

SHARE DEALING

Application Pack

**Halifax Share Dealing
Self Invested Personal Pension**



a little extra help



Application Pack

Halifax Share Dealing Self Invested Personal Pension Application Pack

For convenience, we've included everything you need to open a Halifax Share Dealing Self Invested Personal Pension (SIPP) in one pack. The pack contains a:

- Halifax Share Dealing SIPP Application Form
- Benefit Form
- Transfer Form
- Direct Debit Instruction

How to fill in these forms

- 1) Please ensure you sign all relevant completed forms within this Application Pack.
- 2) Please use **BLOCK CAPITALS** only and blue or black ink, ticking boxes where appropriate.
- 3) Initially you will need to fill in an Application Form and also a Direct Debit Instruction if you want to set up regular payments into your SIPP.
- 4) For those who already have a Halifax Share Dealing Account with us you will still need to fill in an Application Form for your SIPP, but will be able to use your existing login details to access your account.

A J Bell Management Limited is the Scheme Administrator of the Halifax Share Dealing SIPP. A J Bell Management Limited is registered in England No. 3948391. Registered Office: Trafford House, Chester Road, Manchester M32 0RS. Authorised and regulated by the Financial Services Authority and on the FSA register under FSA register number 211468. Sippdeal Trustees Limited is a wholly owned subsidiary of A J Bell Management Limited, registered in England No. 4050222. Registered Office: Trafford House, Chester Road, Manchester M32 0RS. Sippdeal Trustees Limited does not conduct any regulated activities, and is, therefore, not regulated.

Dealing and stockbroking administration services are provided by Halifax Share Dealing Limited, which is part of the Lloyds Banking Group. Halifax Share Dealing Limited is registered in England No. 3195646 Registered Office: Trinity Road West Yorkshire HX1 2RG. Authorised and regulated by the Financial Services Authority, 25 The North Colonnade, Canary Wharf, London E14 5HS. A Member of the London Stock Exchange and an HM Revenue & Customs approved ISA Manager.

Application Form

This is an application form to establish a Halifax Share Dealing SIPP administered by A J Bell Management Limited. If you wish to transfer in pension benefits from other registered pension schemes please also complete a Transfer Form in respect of each transfer. If benefits are to commence immediately please also complete a Benefit Form.

We strongly recommend that you read the Halifax Share Dealing SIPP Key Features, Scheme Terms & Conditions and Service Terms & Conditions before completing this application.

If you are a legal guardian applying on behalf of an applicant under the age of 18, please complete this form on behalf of the applicant and sign the declaration in Section 7.

We cannot proceed with your application until we receive this form completed and signed.

Please use **BLOCK CAPITALS** only and blue or black ink, ticking boxes where appropriate.

If you would like a copy of this or any other item of our literature in large print, Braille or in audio format, please contact us on 08457 22 55 25 or by e-mail at hsdlsipp@sippdeal.co.uk.

Checklist

Please ensure the following documents accompany this form when returning it to the address at the end of the declaration in Section 7:-

	Yes	N/A		Yes	N/A
Contribution cheque (member)	<input type="checkbox"/>	<input type="checkbox"/>	Direct transfer from a Sharesave maturity	<input type="checkbox"/>	<input type="checkbox"/>
Contribution cheque (employer)	<input type="checkbox"/>	<input type="checkbox"/>	Birth certificate (minors only)	<input type="checkbox"/>	<input type="checkbox"/>
Direct Debit (member)	<input type="checkbox"/>	<input type="checkbox"/>	Benefit Form	<input type="checkbox"/>	<input type="checkbox"/>
Direct Debit (employer) - see important note 3	<input type="checkbox"/>	<input type="checkbox"/>	Transfer Form	<input type="checkbox"/>	<input type="checkbox"/>

Important Notes

1. All cheques must be made payable to 'Sippdeal Trustees Limited re (your name)'.
2. Unless member contributions are made by cheque drawn on a UK bank or building society account, further checks may be required.
3. Where an employer intends to pay regular contributions by Direct Debit, payments **MUST** be made from a UK bank or building society account in the employer's name. Single contributions paid by an employer must also be paid by cheque drawn on a UK bank or building society account in the employer's name.

1.2 Legal Guardian's Details

Only complete this section if the member is under the age of 18.

