 4

Full name

Date of birth

Nationality

Address

Country of residence

Trustee

☐ Yes

☐ No

Source of funds

Member 5

Full name

Date of birth

Nationality

Address

Country of residence

Trustee

☐ Yes

☐ No

Source of funds

Member 6

Full name

Date of birth

Nationality

Address

Country of residence

Trustee

☐ Yes

☐ No

Source of funds

Please detail any individual trustees who are **not also members/beneficiaries**.

Trustee 1

Full name

Date of birth

Nationality

Address

Postcode

Country of residence

Trustee 2

Full name

Date of birth

Nationality

Address

Postcode

Country of residence

Trustee 3

Full name

Date of birth

Nationality

Address

Postcode

Country of residence

Trustee 4

Full name

Date of birth

Nationality

Address

Postcode

Country of residence

Trustee 5

Full name

Date of birth

Nationality

Address

Postcode

Country of residence

Trustee 6

Full name

Date of birth

Nationality

Address

Postcode

Country of residence

Section 3. Other related parties

Principal employer

Company name

Nature of business

Registered number

Address – including country

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Country	Postcode <input type="text"/>

Corporate trustee

Company name

Registered number

Address – including country

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Country	Postcode <input type="text"/>

Scheme provider – if applicable

Company name

Registered number

Address – including country

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Country	Postcode <input type="text"/>

Scheme practitioner – if applicable

Company name

Registered number

Address – including country

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Country	Postcode <input type="text"/>

Scheme administrator – if applicable

If the SIPP/SSAS Plan Provider will be appointing/has appointed a corporate entity to act as administrator to the above specified SIPP/SSAS Pension Scheme which will exclusively have been delegated authority over the mandate for the bank account held with Barclays Corporate Banking for the SIPP/SSAS, please provide the relevant details of this business entity below.

Company name

Registered number

Address – including country

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Country	Postcode <input type="text"/>

Where an administrator has been delegated exclusive control over the SIPP/SSAS Pension Scheme's bank account, please provide evidence of the administrator's authority in this regard (e.g. a copy of the agreement between the trustees and the administrator).

Section 4. Source of funds

Source of funds

Please give the account details of the initial funds used to open the account (*details of disinvestment, transfer in or regular contribution*)

Account name

Amount

£

Sort code

Account number

Section 5. Declarations

A. Pension Scheme Provider SIPP/SSAS declaration

In respect of the above named **SIPP/SSAS Pension Scheme** ('the Scheme'), I/we confirm and certify that:

1. The Scheme – *please tick as applicable – at least one must apply:*

- ☐ falls within the definition of pension schemes as provided for in Regulation 13 (7)(C) of the UK Money Laundering Regulations 2007
- ☐ is a UK HMRC Registered Scheme

2. The personal information provided in **Section 2** above was obtained by me/us in relation to the Know Your Customer due diligence completed by me/us for the **related parties** and I/we am/are expressly authorised by the person(s) named to share this information with **Barclays Corporate Banking** for the purposes of opening a bank account for the aforementioned SIPP/SSAS.

B. Countries traded with/sanctions declaration

I/We confirm that the Scheme does not have any associations or connections with Iran, Syria, Myanmar, Sudan, North Korea or Cuba. If the Scheme intends to have any associations or connections with the countries referred to above (whether direct or indirect, through investments, income related or otherwise) I/we will advise Barclays immediately. Further should Barclays become aware that the Scheme is undertaking any business involving any party or country subject to economic sanctions imposed by applicable local, UK or USA authorities (whether directly or indirectly), I/we acknowledge that Barclays may take action to freeze or close the Scheme's account(s) depending on the precise circumstances. By signing below I/we agree and confirm that the information given in this application is true and correct. I/we confirm that if any of the details change, I/we will let **Barclays Corporate Banking** know immediately.

I/We confirm that the information provided in this form is correct.

If the details in this form have been completed by a non FCA regulated entity, please confirm how the identity of the beneficiaries has been established i.e. Announcement letter from the principal employer or confirmation from a previous professional trustee.

Name

Job title

I/We authorise Barclays Bank PLC to open a Pension Scheme Account and/or update details relating to the Pension Scheme Account in the

Name of – *enter full pension scheme name*

Signature

Date

On behalf of – *if applicable*

Firm name

FCA registered number – *if applicable*

Company registered number – *if applicable*

Address

Postcode

You can get this in Braille, large print or audio by calling 0800 400 100* (via Text Relay if appropriate) or by ordering online from [barclays.co.uk/accessibleservices](https://www.barclays.co.uk/accessibleservices)

*Lines are open 7 days a week, 7am to 11pm. To maintain a high quality of service we may monitor or record phone calls.

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