

# SIPP Cash Deposit Application Form



**IPSWICH**  
BUILDING SOCIETY

**Important:** Before completing this form please note the Society's Investment Terms and Conditions together with the SIPP Cash Deposit account terms and the Rules of the Society. In addition please read the notes under Customer Identification below.

Please complete this form in **BLOCK CAPITALS** and then **READ AND SIGN THE DECLARATION OVERLEAF**.

## Pension Scheme Details

Please note that SIPP cash deposits will only be accepted from Scheme Administrators authorised and regulated by the FSA.

SIPP Scheme Name: \_\_\_\_\_ PSTR No: \_\_\_\_\_

*(Only HMRC registered pension schemes are acceptable)*

For Office Use:

Pension Administrator: \_\_\_\_\_

Account No.:

\_\_\_\_\_

Administrator's Address: \_\_\_\_\_

Customer No.:

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Company Reg No.: \_\_\_\_\_ FSA Reg No.: \_\_\_\_\_

Contact Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Full Details of Scheme Member

Mr/Mrs/Miss/etc: \_\_\_\_\_ Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initials: \_\_\_\_\_

Address: \_\_\_\_\_

Customer No.:

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Date of Birth (dd/mm/yy): \_\_\_\_\_ National Insurance No: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Member's SIPP Bank Account Name: \_\_\_\_\_

Sort Code \_\_\_\_\_ Account No. \_\_\_\_\_

*(These details will be used to verify that deposits into the Ipswich SIPP Cash Deposit Account have been received from the SIPP Bank Account and will be used as a designated account for requests for withdrawal or closure).*

## Correspondence

An annual statement will be sent to the Scheme Administrator shortly after annual interest has been paid. A passbook will not be issued and all correspondence in relation to this account will be sent to the Scheme Administrator.

## Amount of Deposit

Deposit Amount £

*Please refer to the SIPP Terms and Conditions for details of the minimum deposit. All deposits must be in GBP sterling. Cheques must be drawn from the SIPP bank account and made payable to Ipswich Building Society IRO 'The Scheme Member'.*

**We cannot accept funds from a Personal Account to open a SIPP. However, the relevant account details can be provided in order that payments can be made to the account by BACS.**

Please indicate if the funds in this account will relate to: Protected Rights  Non-Protected Rights  Both

## Interest

Interest is paid annually on 5 April and will be paid gross. Please indicate if interest should be:

Added to the account  Credited to the main SIPP bank account

## Customer Identification

Please tick if the SIPP Member is an existing customer with the Society

**Existing customers** of the Society will not usually be required to prove their identity.

For **new members** the Society will accept an Anti-Money Laundering Certificate from an FSA Regulated firm, which confirms that the identity of the individual has been verified. Alternatively the following identification must be provided:

**One Certified ID for Scheme Member, either:**  
**Full UK Passport**  
**Current Full UK/Photo card Driving Licence**

**One Certified Proof of Address for Scheme Member, either**  
**Utility Bill dated within the last 3 months (mobile phone bills are unacceptable)**  
**Current bank/credit or debit card statement dated within the last 3 months**  
**Local Authority Council tax Bill, current year only**

Other forms of identification may be acceptable. Lists of acceptable documents can be found in our Customer Information Leaflet. Alternatively we can complete an electronic check of your identity. The Society reserves the right to ask for additional documentation as we deem necessary.