* Title	Mr / Mrs / Miss / Ms / Dr / Professor / Other	* Surname	
* Forenames			
* Date of Birth		Sex	Male / Female
Marital Status	Single / Married / Common Law / Divorced / Separated / Widowed / Civil Partner		
* Nationality			
* Permanent Residential Address			
* Town		* County	
* Post Code		Country	

If you have lived at your permanent residential address for less than 3 years, please enter your previous permanent residential address.

* Previous Permanent Residential Address			
* Town		* County	
* Post Code		Country	
* Home Tel No.		* Preferred Tel No.	
Email Address †			
Home Fax No.		Preferred Fax No.	

* All fields marked with * are required.

† If you are over 18 and would like to be registered for the online share dealing service please provide your email address

Note: If you are applying as legal guardian on behalf of an applicant who is under age 18, we will send all correspondence to you and not the applicant.

2. Security Questions

Please supply the following security information that may be requested when you telephone us.

Note: If you are applying as legal guardian, please provide the information for yourself, not the applicant.

Mother's Maiden Name

First Job/Employment

3. Applicant's Status

Please advise which category of status is applicable to the applicant (if more than one, indicate the category that is most applicable):-

Employed

Chargeable to tax under Chapter 2 of Part 2 of the Income Tax (Earnings and Pensions) Act 2003 (ITEPA) for the income tax year of assessment concerned in respect of employment income as defined in the Act.

Pensioner

Chargeable to tax under Part 9 of ITEPA for the income tax year of assessment concerned in respect of a pension.

Self Employed

Chargeable to tax under Chapter 2 of Part 2 of the Income Tax (Trading and Other Income) Act 2005 for the income tax year of assessment concerned in respect of annual profits or gains arising or accruing from any trade, profession or vocation carried on by the individual.

Child

The applicant is under the age of 16.

Other

Please indicate which of the following categories of status is applicable (if more than one, the most applicable):-

i) Caring for one or more children under the age of 16

ii) Caring for a person aged 16 or over

iii) In full time education

iv) Unemployed

v) Other

If other (please specify)

4. Contributions

Please indicate the amount of contributions to be paid to your SIPP (if any):-

Single Contribution

Member (net) £		Employer (gross) £	
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Is the member's contribution to be paid in the form of a direct transfer of shares from a Share Save maturity?

Yes No

If Yes, the amount of the net contribution shown above should be the estimated market value of the shares to be transferred. If the actual market value of the shares at the date of the transfer is different to the amount shown your net contribution will be amended to the actual market value.

Regular Contribution

Member (net) £		per month	Employer (gross) £		per month
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Member Contribution

Please tick one or more of the following boxes to indicate from which source member contributions are to be funded:-

Income from employment	<input type="checkbox"/>	Property sale	<input type="checkbox"/>
Investment/Savings	<input type="checkbox"/>	Divorce settlement	<input type="checkbox"/>
Inheritance	<input type="checkbox"/>	Other (please specify)	<input type="text"/>

Member contributions are contributions paid by the applicant personally, or by someone else on the applicant's behalf, e.g. a parent, grandparent or spouse. They do not include employer contributions.

All member contributions are payable net of basic rate tax (20% for the 2012/13 tax year). We will reclaim basic rate tax from HM Revenue & Customs (HMRC) and pay it to your SIPP. If the applicant is a higher rate tax payer, the difference between any higher rate and basic rate tax relief to which the member is entitled can be reclaimed via self assessment. Please note that if you are paying contributions on behalf of the applicant you will not be entitled to reclaim the difference between higher rate and basic rate tax relief.

All employer contributions are payable gross. Where an employer intends to pay regular contributions by Direct Debit payments MUST be made from a UK bank or building society account in the employer's name. Single contributions paid by an employer must also be paid by cheque drawn on a UK bank or building society account in the employer's name.

If your employer is to pay contributions on your behalf, please advise your employer's name, registered office address and post code:-

Employer's Name	<input type="text"/>		
Company Number	<input type="text"/>		
Registered Office Address	<input type="text"/>		
Town	<input type="text"/>	County	<input type="text"/>
Post Code	<input type="text"/>	Country	<input type="text"/>

Is the employer listed on a recognised stock exchange? Yes No

5. Transfers

Are you going to transfer your benefits under one, or more, registered pension scheme(s) into your SIPP? Yes No

If Yes, please provide the following information. You must also complete a separate Transfer Form for each transfer. Forms are available on the Halifax Share Dealing website, www.halifax.co.uk/sharedealing or by calling **08457 22 55 25**.

