

The Fidelity Personal Pension is a version of the FundsNetwork SIPP provided by Standard Life. Standard Life Assurance Limited is the provider and administrator of the scheme and Standard Life Trustee Company Limited is the trustee of the scheme.

The FundsNetwork™ platform is a service provided by Financial Administration Services Limited (referred to herein as “FundsNetwork”), which is a Fidelity International Group company. When we refer to “Standard Life” we mean “Standard Life Assurance Limited”. The FundsNetwork SIPP provided by Standard Life is available exclusively to individual investors, through FundsNetwork. It is not available direct from Standard Life.

Form Code

90676

# SIPP APPLICATION FOR DIRECT INVESTORS

## (for transfer, single or regular payments)

### WHO THIS FORM IS FOR

You should use this form to take out a FundsNetwork Self Invested Personal Pension provided by Standard Life (the “SIPP”) for the first time, or if you wish to make additional transfer payments or set up a regular payment to an existing plan. In the Application Form (FSIPP30d), SIPP Key Features Document (FSIPP17d) and SIPP Terms and Conditions (FSIPP62), “we”, “our” and “us” refer to Standard Life.

### DOCUMENTATION CHECK LIST

Please enter your name:

Before sending off this form, mark an X in the relevant boxes below

I have enclosed a cheque, payable to FIDELITY

The amount of the cheque is:

£

I have completed all the appropriate sections

I have signed and enclosed the Confirmation Form.

I have read through all the declarations and signed where necessary

I have read and understood the SIPP Key Features Document for direct investors (FSIPP17d) which forms part of my agreement with Standard Life.

Please send your completed application to:

Fidelity International (IMS)  
PO Box 80  
Tonbridge  
Kent  
TN11 9YA

#### SECTION 1 - PLANHOLDER DETAILS

Complete all of this section

PAGE 3

#### SECTION 2 - TRANSFERS

Complete this section if you wish to make a transfer payment(s)

PAGE 5

#### SECTION 3 - MEMBER AND/OR EMPLOYER PAYMENTS

Complete this section if you or your employer are going to make any regular or single payment(s)

PAGE 6

#### SECTION 4 - INVESTING YOUR PAYMENTS

Complete all of this section

PAGE 9

#### SECTION 5 - PAYMENT OF LUMP SUM DEATH BENEFITS

Complete all of this section

PAGE 10

#### SECTION 6 - DECLARATION AND SIGNATURE

Complete all of this section

PAGE 12

## NOTES ON HOW TO COMPLETE THIS APPLICATION FORM

By filling in this form you are applying to enter into a contract with Standard Life. This application will be the basis of the contract if Standard Life accepts your application. Standard Life will provide you with a copy of this form and the terms and conditions of the contract on request.

Until your application has been accepted by Standard Life, Standard Life's liability is limited to a return of the payments you have made.

**It is a serious offence to give false statements. The penalties are severe and could lead to prosecution. You must tell us all the 'material' facts. These are facts that determine whether or not we can accept your application. You must tell us if any information changes before your plan starts. If you don't or you fail to tell us any other relevant information, it may make your plan void.**

### FILLING IN THIS FORM

Please use **BLOCK CAPITALS** to fill in this form and for any additional instructions you give us. Do not use correction fluid if you make a mistake. If you need to correct a mistake, please initial any changes you make.

Fidelity will be able to help you complete the SIPP Application Form and provide more guidance as required. They will also be able to provide you with any of the additional documents mentioned in the Application Form.

Contracted-out benefits (which are Protected Rights built up in another personal pension) can be accepted into the Fundsnetwork SIPP from 1 October 2008 onwards. If we receive your form before that date and a transfer payment includes contracted-out benefits, we will ask the transferring scheme not to send the contracted-out portion of the transfer payment to us until 1 October 2008.

### OTHER FORMS YOU MAY WISH TO COMPLETE

If someone wishes to make a payment on your behalf, they should complete the "Third party payments application form for Direct Investors" (FSIPP33d). This refers to relatives, not an employer.

If you are completing this form as a legal guardian and you wish to make payments toward the plan, please remember you should also complete the "Third party payments application form for Direct Investors" (FSIPP33d).

If you are completing this form as a legal guardian and you wish to increase or change these payments please call Fidelity on 0800 085 0923.

If you'd like to make a single payment, please use the "Application form for single payments to an existing plan for Direct Investors" (FSIPP31d).

