

About you – Applicant 1

Existing CBAM client reference (if applicable)	<input type="text"/>						
Title	<input type="text"/>						
First name(s)	<input type="text"/>						
Surname	<input type="text"/>						
Marital status	<input type="text"/>						
Home telephone	<input type="text"/>						
Mobile telephone	<input type="text"/>						
Permanent residential address (UK mainland and Northern Ireland only. C/o and PO Box not accepted.)	<input type="text"/>						
Postcode	<input type="text"/>						
Is your communication address the same as your residential address?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
If no, communication address	<input type="text"/>						
Postcode	<input type="text"/>						
Email address	<input type="text"/>						
Online access ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
Town of birth	<input type="text"/>						
Country of birth	<input type="text"/>						
National Insurance number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
Nationality ²	<table border="1"> <thead> <tr> <th>Country</th> <th>National Client Identifier</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	Country	National Client Identifier	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	National Client Identifier						
<input type="text"/>	<input type="text"/>						
<input type="text"/>	<input type="text"/>						
Secondary Nationality	<input type="text"/>						

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. Should you require paper copies of your documents, please tick here.

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.

Tax residency

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

Yes I am a UK tax resident

Category of status

Please select one option:

Employed

Self-employed

Unemployed

Pensioner

Full time education

Caring for children under 16

Caring for a person aged 16 or over

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

Uncrystallised funds pension lump sum payment

Flexi-access drawdown income withdrawal

Standalone lump sum

Unknown

From what date are you subject to the MPAA?

Protection details – Applicant 1

Which protection are you entitled to? ¹

Protection type	Entitled	If yes PCLS Entitlement	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 £

¹ Please note that we will require a copy of your HMRC protection certificate/confirmation before any benefits can be paid.

² Please note that the trustees will have discretion in deciding who to pay the benefits to.

Beneficiary nomination details – Applicant 1

Which beneficiaries would you like to nominate to receive death benefits arising under your SIPP in the event of your death? ²

Beneficiary 1

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

Beneficiary 2

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

Tick here if you have nominated more beneficiaries on extra sheets.

Investment funding method – Close SIPP – Applicant 1

How would you like to fund your SIPP?

Single contribution details

Cheque made payable to "Close Asset Management Ltd"¹

Bank transfer²

Member:

£

Net of basic rate tax

Employer:

£

Gross

Regular contribution details

Direct Debit

Monthly

Quarterly

Annually

Member:

£

Net of basic rate tax

Start date:³

/ /

Employer:

£

Gross

Start date:⁴

/ /

Transfer/s from other provider(s)

In cash In specie Part cash, part in specie

£

(approximately)

Number of Transfer Authority forms completed

Please complete one Transfer Authority form per provider

TOTAL
(approximately)

£

Notes

¹ Member cheques must be raised from your personal or joint bank account and Employer cheques from a UK bank/building society account in the company name. Building society and banker's drafts must bear your name and the bank's official stamp and signature.

² Please obtain our bank details and your reference for bank transfers.

³ Start date must be between 1st and 28th. Please allow 15 working days from our receipt of your application for the first payment to be collected.

⁴ Start date must be between 1st and 28th. Please allow 15 working days from our receipt of your application for the first payment to be collected. Your employer should complete the Direct Debit mandate.

Which provider(s) would you like to transfer existing pension schemes from?

Transfer 1

Full name of current provider	<input type="text"/>	
Full name of current pension scheme	<input type="text"/>	
Account/policy number	<input type="text"/>	
Approximate transfer value	£ <input type="text"/>	
	<input type="checkbox"/> Full transfer	<input type="checkbox"/> Partial transfer
Transfer method	<input type="checkbox"/> Cash	<input type="checkbox"/> In specie
Is the transfer from a defined benefit scheme?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No
Is the transfer from an occupational scheme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Crystallised element included	£ <input type="text"/>	
	<input type="checkbox"/> Capped	<input type="checkbox"/> Flexi-access
Is income being taken from this scheme?	<input type="checkbox"/> Yes ²	<input type="checkbox"/> No
Scheme orders	<input type="checkbox"/> Existing or proposed trustee bankruptcy order	
	<input type="checkbox"/> Earmarking	
	<input type="checkbox"/> Pension sharing	
	<input type="checkbox"/> Other recurring orders	

¹ If yes, please contact us before submitting your application.

