



ASP →

← Scheme Pension

Tax Free Cash →

← Phased Income Drawdown

← Setup my FIPP

Application Form for Hornbuckle Mitchell's Flexible Income Pension Plan

How to complete this form

Please use black ink and **BLOCK CAPITALS**.

Please note this form is for UK residents only, for international applications please use our International FIPP application form. Please contact your local trustee consultant for further information.

Please ensure that you answer all the sections applicable to you by following this colour coding:

SHOULD ALWAYS BE COMPLETED (If these sections are not completed the application form will be returned, therefore delaying the set up of the scheme)
COMPLETE IF YOU ARE MAKING CONTRIBUTIONS AND/OR TRANSFERRING FROM ANOTHER PENSION SCHEME
COMPLETE IF YOU WANT TO TAKE PENSION BENEFITS
COMPLETE IF YOU ARE ALREADY IN RECEIPT OF A PENSION FROM ANOTHER SCHEME, OR HAVE PRIMARY OR ENHANCED PROTECTION

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This application form is for the Hornbuckle Mitchell Flexible Income Pension Plan (FIPP).

The Flexible Income Pension Plan (FIPP) is provided by The Hornbuckle Mitchell Group PLC who is the operator and Hornbuckle Mitchell Trustees Limited who is the independent trustee.

1 Personal Details (should always be completed)

Applicant

Title	Forename(s)		
Surname			
Permanent Residential Address			
		Postcode	
Daytime Telephone Number		Evening Telephone Number	
Mobile Number		Email	
National Insurance Number			
Date of Birth	Male	<input type="checkbox"/>	Female <input type="checkbox"/>

Marital Status (please tick one option)

Single Married Divorced Widowed Civil Partnership

Spouse's/Partner's Name (if applicable)

Spouse's/Partner's Date of Birth

Legal Guardian (if applicant is under the age of 18)

Title	Forename(s)		
Surname			
Permanent Residential Address			
		Postcode	
Daytime Telephone Number		Evening Telephone Number	
Mobile Number		Email	

Enhanced Protection

I have applied or I am intending to apply for Enhanced Protection

Yes

No

IMPORTANT: IF YOU HAVE ENHANCED PROTECTION ANY CONTRIBUTION MADE TO THIS PLAN MEANS THAT YOU WILL LOSE THIS PROTECTION. You should speak to your Financial Adviser.

Occupation & Eligibility

Occupation

Approximate annual earnings (if applicable) £

Please tick **one** of the the following:

Employed

Pensioner

Self-employed

Child (the individual is under the age of 16)

Caring for one or more children aged under 16

Caring for a person aged 16 or over

In full time education

Unemployed

Other (Please specify)

Source of Funds

Please tick one or more of the following boxes to indicate how the contributions are being funded:

	Member contribution	Third party contributions
From earnings	<input type="checkbox"/>	<input type="checkbox"/>
Savings	<input type="checkbox"/>	<input type="checkbox"/>
Divorce settlement	<input type="checkbox"/>	<input type="checkbox"/>
Inheritance	<input type="checkbox"/>	<input type="checkbox"/>
Lottery or other winnings	<input type="checkbox"/>	<input type="checkbox"/>
Property sale	<input type="checkbox"/>	<input type="checkbox"/>
Gift	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>

2.1 Personal Contributions (Complete if making contributions)

You should only complete this section if you intend to make single or regular contributions into your FIPP. If you are transferring funds from another pension, complete section 2.5. Where contributions are paid by an employee or self employed individual, they should be paid net of basic rate tax. The tax will be reclaimed by the Scheme Administrator. Please note that the value of the reclaim can only be invested once it has been paid into your FIPP and has cleared. Higher rate tax should be reclaimed via self-assessment. A Standing Order mandate should be set up for collection of regular contributions. *Cheques should be made payable to: FIPP – Initials and Surname*

Personal Contributions (if you are self-employed, an employee or wish to make a personal contribution)

How much would you like to pay into your FIPP?

Net single contribution £

Net regular contribution £

Frequency of regular contributions (Please tick one box)

Monthly

Annually

Start date for regular contributions

Will you be utilising input periods when making the contributions mentioned above?

Yes

No

PLEASE NOTE: Input periods are a way of maximising contributions across more than one tax year. Please refer to your Financial Adviser for more information.

Will your personal contributions be paid to Hornbuckle Mitchell by a third party, other than your employer?

(please tick one option)

Yes

No

If 'YES' please provide the name and address of the third party:

Title	Forename(s)
Surname	
Address	
	Postcode
OR	
Organisation Name	
Address	
	Postcode

PLEASE NOTE:

- You will need to supply documentary evidence of the identity and address of the third party.
- If you are paying 'excess' contributions (i.e. an amount above your 100% of earnings to which you are not entitled to receive tax relief), please confirm this to The Hornbuckle Mitchell Group PLC in writing when you submit your application form. We will retain this record for six years.
- Please note that cheques are banked on the date of receipt, unless we do not have sufficient information to establish your SIPP, in which case we may return your contribution. Once the contribution has been paid into your SIPP bank account it will not be invested until we received written instructions from you or your financial adviser.
- If your employer wishes to make contributions, please ask them to complete Section 2.2, Employer Contributions and Section 2.4, Employer Verification of Identity form.
- If you are making transfers from another pension please complete section 2.5.