# The SIPP Application (FSIPP30d)

Please complete in BLOCK CAPITALS using BLACK INK.

**PLEASE NOTE:** Any applications received that are not completed correctly may incur delays or may have to be returned to you.

Form Code

90677

Source Code

## 1. Planholder Details

### 1a Planholder's Details

The information supplied will be held in the strictest confidence and is subject to the provisions of Data Protection legislation.

Title (Mr/Mrs/Miss/Ms/Other e.g. Dr/Rev)

Surname

First Name(s) in Full

Applicant's Permanent Residential Address ("Care Of" and PO Box not acceptable.)

House Name and/or Number and Street, City, County and Country Details

  
  


Home Telephone Number

Daytime Telephone Number (in case of query)

National Insurance Number (Will be 9 characters: 2 letters, 6 numbers followed by the letter A, B, C, or D.)

        

Postcode

 - 

Date of Birth

  /   /    

Existing Client? (please mark an X in the box)  
Fidelity Account or Client Number (if known)

Gender (please mark an X in the relevant box)

Male  or Female

Marital Status (please mark an X in the relevant box)

Married/Civil Partnership	Single	Separated	Divorced/Dissolved Civil Partnership	Widowed/Surviving Civil Partner
<input type="checkbox"/> or <input type="checkbox"/>	<input type="checkbox"/> or <input type="checkbox"/>	<input type="checkbox"/> or <input type="checkbox"/>	<input type="checkbox"/> or <input type="checkbox"/>	<input type="checkbox"/>

A civil partnership is a legal contract between two partners of the same sex.

The minimum age that you can take your benefits from is age 50. This will change to 55 on 6 April 2010. You must take your benefits from this plan before your 75th birthday.

At what age would you like to start taking your benefits?

(We will assume the day before your 75<sup>th</sup> birthday if you leave this blank)

Are you currently (please mark an X in the relevant box)

Employed	Self-Employed	Not Employed	Full Time Education	Pensioner	Carer for a person under age 16	Carer for a person over age 16	Under 16	Other
<input type="checkbox"/> or <input type="checkbox"/>	<input type="checkbox"/> or <input type="checkbox"/>	<input type="checkbox"/> or <input type="checkbox"/>	<input type="checkbox"/> or <input type="checkbox"/>	<input type="checkbox"/> or <input type="checkbox"/>	<input type="checkbox"/> or <input type="checkbox"/>	<input type="checkbox"/> or <input type="checkbox"/>	<input type="checkbox"/> or <input type="checkbox"/>	<input type="checkbox"/>

Please mark X in the 'Pensioner' box if you are chargeable to 'Schedule E' tax on a retirement pension. If you fall into more than one category please mark X in the most appropriate box

If other, please specify

OFFICE USE ONLY

Please Turn Over

1b Eligibility

To be eligible for this plan you must answer 'Yes' to one of the following questions:

1. Are you resident in the UK for tax purposes? YES [ ] OR NO [ ] If 'No', go to question 2. If 'Yes', go to Section 1c. If you are in any doubt as to whether or not you are 'resident in the UK' you should check with your UK tax inspector.

2. Are you a Crown Servant performing duties abroad, or married to or in a civil partnership with such a Crown Servant? [ ] OR [ ] If 'No', you cannot complete this form

If you are in any doubt as to whether or not you are a 'Crown Servant performing duties abroad', you should check with your payroll department. If you move abroad after taking out a SIPP, there may be restrictions on moving money into FundsNetwork funds.

1c Occupational Pension Schemes

1. Are you a member of your employer's occupational pension scheme? YES [ ] OR NO [ ]

An occupational pension scheme is an employer's pension scheme which promises to provide you with a pension and / or a lump sum on retirement.

It does not include:

- (i) any personal pension scheme, or group personal pension scheme, even if your employer pays into it;
(ii) any stakeholder pension scheme, or group stakeholder pension scheme, even if your employer pays into it;
(iii) any scheme which pays benefits only on your death; or
(iv) any scheme which is not registered with HM Revenue & Customs.

The scheme is not necessarily run directly by your employer. It may be a scheme for employees within a particular trade or industry run by a representative body and to which your employer pays.

