

The Avalon Freedom Self Invested Personal Pension

APPLICATION FORM

Avalon Freedom SIPP

APPLICATION FORM

To be completed by financial adviser in all cases

In accordance with the Avalon Freedom SIPP Schedule of Fees 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.

(separate Receiving Scheme Declarations must be completed and attached for each one).

Approximate value of each transfer:

Ceding Scheme Name

Approximate Transfer Value

	£
	£
	£
	£
	£

Regular contribution from member

Regular contribution from employer

Immediate vesting (please attach appropriate capped or fixed drawdown request form).

Avalon Freedom SIPP

APPLICATION FORM

Please ensure you read the Key Features and Terms and Conditions before completing this application.

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.

1. Personal Details

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

Surname

Forenames

Date of birth*

Male Female

Permanent UK residential address

Postcode*

"Care of" and P O 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:

Email Address:

National Insurance Number

Your National Insurance Number is required for the application to proceed

Expected Retirement Age

Please insert an age from 55 to 75. This does not affect your right to begin taking benefits at any age permitted.

2. Status

The status declaration must be completed by all applicants.

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)

3. Eligibility

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

I am a 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**
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 to 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)

I am a non UK relevant individual***

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

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"/>
Do you have fixed protection 2012 or 2014?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have individual protection?	<input type="checkbox"/>	<input type="checkbox"/>

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

5. Contributions

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

5.1 Details of contributions

Your **net single** contribution £

Your employer's **single gross** contribution £

Any cheques should be made payable to : Embark Investment Services Limited.

Your **net monthly** contribution £

Starting

Your employer's **gross monthly** contribution £

Starting

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 6.1 and 6.2.

If they wish to pay by direct debit, please ask them to complete the DDM at the back of this Application.

6. If your employer is contributing to this plan on a regular basis please ask them to complete this section.

6.1 Employee Name:

Employer's 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

Postcode:

Contact name:

Telephone number:

Email address:

Fax number:

6.2 Employer's Declaration

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

I/We agree that I/we are willing to pay Embark Investment Services Limited the amounts indicated in Section 5.1.

Signature:

Date

Name:

Position/Title:

Telephone No:

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

7. Beneficiaries on death

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

Full name:

Address:

Postcode:

Relationship:

Proportion of benefits %

Full name:

Address:

Postcode:

Relationship:

Proportion of benefits %

Full name:

Address:

Postcode:

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. If you wish to have more than three beneficiaries please advise us in a separate letter.

8. Where would you like to invest?

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

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

8.1 Please invest single contributions and transfers received into the following funds/shares:

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

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

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

8.3 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.)

Notes

- 1) Embark Investment Services Limited 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.
- 6) Please read any associated Key Investor Information Documents that relate to your requested asset purchases. These are available at www.avaloninvestment.com.

9. Investment Authority

We require your authority to accept investment instructions from anyone other than yourself. Please tick one box in 9.1.

9.1 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 9.2).

I wish to manage the SIPP Fund myself and wish you to accept only my written investment instructions.

9.2 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:

Postcode*

Telephone number:

Email address:

A fully completed Fund Manager Agreement will be required if you are appointing an Investment Manager.

10. Adviser Remuneration

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

10.1 Adviser details

Name of authorised adviser

Full name of regulated organisation

Contact address

Postcode*

Telephone number:

Fax No:

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)

10.2 Nature of initial advice

Did you advise your client specifically on the investment choices made?

Yes No

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

Yes No

For transfer only:

Have you made the client aware of the key risks and any benefits which may be lost by making this transfer?

Yes No

Avalon only accepts 'advised' business. If you have answered No to any questions in 10.2 we reserve the right to refuse your application.

Name:

Position in organisation:

Signed:

Date

Company stamp:

10.3 Adviser Remuneration

For establishing the arrangement

Either %

Of the initial contribution or transfer value after deduction of the cost of any initial benefits and any other charges, **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 **OR**

An amount of £

Avalon Freedom SIPP

APPLICATION FORM

11. Declaration by Applicant

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

I apply to join the Avalon Freedom SIPP as administered by Embark Investment Services Limited. I understand that Avalon will administer the Plan in accordance with the Terms & Conditions of the Scheme.

I request Embark 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 Section 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 Receiving Scheme Declaration from my previous scheme/arrangement to the Scheme.

