



REDSWAN SIPP
(the "Plan")

Application Form

in association with



Index & Guide to Completion

		Page
SECTION 1A	All applicants need to complete this section	3
SECTION 1B	Only complete if the applicant is below age 18	3
SECTION 2	For employed applicants	4
SECTION 3	For self-employed applicants	5
SECTION 4	All applicants need to complete this section	6
SECTION 5	Only complete if you wish to conduct your transaction before the 30 day cancellation period	7
SECTION 6	All applicants need to complete this section	7-10

Other Important Requirements to Establish Your Plan

ID / ADDRESS VERIFICATION	We need to verify your ID and address in accordance with EU requirements. Please see our separate form for our requirements. We cannot start your Plan membership without this
TRANSFERS IN	If you have a previous pension benefit you wish to transfer in to the Redswan SIPP, please ask us for the necessary form.
FINANCIAL ADVISER / INVESTMENT MANAGER APPOINTMENT	If you wish to retain these services, please ask us for our suggested wording to effect their appointment.
FEE SPECIFICATION	Please remember to enclose a signed fee agreement

SECTION 1A: All applicants need to complete this page

Your membership of the Plan cannot start without the following information. Please complete all areas appropriate to your circumstances.

Full name and title		Marital status	Married / single / divorced / widow / widower / civil partner / co-habiting (delete as appropriate)
Sex	M / F	If app, spouse's / partner's name	
D.O.B	(you must be under age 75 to join)	Spouse's D.O.B	
Daytime tel no		Mobile	
Are you chargeable to UK tax?	Y / N	Are you a UK resident this tax year?	Y / N
If no, please specify		NI Number	
Permanent residential address	Postcode	Previous permanent residential address if you have lived there for less than 3 years	Postcode
Since (date)		Since (date)	
Your occupation		Nationality	
Email		Selected Retirement Age	
Employment status	Employed / pensioner / self-employed / child under the age of 16 Other: carer / unemployed / in full-time education / other (delete as appropriate)		
Please give brief details of your SIPP's proposed investment			

1B: Only for applicants under age 18 (details of legal guardian)

Full name and title		D.O.B	
Permanent residential address	Postcode	Previous permanent residential address if you have lived there for less than 3 years	Postcode
Since (date)		Since (date)	

SECTION 2: To be completed by employed applicants only

WARNING: If you have fixed or enhanced protection with HMRC, the payment of any additional contribution will cause this to be lost.

Employer's full name		
Employer's full address		
	Postcode	
Estimated total taxable earnings in current tax year	£	
Are you a member of their pension scheme?	YES / NO (delete as appropriate)	
Contributions (personal contributions to be entered net of basic rate tax, currently 20%, employer contributions to be entered gross)		
	<u>Personal</u>	<u>Employer</u>
Regular amount	£	£
Frequency		
Commencement date		
Single contribution	£	£

If you are eligible, we will reclaim basic rate tax on your personal contribution from HMRC. This can take up to 11 weeks. You are responsible for claiming any higher rate relief as part of your self-assessment tax return.

ALL OPENING CHEQUE PAYMENTS IN TO YOUR PLAN SHOULD BE PAYABLE TO

**"BATH BUILDING SOCIETY RE [YOUR NAME]
REDSWAN SIPP"**

SECTION 3: To be completed by self-employed applicants only

WARNING: If you have fixed or enhanced protection with HMRC, the payment of any additional contribution will cause this to be lost.

Self-employed status (please tick as appropriate)	On own account	
	As a partner	
Estimated total taxable earnings in current tax year	£	
Contributions (to be entered net of basic rate tax, currently 20%)		
Regular amount	£	
Frequency		
Commencement date		
Single contribution	£	

If you are eligible, we will reclaim basic rate tax on your personal contribution from HMRC. This can take up to 11 weeks. You are responsible for claiming any higher rate relief as part of your self-assessment tax return.