² If you wish to continue receiving income after the transfer please complete the Close SIPP Drawdown Amendment Form.

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

Close Discretionary Funds

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

Income Units – Close Discretionary Funds

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

Reinvest into my portfolio at CBAM's discretion

Leave as cash in my portfolio

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

Managed Portfolio Service (MPS)

	£ Investment OR	% Investment
Income Plus	£	%
Conservative	£	%
Balanced	£	%
Growth	£	%

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

Discretionary Managed Service (DMS) ¹

	£ Investment OR	% Investment
Defensive Income	£	%
Income Plus	£	%
Conservative	£	%
Balanced	£	%
Growth	£	%

Tick here if you require the Socially Responsible Investment (SRI) portfolio ²

Stock Restrictions - DMS

Are there any equities that we should not purchase?

Name(s) of equity(ies)

¹ Please provide a passport, driving licence, or W8BEN form to enable us to minimise withholding taxes on dividends received from US holdings.

² Note that the SRI portfolio is not available for Defensive Income

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

External manager funds

External fund name	Sedol code	Inc/Acc	£ Investment OR	% Investment
			£	%
			£	%
			£	%
			£	%
			£	%
			£	%
			£	%
			£	%
			£	%
			£	%
			£	%
			£	%

Close SIPP Declaration

For your own benefit and protection, please carefully read the document titled ‘Close Brothers Asset Management 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 adviser for further information.

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

- I confirm that I have read and agree to the ‘Close Brothers Asset Management Terms and Conditions’, which shall constitute my agreement with Close Asset Management Limited (CAML) for the management of the Close 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 Close 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 am aware that if I have elected for either enhanced or fixed protection, this protection will be lost when any contributions, whether employer or personal, are made to my SIPP;
- 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 CAML and to provide any instructions and/or discharge required by any relevant third party to do so;
- I authorise CAML, 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 Close Asset Management Limited;
- Until this application is accepted and complete, CAML’s responsibility is limited to the return of the total payment(s) to my current provider(s);
- When payment is made to CAML 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 CAML 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 ‘Close Brothers Asset Management Terms and Conditions’.

Close 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 Close Brothers Asset Management 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, Close Brothers Asset Management will need to verify the identity of the company.

Signature - For and on behalf of
the employer

Print name (BLOCK CAPITALS)

Job title (BLOCK CAPITALS)

Date

D	D	M	M	Y	Y	Y	Y
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General Declaration

For your own benefit and protection, please carefully read the document titled 'Close Brothers Asset Management 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 'Close Brothers Asset Management 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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To set up a regular savings plan or to make a single payment please complete the Direct Debit instruction below and sign and date the form where indicated.

Please retain this guarantee for your records.

The Direct Debit Guarantee

- This guarantee is offered by all banks and building societies that accept instructions to pay by Direct Debit.
- If there are any changes to the amount, date or frequency of your Direct Debit Close Asset Management Limited will notify you 10 business days in advance of your account being debited or as otherwise agreed. If you request Close Asset Management Limited to collect a payment, confirmation of the amount and the 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 Close Asset Management Limited 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 Close Asset Management Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please notify us.



Direct Debit Mandate

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

Please pay Close Asset Management Limited from the account detailed in this instruction subject to the safeguards assured Direct Debit Guarantee. I understand that this instruction may remain with Close Asset Management Limited and, if so, details will be passed electronically to my bank/building society. Banks and building societies may not accept Direct Debit instructions for some types of accounts.

Name(s) of account holder – third parties are not accepted	<input type="text"/>
Service User Number	<input type="text" value="275071"/>
Bank/building society account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Branch sort code	<input type="text"/> <input type="text"/> <input type="text" value="-"/> <input type="text"/> <input type="text"/> <input type="text" value="-"/> <input type="text"/> <input type="text"/>
Reference	<input type="text"/>
Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

Name and full postal address of your bank or building society

To: The Manager	<input type="text"/>
Bank or building society name and address	<input type="text"/>
Postcode	<input type="text"/>
Print name (BLOCK CAPITALS)	<input type="text"/>
Signature	<input type="text"/>
Date of signature	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>



Instructions to your bank or building society

Please pay Close Asset Management Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Close Asset Management Limited and, if so, details will be passed electronically to my bank/building society.