- I authorise and instruct you to transfer funds from the plan(s) as listed in the appropriate section of this application directly to Avalon. Where you have asked me to give you any original policy document(s) in return for the transfer of funds and I am unable to do so, I promise that I will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information deliberately or carelessly given by me, or on my behalf, either in this form or with respect to benefits from the plan.
- I authorise you to release all necessary information to Avalon to enable the transfer of funds to Avalon.
- I authorise you to obtain from and release to any financial intermediary named in this application any additional information that may be required to enable the transfer of funds.
- If an employer is paying contributions to any of the plans as listed in the appropriate section of this application, I authorise you release to that employer any relevant information in connection with the transfer of funds from the relevant plan(s).
- Until this application is accepted and complete, Avalon's responsibility is limited to the return of the total payment(s) to the current provider(s).
- Where the payment(s) made to Avalon represent(s) all of the funds under the plan(s) listed in the appropriate section of this application, then payment made as instructed will mean that I shall no longer be entitled to receive pension or other benefits from the plan(s) listed.
- Where the payment(s) made to Avalon represent(s) part of the funds under the plan(s) listed in the appropriate section of this application, then payment made as instructed will mean that I shall no longer be entitled to receive pension or other benefits from that part of the plan(s) represented by the payment(s).
- I promise to accept responsibility in respect of any claims, losses and expenses that Avalon and the current provider(s) 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 understand that my identity will be verified for anti money laundering purposes. This may include obtaining information about me from a credit reference agency and this information will only be used for verification of my identity.

I have read in full, agreed to and retained:

- The Key Features of the Avalon Freedom SIPP.
- Where I am investing in a fund or an ETF, I am doing so on the basis of the information contained in the Key Features, Simplified Prospectus or Key Investor Information Document provided to me on paper or from the relevant website(s).

I hereby request Embark 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 Embark 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 the Avalon Freedom SIPP Schedule of Fees 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 declare that:

- The information I have provided in this form is, to the best of my knowledge and belief, correct and complete.
- The total contributions to any registered pension schemes in respect of which I am entitled to relief under section 188 of Finance Act 2004 will not exceed the higher of (a) the basic amount (£3,600 for 2016/17) and (b) my relevant UK earnings within the meaning of section 189 of Finance Act 2004 for any given tax year.
- The declaration I have given above is, to the best of my knowledge and belief, correct.
- I will give notice to Avalon if an event occurs as a result of which I am no longer entitled to tax relief pursuant to section 188 of Finance Act 2004 no later than the later of (a) 5 April in the tax year in which the event occurs and (b) the date which is 30 days after the event occurs.
- **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 7 must be completed by your employer.

Avalon Freedom SIPP

APPLICATION FORM

Important - Please read

12. 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.

If you wish to waive your Right to Cancel please tick the box below and sign where indicated.

Declaration

I wish to waive my Right to Cancel for any regular subscriptions or transfer payments. I understand that any funds received by Avalon will be invested in my chosen assets after 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.

13. Transfers from other Pension Schemes

(Only sign if there are transfers from an Occupational Scheme associated with your application.)

Disclaimer

You are aware that Avalon is being asked to transfer benefits from your occupational pension to The Avalon SIPP.

Please read the disclaimer below carefully and sign at the foot of the document.

- I have neither sought nor been given any pension transfer advice or information from Embark Investment Services Limited or any of its employees on the subject of pension transfers.
- I have compared the benefits of The Avalon SIPP with those of the pension that I am transferring.
- I can confirm that I am aware that there may be some benefits available within an occupational pension that will not be available via a personal pension.
- I understand that if I have taken out enhanced protection then paying a contribution or making a partial transfer to The Avalon SIPP could negate this protection.
- I understand that The Avalon SIPP does not comply with 'Stakeholder' criteria which impose certain conditions such as limiting charges to a maximum of 1.5% per annum for the first 10 years and 1.0% per annum thereafter. I do however appreciate that The Avalon SIPP provides flexible retirement options such as Unsecured Pension which Stakeholder plans may not offer.

Signed	<input type="text"/>
Client Name (in capitals)	<input type="text"/>
Client Reference No:	<input type="text"/>
Date	<input type="text"/>

**To be completed by the Employer
for employer regular contributions**

Please fill in the whole form using a ball point pen and send it to:

Embark Investment Services Limited
The Old Chapel, 47 Long Street
Tetbury
GL8 8AA

Name(s) of account holder(s)

Bank/building society account number

--	--	--	--	--	--	--	--	--	--

Branch sort code

--	--	--	--	--	--

Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
Postcode	

Instruction to your bank or building society to pay by Direct Debit



Service user number

4	0	4	3	0	8
---	---	---	---	---	---

Reference

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Instruction to your bank or building society

Please pay Embark Investment Services Limited 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 Embark Investment Services Limited 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 for some types of account



This guarantee should be detached and retained by the payer

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Embark Investment Services Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Embark Investment Services Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Embark Investment Services Limited to your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
 - If you receive a refund you are not entitled to, you must pay it back when Embark Investment Services Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Email: enquiries@avaloninvestment.com **Web:** www.avaloninvestment.com **Tel:** 01666 333400

Avalon is a trading name of Embark Investment Services Limited, a company incorporated in England (company number 09955930).
Embark Investment Services Limited is authorised and regulated by the Financial Conduct Authority (register number 737356).
Registered office: Tyman House, 42 Regent Road, Leicester, United Kingdom, LE1 6YJ.