2. Have you opted out of an occupational pension scheme or are you planning to opt out of an occupational pension scheme in favour of making payments to this plan? YES [ ] OR NO [ ]

3. Have you chosen not to join an occupational pension scheme which you are currently eligible to join, or which you will be able to join at the end of a specified waiting period, in favour of making payments to this plan? YES [ ] OR NO [ ]

# The SIPP Application (FSIPP30d)

Please complete in BLOCK CAPITALS using BLACK INK.

**PLEASE NOTE:** Any applications received that are not completed correctly may incur delays or may have to be returned to you.

Form Code

90678

## 2. Transfers

### Important Notes on Transferring Benefits

You only need to complete this section if you wish to transfer benefits from another Personal Pension Plan.

Please note: You cannot transfer benefits from an occupational pension scheme or transfer a pension fund that's in income drawdown to this plan.

- You should understand the potential risks of pension transfers, which are summarised in the Key Features Document (FSIPP17d).
- If you are transferring more than 1 plan please photocopy this page of the Application Form for additional plans and when complete, attach the photocopies to the Application Form.
- Transfer payments can be made by BACS, cheque or telegraphic transfer and should be made payable and sent to Standard Life.**
- If you do not receive plan documentation from Standard Life within 4-6 weeks of submitting your transfer application, please contact your existing provider for a progress report.  
(Please note: pension transfers can take upwards of 4 - 6 weeks on average to complete. However, depending on your existing provider, the transfer may take up to 6 months to complete.)

### 2 Details of the Plan from which you are transferring

Reference / Policy Number

Your 'reference number' or 'policy number' is available from your previous employer or pension manager and is normally shown on your annual statement of benefits.

Transferring Scheme Name

Name and address of the administrator of the transferring scheme

  
  
  

Telephone Number

Postcode

 - 

Contact Name at Administrators

1. What is the estimated total value of this transfer payment?

£

Please provide a split of this transfer payment as follows:

• Ordinary (non contracted-out) Benefits

a) Value of the ordinary (non contracted-out) benefits

£

• Contracted-out benefits

b) Value of the contracted-out benefits

£

c) Cash value of Protected Rights in respect of employment before 6 April 1997.

£

d) Cash value of Protected Rights in respect of employment after 5 April 1997.

£

2. Does any part of the transfer payment relate to pension benefits from your ex-spouse/ex-civil partner on divorce/dissolution of a civil partnership?

YES  or NO

If 'No' go to question 4

3. Was any part of your ex-spouse's/civil partner's pension already in payment at the time of the divorce/dissolution of the civil partnership?

YES  or NO

If 'Yes', we'll ask the transferring scheme to confirm what proportion of the transferred funds this applies to.

4. Is the scheme or plan you are transferring from an occupational pension scheme?

YES  or NO

If 'Yes', you cannot complete this form.

### 3. Member and/or Employer Payments - Regular or Single Payment(s)

You only need to complete this section if you or your employer wish to make a regular or single payment(s)

#### General Notes On Payments

- If you 'recycle' a tax-free lump sum you may face a tax charge. Factsheet FGEN449 'Recycling of lump sums' explains what recycling means and what the tax consequences are.
- The minimum payment you can make to set up the plan is £300 a month, £3,000 a year or a single payment of £10,000. (All figures shown are gross).
- If you or your employer choose to have automatic yearly increases, then these increases apply to ALL regular payments.
- Single payments must be made by cheque. Remember to enclose the cheque(s) with this application form.

#### 3a Details of your Payments

You only need to complete this section if you are making regular or single payments to your plan. Otherwise go to Section 3b.

##### Regular Payments

1. Please state the regular **GROSS** amount you wish to pay into your plan. £

2. How often do you want to make the payments stated above?  Monthly **or**  Yearly

- You must make regular payments by Direct Debit.
- Regular monthly payments must be due on the same day each month. Regular yearly payments must be due on the same day and month each year.
- The amount you pay will be less than the gross amount that you have agreed to pay. This is because Standard Life reclaim basic-rate tax on your behalf. If you pay tax at the higher rate, you can claim the rest of the relief through your tax return.
- You can make occasional payments at any time. You can stop, start, increase or decrease your payment at any time. You will not be charged for this.

3. Please choose a date for your first regular payment between the 1<sup>st</sup> and 28<sup>th</sup> of the month.  /  /

The first payment date must be a date after the date you submit the application form. If the due date falls on a weekend or bank holiday, your account will be debited within two working days. Depending on investments you have chosen to make regular payments into, your payments may not be invested into your chosen funds until later in the month.

