

1. Personal details

Existing TrinityBridge client reference
(if applicable)

Title

First name(s)

Surname

Home telephone

Mobile telephone

Permanent residential address
(UK mainland and Northern Ireland
only. C/o and PO Box not accepted.)

Postcode

Does your communication address
differ from your residential address?
If yes, enter it here

Postcode

Email address

Online access **1**

Yes No

D **D** / **M** **M** / **Y** **Y** **Y** **Y**

Date of birth

Place of birth

Country of birth

National Insurance number

Country

National client identifier

Nationality **2**

Secondary Nationality

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

1 If you require online access
you must provide us with an
email address. Where you
have an online account, you
will receive all correspondence
online.

2 If you have a UK Nationality
you do not need to provide
your National Insurance
number here again if you have
provided this above.

2. SIPP additional details

Tax residency

You must be a UK tax resident to apply for a TrinityBridge SIPP

I am a UK tax resident

Category of status

<input type="checkbox"/> Employed	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Pensioner	<input type="checkbox"/> Full time education	<input type="checkbox"/> Caring for children under 16
<input type="checkbox"/> Caring for a person aged 16 or over	<input type="checkbox"/> Other	

Intended retirement age

Employer details

If your employer is making contributions to your SIPP please complete their details

Company name

Company address

Company registration number

Money Purchase Annual Allowance Details (MPAA)

Are you subject to the MPAA which limits contributions to Money Purchase Arrangements to £4,000 per Pension Input Period?

Yes

No

If yes, please complete the below:

Source of MPAA trigger	<input type="checkbox"/> Uncrystallised funds pension lump sum payment
	<input type="checkbox"/> Flexi-access drawdown income withdrawal
	<input type="checkbox"/> Standalone lump sum
	<input type="checkbox"/> Unknown

From what date are you subject to the MPAA?

D D / M M / Y Y Y Y

3. Protection details

Which protection are you entitled to? 3

Protection type	Entitled	If yes PCLS Entitlement 4	HMRC Reference	Other details
Enhanced Protection	<input type="checkbox"/>	Yes	%	
Primary Protection	<input type="checkbox"/>	Yes	£	Enhancement Factor:
Fixed Protection 2012	<input type="checkbox"/>	Yes		
Fixed Protection 2014	<input type="checkbox"/>	Yes		
Individual Protection 2014	<input type="checkbox"/>	Yes		Amount £
Fixed Protection 2016	<input type="checkbox"/>	Yes		
Individual Protection 2016	<input type="checkbox"/>	Yes		Amount £

4. Primary beneficiary nomination 5

Beneficiary 1

Beneficiary type: Individual/
Discretionary Trust/Charity

Title

First name(s)

Surname

Date of birth

D D / M M / Y Y Y Y

Permanent residential address

Postcode

Proportion of benefit

%

Relationship to you

3 Please note that we will require a copy of your HMRC protection certificate/ confirmation before any benefits can be paid.

4 Pension Commencement Lump Sum is the tax free amount that can be paid to you when your benefits under the SIPP have been used by way of an annuity or drawdown (crystallised).

5 You can nominate beneficiaries of death benefits resulting from your SIPP in the event of your death. Please note that the Trustees will have the discretion to decide who to pay the death benefits. You are able to nominate primary and alternative beneficiaries should the primary beneficiary predecease you or not be willing or able to receive the nominated benefits on your death.

Please be aware that nomination is the only means by which a beneficiary can take the benefits on as a pension for pension income. Without a valid nomination, they can benefit but only as a Lump Sum Death Benefit payment.

Beneficiary 2

Beneficiary type: Individual/
Discretionary Trust/Charity

Title

First name(s)

Surname

Date of birth

D D / M M / Y Y Y

Permanent residential address

Postcode

Proportion of benefit

%

Relationship to you

Beneficiary 3

Beneficiary type: Individual/
Discretionary Trust/Charity

Title

First name(s)

Surname

Date of birth

D D / M M / Y Y Y

Permanent residential address

Postcode

Proportion of benefit

%

Relationship to you

5. Alternative beneficiary nomination 6 7

Should any noted in Section 2 predecease me or refuse the SIPP benefits for any reason, please consider the following alternative beneficiaries.

Beneficiary 1

Beneficiary Type: Individual/
Discretionary Trust/Charity

Title

First name(s)

Surname

Date of birth

D / M M / Y Y Y Y

Permanent residential address

Postcode

Proportion of benefit 8

Relationship to you

Beneficiary 2

Beneficiary Type: Individual/
Discretionary Trust/Charity

Title

First name(s)

Surname

Date of birth

D / M M / Y Y Y Y

Permanent residential address

Postcode

Proportion of benefit 8

Relationship to you

6 Please provide details of alternative beneficiaries for each primary beneficiary listed in Section 6 should those beneficiaries either predecease you or are not willing or able to receive the nominated benefits on your death.

