

Customer Number:

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# SIPP Deposit Application Form

This form must be completed by your Trustee Company's and SIPP Scheme Administrator's Authorised Signatories in black ink and BLOCK CAPITALS.

## Part A This part is mandatory and must be completed in all cases.

### A1. SIPP Scheme Details:

Name of SIPP Scheme:

Pension Scheme

Tax Reference (PSTR):

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### A2. Client Account:

Client details

Title: Surname:

Forename(s) in full:

We enclose a cheque for: £

to be invested in:

PRODUCT NAME

Client's Designated SIPP Bank Account Details

Bank/Building Society name:

Branch:

Sort code:

Account number:

Roll / Reference number:


Alternatively, a deposit for your investment can be made by way of BACS, CHAPS or Faster Payment once you have received confirmation that the Client Account has been opened.

**Part B** This Part should be completed if this is your first application using the SIPP Scheme detailed above. Please note that if the Trustee Company and the SIPP Scheme Administrator are not the same company, your Trustee Company must be a wholly owned subsidiary of the SIPP Scheme Administrator in order to proceed with this application. If you have previously opened a Client Account using the SIPP Scheme detailed above and there are no changes to the sections below, Part B can be left blank and you can move straight to Part C.

### B1. SIPP Scheme Administrator Details:

Name of SIPP Scheme Administrator:

Address of SIPP Scheme Administrator:

Postcode:

FSA Registration Number:

Company Registration number:

Telephone number:

Fax number:

Email:

### B2. Your Trustee Company's Details:

Name of Trustee Company:

Address of Trustee Company:

Postcode:

Company Registration number:

Telephone number:

Fax number:

Email:

### B3. Authorised Signatories:

Please enter details of all the individuals within your Trustee Company and/or the SIPP Scheme Administrator who will act as Authorised Signatories. Please use the Continuation Sheet to record details of additional Authorised Signatories. It is important that you read the section entitled 'Use of Personal Information' (including the information regarding credit reference and fraud prevention agencies) set out overleaf in this application form and by signing this application, you agree that we can use your personal information in this way. The Trustee Company and the SIPP Administrator consent to receive marketing information as detailed in the 'Use of Personal Information' section overleaf unless this box is ticked.

By signing below, you are agreeing to abide by the declarations set out below in Part C.

#### Trustee Company Signatory A

Title: Surname:

Forename(s) in full:

Role / Job Title:

Signature:

Date:

#### Trustee Company Signatory B

Title: Surname:

Forename(s) in full:

Role / Job Title:

Signature:

Date:

#### SIPP Scheme Administrator (if different from above) Signatory A

Title: Surname:

Forename(s) in full:

Role / Job Title:

Signature:

Date:

#### SIPP Scheme Administrator (if different from above) Signatory B

Title: Surname:

Forename(s) in full:

Role / Job Title:

Signature:

Date:

### B4. Operating Instructions:

Please specify the minimum number of Authorised Signatories who are required to sign for changes, conduct general administration and operate all Client Accounts (including carrying out day to day transactions). Please use the Continuation sheet to record details of additional Authorised Signatories.

**Part C** This part is mandatory and must be completed in all cases. Please note that your Trustee Company must be a wholly owned subsidiary of the SIPP Scheme Administrator in order to proceed with this application.

**C1. Declarations:**

**I, as an Authorised Signatory:**

- request that the Client Account detailed overleaf be opened in the name set out overleaf and that the Client Account will be administered in accordance with the SIPP Deposit Application Form.
- confirm that I have received a copy of the SIPP Deposit Terms and Conditions and the Product Terms and Conditions.
- agree to be bound by the SIPP Deposit Terms and Conditions, the Product Terms and Conditions and the Society's Rules.
- agree to notify the Society in accordance with the SIPP Deposit Terms and Conditions of any change to the SIPP Scheme, including but not limited to any change to the SIPP Scheme Administrator and its regulatory status, the PSTR as applicable, the Trustee Company and/or any Client Accounts.

- Confirm that [delete as applicable]:**
  - (a) the Trustee Company and the SIPP Scheme Administrator are the same company. **OR**
  - (b) the Trustee Company is a wholly owned subsidiary of the SIPP Scheme Administrator. The Trustee Company acts solely as a bare trustee in relation to the assets of the SIPP Scheme and the day to day operation of the Client Account is hereby delegated to the SIPP Scheme Administrator (in accordance with the requirements of the SIPP Scheme's governing documents).