##### Single Payments

If making a single payment please state the **GROSS** amount. £

Cheques must be for the **NET** amount (i.e. less basic rate tax) and made payable to Fidelity.

Please state the (**NET**) cheque amount. £

#### 3b Employer's Details

You only need to complete this section if payments to your plan are being made through your employers bank account. Otherwise go to Section 3e.

Employer's Name

Company Address

Building Name and/or Number and Street, City, County and Country Details

  
  

Postcode

 - 

OFFICE USE ONLY

# The SIPP Application (FSIPP30d)

Please complete in BLOCK CAPITALS using BLACK INK.

**PLEASE NOTE:** Any applications received that are not completed correctly may incur delays or may have to be returned to you.

Form Code

90679

## 3c Details of your Employer's Payments

You need only complete this section if your employer is making payments to your plan including salary sacrifice payments. Otherwise go to section 3d (Salary sacrifice is the process of giving up part of your normal salary in return for an employer payment to your pension plan).

### Regular Payments

1. Please state the regular **GROSS** amount your employer wants to pay into this plan. £

2. How often will your employer make the payments stated above?  Monthly **or**  Yearly

3. Please choose a date for your employer's first regular payment between the 1<sup>st</sup> and 28<sup>th</sup> of the month.  /  /  2 0 0 Y

### Contribution Controls

Contribution controls legislation will apply to all your employer's payments. This means that Standard Life must make a report to The Pensions Regulator if any payments are not made by your employer. Any payments made in respect of one month must be received by the 19<sup>th</sup> of the following month.

The legal requirements on employers who are subject to contribution controls legislation mean that Direct Debit can only be used as a payment method if we receive payments at the same frequency as you are paid.

### Single Payments

4. If your employer wants to make a single payment please state the **GROSS** amount. £

Your employers cheque must be for the Gross amount and made payable to Fidelity.

## 3d Making Payments through your Employer

You only need to complete this section if you will be making payments through your employer by salary deduction. Otherwise go to Section 3e.

Salary deduction is where your own net payments are deducted from your salary and passed to Standard Life by your employer. This removes the need for a direct debit instruction on your personal account.

1. Please state the total (**NET**) amount of any payments. £

2. How often will your employer make the payments?  Monthly **or**  Yearly **or**  Single

3. Please choose a date for your first regular payment between the 1<sup>st</sup> and 28<sup>th</sup> of the month.  /  /  2 0 0 Y

4. On which date will your employer start deducting payments?  /  /  2 0 0 Y

5. How often will payments be deducted?  Weekly **or**  Monthly **or**  Yearly **or**  Other

6. If 'Weekly' which day of the week will they be deducted on?

7. If 'Monthly' which date (between 1<sup>st</sup> and 28<sup>th</sup>)

We need to be able to tell when each regular payment is deducted from your salary, e.g. for a regular payment due to be paid to us in January, please advise the date(s) payment will be deducted from your salary.

8. If 'Other', please give details.

## 3e Source of Wealth and Occupation Details

Due to Financial Services Authority (FSA) requirements we are required to obtain information about the source of your payment before we can accept your application. Please indicate below how you acquired the money you are investing.

Salary/Bonus	Compensation payment	Inheritance	Sale of company	Divorce settlement	Lottery/betting win	Sale of investments	Gift	Savings	Policy claim/maturity	Sale of property	Other (please give details)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please specify

Occupation

What is your Gross Annual Income - please indicate which income band applies to you:

Under £10,000	£10,000 to £14,999	£15,000 to £19,999	£20,000 to £24,999	£25,000 to £29,999	£30,000 to £39,999	£40,000 to £49,999	£50,000 or more
<input type="checkbox"/>	<b>or</b> <input type="checkbox"/>	<b>or</b> <input type="checkbox"/>	<b>or</b> <input type="checkbox"/>	<b>or</b> <input type="checkbox"/>	<b>or</b> <input type="checkbox"/>	<b>or</b> <input type="checkbox"/>	<input type="checkbox"/>

**3f Automatic Yearly Increases**

You only need to complete this section if you wish any regular payments (including existing ones) to increase automatically each year. If there are no regular payments being made, please go to section 3g.

If you choose this option, Standard Life will automatically apply the increases on the anniversary of the first payment date, unless you specify otherwise. If the date you choose falls within 3 months of the date Standard Life sets up your plan, Standard Life will not increase the payments until your chosen date in the following year. You can only choose this option if you are paying by Direct Debit.