If no alternative beneficiary is provided and the primary beneficiary is not able to receive the nominated benefits on your death, the trustees will have sole discretion on who these benefits are paid to.

7 Section 7 can be duplicated as required to allow for multiple primary beneficiaries to have alternative beneficiaries. Please continue on a separate sheet if required.

8 All of these should add up to 100%.

Beneficiary 3

Beneficiary Type: Individual/ Discretionary Trust/Charity	<input type="text"/>
Title	<input type="text"/>
First name(s)	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text"/> D <input type="text"/> / <input type="text"/> M <input type="text"/> / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Permanent residential address	<input type="text"/>
Postcode	<input type="text"/>
Proportion of benefit 8	<input type="text"/>
Relationship to you	<input type="text"/>

9 Payments should be made by BACs transfer and must include your surname and initial in the reference field.

10 This must be a minimum of 15 business days from the date you submit your application and must fall on or between the 1st and 28th of the month. If we are unable to take the first payment on the date specified, we will take it as soon as possible and revert to the requested date for subsequent months.

Your employer should complete the direct debit mandate.

Any additional details in relation to your nomination:

6. Contribution details

Member contributions. All member contributions should be paid net. Tax relief will be added by us later.

Single payment	
Single investment amount 9	<input type="text"/> £
Regular payments	
Regular investment amount	<input type="text"/> £ Gross
Payment start date 10	<input type="text"/> D <input type="text"/> / <input type="text"/> M <input type="text"/> / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly

Employer contribution. All employer contributions should be paid gross.

Single payment	
Single investment amount 9	<input type="text"/> £
Regular payments	
Regular investment amount	<input type="text"/> £ Gross
Payment start date 10	<input type="text"/> D <input type="text"/> / <input type="text"/> M <input type="text"/> / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly

7. Investment details – SIPP

TrinityBridge range of funds

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

TrinityBridge Funds (X Class)	Inc units	Acc units	£ Investment	OR	% Investment
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	%
Other TrinityBridge Funds (X Class)		Acc units	£ Investment	OR	% Investment
Select Global Equity Fund			£	OR	%

Default Fund

If you do not want to select your own investment from the table above or feel uncomfortable making an investment choice you can opt to invest in our Default fund **11** which is currently the TrinityBridge Sustainable Balanced Portfolio fund (factsheets and KIID documents are available on our website **12**).

IMPORTANT: If you choose to use the Default Fund and TrinityBridge determines that this fund is no longer appropriate for the target market, then you consent that TrinityBridge can switch your investments to the replacement Default Fund without your instruction.

Please choose **one** of the below options:

I am comfortable making my own investment choices

I choose to use the Default Fund and this and future contributions will be invested in the Default Fund **13**

Income Units – TrinityBridge Discretionary Funds

How would you like to distribute the income (interest and dividends) generated by your account?

Reinvest into my portfolio at TrinityBridge's discretion

Leave as cash in my portfolio

11 We are required to offer a Default Fund which fits the needs of our target market:

- Straight forward portfolios
- Non-complex personal circumstances
- Not currently requiring financial advice
- Comfortable making their own investment decisions

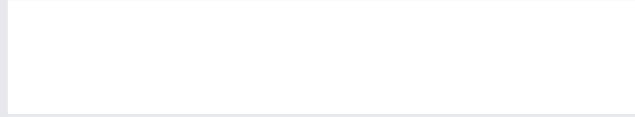
12 trinitybridge.com/our-services/investment-management/our-funds

13 Four weeks after the SIPP has been funded, if your investments have changed, we will contact you to check if you have changed your mind or if you need any help.

8. TrinityBridge SIPP Employer Declaration

- 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

A rectangular box for a handwritten signature.

Print name (BLOCK CAPITALS)

A rectangular box for printed name in block capitals.

Job title (BLOCK CAPITALS)

A rectangular box for printed job title in block capitals.

Date

D	D	/	M	M	/	Y	Y	Y	Y
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9. SIPP Declaration

For your own benefit and protection, please carefully read the document titled 'TrinityBridge Terms and Conditions' which includes our risk warnings, upon which we intend to rely. If you do not understand at any point please contact us for clarification.

