TrinityBridge

SIPP Contribution Form
Direct Investment Service

1. Account holder details

Existing TrinityBridge client reference

Title

First name(s)

Surname

Date of birth D D / M M / Y Y Y Y

National Insurance number

Nationality

You must be a UK tax resident to apply for a TrinityBridge SIPP ☐ Yes I am a UK Tax Resident

2. Contribution details

Single payments

Single contribution details 1 £ Net / Gross Delete as appropriate

Source of payment 2 ☐ Member ☐ Employer

Method of payment 3 ☐ Cheque ☐ BACS

Regular payments

Member
Regular contribution details £ Net

Payment start date 4 D D / M M / Y Y Y Y

Employer
Regular contribution details £ Gross

Payment start date 4 D D / M M / Y Y Y Y

Frequency ☐ Monthly ☐ Quarterly ☐ Annually

Please note any applications that are not completed correctly may incur delays or may have to be returned to you.

1. All Member contributions should be made net of basic rate tax. We will reclaim the basic rate tax from HM Revenue & Customs and add this to your TrinityBridge SIPP. All Employer contributions should be paid gross.

2. Please indicate whether this is a personal contribution or it is being paid by your employer.

3. Cheques should be made payable to TrinityBridge Limited. Your name should also be written on the cheque. For Employer contributions, the cheque must be drawn on a UK bank or building society account in your employer's name.

   Please note payments made by BACS transfer must include client surname and initial in the reference field.

4. This can be any date between 1st and 28th of a month.

   Please complete the Direct Debit mandate at the back of this form. If your Employer is making the contributions on your behalf, they will need to complete and sign the Direct Debit mandate.

   Please allow 15 working days from our receipt of your application for the first payment to be collected.

3. Employer details 5

Company name

Company address

Postcode

Company registration number

4. Employment status 6

- ☐ Employed
- ☐ Self-employed
- ☐ Unemployed
- ☐ Pensioner
- ☐ In full-time education
- ☐ Caring for one or more children under the age of 16
- ☐ Caring for a person aged 16 or over
- ☐ Other (please specify below)

5. Investment details

TrinityBridge range of funds

How would you like to invest the money in your account?

TrinityBridge Fund (X Class)	Inc units	Acc units	£ Investment	OR	% Investment
Sustainable Bond Portfolio	☐	☐	£	OR	%
Select Fixed Income Fund	☐	☐	£	OR	%
Diversified Income Fund	☐	☐	£	OR	%
Conservative Portfolio Fund	☐	☐	£	OR	%
Balanced Portfolio Fund		☐	£	OR	%
Sustainable Balanced Portfolio Fund		☐	£	OR	%
Growth Portfolio Fund		☐	£	OR	%
Managed Income Fund	☐	☐	£	OR	%
Conservative Managed Fund	☐	☐	£	OR	%
Balanced Managed Fund		☐	£	OR	%
Growth Managed Fund		☐	£	OR	%
Conservative Tactical Passive Fund	☐	☐	£	OR	%
Balanced Tactical Passive Fund		☐	£	OR	%
Growth Tactical Passive Fund		☐	£	OR	%

5 This section should be completed if your employer is making contributions to your TrinityBridge SIPP.

6 Select the option (one only) that best describes your status.

6. Declaration and signature

- I declare that, to the best of my knowledge, the details provided in this form are correct, complete and not misleading and that the information provided when the SIPP was established is still valid.
- I understand it is a serious offence to make false statements: the penalties are severe and could lead to prosecution.

Signature – Adviser or account holder	
Adviser name or account holder name (BLOCK CAPITALS)	
Date of signature	D D / M M / Y Y Y Y

7. Employer declaration 7

- We understand that as the employer we have no rights to any benefits which are payable under the terms of this plan and the rules of the scheme (which may be amended from time to time).
- We agree to pay the contributions detailed on this form until further notice and will notify TrinityBridge of any changes to the payments.
- We will advise you immediately if the member leaves our employment.
- We understand that to enable us to make employer contributions to the members SIPP, TrinityBridge will need to verify the identity of the company.

Signature – For and on behalf of the employer	
Print name (BLOCK CAPITALS)	
Job title	
Date of signature	D D / M M / Y Y Y Y

To return this form, please scan and email it from your registered email address to:

directinvestment@trinitybridge.com

Or you can post it to us using our FREEPOST address:

'freepost TRINITYBRIDGE INVESTOR SUPPORT'

Or, if signing electronically via DocuSign then click 'Finish' to submit

7 To be completed when your employer is making a contribution to your TrinityBridge SIPP.

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TrinityBridge

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

Please fill in the whole form including official use box using a ball point pen and send to the address below or alternatively please esign and return via the encrypted email:

TrinityBridge Ltd
Wigmore Yard
42 Wigmore Street
London
W1U 2RY
UK

Service user number

2	7	5	0	7	1

For TrinityBridge Ltd official use only.
This is not part of the instruction to your bank or building society.

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

Reference

Instruction to your Bank or Building Society
Please pay TrinityBridge 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 TrinityBridge 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 for some types of account

DDI 1 5/15

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 TrinityBridge Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request TrinityBridge Ltd 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 TrinityBridge Ltd or 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 TrinityBridge Ltd 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.

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- If an error is made in the payment of your Direct Debit, by TrinityBridge Ltd or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
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