Please note, if you invest in mutual funds then the 'increase amount' will not be automatically invested in the selected mutual funds. Instead it will be placed in the SIPP Bank Account. You must select where you want to invest the 'increase amount' after the increase payment has been collected.

- Do you wish all payments to increase in line with the National Average Earnings?  YES **or**  NO If 'No', answer question 2. If 'Yes', go to question 3.
- Choose a percentage between 1% and 10% of your previous year's payments.  %
- When do you want the first automatic increase to occur?  D  D /  M  M /  2  0  0  Y

**3g Direct Debit Instruction**

Complete the Direct Debit instruction to instruct your bank/building society to make payments from your account. Please ensure that the instruction is signed and dated and the Direct Debit Guarantee is detached before this form is returned to us.

Where there is more than one payer making a regular payment (employer or member) a separate Direct Debit Instruction is required. Please photocopy this page of the Application Form as necessary.

**Instruction to your Bank or Building Society to pay by Direct Debit.** Please pay Standard Life 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 Standard Life 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(s) — THIRD PARTIES ARE NOT ACCEPTED OTHER THAN FROM YOUR EMPLOYER.



Name and Address of Bank or Building Society

To: The Manager

Bank/Building Society Account Number

Originator's Identification Number: 991524

Branch Sort Code

Originator's Reference Number (Office Use Only)

Signature (YOU MUST SIGN HERE).



**YOU MUST SIGN HERE**



Date

D  D /  M  M /  2  0  0  Y

We have provided an additional Direct Debit instruction below for additional payments from another Bank or Building Society account.

Complete the Direct Debit instruction to instruct your bank/building society to make payments from your account. Please ensure that the instruction is signed and dated and the Direct Debit Guarantee is detached before this form is returned to us.

Where there is more than one payer making a regular payment (employer or member) a separate Direct Debit Instruction is required. Please photocopy this page of the Application Form as necessary.

**Instruction to your Bank or Building Society to pay by Direct Debit.** Please pay Standard Life 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 Standard Life 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(s) — THIRD PARTY PAYMENTS ARE NOT ACCEPTED OTHER THAN FROM YOUR EMPLOYER.



Name and Address of Bank or Building Society

To: The Manager

Bank/Building Society Account Number

Originator's Identification Number: 991524

Branch Sort Code

Originator's Reference Number (Office Use Only)

Signature (YOU MUST SIGN HERE).



**YOU MUST SIGN HERE**



Date

D  D /  M  M /  2  0  0  Y

**3h Money Laundering Regulations**

To comply with Money Laundering Regulations 2007, FundsNetwork and/or Standard Life may verify your identity by carrying out an on-line check with a reference agency. Where an on-line check is carried out, the agency will verify your identity against public records and it will also check your credit history (but will not disclose any information about your actual borrowings). The agency will add a note to show that an identity check was made to your credit file, but this information will not be available to any third parties. If the on-line check does not confirm your identity, FundsNetwork and/or Standard Life will carry out a manual check. Please note: 'Your identity' includes the identity of the planholder and any legal guardian.



## 5. Payment of Lump Sum Death Benefits

### 5a Payment of Lump Sum Death Benefits

Please give details of anyone you would like to receive a lump sum benefit on your death. If you name more than one person, please indicate the percentage of the lump sum death benefit you wish each person to receive. If you wish to name more than 3 people, please photocopy this page and complete it where necessary, then attach it to this form.

If you have already made an irrevocable direction for your Protected Rights benefits, you should leave the Protected Rights death benefits percentage boxes blank.

Title (Mr/Mrs/Miss/Ms/Other e.g. Dr/Rev)

Surname

First Name(s) in Full

Permanent Residential Address ("Care Of" and PO Box not acceptable.)

House Name and/or Number and Street, City, County and Country Details

  
  
  

Ordinary death benefits

 %

Protected Rights death benefits

 %

Please indicate the percentage of the lump sum you wish this person to receive.

Postcode

 - 

Title (Mr/Mrs/Miss/Ms/Other e.g. Dr/Rev)

Surname

First Name(s) in Full

Permanent Residential Address ("Care Of" and PO Box not acceptable.)

House Name and/or Number and Street, City, County and Country Details

  
  
  

Ordinary death benefits

 %

Protected Rights death benefits

 %

Please indicate the percentage of the lump sum you wish this person to receive.