2.2 Employer Contributions (Complete if making contributions)

Please read the 'Contribution Notes for Employers' before completing this section.

To be completed by the employer, who is paying contributions on behalf of a member from their own account or deducting contributions from a member's salary.

Employee's Details

Full Name

National Insurance No.

Hornbuckle Mitchell Reference (if known)

Employer Details

Company Name

Contact Name

Address

Postcode

Telephone

Fax

Email

Contribution Details

Regular Contributions

(Amount of each regular contribution)

Single Contributions

(Amount of single contribution)

Employer (Gross)

£

£

Intended Payment Date

IMPORTANT: The Intended Payment Date must be completed in all cases

Commencement date for regular contributions

Frequency

Monthly

Quarterly

Annually

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

Will you be utilising input periods when making the contributions mentioned above?

Yes

No

Input periods are a way of maximising contributions across more than one tax year. Please refer to your Financial Adviser for more information.

Employer Signature

Employer Signature

Name

Position in company

Date

Contribution Notes for Employers

With effect from 6 April 2006, a Code of Practice entitled 'Reporting late payment of contributions to personal pensions' came into effect. This provides guidelines with regards to employers who are paying contributions to an employee's FIPP by way of an agreement with the employee.

The agreement, which is made between an employer and an employee is called a 'direct payment arrangement' and any contributions that have been deducted direct from an employee's pay and/or paid on the employer's own account fall under the direct payment agreement.

The Code of Practice takes into account the direct payment agreement and states that if the employer makes a late payment (e.g. paid after the due date, or not received at all), or does not provide information requested by the scheme administrator, the scheme administrator is then required to make a report to the Pensions Regulator, if it is deemed as being of 'material significance'.

Late payments mean any type of contribution paid by the employer that was not received by Hornbuckle Mitchell by the due date. The due date is classed as follows:

- Where contributions have been deducted from employee's earnings, Hornbuckle Mitchell must receive these monies by the 19th of the following month after the contributions were deducted.

- Where an employer contribution is being paid, the employer must confirm in writing their intention to make the contribution and the **intended date** that Hornbuckle Mitchell should be in receipt of the contribution.

Please note: Section 2.2 of this form constitutes a written instruction.

If the late payment is deemed by Hornbuckle Mitchell to be of any significance to the Pensions Regulator, it will be reported immediately. Examples of when a report will need to be made are as follows:

- Where contributions have still not been paid 90 days after the due date.
- If Hornbuckle Mitchell become aware that an employer is unable to make contributions by the due date as a result of the employer not having sufficient procedures in place to facilitate the payment.

With regards to the provision of information, the employer has 30 days from the date that Hornbuckle Mitchell request information to provide details. If the employer does not provide the information within the 30 day period, Hornbuckle Mitchell must report this to the Pensions Regulator within a further 30 day period.

More information about this Code of Practice can be found at www.thepensionsregulator.gov.uk

2.3 Standing Order Authority

(This form should only be completed if you wish to make regular contributions into the scheme.)

Organisation you wish to pay (for internal use only)

Name of Organisation

Bank Name & Address

Sort Code

-

-

Account No.

Reference (if any)

Payment Details

Amount of first payment £

Date of first payment

Amount of regular payment £

Amount of regular payment in words

Frequency

Monthly

Quarterly

Annually

Date of usual payment

Please continue payment until further notice

Yes

No

or

Amount of final payment (if applicable)

Date of final payment (if applicable)

Account Holder Details

Account Name

Bank Name & Address

Sort Code

-

-

Account No.

Account Holder Signature

Please debit my/our account according to the above instructions.

Signed (member)

Date

2.4 Employer Verification of Identity Form

(To be completed by Financial Adviser if employer is making contributions)

Please read the 'Explanatory notes' overleaf before completing this form.

Details of Customer (see explanatory notes overleaf)

Full name of customer

Type of entity (corporate, trust, etc)

Location of business (full operating address)

Registered office in country of incorporation

Registered number (if any or appropriate)

Relevant company registry or regulated market listing authority

Names of directors (or equivalent)

Names of principal beneficial owners (over 25%)

Confirmation

I/we confirm that

- (a) the information above was obtained by me/us in relation to the customer;
 (b) the evidence I/we have obtained to verify the identity of the customer: (tick only one)

meets the guidance for standard evidence set out within the guidance for the UK Finance Sector issued by JMLSG;

or exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation).

Signed

Name

Position

Date

Details of Introducing Firm (or Sole Trader)

Full Name of Regulated Firm (or Sole Trader)

FSA Reference Number

Explanatory notes

1. 'Relevant company registry' includes other registers, such as those maintained by charity commissions (or equivalent) or chambers of commerce.
2. This form cannot be used to verify the identity of any customer that falls into one of the following categories:
 - those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification;
 - those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering Regulations; or
 - those whose identity has been verified using the source of funds as evidence.
3. This confirmation must carry an original signature, or an electronic equivalent.

2.5 Transfers (Complete if transferring from another Pension Scheme)

If you are transferring from more than one existing Pension, please copy this form.

