

THE AVALON FREEDOM SELF INVESTED PERSONAL PENSION

To be completed by financial adviser in all cases.

In accordance with the Avalon SIPP Charges Sheet please apply*:

Charging Structure 1

Charging Structure 2

* one of these boxes **must** be ticked for the application to proceed

This application consists of:

New initial contribution(s)

Transfer values coming from different sources.
(number)
(transfer authorities (section 1.8) must be attached for each one).

Regular contribution from member

Regular contribution from employer

Immediate vesting (please attach separate benefit crystallisation event questionnaire).

This application should be used when regular or single contributions are to be made to a new Avalon Freedom Self Invested Personal Pension

Please use BLOCK Letters when completing the form and use BLACK or BLUE ink.

NB*. Making false or deliberately misleading statements is a serious offence and could lead to prosecution

PART I

I.1 Personal Details

Title (Mr/Mrs/Miss/Ms/other)

Surname:

Forenames:

Date of Birth /

Male/Female

Permanent Residential Address

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Post Code <input type="text"/>

Care of and PO Box addresses are not acceptable. If you wish us to correspond with you at an alternative address, please advise us on a separate sheet

Home telephone

Work telephone

National Insurance Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Your National Insurance Number is required for the application to proceed

Expected Retirement Age

Please insert an age from 50 to 75. This does not affect your right to begin taking benefits at any age permitted

I.2 Status

The status declaration must be completed by all applicants.

- I am:
- 1 Employed
 - 2 Receiving a pension chargeable to tax
 - 3 Self employed
 - 4 Child under the age of 16 years
 - 5 Caring for one or more children under the age of 16 years

- 6 Caring for a person aged 16 years or over
- 7 In full time education
- 8 Unemployed
- 9 Other (please state)

I.3 Eligibility

Please confirm you are eligible to join the scheme by ticking one box only

- I am a UK relevant individual*
- I am a non relevant individual who was UK resident or had earnings chargeable to UK tax in the last 5 years**
- I am a non UK relevant individual***

Unlimited contributions can be made to your SIPP although you will only receive tax relief up to the higher of £3,600 gross (£2,880 net) or 100% of your taxable earnings. If total contributions exceed the annual allowance, there will be a tax charge to you of 40% on the excess over the annual allowance.

* A UK relevant individual is one who:

1. has relevant UK earnings chargeable to income tax for that year; and
2. is resident in the UK at some time during that tax year; or
3. was resident in the UK at some time during the 5 tax years immediately before the tax year in question and was also resident in the UK when the individual joined the pension scheme; or
4. has general earnings for that tax year from overseas Crown employment subject to UK tax (as defined by S28 of the Income Tax (Earnings and Pensions) Act 2003); or
5. is the spouse of an individual who has general earnings for that tax year from overseas Crown employment subject of UK tax (as defined by S28 of the Income Tax (Earnings and Pensions) Act 2003).

** You are entitled to receive tax relief on contributions up to £3,600 gross (£2,880 net)

*** You can pay any amount but you will not be entitled to receive any tax relief on your contributions

I.4 Benefit Protection

- | | | |
|----------------------------------|--------------------------|--------------------------|
| | Yes | No |
| Do you have enhanced protection? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have primary protection? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered yes to either of these questions, please provide us with the appropriate certificate.

APPLICATION FORM

1.5 Employees

If you are not employed go to 1.6

1.5.1 If your employer is paying contributions or deducting contributions from your salary and passing them on to us, your employer will need to complete sections 1.9 and 1.10.

We will contact your employer to arrange the collection of any contributions that arise. If they wish to pay by direct debit, please arrange for them to complete the mandate at the back of this Application.

1.6 Contributions

Your contributions are paid net of basic rate income tax which we claim back from the Inland Revenue and add to your plan. Any employer's contributions must be paid gross.

1.6.1 Regular contribution frequency (employee)
Monthly / Annually / N/A

1.6.2 Regular contribution frequency (employer)
Monthly / Annually / N/A

1.6.3 Details of contributions

Your net single contribution	<input type="text" value="£"/>
Your employer's single gross contribution	<input type="text" value="£"/>
Your net regular contribution	<input type="text" value="£"/>
Your employer's gross regular contribution	<input type="text" value="£"/>
Total of all transfer payment(s)	<input type="text" value="£"/> *

* Please complete a separate transfer application form for each transfer.
See overleaf

1.6.4 Pension Input Period

This is the period in which contributions to all schemes are tested against the annual allowance. We suggest you discuss this with your financial adviser:

Your input period commences when the first monies are received, you may vary the end date to an earlier convenient date such as the end of the tax year:

Please indicate your pension input period end date: / /

If you leave this blank the default period will apply.