**These identification requirements also apply to the Authorised Signatories. They will only be required once if you are an authorised signatory on another Ipswich SIPP Cash Deposit Account in respect of another member fund established under the same SIPP arrangement.**

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## Enclosures

For a **first time application** into the Ipswich SIPP Cash Deposit, please ensure that the following are enclosed with your application:

**A Certified Copy of the Establishing/Master Trust Deed**  
**A Certified Copy of the Supplemental Deed (if appropriate)**  
**A Certified Copy of the Scheme Rules**  
**A Certified Copy of HMRC letter quoting the name and number of Scheme**  
**Certified Copies of the Scheme Member's Identification or Anti-Money Laundering Certificate**  
**A Certified List of all authorised signatories**  
**Certified copies of the Authorised Signatories Identification**  
**A cheque made payable to Ipswich Building Society IRO 'The Scheme Member' drawn on the main SIPP bank account.**

**If another Ipswich SIPP Cash Deposit Account has already been opened in respect of another Scheme Member under your SIPP arrangement, you will not be required to enclose the Establishing/Master Trust Deed provided the Pension Administrator has signed the following declarations:**

We confirm this Member's Ipswich SIPP Cash Deposit is being opened and operated in accordance with the Establishing/Master Trust Deed and Scheme Rules dated: \_\_\_\_\_ and that there have been no material changes made since this date, including details of authorised signatories, which would affect this application. If any subsequent changes are made after this declaration has been signed, we will notify the Society within 14 days to ensure that the account can continue to be operated in accordance with the Scheme Rules.

*Signed by behalf of the Pension Administrator*

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### PLEASE READ THE FOLLOWING DECLARATIONS BEFORE SIGNING THIS FORM

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## DATA PROTECTION

Information which you provide to Ipswich Building Society or which is obtained by us through our dealings with you may be held on our computers and in other ways and used by us to administer your account, for statistical analysis, for debt collection and fraud prevention and to bring to your attention (by mail, telephone, email or otherwise) products or services of Ipswich Building Society or other selected suppliers which may be of interest to you. This information will be passed to your SIPP administrators upon their request, in order to keep their records accurate and up to date.

We may however contact you with details of the **Society's other products or services**, which may be of interest to you. If you do not wish to be contacted with this information please tick the appropriate boxes.

By Post

By Telephone

By Email

You can request that the Society does not use your information for marketing purposes by writing to PO Box 547, Ipswich, IP3 9WZ.  
You may request in writing, upon payment of a fee, a copy of the details held about you by the Society.

# SIPP Cash Deposit Application Form (Continued)



## DECLARATION AND SIPP MANDATE

I/We instruct the trustees of my SIPP to open a SIPP cash deposit account with Ipswich Building Society and acknowledge that the account forms part of the Scheme referred to in the Deed.

I/We have received a copy of the **terms and conditions relating to the account**, along with a copy of the **Customer Information Leaflet** and agree to be bound by them.

I/We agree that as well as the account conditions, the **Society's Rules** apply to this account and we can obtain a copy of these on request.

I/We declare that the sum is being invested as a trustee in a deposit account.

I/We have read the above section entitled **Data Protection**. By signing this form I/we\* consent to the uses and disclosures of information listed.

I/We confirm that the information and instructions on this form are **complete and accurate**.

I/We confirm that I/we consent to the Society making any enquiries as they consider necessary to confirm my/our identity and address

I/We understand that Ipswich Building Society accepts no liability whatsoever in respect of any losses which we may suffer as a result of any fraud or negligent misuse of the banking services unless such loss occurs as a result of any fraud or negligence by Ipswich Building Society or its employees.

**(Member Trustee SIPP)** I authorise you to comply with all instructions relating to the account, including instructions to withdraw or transfer funds to or from the account to other accounts in my name, provided the instructions are in writing and the document bearing the instructions is verified by both my original signature and the original signatures of any two of the authorised signatories below.

Member Trustee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Member Directed SIPP)** I authorise you to comply with all instructions relating to the account, including instructions to withdraw or transfer funds to or from the account to other accounts in the name of the Scheme Member, provided the instructions are in writing and the document bearing the instructions is verified by the original signatures of any two of the authorised signatories below.

Signed by behalf of the Pension Administrator

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following persons are authorised to sign on this account

1. Full Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Full Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. Full Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. Full Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office use only: Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_ Date: \_\_\_\_\_

Authorised Signatories Customer No: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_