Name of Pension Company		
Address (of scheme trustees or administrator)		
	Postcode	
Pension Reference	Transfer value	
Are you/your Adviser arranging the transfer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If 'NO', do you want Hornbuckle Mitchell to arrange this transfer?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will the transfer be a cash only transfer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If 'NO', please complete the following details of the assets to be transferred in specie (please continue on a separate sheet if necessary)</i>		
Name of Asset and Description (including units and fund)	Ref/Policy Number	Value
What is the type of transfer payment?	Pension Credit Rights <input type="checkbox"/>	Death Benefit Lump Sum Rights <input type="checkbox"/>
Is this transfer part of a 'block transfer' within the meaning of Schedule 36 to the Finance Act 2004?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If 'YES', please use the space below to provide full details of the transfer and in particular please provide details of any tax-free cash entitlement, normal minimum pension age or other such rights/entitlements which may be protected as a result of the 'block transfer' pursuant to Schedule 36 of the Finance Act 2004.</i>		
Does the transfer include any Protected Rights?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If 'YES', what is the value of Protected Rights?</i>		
Are you already taking benefits from this scheme?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If 'YES', estimated value of fund from which benefits have been taken?</i>		
I authorise the above pension company to provide the information required by Hornbuckle Mitchell for the above transfer to take place. Please take this as my instruction to transfer the funds detailed above from the above pension into this scheme.		
Signed	Date	

If you die, the Protected Rights fund must be used to provide a survivor's pension to any surviving spouse or civil partner. If there is no spouse or civil partner on death we will be guided by your Expression of Wish nomination form. Please give details of your spouse or civil partner below.

Full Name

Address

Postcode

Relationship to me:

3 Taking Benefits (Complete if you want to take pension benefits)

Please confirm the type of income that you would like to take:

Income Drawdown (Unsecured Pension) Alternatively Secured Pension Scheme Pension

PLEASE NOTE: If you select Scheme Pension you must complete a health questionnaire. Further information will be supplied once the questionnaire has been submitted.

If Income Drawdown (USP) please confirm:

Tax Free Cash required: Maximum available or other £

or

Level of pension required: Nil income Maximum income or specify an amount £ gross per annum

or

Combination of Tax Free Cash and pension (Please insert the total amount required per annum) £ gross per annum

If Alternatively Secured Pension (ASP): Level of pension required

£

If you are transferring a plan already in Income Drawdown, please confirm the level of gross income you wish to take from this transfer (please tick one option)

Maximum income Nil income

Income level between maximum and nil income Please specify amount £ gross per annum

PLEASE NOTE: Before we can pay an income from the FIPP, Hornbuckle Mitchell will require full details about the maximum income you can take, and the level of income already taken in this benefit payment year from the transferring scheme.

Is this the first time you have requested a scheme pension? Yes No

If yes, do you wish to take the option of having a Predetermined Term of 10 years for your scheme pension? Yes No

PLEASE NOTE: This means that a pension will be paid for a period of 10 years, although this will still be subject to the 3 yearly reviews and the pension paid at outset, may not be the same throughout the term. Please note if this option is taken, it cannot be removed).

Frequency of payment (please tick one option) Monthly Quarterly Annually in advance Annually in arrears

Are you a basic rate or higher rate tax payer? Yes No

Please provide your bank details:

Bank/Building Society

Address

Postcode

Account Name

Sort Code - - Account No.

With regard to the option selected above I request that:

- the specified number of arrangements be opened and I acknowledge that the Scheme Administrator will be discharged from any further liabilities regarding these arrangements
- the Scheme Administrator will ensure that the income taken from the arrangements in Income Drawdown will be limited to the amount stipulated by the Government Actuary's Department
- the Scheme Administrator will be responsible for operating a P.A.Y.E system of taxation to the income from arrangements in Income Drawdown and will forward the necessary tax liability to the HMRC. We will require a direct debit mandate to be completed in order to deduct the gross pension from your pension scheme account.
- under current legislation ASP or an annuity will have to be secured on your 75th birthday
- the Scheme Administrator cannot be held responsible for insufficient liquidity within the scheme to ensure continuous payment of income derived from arrangements in income drawdown
- If you are taking Scheme Pension this will be reviewed every three years

4 Other Benefits

(Complete if you are already in receipt of a pension from another provider, or have Primary or Enhanced Protection)

Have you applied for any of the following: (please tick one option)

Enhanced Protection

Certificate Number

Primary Protection

Certificate Number

PLEASE ENCLOSE THE RELEVANT CERTIFICATE(S) WITH THIS FORM

Pre A-day Benefits:

Were you receiving benefits on the 5th April 2006 from any pension schemes that had accrued funds up to this date?

Yes

No

If 'YES' please provide details in the boxes below:

Name of Pension Scheme	Name of Scheme Administrator	Maximum Annual Income available
<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"/>
Total maximum income available		£ <input type="text"/>

Post A-day Benefits:

From 6th April 2006, are you in receipt of any benefits from other pension funds?

Yes

No

If 'YES' please provide details in the boxes below:

Name of Pension Scheme	Name of Scheme Administrator	Date Benefits taken	% of Lifetime Allowance*
<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"/>	<input type="text"/>	<input type="text"/> %
Total used to date			<input type="text"/> %

* From 6th April 2006, when benefits are taken from a pension scheme, HMRC require the Scheme Administrator to provide you with the information requested once they have calculated the amount of lifetime allowance you have used up under that scheme.