1.7 Commencement Date

Start date for your regular contributions

 / /

Start date for your employer's regular contributions

 / /

1.8 Transfer Details

If this section does not apply, please go on to section 1.9

If you are transferring from more than one scheme (including Protected Rights), you should complete a separate copy of this section (1.8) for each additional scheme.

1.8.1 Scheme details

Full name of scheme to be transferred

Transfer value (or estimate)

Name of scheme administrator/trustee/insurance company

Address

Post Code

Policy/account number (if applicable)

HM Revenue & Customs Reference Number (if known)

Please indicate below which of the following statements apply at the time of the transfer to Avalon.

- 1. None of the scheme has begun paying benefits (uncrystallised)
- 2. Some of the scheme has begun paying benefits (crystallised)
- 3. This is a Protected Rights Transfer

1.8.2 Assets to be transferred

Types of assets. Please indicate below which of the following apply to your transfer:

- 1. The transfer payment will comprise only cash
- 2. A property, or properties, or an interest in a property or properties are to be transferred
- 3. Other assets are to be transferred In specie (in specie transfers involve transferring shares and other assets without selling them. Please ensure that the current scheme administrator permits this)

Please provide an **up-to-date list of holdings** from the current administrator. Any assets which are not permitted under the rules of the Avalon Freedom SIPP will be sold and the proceeds transferred as cash.

If the sections above have been completed, the applicant must sign and date the declaration in section 1.8.3 (in addition to the declarations in sections 1.12, 1.13 and 1.14).

1.8.3 Declaration and signature for transfers

Declaration

Please read and sign the declaration below to authorise the transfer(s).

- I declare that to the best of my knowledge and belief the statements made in this section (whether in my handwriting or not) are correct and complete.
- I understand that, in accordance with the terms and conditions, a fee may be charged in respect of the transfer of the above scheme.
- I hereby consent to Avalon Investment Services Limited obtaining details from the administrator/trustee or insurance company or other pension provider of any scheme, contract or arrangement of which I am or have been a member in connection with the transfer and authorise the giving of such details to Avalon Investment Services Limited.
- I also consent to my adviser:

Adviser name

Adviser firm name

Firm FSA number

obtaining the same details.

- I understand that Avalon will not proceed with any in specie transfer until an up-to-date valuation has been received from the existing scheme administrator:
- Whilst Avalon Investment Services Limited will request transfers in a timely manner, I understand that Avalon is not responsible for the timely completion of the transfer:

Please note: It is a serious offence to make false statements. The penalties are severe. False statements could lead to prosecution.

Did you receive advice to transfer this scheme.

Yes No

Name of applicant

Signature of applicant

Date

1.8.4 Discharge Forms

Have you attached fully completed and signed ceding scheme discharge forms?

Yes No

If "No" a further delay will be incurred before the transfer can occur

APPLICATION FORM

1.9 If your employer is contributing to this plan on a regular basis please ask them to complete this page

Employee Details

Full name

National Insurance Number

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Employer Details

to be completed by the Employer, where they are paying contributions on their own account or deducting contributions from a member's salary

Employer's name

Employer's address

Post Code

Contact name

Telephone number

Email address

Fax number

Date employee is paid

Frequency of contributions taken from pay

Date the first contribution will be deducted

Month which the first payment will relate to

1.10 Employer's Declaration

(to be read, signed and dated by the Employer)

I/We agree that I/we are willing to pay Avalon Investment Services Limited the amounts indicated in Section 1.6.3

Signed on behalf of the Employer

Date:

Name:

Position/Title:

Telephone No:

Please note: The Pensions Regulator requires us to report missing or late payments

1.11 Beneficiaries on death

Please provide details of those people you would wish to receive any benefits payable under the Scheme on your death

Full name

Address

Post Code

Relationship

Proportion of Benefits(%)

Full name

Address

Post Code

Relationship

Proportion of Benefits(%)

Full name

Address

Post Code

Relationship

Proportion of Benefits(%)

Total proportion of benefits figures above must equal 100%.

This expression of wish will not bind the trustee but will help to pay out the benefits in line with your wishes. An expression of wish can be changed at any time.

1.12 Agreement to Withdraw Funds

I agree by my execution of this deed with Avalon SIPP Trustees Limited that I will not require nor attempt to require the withdrawal of the trust funds or income from those funds held by Avalon SIPP Trustees Limited under the Scheme otherwise than for the payment of benefits in accordance with and at the time specified in the rules of the Scheme.