ALL OPENING CHEQUE PAYMENTS IN TO YOUR PLAN
SHOULD BE PAYABLE TO

**"BATH BUILDING SOCIETY RE [YOUR NAME]
REDSWAN SIPP"**

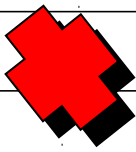
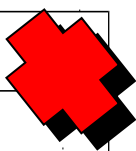
SECTION 4: Nomination of death benefit (to be completed by all applicants)

I understand that this request is not binding on the Administrator but in the event of my death while a member of the Redswan SIPP, I would like the Administrator to consider making payment of any lump sum death benefit which it is empowered to distribute at its discretion to:

	1		2
Name and address			
Relationship to you			
Proportion			
	3		4
Name and address			
Relationship to you			
Proportion			

- You may nominate any person, charity, association, club or society
- If you just want the money paid in to your estate, just write "to my estate" and the proportion. NB – this may mean you pay more Inheritance Tax and you are urged to seek advice
- Please ensure the total comes to 100% exactly

I also understand that in the event of any change of circumstances, it is my responsibility to see that any alteration in my wishes is made known to the Administrator by submitting a further form.

Signed		
Name (IN CAPS)		
Date		


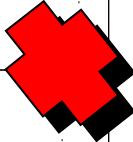
SECTION 5: Cancellation rights

When we receive a correct application form we would normally send you a cancellation notice giving you 30 days from its receipt by you in which you can change your mind. Any contributions you may have sent in with your application will be processed in the normal way which means that because of market movements the amount you invest may not be the same as that returned to you on cancellation (known as a shortfall). We will calculate any shortfall in accordance with the rules set down by the Financial Services Authority and return the appropriate amount to you within 30 days of you advising us of your instruction to cancel the transaction.

You can if you wish confirm that you want a transaction completed before the expiration of the cancellation period. If this is the case, you should advise us immediately. You should note that if you decide on this option you will lose your right to cancel and that should you change your mind there may be costs and expenses which will be irrecoverable.

The right to waive your right to cancel applies only to the commencement of the SIPP. A similar right to cancel applies to any transfers of existing pension benefits to the Redswan SIPP and this right to cancel cannot be waived.

If in this case you wish to complete the transaction before the 30 day cancellation period elapses, please complete the following:

<p>Member's / legal guardian's signature</p>	<p>Please complete the investment transaction as soon as possible. The implications of this are as follows:</p> <ul style="list-style-type: none"> • I lose my right to cancel the transaction • I may not be able to have the full amount of my contributions refunded • I will be immediately liable for the charges detailed in the Fee Specification & Terms of Business • I will not be able to change my mind about the amount or form of benefits I have decided to take from the Plan (other than in accordance with legislation) and • if I do change my mind subsequent to my instruction, my Plan may be subject to penalties and charges <p>WARNING: before signing this, you should read and understand the above and ask any questions if anything remains unclear.</p>
<p>Date</p>	 

SECTION 6: Declarations

- i. I hereby apply for membership of the Plan and agree to be bound by its trust deed and rules (and any subsequent amendments that may be made from time to time), which is available on request, and which I have had the opportunity to consider
- ii. I have been provided with a copy of the Plan's Key Features & Introductory Guide. I have been given the opportunity to consider it and ask questions if I there is anything I do not understand