If you have used up your Lifetime Allowance, how would you like your remaining benefits to be paid:

Lump Sum (subject to a 55% tax charge)

Income (subject to a 25% tax charge)

Combination of lump sum and income

If you have selected Combination of lump sum and income – please specify the percentage of the benefits to be used for lump sum and income:

Protected Rights

If you have Protected Rights under your FIPP, on your death the Protected Rights fund must be used to provide a survivor's pension to any surviving spouse or civil partner. If there is no spouse or civil partner on death we will be guided by your Expression of Wish nomination form. Please give details of your spouse or civil partner below.

Title	Forename(s)		
Surname			
Address			
			Postcode

Pension Commencement Lump Sum

If you have selected a Pension Commencement Lump Sum, we will pay this by CHAPS/BACS – **Please note the bank will charge on all CHAPS transfers.**

I would like my Pension Commencement Lump Sum paid by: CHAPS (same day transfer) BACS (takes 3 days through banking system)

Please complete details of the Bank or Building Society payment is to be made to:

Bank/ Building Society			
Address			
			Postcode
Account Name			
Sort Code		-	Account No.

Bank details payment to be made from (Please do not complete)

Amount to be transferred £	Account Name
Sort Code	Account No.

Signed (member)	Signed (additional trustee if applicable)
Signed (scheme trustee)	Date

5 Expression of Wish (Should always be completed)

In order for any benefits due in the event of your death to be paid out in accordance with your wishes, please complete the form below.

PLEASE NOTE:

This Expression of Wish is not binding on the scheme. If your circumstances change you may change your nomination at any time by completing a new Expression of Wish form

Non Protected Rights Funds

On your death, your remaining Individual Funds ('your funds') will be applied in accordance with the rules of the Scheme to provide lump sum and/or pension death benefits. The rules give the Independent Trustee (Hornbuckle Mitchell Trustees Limited) wide discretion over the exact form of benefits and the recipients. The benefits will be subject to the tax rules. If you want the Independent Trustee to consider paying benefits to one or more persons in particular, you should read the general notes at the end of this form, then give details of the persons in the table below and (where you specify more than one person) indicate what percentage of your funds you want to benefit them. **Please note that your expression of wish will be considered by the Independent Trustee, but is in no way binding on the Independent Trustee.**

Name and Address	Any relationship to you	% of fund

If you would like a trust to receive the lump sum death benefit, please complete the trust details below

Expression of Wish: Trust	
Name of Trust	
Name of Trustees	
Date of Trust	
Address of Trust (contact point)	
	Postcode

PLEASE NOTE: HORNBUCKLE MITCHELL CANNOT BE HELD RESPONSIBLE FOR ENSURING A TRUST FULFILS THE PURPOSES FOR WHICH IT WAS INTENDED.

Protected Rights Funds

If any part of your funds represents 'protected rights', you should read the protected rights notes at the end of this form then use the table below to direct separately how you want those funds to be paid. **Your nomination will be followed by the Independent Trustee.**

Name and Address	Any relationship to you	% of fund

Charity Nomination

Registered Charity Nomination	
Name of Registered Charity	
Address of Registered Charity	
	Postcode

If you die over age 75 with no surviving dependants and have not nominated a Charity, the Hornbuckle Mitchell Group plc will pay your fund to the following Charities:

British Heart Foundation
 Cancer Research
 British Red Cross
 NSPCC
 Oxfam

Finally, please sign and date below, make a copy for your own records and return the original to the Independent Trustee, Hornbuckle Mitchell Trustees Ltd, using one of the addresses at the back.

Signed (scheme trustee)	Date
Name	

General Notes

(a) What benefits can be paid, and to whom?

- a lump sum can be paid to a wide range of persons including relatives, dependants, beneficiaries of your estate and (most relevant here) any person whom you name in the expression of wish (above):
- a pension can only be paid to a dependant (which includes a spouse / civil partner / child under age 23, or who is dependent on you due to their mental or physical impairment, or anyone else who is financially dependent on you, or with whom you are financially mutually dependent):
- on death before age 75, both lump sums and pensions can be paid. Lump sums are usually free of tax if paid out of 'uncrystallised' funds (and within the member's unused lifetime allowance) but are subject to a free-standing 35% tax charge if paid out of 'crystallised funds' (which normally means funds being used for income withdrawal), while pensions will be taxed as income in the hands of the recipient:
- on death at or after age 75 in 'alternatively secured pension', the only benefits which are 'authorised' by the tax legislation are:
- a pension for dependants, but if there are no dependants.
- a lump sum to a charity nominated by you or (if you don't nominate any) selected by the Independent Trustee

However, the rules of the Scheme also allow the Independent Trustee to pay lump sums to the same wide range of beneficiaries as on death before 75. The difference is that any such payment is not 'authorised' by the tax legislation and thus will incur much greater cumulative rates of tax.

(b) Where you specify a person who could qualify for either a lump sum or pension, you don't need to express any preference for which they should receive. The Independent Trustee can either decide this itself or let the relevant person decide.

(c) You may change or withdraw your expression of wishes at any time by notifying the Independent Trustee in writing.