Postcode

 - 

Title (Mr/Mrs/Miss/Ms/Other e.g. Dr/Rev)

Surname

First Name(s) in Full

Permanent Residential Address ("Care Of" and PO Box not acceptable.)

House Name and/or Number and Street, City, County and Country Details

  
  
  

Ordinary death benefits

 %

Protected Rights death benefits

 %

Please indicate the percentage of the lump sum you wish this person to receive.

Postcode

 - 

#### Important notes about Protected Rights

If you are survived by your spouse/civil partner, we must use your protected rights to pay a pension to them.

OFFICE USE ONLY

# The SIPP Application (FSIPP30d)

Please complete in BLOCK CAPITALS using BLACK INK.

**PLEASE NOTE:** Any applications received that are not completed correctly may incur delays or may have to be returned to you.

Form Code

90681

## 5b Inheritance tax

If you die before buying your Protected Rights annuity, any lump sum payment of your Protected Rights death benefits may be liable to inheritance tax. However, you may be able to reduce the amount of tax payable (possibly to nothing) by making an irrevocable direction.

If you do so, you will be treated as having made a transfer at the date on which you sign Section 5c of this form. There can be two advantages to this:

- No inheritance tax will be due, if you survive for at least seven years after making the direction. If you survive for less than this, a reduced rate of tax may apply.
- If inheritance tax is eventually payable, it will be based on the value of your Protected Rights death benefits at the time you sign this form, not at your date of death.

**Before deciding to make an irrevocable direction you should ask yourself the following questions:**

- Is it necessary? You do not need to make an irrevocable direction if:
  - you wish your spouse/civil partner to receive your Protected Rights death benefits.
  - your estate will not be large enough for inheritance tax to be payable.
- Is this the right time? If your domestic circumstances are not settled, you may well want to change your mind in the future. It could therefore make sense to wait until you are more settled before making an irrevocable direction. If you decide to make an irrevocable direction you should sign and date Section 5c of this form. Otherwise you should leave it blank.

**An irrevocable direction is one that you cannot change.**

**Any payments made to your spouse/civil partner on your death are not liable to inheritance tax.**

The information is based on our understanding of current law and HM Revenue & Customs practice. We cannot advise you on what is best for you. You should consult your legal advisers if you are in any doubt as to whether or how to use this form. We will follow your instructions in terms of the provisions of the Scheme, but we cannot give any guarantee about the eventual inheritance tax position.

## 5c Irrevocable Direction (for Protected Rights only)

You should sign this part of the form only if you:

- Understand the effects of making your direction irrevocable (please ensure you have read the Inheritance tax section above for more information) and
- are certain that making an irrevocable direction is appropriate in your circumstances.

Otherwise you should not sign this part of the form. You must leave it blank if you have previously made an irrevocable direction.

I declare that my direction for the payment of my Protected Rights death benefits in Section 5a is irrevocable.

Signature **(YOU MUST SIGN HERE —**  
Please ensure all relevant sections are completed as per the instructions on this form)