Name of Transferring Scheme / Provider	Cash or In-specie*	Approx. Transfer Value

*An in-specie transfer is a transfer of existing assets held under the transferring scheme, rather than cash.

Note: Transfers from other UK registered pension schemes can be paid into your SIPP. We will only accept a transfer of assets (in-specie) which are permitted investments under your SIPP. Please see the Halifax Share Dealing website, www.halifax.co.uk/sharedealing or call on **08457 22 55 25** for more information. Please send us details of the assets you wish to transfer.

6. Nomination of Beneficiaries

Please do not complete this section if you are also completing a Benefit Form for the payment of immediate benefits.

In the event of my death, I would like the Scheme Administrator of my SIPP to consider making payment of any death benefits to the following persons:-

Full Name		Relationship		<input type="text"/>	%
Full Name		Relationship		<input type="text"/>	%
Full Name		Relationship		<input type="text"/>	%
Full Name		Relationship		<input type="text"/>	%
Full Name		Relationship		<input type="text"/>	%
Full Name		Relationship		<input type="text"/>	%
Total					100 %

7. Declarations

7.1 General Declaration

Please read the following carefully **before** you sign.

I hereby apply for a Halifax Share Dealing SIPP and to become a member of the Sippdeal e-sipp ("the Scheme").

I confirm that I have read and understood the Halifax Share Dealing SIPP Key Features, Scheme Terms & Conditions and Service Terms & Conditions. I agree to be bound by the Halifax Share Dealing SIPP Terms and Conditions as may be amended from time to time, I also agree to be bound by the trust deed and rules of the Scheme (as amended from time to time), which I have had the opportunity to consider.

In return for the services provided by the Scheme Administrator, I further agree to pay the charges set out on the Halifax Share Dealing website (as amended from time to time).

I confirm that the information provided in this Application Form, and any other documents completed in connection with this application, is to the best of my knowledge and belief, correct, complete and not misleading.

I will not require, nor attempt to require, the withdrawal of funds held to provide benefits for me under the Scheme, or the income on those funds, other than in accordance with the rules of the Scheme. In the event that an unauthorised payment is made, I agree to A J Bell Management Limited deducting the amount of any scheme sanction charge, or other charge, levied by HMRC on the Scheme Administrator from the funds held for me under the Scheme in order to pay that charge to HMRC. If there are insufficient funds held for me under the Scheme, I agree to pay A J Bell Management Limited the amount by which the charge exceeds the value of my funds under the Scheme.

A J Bell Management Limited has been appointed as the Scheme Administrator of the Scheme and agrees to administer the Scheme in accordance with the trust deed and rules of the Scheme.

Sippdeal Trustees Limited (a wholly-owned subsidiary of A J Bell Management Limited) is the trustee of the Scheme and all investments made will be held in the name of Sippdeal Trustees Limited or an appropriately authorised nominee company.

Sippdeal Trustees Limited will open an appropriate dealing account for my SIPP with Halifax Share Dealing and I agree to be bound by the Halifax Share Dealing SIPP Terms and Conditions in relation to the operation of this account.

7.2 Declaration Where Contributions Are To Be Paid

If contributions are to be paid, I declare that:-

- a) I am under age 75 and am a relevant UK individual (see Note 1);
- b) the total of the member contributions paid to this Scheme and to other registered pension schemes, on which I am entitled to tax relief, under section 188 of Finance Act 2004, will not exceed, in any tax year, the higher of:
 - i) the basic amount (£3,600 gross for the 2012/13 tax year); or
 - ii. 100% of my relevant UK earnings (see Note 2) 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 member contributions, under section 188 of Finance Act 2004. I will give this notice by the later of:
 - i) 5th April in the year of assessment in which the event occurs; and
 - ii) 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 2) chargeable to income tax for that tax year; or
- b) are resident in the UK 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 (£3,600 gross for the 2012/13 tax year).

Note 2: 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); or
- 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; or
- c) income arising from patent rights and treated as earned income under section 833 (5B) Income and Corporation Taxes Act 1988 (ICTA); or
- d) general earnings from an overseas Crown employment which are subject to tax in accordance with section 28 of ITEPA.

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.

Data Protection Act 1998

Your information

We will use the information provided to check your identity, and that of any other person providing funds on behalf of an investment made in your name, with credit reference and fraud prevention agencies. The agencies will record our check and will make that record available to others to verify your identity. We use scoring methods to verify your identity as this provides a thorough check of the available data. If you supply false or inaccurate information and we suspect fraud, we will inform the fraud prevention agencies. If we cannot verify your identity by electronic means, we may ask you for additional information.