(d) There are legal and practical difficulties in making payment to dependants under the age of 18. If you wish to provide for minors as potential beneficiaries, you are advised to set up an appropriate trust with your solicitor, (if you do not already have one), and provide the relevant details in the form above. In the absence of such a trust death benefits may be paid to your personal representatives.

(e) If there is any further information which you think may help the Independent Trustee, please provide it on a separate sheet. When reading these notes, please bear in mind that:

- References to tax do not include inheritance tax. Currently most lump sum payments on death before age 75 are usually free of inheritance tax, because the recipients(s) are chosen by the Independent Trustee (this is the main reason why this form is an 'expression of wish' rather than a binding instruction),
- you can nominate charities and other organisations, not just individuals,
- the notes are intended to be a short and easily understood summary of the rules of the Scheme and very complex tax legislation as at the date of publication. They do not override those rules or legislation and are not a substitute for specific legal advice. The rules and legislation are subject to change in the future.

Protected Rights Notes

There are differences in the legislation and rules governing protected rights funds and these make it especially important that you ensure:

- your nomination is kept up to date: and
- if more than one person is nominated, the specified percentages add up to 100%* (*if they do not, then the nomination will be treated as if the percentages actually specified were increased pro rata to total 100).

The differences in how protected rights funds are dealt with on your death are as follows:

- if you are survived by a qualifying spouse or civil partner, he/she is entitled to a pension from the protected rights funds,

- if there is no qualifying spouse or civil partner, or he/she declines to take the pension, the protected rights funds can be paid out as above in the General Notes in accordance with your directions, i.e. your directions are binding. If you do not give any directions, or they cannot be followed, the funds will be paid to your estate.

Please also note that, because you have more control over who is to benefit, the protected rights funds carry a greater risk of being treated as part of your estate for inheritance tax purpose, i.e. there is greater risk of IHT being payable. This is laid down in the legislation and is not within the control of the Independent Trustee.

6.1 Financial/Professional Adviser Details

(Should always be completed)

Please tell us who your Financial Adviser is:

Person in firm responsible	
Company Name	FSA reference number
Company Address	
	Postcode
Email	
Network Name (if applicable)	Network FSA reference number

Have you received advice from your adviser in respect of this transaction?

Yes No

On which basis has the sale been transacted?

Face to face

At a distance

Is the adviser to receive remuneration by deduction from the fund? (please tick one option)

Yes No

If 'YES' please state:

Initial payment	£		or	% of fund	Renewal	£		or	% of fund
-----------------	---	--	----	-----------	---------	---	--	----	-----------

If % of fund, is this to be (please tick one option)

From the gross fund value ignoring outstanding borrowing

From the net fund after deduction of outstanding borrowing

Remuneration is paid by BACS (please insert your advisor's details)

Bank	Branch
Sort Code	Account No.
Payment Ref.	
Adviser's Name	
Adviser's Company Name	
Adviser's Signature	Date

Please sign below to confirm (i) you authorise the remuneration shown above
(ii) you agree the Adviser details above are correct

Client Signature	Date
------------------	------

PLEASE NOTE: If there is no signature in this section we will require confirmation before the application process can continue.

NOTES

Clause 8.5 of the Trust Deed empowers the Trustees to meet all the expenses in connection with the administration, management and investment of the scheme. You should advise the Trustees of any relevant fees to be met by exercising these powers. Renewal fees are paid annually in arrears.

Investment Manager

Do you wish to appoint an Investment Manager? (please tick one option)

Yes No

If 'YES' please state:

Person in firm responsible

Company Name

Company Address

Postcode

Regulator and Reference No.

NOTES

Initially, all of your contributions are placed into your Trustee account at the Bank of Scotland. A minimum balance of £1000 must, in any event, be kept in the account together with any uninvested cash.

6.2 Money Laundering Certificate

(Must always be completed by your Financial Adviser)

For use by Financial Advisers introducing UK-resident private individuals. Please complete a separate form for all parties to the contract who are required to undertake identification verification.

1. Applicant's Details

Title	Forename(s)
Surname	
Address	
	Postcode
Date of Birth	

2. Contact type (tick one box only)

<input type="checkbox"/>	Face-to-face	Requires one document from Section 3 below and one from Section 4 below
<input type="checkbox"/>	Non face-to-face	Requires two documents from Section 3 below and two from Section 4 below

3. Evidence of Identity

Please tick box relating to evidence seen and either complete details or attach certified copy of documents.

<input type="checkbox"/>	Current Full Passport (signed)		
Passport No.	Country of Issue	Expiry Date	
<input type="checkbox"/>	National ID card		
Card No.	Country of Issue		
<input type="checkbox"/>	Current Full UK Driving Licence or Provisional Photo Driving Licence		
Driving Licence No	Expiry Date		
<input type="checkbox"/>	HM Revenue & Customs (HMRC) Tax Notification		
Tax Ref. No.	HMRC Office		
<input type="checkbox"/>	Firearms Certificate		
Ref. No.	Police Station		
<input type="checkbox"/>	2 of any Bank Credit/Debit/Cheque Cards (from different providers)		
Bank/Building Society Name (1)			
Sort Code (1)		-	Account No. (1)
Bank/Building Society Name (2)			
Sort Code (2)		-	Account No. (2)

4. Evidence of Address

Please tick box relating to evidence seen and either complete details or attach certified copy of documents.