**YOU MUST SIGN HERE**



Date

D D /

M M /

2 0 0 Y

OFFICE USE ONLY

## 6. Important Notice, Declaration and Signature

### 6a Data Protection Notice — Important, please read

- All parties on this form have a right to know that FundsNetwork and Standard Life hold personal data about them and what purposes it will be used for. Please give them an opportunity to read this notice.
- The personal information which you (including all parties named on the application for this plan) provide to FundsNetwork will be passed to Standard Life and will be used by FundsNetwork and Standard Life for the following purposes:
    - to administer the SIPP for which you apply;
    - to comply with legal and regulatory requirements;
    - to identify you when you contact FundsNetwork or Standard Life;
    - for internal analysis and research; and
  - FundsNetwork and Standard Life may use external third parties to process such personal information on its behalf in accordance with these purposes.
  - If your application does not proceed, the personal information you gave to Standard Life in relation to your application will be held on Standard's Life records for six years before it is deleted.
  - FundsNetwork and Standard Life will keep the information you have supplied confidential, and will not disclose it unless it is lawful to do so.
  - FundsNetwork and Standard Life may share your personal information with the following third parties:
    - any other party to the business relationship whom you tell us about (please notify FundsNetwork in writing if you no longer wish your personal information to be shared with any such party);
    - other associated or affiliated FundsNetwork or subsidiaries of Standard Life plc for the purposes set out in this data protection statement;
    - the Unclaimed Assets Register, in connection with the possible recovery by you of (for example) unclaimed distribution payments;
    - other organisations for any of the following purposes: (i) compliance with any legal or regulatory requirements; (ii) to protect FundsNetwork and Standard Life and their customers from theft and fraud; and (iii) to take appropriate steps if FundsNetwork or Standard Life considers your levels of trading funds made available by FundsNetwork to be short-term, excessive or disruptive.
  - Except as outlined in (iv) above or otherwise required by law, your personal information will not be passed to anyone without your permission.
  - To comply with Money Laundering Regulations, FundsNetwork or Standard Life may need to request additional evidence of identity from you, and may use a credit reference agency for this purpose (who will record that an enquiry has been made).
  - Please note that the personal information which you provide will be processed by FundsNetwork and Standard Life or associated or affiliated companies which may be based outside of the EEA. This may involve the transfer of data by electronic media including the internet. Where your data is transferred outside of the UK, FundsNetwork and/or Standard Life will ensure that the recipient agrees to keep your information confidential and hold it securely in accordance with the requirements of the Data Protection Act 1998.
  - If the application form in respect of your plan was completed on your behalf pursuant to a power of attorney, the personal information provided in respect of such power of attorney (including information about your mental health) may be processed by FundsNetwork and Standard Life and its associated and affiliated companies and held for the purpose of administering your plan.
  - With limited exceptions, you may ask for a copy of the personal information which FundsNetwork and/or Standard Life hold on you. We are allowed by law to make a charge for this. If any of the information which we hold about you is incorrect, please tell FundsNetwork and it will be amended. You can write to FundsNetwork, Oakhill House, 130 Tonbridge Road, Hildenborough, Kent TN11 9DZ.
  - FundsNetwork and Standard Life may monitor and record your telephone calls to FundsNetwork and Standard Life for verification and training purposes.

Fidelity and other members of the Fidelity International group of companies may use your personal information to tell you about investment products and services we believe may be of interest to you. If you do not wish for your personal information to be used in this way, please put a cross in this box.

You may ask us at any time to stop sending you marketing materials.

#### Future information sharing:

In the future, we may be able to send you a yearly statement that shows both information about your state pension and the benefits you may get from this plan. To be able to do this, we would have to share the information set out in Section 1a of this form with the Department for Work and Pensions (DWP). We would not use this information for any other purpose.

If you want us to share this information with the DWP, you need take no action.

If you do not want us to share this information with the DWP, please cross this box.

If you do not cross the box, you will have 30 days from the date you sign this form to change your mind before we may share information about you with the DWP. We may share information each year, as long as you are a member of this plan. If you decide later on that you do not want us to share this information with the DWP you can contact us as detailed in the "How to contact us" section of the Key Features.

### 6b Declaration & Signature — you must sign and date the form below

#### Important notes

##### HM Revenue & Customs warning

This application will also be used as an application for tax relief at source. If you give false information you may be prosecuted.

##### Declaration by Standard Life

If Standard Life Assurance Limited accepts this application, it hereby agrees as administrator and provider in terms of the rules of the Fidelity Self Invested Personal Pension Scheme to administer the Scheme as required by the rules.

##### Your Declaration

- I, the person named in Section 1a of this application, request that the benefits described in or arising from payments specified in the application be provided for me under the Fidelity Self Invested Personal Pension Scheme, and in consideration of its acceptance I undertake to be bound in all respects by the rules of the Scheme in force from time to time.
- I declare that to the best of my knowledge and belief, the statements made in this application whether in my handwriting or not, are correct and complete.
- I declare that I have read the 'SIPP Terms and Conditions (FSIPP62)', the Direct Customer Terms and Conditions (FSIPP62D) and 'SIPP Key Features Document (FSIPP17d)' and agree to be bound by them.
- I have read and understood the Data Protection Notice contained in Section 6a. I agree that my personal data (including any sensitive data) may be used for the purposes described, (subject to me exercising my right not to be contacted with details of other products and services).
- I agree to the FundsNetwork client terms of business (FGEN02D).