Please write to us at the address provided in this Application Form if you want details of the credit reference and fraud prevention agencies from whom we obtain and with whom we record information about you. You have a legal right to these details. The agencies may charge a fee. You have a right on payment of a fee to receive a copy of the information we hold about you if you apply to us in writing.

7.3 Parent Or Legal Guardian Declaration

If this application is being made on behalf of an applicant who is under the age of 18, I declare that:-

- a) I am making this application on behalf of the applicant named in Section 1 of this application form;
- b) I will be responsible for the applicant's pension arrangements under the Scheme until the applicant reaches age 18; and
- c) I have made the declarations in 7.2 based on the applicant's tax status and earnings and I confirm that I will give notice to the Scheme Administrator if the applicant is no longer entitled to tax relief on member contributions.

I understand that contributions paid into the Scheme may only be returned to the applicant in the form of benefits payable under the rules of the Scheme (after age 55, except in the case of earlier serious ill health).

I agree to advise the Halifax Share Dealing SIPP Administration Team of the applicant's National Insurance number when they reach age 16.

Please sign and date the application (if the applicant is under age 18 the parent or legal guardian must sign) and return it to:-

**The Halifax Share Dealing SIPP Administration Team
A J Bell Management Limited
Trafford House
Chester Road
Manchester
M32 0RS**

Tel: 08457 22 55 25

Fax: 0845 54 32 601

I understand it is a serious offence to make false statements; the penalties are severe and could lead to prosecution.

Name

Signature

Date

From time to time you may be offered Products or Services arranged by Halifax Share Dealing Limited and or third parties. In holding and processing this information by computer, we will at all times honour our duty of confidentiality and our responsibilities under the Data Protection Act.

If you do not wish to receive direct marketing on this basis please tick this box

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Benefit Form

Important Notes

This Benefit Form must be completed if you wish to:-

- start drawing benefits from your SIPP as a pension commencement lump sum and drawdown pension (also known as capped drawdown) or flexible drawdown – please complete all sections of this form except Section 9;
- add additional uncrystallised funds to your existing income drawdown fund (capped or flexible), to enable you to take a further pension commencement lump sum and/or to increase the amount of your pension – please complete all sections of this form except Sections 8 and 9;
- purchase a lifetime annuity – please complete all sections of this form except Sections 6, 7 and 8.

IF YOU WISH TO TAKE FLEXIBLE DRAWDOWN BENEFITS AND HAVE NOT YET CONFIRMED YOUR ELIGIBILITY YOU MUST ALSO COMPLETE A FLEXIBLE DRAWDOWN DECLARATION. Flexible drawdown allows eligible individuals to draw income from their income drawdown fund without any annual limits. In order to be eligible you must meet a number of conditions. The main condition is that you must be receiving secure pension income of at least £20,000 per year.

Please ensure that all relevant sections of this form are fully completed. Failure to provide relevant information will delay the payment of benefits.

If you wish to transfer your SIPP to an insurance company to purchase an immediate annuity do not complete this form. You must complete a Transfer Out Form available on request. If you transfer out, the insurance company will be responsible for calculating and paying your benefits, including any pension commencement lump sum.

If you have already commenced benefits and you wish to alter the frequency or amount of pension you are receiving, or alternatively wish to pay yourself a one-off pension payment then please write to the Halifax Share Dealing SIPP Administration Team, at the address shown below, confirming the details (do not complete this form).

For more information on the benefits available under your SIPP including flexible drawdown, please refer to the Halifax Share Dealing SIPP Benefits Guide available on www.halifax.co.uk/sharedealing or by calling on 08457 22 55 25. If you have any doubts as to your retirement options, you should contact a financial adviser.

Please note we reserve the right to request a copy of your birth certificate and, if you are a married woman, your marriage certificate, before any benefits can be paid. Alternatively, you can send us a copy of your current signed passport or driving licence showing your date of birth and full name. **Copies MUST be certified by an independent person (not a family member), who must also provide their full name, address and daytime contact telephone number.** We will use age verification systems to confirm your date of birth. We will request further evidence if our searches are unable to verify this information.

Please complete and return this form to:-

**The Halifax Share Dealing SIPP Administration Team
A J Bell Management Limited
Trafford House
Chester Road
Manchester
M32 0RS**

Tel: 08457 22 55 25

Fax: 0845 54 32 601

Please use **BLOCK CAPITALS** only and blue or black ink, ticking boxes where appropriate.