<input type="checkbox"/>	Utility Bill or Annual Statement of Utilities (not mobile phone)	
Ref. No.	Utility Co. Name	
<input type="checkbox"/>	Current Full UK Driving Licence or Provisional Photo Driving Licence	
Driving Licence No	Expiry Date	
<input type="checkbox"/>	Bank/Building Society/ Credit Union Statement or Passbook	
Bank/Building Society Name		
Sort Code	–	Account No.
<input type="checkbox"/>	Council Tax Bill	
Ref. No.	Council Name	
<input type="checkbox"/>	HM Revenue & Customs (HMRC) Document	
Tax Ref. No.	HMRC Office	
<input type="checkbox"/>	Home Visit by Member of Staff	
Address Visited		
	Postcode	
Name of Staff Member who conducted visit		

5. I/We certify that:

- I/we confirm that I/we have verified the identity of the applicant named in section 1 using original documentation specified in sections 3 and 4. I/we confirm also that I/we have sighted the original documents and that any requiring a signature were pre-signed.
- I/we confirm that all documents obtained were current at the time of receipt.

AND

- I/we enclose an account opening form completed as requested together with any additional 'know your customer' information.
- I/we confirm that the applicant(s) is/are applying on their own behalf and not as a nominee, trustees or in a fiduciary capacity for any other person.

Full Name of Regulated Firm	
FSA Regulatory No.	Client Name
Signed	
Name	
Position	Date

Instruction to your FIPP Bank to pay our fees by Direct Debit

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



HORNBUCKLE MITCHELL
TYMAN HOUSE
42 REGENT ROAD
LEICESTER
LE1 6YJ

Originator's Identification Number

5 5 6 9 8 3

Name(s) of Account Holder(s)

Reference

Bank/Building Society account number

0

Branch Sort Code

1 2 2 7 5 9

Instruction to your Bank or Building Society

Please pay Hornbuckle Mitchell 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 Hornbuckle Mitchell and, if so, details will be passed electronically to my Bank/Building Society.

Name and full postal address of your Bank or Building Society

To The Manager
Bank of Scotland Plc
11 Earl Grey Street
Edinburgh
EH3 9BN

Bank/Building Society

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit Instructions from 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 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 Hornbuckle Mitchell will notify you 5 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Hornbuckle Mitchell 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.



Declaration

24 This declaration should be signed by all applicants including the legal guardian of an applicant who is under the age of 18.

1. I agree to be bound by the Trust Deed and Rules and apply to become a member of The FIPP that is being set up.
2. I understand that my membership is based on the information disclosed on my application form and the options I have selected and I agree to ensure that Hornbuckle Mitchell Trustees Ltd and The Hornbuckle Mitchell Group plc are kept accurately informed of any information that they may require to administer my Scheme. This information should be provided within 30 days of any changes for example to my employment, (including becoming unemployed); to my residency status; to my name or to my permanent residential address.
3. I understand and agree that The Hornbuckle Mitchell Group plc are entitled to charge fees and expenses for administering my Scheme. I have received a copy of and agree to pay these as set out in the schedule of fees current at the date of this application together with those charges detailed in the Financial/Professional Advisor section of this application. I understand that the charges represent our fees and will not be refunded if the scheme is closed on any date other than the anniversary date.
4. I understand that The Hornbuckle Mitchell Group plc may amend or increase these fees.
5. I understand and agree that fees are automatically deducted from my Scheme, unless I confirm that they are to be paid outside of my Scheme. I confirm that I am responsible for ensuring funds are available for the payment of the scheme fees on the due date. If fees are not met within 28 days, I understand and agree that steps will be taken to recover the outstanding fees and that I will be required to cover all costs associated with the recovery of the fees.
6. I authorise The Hornbuckle Mitchell Group plc to realise investments under the pension scheme in order to pay any monies due, relating to scheme fees and/or third party charges payable or pension or death benefits at its sole discretion if I or my advisers fail to give adequate instructions in that respect.
7. I understand and agree that Hornbuckle Mitchell Trustees Limited and The Hornbuckle Mitchell Group plc shall bear no liability for any tax charge or unauthorised payment (as defined in the Finance Act 2004) by or in respect of the pension scheme. If any such charge is incurred or such payment is made, I understand and agree that The Hornbuckle Mitchell Group plc shall be entitled to take steps to recover any fees, charges or expenses incurred by them in respect of such liability.
8. I understand that The Hornbuckle Mitchell Group plc will normally correspond with my Financial Adviser unless I have requested otherwise.
9. If I am no longer entitled to tax relief on my contributions I will inform The Hornbuckle Mitchell Group plc in writing either within 30 days of the occurrence or by the end of the tax year in which this occurs.
10. I confirm that I will not claim tax relief on contributions made in a tax year to all registered pension schemes over and above the higher of:
 - the 'basic amount' (currently £3,600), or
 - my 'relevant UK earnings' and if these are higher than the annual allowance, I understand that I will incur tax charges on the excess through self assessment.
11. I also confirm that if I intend making contributions that are not to benefit from tax relief (for example 'excess' contributions), I will inform The Hornbuckle Mitchell Group plc in writing.
12. I request Hornbuckle Mitchell Trustees Limited and The Hornbuckle Mitchell Group plc, to appoint the Investment Manager nominated in the application if applicable, but fully understand and agree that I or my Professional/Financial Adviser are solely responsible for all decisions relating to the purchase, retention and sale of the investments forming part of the pension scheme and that Hornbuckle Mitchell Trustees Limited and The Hornbuckle Mitchell Group plc are jointly indemnified against any claim in respect of such decisions.
13. I request that The Hornbuckle Mitchell Group plc arranges for the payment of benefits set out in the Benefit Payment section of this application and I understand that the income under USP and ASP will be limited to the amount stipulated by the Government Actuary's Department, although I may change the level of income taken within these limits during each payment year.
14. I understand that:
 - My pension is taxed as income and The Hornbuckle Mitchell Group plc will be responsible for operating a P.A.Y.E system and will forward the necessary tax liability to the HM Revenue & Customs (HMRC).
 - Under current legislation Alternatively Secured Pension, an annuity or Scheme Pension will have to be secured on my 75th birthday.
 - If I take a pension commencement lump sum as the means to increase contributions significantly to my FIPP it will be treated as 'recycling' under certain circumstances by HMRC, and the lump sum will be defined as an unauthorised member payment.
 - The Hornbuckle Mitchell Group plc cannot be held responsible for insufficient liquidity within the pension scheme to ensure continuous payment of benefits.
15. If appropriate The Hornbuckle Mitchell Group plc has my authority to check with HMRC the details of any certificate which I supply which protects my fund against the lifetime allowance limits.