I hereby apply for membership of the TrinityBridge SIPP and agree to be bound by the Trust Deed and Rules of the TrinityBridge SIPP (as amended from time to time):

- I confirm that I have read and agree to the 'TrinityBridge Terms and Conditions', which shall constitute my agreement with TrinityBridge Limited for the management of my TrinityBridge SIPP;
- I have read the SIPP Key Features Document, SIPP illustration and the SIPP Schedule of Fees;
- I undertake to provide to the scheme administrator any other information which it may need in connection with my membership of the TrinityBridge SIPP from time to time;
- I understand that my interest in the Scheme shall not exceed the value of net assets held in my Member Fund (as defined in the Rules);
- I understand that I am not entitled to any payment from the Scheme that would be an unauthorised payment under the Finance Act 2004;
- I undertake that I shall not do, or omit to do, anything if it would or might result in the scheme administrator of the Scheme becoming liable to pay a scheme sanction charge or a deregistration charge under the Finance Act 2004;
- I confirm that I am a "relevant UK individual" within the meaning in section 189 of the Finance Act 2004 and that I have taken tax advice if I am unsure of my status;
- I confirm that the total contributions to any registered pension schemes in respect of which I am entitled to tax relief under section 188 of the Finance Act 2004 will not exceed the higher of:
 - the basic amount (being £3,600 gross at the time of application); or
 - my relevant UK earnings, within the meaning of section 189 of that Act for that tax year;
- I authorise, instruct and apply to my current provider to transfer sums and assets from the plan(s) as listed in this application form directly to TrinityBridge Limited and to provide any instructions and/or discharge required by any relevant third party to do so;
- I authorise TrinityBridge Limited, my current provider, any contributing Employer and any financial intermediary named in this application to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to TrinityBridge Limited;
- Until this application is accepted and complete, TrinityBridge Limited's responsibility is limited to the return of the total payment(s) to my current provider(s);
- When payment is made to TrinityBridge Limited as instructed, this means that I shall no longer be entitled to receive pension benefits from the whole of the plan(s) listed in this application form where the whole of the plan(s) are transferring, or that part of the plan(s) represented by the payment(s) if only part of the plan(s) are transferring;
- I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that TrinityBridge Limited and my current provider may incur as a result of any incorrect, untrue, or misleading information in this application or given by me, or on my behalf, or of any failure on my part to comply with any aspect of this application;
- I undertake to give you notice in your capacity as the scheme administrator if an event occurs, as a result of which I will no longer be entitled to relief for my contributions pursuant to section 188 of the Finance Act 2004, no later than:
 - 5th April in the year of assessment in which the event occurs; and
 - the date which is 30 days after the occurrence of that event;
- I undertake to give you notice in your capacity as the scheme administrator if any of my personal details as listed above change in the future within 30 days of any such change; and
- I consent to the processing by the scheme trustee and the scheme administrator of my personal data in accordance with the Data Protection Act 2018, and as set out in the 'TrinityBridge Terms and Conditions'.

10. General Declaration

For your own benefit and protection, please carefully read the document titled 'TrinityBridge Terms and Conditions' which includes our risk warnings, upon which we intend to rely. If you do not understand any point please ask your financial planner for further information.

- I confirm that I have read and agree to the 'TrinityBridge Terms and Conditions'.

Applicant signature

Signature

Print name (BLOCK CAPITALS)

Date of signature

D	D	/	M	M	/	Y	Y	Y	Y
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11. Execution only mandate

I/We have not sought advice because: 14

- Where the above instruction relates to an investment into a TrinityBridge fund(s), you confirm that you have read and understood the Key Investor Information Documentation (KIID) provided on our website – trinitybridge.com/funds
- Where the above instruction relates to an investment into a third party fund, you acknowledge that TrinityBridge will be required to provide you with the appropriate key investor information documentation before this transaction can be processed.
- TrinityBridge will endeavour to provide the required documentation electronically upon receipt of this form, however, should you choose to request this is sent via the post you are aware that this may cause additional delays in processing your instruction.
- TrinityBridge has given no advice as to the suitability of this product/investment for your needs. By reading and accepting the information and declaration below you confirm that you are solely responsible for your investment decisions, for the suitability of the product you have selected and that you understand the risks to your capital that are involved. If you are unsure about the suitability of the product/investment for your needs, or if you are in any doubt about anything else regarding investment, we recommend you seek professional financial advice.

Signature

Name
(BLOCK CAPITALS)

Date of signature

D	D	/	M	M	/	Y	Y	Y	Y
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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

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

Address

Postcode

Reference

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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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

Name(s) of Account Holder(s)

Service user number

2 7 5 0 7 1

Bank/Building Society account number

Branch Sort Code

Name and full postal address of your Bank or Building Society

Address

Postcode

Reference

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.