If you would like a copy of this or any other item of our other literature in large print, Braille or in audio format, please contact us on 08457 22 55 25 or by e-mail: hsdlsipp@sippdeal.co.uk

1. Personal Information

Please provide the following information about yourself:

Title Surname

Forenames

Permanent Residential Address

Town County

Post Code Country

Your SIPP Reference (if known) Date of Birth

Start Date for Benefits: immediate Other

This is the date we will use to calculate your benefits. We will write to you separately when benefit payments will commence. **Please note we cannot backdate the start date for your benefits.**

2. Benefit Options

Please tick which of the following options you require (please only tick one).

A) Income Drawdown (drawdown pension or flexible)

You receive a pension commencement lump sum (if applicable) and the remainder of your fund is designated to provide an income by way of income drawdown.

B) Lifetime Annuity

You receive a pension commencement lump sum (if applicable) and the remainder of your fund is used to provide an income by way of annuity purchase, from the insurance company of your choice.

Amount of funds to provide Benefits

You can choose to take benefits from all, or only a part, of the uncrystallised funds in your SIPP.

Please complete one box to indicate the amount, or percentage, of your fund that you wish to take benefits from at this time. This amount, or percentage, must be the total amount to be applied to provide a pension or lifetime annuity and the amount of any pension commencement lump sum linked to that pension or annuity. Please do NOT enter only the percentage to be taken as a pension commencement lump sum.

All of my fund or Amount or % of my fund

Please note that if you have an existing pension fund at 6th April 2006 (A-Day) and you crystallise further funds to provide a pension on, or after, A-Day then the pre A-Day pension fund and the post A-Day pension funds will be kept separate. This is both for the purpose of determining maximum pension and, ultimately, any amount crystallised at age 75 or annuity purchase, if earlier.

3. Transitional or Fixed Protection

You only need to complete this section if you have registered for protection with HM Revenue & Customs (HMRC) or have a protected pension age (i.e. you are entitled to take benefits before age 55). Otherwise, please go straight to Section 4.

a) Have you registered for enhanced, primary or fixed protection? Yes No

If Yes, please send us a copy of the HMRC certificate with your completed Benefit Form.

b) Do you have a protected pension age? Yes No

If Yes, what is the protected pension age:

4. Available Lifetime Allowance

Please complete:

Part A – If you have **not** registered for transitional or fixed protection

Do you have sufficient unused lifetime allowance (i.e. is your unused lifetime allowance more than the value of the benefits being crystallised under your SIPP)? Yes No

If Yes, please go to Section 5. If No, please complete Part B.

Part B – If you have registered for transitional or fixed protection or have answered 'No' to the question in Part A because you do not have sufficient unused lifetime allowance.

Please see the General Notes below and the Transitional or Fixed Protection Notes overleaf.

i) Do you hold, or have you crystallised benefits in the past whilst holding, primary protection or fixed protection? Yes No

If **Yes**, and you hold crystallised benefits outside of your Halifax Share Dealing SIPP please provide the following information regarding those crystallised benefits:

Date benefits crystallised Value of benefits when crystallised

Was fixed protection held when benefits were crystallised Yes No

Date benefits crystallised Value of benefits when crystallised

Was fixed protection held when benefits were crystallised Yes No

Date benefits crystallised Value of benefits when crystallised

Was fixed protection held when benefits were crystallised Yes No

If **No**, what percentage of the standard lifetime allowance have you used up?

If you have registered for enhanced protection, please go to Section 5. Otherwise, please complete question ii) below.

ii) Do you want the value of your benefits above your lifetime allowance to be either:

a) paid as a lifetime allowance excess lump sum, subject to a tax charge of 55%? Yes No

or

b) retained in your SIPP, subject to an immediate tax charge of 25%, and designated to your pension fund? Yes No

General notes (Parts A and B)

1. You must take into account any benefits that
 - you have crystallised previously (including pre-commencement pensions i.e. pensions that you vested before 6th April 2006) under this and any other pension arrangement and
 - you are going to crystallise from any other pension arrangements at the same time as the benefits requested in this form.

The administrators of your existing crystallised pension arrangements (if any) will have provided you with a statement or will be able to tell you how much of your lifetime allowance has been used up by the benefits under those arrangements.

2. The value of the benefits crystallised by this form is the value of the fund entered by you in the 'Benefit options' section of this form.
3. The standard lifetime allowance is £1.5 million in 2012/13.