16. The surviving Trustees have absolute discretion but, in the event of my death, I should like the beneficiaries named on the Expression of Wish form to be the recipient of any fund available.
17. I understand and agree that I will only request benefits to be paid that are within the current HMRC rules at the time of the request.
18. To the best of my knowledge and belief the statements included in the application are true and complete and I understand that it is an offence to make false statements and that the penalties are severe and could lead to prosecution.
19. I confirm I have read and agree to the notes in the Appendix overleaf.
20. I understand that Hornbuckle Mitchell may undertake a search with a reference agency for the purposes of verifying my identity. To do so, the reference agency may check the details I supply against any particulars on any database (public or otherwise) to which they have access. They may also use my details in the future to assist other companies for verification purposes. A record of the search will be retained as an identity search and not a credit reference.
21. I understand that any amendments to the Flexible Income Pension Plan contract will be notified to me in writing within 14 days.
22. I hereby give my authority for any information regarding my existing pension arrangements to be released to Hornbuckle Mitchell Group plc at their request. Furthermore, a copy, including a facsimile, of this declaration will have the same authority as the original.
23. I understand that the Flexible Income Pension Plan can hold protected rights and if I transfer protected rights monies into my pension scheme, Hornbuckle Mitchell Group plc will need to ensure that they maintain a split between protected and non protected rights at all times. I agree that I will take retirement benefits in equal proportion using both the protected rights and non protected rights funds.
24. Scheme Pension: If I have selected the option of a pre determined term in section 3, I understand that a pension will be paid for a period of 10 years, provided there are sufficient funds to continue with the payments.
25. If I am taking Scheme Pension, I understand that :
 - The scheme Actuary is responsible for calculating the scheme pension figures and once I have confirmed the amount of pension that I wish to take, the scheme Actuary will certify the pension being taken
 - If this is the first time I am taking scheme pension, Hornbuckle Mitchell will issue a Scheme Pension Agreement to be signed and returned to amend the Trust Deed & Rules to allow scheme pension. When this has been received by Hornbuckle Mitchell, my scheme pension will be paid
 - If I have chosen the option of a predetermined term and I die during the term, a pension will continue to be paid provided there are sufficient funds to make the payments.
 - HMRC rules confirm that on my death, a dependant's pension must be paid and this can be paid alongside the predetermined term instalments provided that the recipient of each pension is the same
 - All pensions will continue to be paid unless there are insufficient funds to make the payments

Declaration

This declaration should be signed by the legal guardian of an applicant who is under the age of 18.

I declare that:

1. I understand that I am responsible for this contract as if I were the member until the member reaches 18, and that I am responsible for ensuring the member's contribution limits are not exceeded.
2. I understand that any contributions paid to the scheme may only be returned to the member in the form of benefits payable under the rules of the scheme.

Signed (Legal Guardian of Member)

Date

Data Protection Statement

The information on this form and any supplementary information provided by me and/or my nominated advisers will be used by The Hornbuckle Mitchell Group Plc to:

1. Set up and administer my Flexible Income Pension Plan
2. Send me information relating to my Flexible Income Pension Plan
3. Share my details with other companies within the Hornbuckle Mitchell Group plc and their associated companies so that they may provide administration services in respect of my plan
4. Pass my details to market research organisations for the purpose of confidential market research surveys

If you do not want to receive marketing information or do not wish your details to be released to market research organisations, please tick this box

You have the right under the Data Protection Act 1998 to access information held about you by The Hornbuckle Mitchell Group plc upon payment of a fee. An information sheet is available on request.

I agree to the terms and conditions in the Declaration and the Data Protection Statement.