Executed as a deed by me:

Member's signature:

Date:

Witness's signature

Name:

Address

Post Code

Occupation

1.13 Declaration by Applicant

Please read the following carefully before signing and dating the application:

I apply to become a member of the Avalon Freedom SIPP as administered by Avalon Investment Services Limited. I understand that Avalon will administer the Plan in accordance with the Rules of the Scheme and I agree to be bound by those Rules.

I request Avalon Investment Services Limited to provide appropriate benefits as may be required from time to time.

I confirm that I am eligible to join the Scheme as set out in 1.3 of the application form.

Where a transfer payment is being made, I request and consent to the payment of any transfer value detailed in the Transfer Application Form from my previous scheme/arrangement to the Scheme.

I consent to Avalon Investment Services Limited obtaining details from the administrator/trustees or insurance company or other pension provider of any scheme, arrangement or contract of which I am or have been a member and authorise the giving of any such detail to Avalon Investment Services Limited.

I hereby request Avalon Investment Services Limited to appoint the Investment Manager (if any). A separate instruction will be required in this instance. I understand and agree:

- That I am solely responsible for all decisions relating to the purchase, retention and sale of the investments forming part of the Scheme
- To hold Avalon Investment Services Limited fully indemnified against any claim in respect of such decisions

I declare that the information on this main application is true and complete to the best of my knowledge and belief.

I confirm my agreement to the charges detailed in Part 4 and hereby authorise and request you to pay them on my behalf, in accordance with the Terms and Conditions of the Avalon Freedom SIPP, from the funds held in my Avalon Freedom SIPP, until otherwise instructed in writing.

I undertake to inform Avalon in writing if:

- I cease to be a UK resident or change my country of residence
- I contribute on aggregate more than 100% of my earnings to this and any other pension scheme in any tax year
- I cease to have UK relevant earnings
- I begin to have UK relevant earnings again
- There is a change in my employment status
- There is a change in my permanent residential address
- I apply for an enhanced lifetime allowance in respect of a pension credit or overseas transfer
- I lose or give up the right to enhanced protection

I will do this by the later of:

- 5th April in the year of assessment in which the event occurs; and
- 30 days after the event occurred.

I confirm that my total gross contributions to all UK registered pension schemes in respect of which I am entitled to tax relief will not exceed the higher of £3,600 or 100% of my UK relevant earnings.

Please note: This application is also to be used as an application for tax relief at source. It is a serious offence to make false statements. The penalties are severe. False statements could lead to prosecution.

Signed

Date / /

Important: If your employer is contributing, Section 1.9 must be completed by your employer

Important – Please Read

1.14 Your Right to Cancel

You may change your mind about having an Avalon Freedom SIPP. We will send you a cancellation notice that will give you 30 days to change your mind.

During this period, any funds received will not be invested.

You may however, have contributions invested immediately on receipt by Avalon, by waiving your Right to Cancel.

Please waive your Right to Cancel by ticking the box below and signing where indicated.

Declaration

- I wish to waive my Right to Cancel for any regular/single contributions or transfer payments. I understand that any funds received by Avalon will be invested in my chosen assets within 5 working days.

Signed

Date / /

If this box is not signed, a cancellation notice will be issued to you for each contribution and transfer received by Avalon.

PART 2

2.1 Investment Authority

We require your authority to accept investment instructions from anyone other than yourself. **If this is applicable** please complete the following. Otherwise please go to next page.

2.1.2 Investment Intentions

To help us establish appropriate arrangements, please indicate your investment intentions:

- I wish Avalon to act in accordance with investment instructions provided by my Adviser as stipulated in this application
- I wish to appoint the investment manager of my choice (please complete section on the right together with a Fund Management Agreement Form available on request)
- I wish to manage the SIPP Fund myself and wish you to accept only my written investment instructions
- I am considering the purchase of a commercial property
- I wish my fund to remain in cash until further notice

The arrangement will remain in place until I (the member) advise you in writing to the contrary. Where applicable, by completing this section I also accept the commission arrangements requested by an adviser on any investment applications made under the adviser's stamp.

2.1.3 Investment Manager

Only complete this Section if you intend to appoint an investment manager to manage your fund.

Type of service

- Discretionary Advisory

Name of Investment Manager/Broker

Contact name

Address

Post Code

Telephone number

Fax number

Email address

APPLICATION FORM



The Avalon Freedom SIPP is an open choice product offering you the whole marketplace from which to make your fund selections.

If you have appointed a third party investment manager to manage your fund this page need not be completed.