Transitional or fixed protection notes (Part B)

4. **Percentage of lifetime allowance used up:** in most circumstances you must enter the percentage of the standard lifetime allowance which you have used up. If you hold, or have held, primary or fixed protection we may require you to report some or all of your lifetime allowance usage based on the underpinned lifetime allowance (£1.8 million). Please read the Primary protection and Fixed protection notes below.
5. If your personal lifetime allowance has been lowered for any reason (e.g. as a result of a protected pension age) please do not take this reduction into account when reporting lifetime allowance usage.
6. **Enhanced protection:** if you are entitled to enhanced protection, we need to know the percentage of the standard lifetime allowance you have used up, as this may be relevant for calculating your pension commencement lump sum and will be needed for HMRC reporting purposes.
7. **Primary protection:** if you are entitled to primary protection, your personal lifetime allowance will be increased with reference to the underpinned lifetime allowance (e.g. if your Lifetime Allowance Enhancement Factor is 0.5, you will be entitled to a personal lifetime allowance of 150% of the underpinned lifetime allowance). In spite of this you must show the percentage of the standard lifetime allowance you have used up, which may of course be more than 100%.
8. **Fixed protection:** if you are entitled to fixed protection, your personal lifetime allowance is increased from £1.5 million to £1.8 million and you are also entitled to increased lump sum rights. Please show the percentage of the underpinned lifetime allowance you have used up, which may be more than 100%.
9. **Protected pension age:** if you are entitled to take benefits before age 55, because you have a protected pension age, your personal lifetime allowance, which will be the standard lifetime allowance unless you hold fixed or primary protection and the underpinned lifetime allowance if you do, will be reduced by 2.5% for each complete year between the date your benefits commence and the date on which you will reach 55. However, please show the percentage of your lifetime allowance that you have used up e.g. if you do not hold any protection and have already crystallised £75,000 of benefits from a separate pension scheme at age 35 in 2006/07, then the percentage of the standard lifetime allowance used up is 5% for the purposes of completing this form (the standard lifetime allowance in 2006/07 was £1.5 million).

5. Pension Commencement Lump Sum

Please note that a pension commencement lump sum is not available if an income drawdown fund is being used to purchase an annuity.

If you wish to receive a pension commencement lump sum please specify the amount you wish to receive:

Maximum or Other £

We will only pay a pension commencement lump sum of more than 25% of your fund if transitional protection applies. We will advise you of your maximum pension commencement lump sum and will adjust the amount you have specified if it exceeds the maximum allowable by HMRC.

6. Your Pension

Income Payments

Please specify the level of gross income you wish to receive (only complete ONE option):

- a) Maximum income allowed by the HMRC (pension/capped drawdown only) (tick if appropriate); or
- b) Nil income (tick if appropriate); or
- c) Gross monetary amount. For drawdown pension/capped drawdown this must be less than the maximum allowed by HMRC.

- Please note that under drawdown pension/capped drawdown you cannot receive more than the HMRC maximum income in any 12 month pension year.
- The maximum income limit is calculated by reference to the annuity rates published by the Government Actuary's Department (GAD).
- For drawdown pension/capped drawdown you can choose to take between "nil" income and the maximum GAD rate for your age at the effective date of calculation.
- Maximum income level is calculated at outset and reviewed every three years until you pass your 75th birthday and annually thereafter.
- Pension payments are normally payable on the 3rd Monday of each month. Cleared funds must be available in your deposit account on the 2nd Monday of the month in order for us to make the pension payment. It is your and your adviser's responsibility to ensure that sufficient cash is held in the SIPP cash account.
- We will pay your pension net of income tax (under PAYE) and will account to HMRC for the tax deducted.
- If you are eligible for flexible drawdown and wish to take the full value of your pension fund as a single payment please state "whole fund" above. You must have completed a Flexible Drawdown Declaration in order to confirm eligibility.

Please specify the frequency you require for your pension payments (please tick):

- d) Annually Monthly
- e) In advance In arrears

Where relevant, we will advise you of your maximum income level and will adjust your chosen income level if it is necessary.

7. Death Benefit Nomination

The Scheme Administrator will use your remaining pension fund to provide benefits for your spouse, civil partner, dependants, members of your family or other nominated beneficiaries.