Signed (Member/Legal guardian)

Date

Checklist

Please ensure you have signed

Page 8: The standing order for regular contributions

Page 11: If you are making a transfer and you would like Hornbuckle Mitchell to request the transfer

Page 15: To confirm PCLS payment

Page 17: To confirm expression of wish

Page 19: To confirm your advisers commission

Page 23: The direct debit mandate

Page 26: Agreeing to the terms and conditions and data protection

Please also ensure you have enclosed all relevant additional forms (e.g. Transfer discharge forms if required)

Appendix

- The application form acts as part of your application for membership of The Flexible Income Pension Plan being set up.
- The details given in this Appendix are for guidance. The descriptions and definitions which apply are those in the legislation. If you are in any doubt, you should contact a Financial/Professional Advisor, the Scheme Administrator, your Accountant or, where appropriate, your Inspector of Taxes.
- HMRC is an acronym for Her Majesty's Revenue & Customs.
- The Flexible Income Pension Plan (the 'Scheme') is a registered pension scheme for the purposes of Part 4 of the Finance Act 2004 and is made up of 1,000 segments, which are held within one or more 'arrangement(s)' for the purposes of the Act. If you transfer benefits that you are already receiving income from into the Scheme (either as an unsecured pension or alternatively secured pension) these funds will be held in separate Arrangements to any other funds you hold under the Scheme.
- The 'Scheme' means the total value, under all your Arrangements, of the contributions paid and any transfer payments or credits accepted into the FIPP plus investment returns minus fees.
- The Scheme is governed by a trust deed and rules (called the 'Trust Deed' and 'Rules' respectively), as amended by any subsequent deeds. Hornbuckle Mitchell Trustees Limited and you, as a member, are the Trustees and The Hornbuckle Mitchell Group plc is the scheme administrator. The trust deed and rules can be found on our website at www.hornbuckle.co.uk
- The Provider of the Flexible Income Pension Plan is the Bank of Scotland plc Registered in Scotland SC327000 whose Registered Office is The Mound, Edinburgh EH1 1YZ. A bank account is opened with the Bank of Scotland plc under your Scheme to accept deposits and hold monies until investments. The terms and conditions of the Bank of Scotland account are available on request. You must maintain a cash balance of at least £1,000 in the bank account.
- All monies received into the scheme by way of contributions and/or transfers of pension benefits from other providers into the Scheme by you or on your behalf shall be apportioned equally between your 1,000 segments that, at the time of the contribution or transfer, are not in drawdown.
- You may nominate one or more, Financial/Professional Advisers or Investment Managers to act in respect of your Scheme. Hornbuckle Mitchell Trustees Ltd and the Hornbuckle Mitchell Group PLC do not accept any liability for the choice of the Financial/Professional Advisers or Investment Managers nor will we provide investment advice or act as an Investment Manager. You or your Financial/Professional Adviser must direct the manner in which the funds within your Arrangements are to be invested. Hornbuckle Mitchell Trustees Ltd and The Hornbuckle Mitchell Group plc cannot accept any liability for any decisions relating to the purchase, retention and sale of the investments within your Scheme.
- Where you wish to invest in commercial property/land The Hornbuckle Mitchell Group plc will require:
 - A completed property application form
 - The appointment of a Property Manager, which can be one of the members of the Scheme.
- Documentation in respect of the property purchase and borrowing must be in the name of all of the Trustees of the Scheme.
 - An environmental report be carried out, which we will organise, however we require payment of the fee due in advance of requesting the report. Any recommendations in the report must be carried out prior to exchange of contracts. The cost of the report and recommendations will be classed as a property expense and therefore payable by the Scheme.
 - The liability of Hornbuckle Mitchell Trustees Ltd and Hornbuckle Mitchell Group plc, with regards to the property purchase and borrowing, will be limited to the assets of your Scheme.
 - The property is to be insured. The Tenant is responsible for repaying the insurance premiums to the Landlord once insurance in place.
- If you are not satisfied with any element of the services provided by us, you should write to the office that administers your scheme and it will be dealt with in accordance with our complaints procedure, a copy of which is available on request.
- The Flexible Income Pension Plan will be governed by and constructed in accordance with the laws of England & Scotland. The courts are to have exclusive jurisdiction to settle any disputes or claims that may arise out of or in connection with your membership of the Flexible Income Pension Plan. Hornbuckle Mitchell Trustees Ltd and you, as co trustee and member of the Scheme, agree to submit to the exclusive jurisdiction of the courts.

Contact

If you have any questions or would like any further information, please contact us at one of the following regional offices.

SCOTLAND & NORTHERN IRELAND

4 Albyn Place, Edinburgh EH2 4NG

T 0131 220 0353

F 0131 220 0369

E scotland@hornbuckle.co.uk

NORTH

Cotton Court, Middlewich Road, Holmes Chapel,

Cheshire CW4 7ET

T 0845 345 7505

F 01477 539209

E north@hornbuckle.co.uk

MIDLANDS & SOUTH (HEAD OFFICE)

Tyman House, 42 Regent Road, Leicester LE1 6YJ

T 0845 345 2555

F 0116 254 3342

E midlands@hornbuckle.co.uk

LONDON OFFICE

T 0845 124 5394

www.hornbuckle.co.uk

FIPP-AF-1109-0