##### If I am applying to make a transfer payment

- I authorise Standard Life to ask for any details as they may require, regarding the transfer payment(s) detailed in Section 2 of this application and authorise the transferring scheme/insurer of the transferring policy to disclose this information.
- If this application includes a transfer of funds from another Registered Pension Scheme(s):- I instruct the named provider(s) to transfer the funds from the plan(s) listed to this plan. I discharge the transferring provider(s) of all liabilities under their plan(s) listed. I authorise the named provider(s) to release the necessary information to enable the transfer to take place.

##### If I am applying to make a regular or single payment(s)

- I declare that the total payments to any registered pension scheme, in respect of which I am entitled to relief under section 188 of the Finance Act 2004, will not exceed the higher of the 'basic amount' or my relevant UK earnings, within the meaning of section 189 of that Act, for that tax year. (The 'basic amount' for the 2008-09 tax year is £3,600 gross. This may change in future tax years.)
- I declare that I will tell Standard Life if an event occurs (such as those listed in the Key Features Document) as a result of which I will no longer be entitled to relief for my payments under section 188 of the Finance Act 2004. I will do so before the end of the tax year in which the event occurs, or within 30 days of the event if this is later.

##### If my plan includes contracted-out funds

- If I die before taking my Protected Rights pension I direct that any Protected Rights lump sum death benefits be paid to or for the benefit of the person(s) I have identified in Section 5a. If anyone dies before payment of the benefits, those benefits should be divided among the others in proportion to their shares. If they all die before payment of their benefits, the Protected Rights lump sum death benefit should be paid to the legal representative of the person who was the last to die.

Signature (YOU MUST SIGN HERE — Please ensure all relevant sections are completed as per the instructions on this form)



YOU MUST SIGN HERE



Date

DD / MM / 200Y

OFFICE USE ONLY

# The SIPP Application (FSIPP30d)

Please complete in BLOCK CAPITALS using BLACK INK.

**PLEASE NOTE:** Any applications received that are not completed correctly may incur delays or may have to be returned to you.

Form Code

90682

## 6c Declaration & Signature of Legal Guardian — you must sign and date the form below

Title (Mr/Mrs/Miss/Ms/Other e.g. Dr/Rev)

Surname

First Name(s) in Full

Applicant's Permanent Residential Address ("Care Of" and PO Box not acceptable.)

House Name and/or Number and Street, City, County and Country Details

  
  
  

Home Telephone Number

Daytime Telephone Number (in case of query)

Date of Birth

 /  / 

How long have you been at this address

Years

 / 

Months

 / 

Postcode

 - 

- I understand that the payments made to this Scheme in respect of the person named in Section 1 will only be returned to them in the form of benefits payable under the rules of the Scheme. In particular I understand that no benefits will be returned to them before age 55 unless the person is incapacitated.
- I also understand that until the person reaches age 16, I am responsible for ensuring that the payment limits set by the Revenue are not exceeded.

If you are the legal guardian, please ensure you have carefully read Section 6a (Data Protection Notice) and Section 6b (Declaration & Signature), and please ensure that you have completed all of the relevant sections and have signed the box below.

**Signature of Legal Guardian (YOU MUST SIGN HERE** — Please ensure all relevant sections are completed as per the instructions on this form)



**YOU MUST SIGN HERE**



Date

 /  / 

**Please ensure that you have completed all sections of this form before you submit an application.**

**This application form is issued by Standard Life. Standard Life is authorised and regulated by the Financial Services Authority. FSIPP30d**

**If you have any queries about this form please call 0800 085 0923.**

**Please send your completed form to Fidelity International (IMS), PO Box 80, Tonbridge, Kent TN11 9YA.**

The FundsNetwork service is offered and managed by Financial Administration Services Limited. The FundsNetwork SIPP is provided and administered by Standard Life Assurance Limited.

Financial Administration Services Limited (a Fidelity International Group company) is registered in England and Wales (No. 1629709) Registered office Oakhill House, 130 Tonbridge Road, Hildenborough, Tonbridge, Kent, TN11 9DZ. Standard Life Assurance Limited is registered in Scotland (SC286833) Standard Life House, 30 Lothian Road, Edinburgh, EH1 2DH. Both companies are authorised and regulated in the UK by the Financial Services Authority. Calls may be recorded and monitored to help improve customer service.

OFFICE USE ONLY

**The Direct Debit Guarantee**

**Important: Please tear off and keep safely.**

- 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 Standard Life will notify you 5 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Standard Life 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.

**OFFICE USE ONLY**

**OFFICE USE ONLY**