Please indicate the name(s) of the individuals you would like the scheme administrator to consider providing benefits for and the % of your fund that you would like to be applied for each individual. **Please note that the Scheme Administrator will take into account your wishes but is not bound to follow them.**

Full Name	<input type="text"/>	Relationship	<input type="text"/>	<input type="text"/>	%
Full Name	<input type="text"/>	Relationship	<input type="text"/>	<input type="text"/>	%
Full Name	<input type="text"/>	Relationship	<input type="text"/>	<input type="text"/>	%
Full Name	<input type="text"/>	Relationship	<input type="text"/>	<input type="text"/>	%
Full Name	<input type="text"/>	Relationship	<input type="text"/>	<input type="text"/>	%
				Total	100 %

8. Payment Details

Please provide details of the bank/building society account to which you wish your income and pension commencement lump sum (if any) to be paid:

Name of Bank / Building Society			
Branch Address			
	Post Code		
Account Number		Sort Code	
Roll Number (if applicable)			
Account in the name of			
Account Type			

Important Notes: If you have received a P45 from your previous employment, please forward this to us with this form and we will use this to apply the correct tax code for your pension. If you do not have a P45, we are legally obliged to operate tax code BR, which is a Basic Rate Tax deduction. We will advise our Tax Office who will in turn contact your Tax Office to confirm your correct tax code. We can only change your tax code if instructed to do so by HMRC. You may wish to contact your Tax Office to expedite the correct tax coding notice.

9. Lifetime Annuity Purchase

Is a lifetime annuity to be purchased from:

a) part of your fund from which you are yet to take benefits? Yes No

and/or

b) your existing income drawdown fund? Yes No

Which insurance company is the lifetime annuity to be purchased from?

Insurance Company Name	
------------------------	--

Please enclose a copy of your annuity quotation and the insurance company's proposal form for our completion. Alternatively, please specify the name and address of your adviser below (if applicable) and we will contact them with our requirements.

Please note that we cannot pay your pension commencement lump sum (if any) until we have final details of your chosen annuity. Halifax Share Dealing and A J Bell Management Limited cannot provide any advice in relation to annuity purchase.

Adviser Name			
Address			
	Post Code		
Telephone Number		Fax Number	

10. Member's Declaration and Undertaking

I hereby request and consent to the payment of benefits as set out in this form and agree that:-

- a) it is my responsibility, in conjunction with my adviser, to ensure that there is sufficient liquidity within my SIPP to pay benefits as they fall due;
- b) where relevant, income payments under drawdown pension/capped drawdown will at all times remain below the maximum level allowed by HMRC, this overriding any instructions I may give to the contrary; and
- c) the basis used for valuing investments held under my SIPP for benefit crystallisation purposes will be determined by the Scheme Administrator, taking into account HMRC requirements. In particular, I understand that the value used for some types of investment (e.g. UK quoted stocks and shares) for this purpose may be different to that shown on my valuation statements.

I declare that:-

- i) the information contained in this form and in particular Section 3 (Transitional or Fixed Protection) and Section 4 (Available Lifetime Allowance) is, to the best of my knowledge and belief, true, complete and not misleading;
- ii) as a consequence of payment of the pension commencement lump sum requested by this form (if any), the amount of contributions paid by me, or on my behalf, to any registered pension scheme is not, and will not be, significantly greater than it would otherwise have been; and
- iii) I agree that I will indemnify the Scheme Administrator against any liability to pay any tax or other charges which arise out of the provision of false or misleading information.

If you have any doubts whatsoever about which option is most suitable for you then please contact a financial adviser. Neither Halifax Share Dealing nor A J Bell Management Limited can provide you with any advice.

Please sign and date the Benefit Form and return it to:-

**The Halifax Share Dealing SIPP Administration Team
A J Bell Management Limited
Trafford House
Chester Road
Manchester
M32 0RS**

Tel: 08457 22 55 25

Fax: 0845 54 32 601

Member's Name

Signature

Date

A J Bell Management Limited is the Scheme Administrator of the Halifax Share Dealing SIPP. A J Bell Management Limited is registered in England No. 3948391. Registered Office: Trafford House, Chester Road, Manchester M32 0RS. Authorised and regulated by the Financial Services Authority and on the FSA register under FSA register number 211468. Sippdeal Trustees Limited is a wholly owned subsidiary of A J Bell Management Limited, registered in England No. 4050222. Registered Office: Trafford House, Chester Road, Manchester M32 0RS. Sippdeal Trustees Limited does not conduct any regulated activities, and is, therefore, not regulated.