- iii. I confirm that every statement made in this application is to the best of my knowledge and belief correct and complete
- iv. I understand that there is a single Plan within which are held separate, segregated assets for my benefit forming my "membership"
- v. I request the Plan Trustees to provide such benefits in line with my funds as may be required from time to time in accordance with HMRC requirements
- vi. in return for the services to be provided, I agree and authorise the payment of the charges as detailed in the Redswan SIPP Fee Agreement current at the date of this application and any superseding it. I understand that if there is insufficient money held in cash in respect of my membership of the Plan, investments may be realised to settle any outstanding charges
- vii. I hereby acknowledge that I have neither sought nor received any advice from Redswan Pensioners Ltd, Redswan Trustees Ltd (together the "Trustees" of the Plan) or Redswan Ltd (in its role as Administrator) as to the suitability of the Plan to my personal circumstances. I also understand that such, together with all investment / other decisions, rest either with myself and / or (where appointed) my financial adviser and any separate agreement I have with them governs the services they provide in respect of my membership of the Plan
- viii. I understand that it is the responsibility of my appointed financial adviser(s), if any, to disclose their fee payments and / or commissions
- ix. I hereby consent to Redswan Ltd approaching 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 to get any information they feel necessary to administer my membership of the Plan
- x. I understand that the withdrawal of assets from my membership of the Plan, or income from those assets, otherwise than for the payment of benefits as determined by the Plan's trust deed and rules and legislation, is prohibited under HMRC requirements and I covenant to abide by these provisions. Should an HMRC unauthorised payment, scheme sanction or other charge arise, I agree that such may be deducted from my Plan for payment to HMRC. Furthermore, if there are insufficient assets held on my behalf in my Plan, I, or my beneficiaries, agree to pay any shortfall by which the charge exceeds the value of my Plan, as set out in the Plan's trust deed and rules (as amended)
- xi. I hereby request the Trustees to make an application to Bath Investment & Building Society to open a bank account for the purposes of my membership of the Plan
- xii. I agree that the information on this form and any supplementary information provided by me and / or my nominated advisers will be used in the strictest confidence in connection with my Plan membership and may be disclosed on a confidential basis, and in accordance with the Data Protection Act, to any relevant third parties. I also agree that this information may be transferred electronically, e.g. by email and I agree to being contacted, or by any such third party, by any means of communication considered appropriate at the time



xiii. if contributions are being paid to the Plan, I declare

- I am under age 75 and that, for the purposes of tax relief, a Relevant UK Individual (see Key Features and Introductory Guide)
- I will notify you if the total of my contributions to the Plan and any other Registered Pension Scheme exceed the higher of £3,600 or 100% of my Relevant UK Earnings for that tax year

(If you are in any doubt about the level of contribution permitted please contact your financial adviser / accountant)

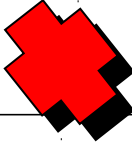
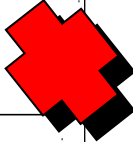
xiv. I will inform the Administrator in writing by the end of the tax year (5 April) or within 30 days (whichever is later) if there is a change in:

- my residency status
- other personal information, such as a change of name or permanent residential address
- status affecting qualification for tax relief

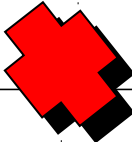
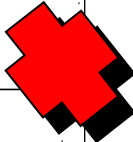
WARNING: before signing this application you should read and understand its terms and ask any questions if anything remains unclear.

I understand that this application determines whether I am entitled to tax relief on any contributions I may make to the Plan and as such it is an offence to make false statements, the penalties are severe and could lead to prosecution.

Signed as a deed and delivered by:

Member's signature (for legal guardians, sign box overleaf instead)		
Name (IN CAPS)		
Date		

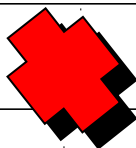
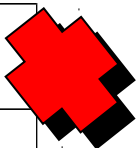
In the presence of:

Independent witness's signature		
Name (IN CAPS)		
Date		
Witness's address		
Postcode		
Witness's occupation		

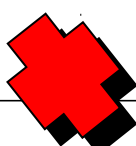
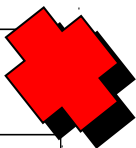
Additional declaration for legal guardians of members under age 18

I understand that the contributions paid to the Plan may only be returned to the member in the form of benefits payable under the rules of the Plan.

Signed as a deed and delivered by:

Legal Guardian's signature		
Name (IN CAPS)		
Date		

In the presence of:

Independent witness's signature		
Name (IN CAPS)		
Date		
Witness's address		
Postcode		
Witness's occupation		

PLEASE RETURN THE COMPLETED FORM TO REDSWAN PENSIONS