- confirm that the SIPP Administrator is authorised and regulated by the Financial Services Authority.
- confirm that the SIPP Administrator will have sufficiently verified the identity of all of the Clients for whom we open a Client Account in accordance with all applicable statutes, legislation, regulations, codes of conduct and proactive requirements including but not limited to the Money Laundering Regulations 2007, the EU Third Money Laundering Directive and the Joint Money Laundering Steering Group Guidance.
- agree that the Trustee Company will if requested by the Society provide full details of the identity of the Client(s) for all/any Client Accounts.
- confirm that I have full authority, in accordance with the Trustee Company's and/or the SIPP Scheme Administrator's constitution, to operate all Client Accounts on behalf of the Trustee Company
- declare that this application form has been completed fully and accurately to the best of my knowledge and belief.

**C2. Authorised Signatories of Trustee Company:**

To be completed by your minimum number of Authorised Signatories. By signing below, you are agreeing to abide by the Declarations set out above.

**Trustee Company Signatory A**

Title:	Surname:
Forename(s) in full:	
Role / Job Title:	
Signature:	
Date:	

**Trustee Company Signatory B**

Title:	Surname:
Forename(s) in full:	
Role / Job Title:	
Signature:	
Date:	

**SIPP Scheme Administrator (if different from above) Signatory A**

Title:	Surname:
Forename(s) in full:	
Role / Job Title:	
Signature:	
Date:	

**SIPP Scheme Administrator (if different from above) Signatory B**

Title:	Surname:
Forename(s) in full:	
Role / Job Title:	
Signature:	
Date:	

**Once completed, please return this form together with a copy of the letter from HMRC confirming the Pension Scheme Tax Reference (required if this is your first application form using the Pension Scheme Tax Reference quoted overleaf) and a deposit for your investment (where the deposit for your investment is made by way of cheque) to Customer Services Department, Leeds Building Society, 105 Albion Street, Leeds LS1 5AS.**

**Use of Personal Information**

Information which you provide or which we obtain through your dealings with us will be held on the Society's computers and in other records. We may pass on such information as follows:

- To subsidiary and associated companies of the Society who may use it for marketing purposes as mentioned below. You can ask for a list of such companies.
- To anyone whom we transfer our rights and duties under our agreement with you.
- If we have a duty to do so or if the law allows us to do so.
- If you are not an existing customer for whom we already hold sufficient identification details, we will use electronic means to verify and validate your identity. We may undertake a search with a credit reference agency for the purposes of verifying your identity and the details submitted, in line with regulatory requirements.

We use the Experian credit reference agency for our identity checks. Experian may check the details supplied against any database (public or otherwise) to which they have access. They may also use the details in the future to assist other companies for verification purposes. A record of the search will be retained, but it will not affect future credit. You have the right to apply directly to Experian (at the address below) for details of information, which they hold about you - this is subject to payment of a fee. You should ensure that your letter includes:

- Your full name: title, forename, 2nd initial, surname (and maiden name if appropriate)
- Details of all addresses you have lived at over the last 6 years - including town, county, postcode and date you moved in
- A cheque or postal order, payable to 'Experian' for the fee, currently £2.00
- The date and your signature to authorise the Credit File request.

Consumer Help Services, Experian, PO Box 8000, Nottingham NG1 5GX.  
Website: www.experian.com

By proceeding with this application you are agreeing to a search being undertaken in this way. If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information.

We and other organisations may also access and use this information to prevent fraud and money laundering, for example, when:

- Checking details on applications for credit and credit related or other facilities
- Managing credit and credit related account or facilities
- Recovering debt
- Checking details on proposals and claims for all types of insurance
- Checking details of job applicants and employees

Please contact us on freephone 0500 225 777 if you want to receive details of the relevant fraud prevention agencies.

We and other organisations may access and use from other countries the information recorded by fraud prevention agencies. You have the right on payment of a fee to receive a copy of the information we hold about you if you apply in writing to the Compliance Department, Leeds Building Society, 105 Albion Street, Leeds, LS1 5AS. We may monitor and/or record your telephone conversations with the Society to ensure consistent service levels (including staff training).

**Leeds Building Society Group Marketing Programme**

We may use and share your customer records including your contact details, details about this application and any of the services we provide to you, with:

- companies within Leeds Building Society Group (including in particular Leeds Financial Services Limited) and;
- companies which form part of its strategic partnerships.
- You can ask us for a list of such companies.

This is so that we or they may contact you by mail, telephone, fax or email with Society news, and to inform you about our other financial services including mortgages, savings and investments, life products, loans and credit cards, general insurance and financial planning services and of competitions or offers which may be of interest to you. By submitting this application you agree to being contacted as described unless you have ticked the box in the consent section in B3 overleaf.