Dealing and stockbroking administration services are provided by Halifax Share Dealing Limited, which is part of the Lloyds Banking Group. Halifax Share Dealing Limited is registered in England No. 3195646 Registered Office: Trinity Road West Yorkshire HX1 2RG. Authorised and regulated by the Financial Services Authority, 25 The North Colonnade, Canary Wharf, London E14 5HS. A Member of the London Stock Exchange and an HM Revenue & Customs approved ISA Manager.

Transfer Form

Transferring Member Instructions

This form is an application to transfer benefits from another registered pension scheme into a Halifax Share Dealing SIPP administered by A J Bell Management Limited (the “receiving scheme”). This form is supplementary to the Application Form completed by the transferring member.

If you would like a copy of this or any other item of our other literature in large print, Braille or in audio format, please contact us on 08457 22 55 25 or by e-mail: hsdlsipp@sippdeal.co.uk.

You must complete all of the details requested on the following page, sign the declaration and return the form to us at the address below.

**The Halifax Share Dealing SIPP Administration Team
A J Bell Management Limited
Trafford House
Chester Road
Manchester
M32 0RS**

**Tel: 08457 22 55 25
Fax: 0845 54 32 601**

To be completed by the Transferring Member

Full Name of Member

Date of Birth

Your SIPP Ref. (if known)

Full name of Transferring Pension Scheme (if known)

Existing Plan No. or Policy No. under Transferring Scheme

Full name of Administrator of Transferring Scheme

Address of Administrator of Transferring Scheme

Town

County

Post Code

Country

Is the transferring scheme a final salary pension scheme?

Yes No

If yes, please note that we will not accept transfers from final salary pension schemes unless you have received advice on the transfer from a suitably qualified financial adviser.

Have you received advice from such an adviser?

Yes No

Is the transfer cash only?

Yes No

Approximate fund value to be paid to the receiving scheme

Does this represent the full value of the plan?

Yes No

Are the funds being transferred:

- a) Already entirely in drawdown
- b) Already partially in drawdown
- c) Not in drawdown

For an in-specie transfer, please provide the name and address of the existing investment manager/stockbroker below (if applicable). Please also complete the list of the assets to be transferred and their values in the assets to be re-registered section below. If this section is not completed this may lead to delays in processing the transfer.

Name of Investment Manager / Stockbroker

Address of Investment Manager / Stockbroker

Town

County

Post Code

Country

I promise to accept responsibility in respect of any claims, losses and expenses that Halifax Share Dealing SIPP or A J Bell Management Limited or Sippdeal Trustees Limited and the current provider 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.

I apply to the scheme administrator of the receiving scheme to accept the transfer from the transferring scheme and to pay it into my SIPP. I confirm that the information provided relevant to my application to transfer benefits into my SIPP is correct and complete, to the best of my knowledge and belief.

I confirm that I have not received any advice or recommendation in relation to the transfer from, a representative of Halifax Share Dealing SIPP or A J Bell Management Limited or Sippdeal Trustees Limited.

Additional declaration for transfers of income drawdown benefits (if applicable)

I declare that all, or a part, of the transfer payment has been designated to provide income drawdown pension benefits for me under the transferring scheme. I understand that the transferring scheme is responsible for confirming the amount (if any) designated to provide these benefits.

I further understand that the amount of the transfer payment representing these benefits will be applied to provide me with income drawdown benefits under the receiving scheme and will be subject to the same maximum income limit (if any) as under the transferring scheme, until such time as a further review of this limit is triggered. I also understand that, where the maximum income limit has not been reviewed since 6 April 2011, the transfer may bring forward the date of the review of that limit.

Signed

Date

Transferring Scheme Instructions

If you require any further forms to be completed by the transferring member please contact the member directly.

For a cash transfer, your cheque must be made payable to 'Sippdeal Trustees Limited re [insert name of transferring member]' and sent to the address shown above.

For all transfers you must provide us with full details of the benefits being transferred. The information that you provide must confirm:

- That the transferring scheme is a registered pension scheme under Finance Act 2004.
- The transferring scheme's HMRC Pension Scheme Tax Reference.
- The Total Transfer Value.
- Whether the transfer contains any crystallised benefits and, if so, full details of them.
- Details of any transitional protection relating to the benefits or the transferring member and, if relevant, whether the transfer is part of a block transfer.
- Whether the transfer value derives from a Pension Sharing Order or Provision, or whether an Earmarking Order is in force in relation to the transferring benefits.

For all transfers you must also return this Transfer Authority Form, or a copy of it, to us at the address shown above.

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