PART 3

3.1 Please invest initial contributions and transfers received into the following funds/shares:

Fund Management Company	Fund/Share Name	% or cash amount to be invested *

* Min £20 per fund NB If the % or cash amount totals do not equal the full value of the contributions/transfers made, the balance will be held as a cash deposit

3.2 Please retain the sum of £ to be held as cash until further notice

(cash held on deposit will attract interest at the prevailing business banking rate. Details available on request)

3.3 Please invest regular contributions from me/my employer into the following funds (investment trusts and equities are not available using this option)

Fund Management Company	Fund Name	% or cash amount to be invested *

* Min £20 per fund

- 3.4**
- 1) Avalon Investment Services and its staff are not permitted to provide investment advice
 - 2) Avalon will only purchase assets on receipt of cleared funds
 - 3) All switches, investments and encashments must be communicated to Avalon in writing and signed by the Member or his authorised fund manager
 - 4) Written authority to act upon the Financial Adviser's instructions must be provided by the Member prior to any such instructions being acted upon. It is the Financial Adviser's responsibility to ensure that instructions sent to Avalon correctly reflect the Member's wishes.
 - 5) Switches between funds are processed as a sale and then a repurchase. The price date of the reinvestment will be dependent on funds being received from the fund manager with whom assets are being sold.

EITHER

OR

Member's Signature

Adviser's Signature

Date / /

Date / /

PART 4 - Adviser Section

This section should be completed by a regulated UK or EU adviser/intermediary.

4.1 Adviser details

Name of authorised adviser

Full name of regulated organisation

Contact address

Post Code

Telephone

Fax

Email address

Name of regulator

Regulator's reference number

If the regulated organisation is an appointed representative or part of a network, please give details below

Name of principal or network

Regulator's reference number for principal or network

Please complete a certificate of verification of identity (CVI) for the applicant. A corporate CVI will also be required where the employer is making contributions (available from www.avaloninvestment.com)

4.2 Nature of initial advice

How was the sale transacted?

Face to face at distance

Did you advise your client specifically to take out an Avalon Freedom SIPP?

Yes No

Did you advise your client on the suitability of transferring any other schemes?

Yes No

Name

Position in organisation

Signed

Date

Company stamp

4.3 Adviser's remuneration

For establishing the arrangement

Either %

of the initial investment after deduction of the cost of any initial benefits and any other charges, **OR**

An amount of £

For future regular or single contributions

Either %

of the contribution and the tax reclaimed by Avalon or

An amount of £

For ongoing advice

Either %

of the value of the investments in respect of which advice is given (e.g. excluding property) each year as set out in the Avalon Freedom SIPP Annual Statement), **OR**

An amount of £

Where further investments or transfers are received after the Avalon Freedom SIPP has commenced the same terms will apply. The above amounts are exclusive of VAT.

APPLICATION FORM DIRECT DEBIT MANDATE FORMS



To be completed by the Member for personal regular contributions



Instruction to your Bank or Building Society to pay by Direct Debit



Please fill in the whole form using a ball point pen and send it to: Avalon Investment Services Ltd, PO Box 35, Tetbury GL8 8ZF.

Name and full postal address of your Bank or Building Society

To the Manager	Bank/Building Society
Address	
Postcode	

Name(s) of account holder(s)

Bank/Building Society account number

Branch Sort Code

Originator's identification number

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Reference number

Instruction to your Bank or Building Society

Please pay Avalon Investment Services Ltd Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Avalon Investment Services Ltd and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit instructions from some types of accounts.

160x210 Instruction Form 2

This guarantee should be detached and retained by the payee.

The Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change Avalon Investment Services Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Avalon Investment Services Ltd or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

To be completed by the Employer for employer regular contributions



Instruction to your Bank or Building Society to pay by Direct Debit



Please fill in the whole form using a ball point pen and send it to: Avalon Investment Services Ltd, PO Box 35, Tetbury GL8 8ZF.

Name and full postal address of your Bank or Building Society

To the Manager	Bank/Building Society
Address	
Postcode	

Name(s) of account holder(s)

Bank/Building Society account number

Branch Sort Code

Originator's identification number

4	0	4	3	0	8
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Reference number

Instruction to your Bank or Building Society

Please pay Avalon Investment Services Ltd Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Avalon Investment Services Ltd and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit instructions from some types of accounts.

160x210 Instruction Form 2

This guarantee should be detached and retained by the payee.

The Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change Avalon Investment Services Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Avalon Investment Services Ltd or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.



The Avalon Freedom SIPP is a self invested personal pension provided and administered by Avalon Investment Services Limited.
Avalon Investment Services Limited has appointed Avalon SIPP Trustees Limited as trustee.

Avalon Investment Services Limited is authorised and regulated by the Financial Services Authority.
Avalon Investment Services Limited Registered in England No 3792386

www.avaloninvestment.com