



Oaklands Park  
Hooton Road  
Hooton  
South Wirral  
CH66 7NZ

Tel: 0151 328 1777  
Fax: 0151 328 0707

# MW SIPP 2

## Application Form

07/11

## Our Principles for Treating Customers Fairly

MW Pensions Ltd is completely independent and has no affiliations with insurance companies or financial institutions. **WE DO NOT GIVE FINANCIAL ADVICE**; This is the responsibility of your Financial Advisor. Our fees are fixed, with no small print. We neither take nor give commissions, and we have no transaction charges for mainstream investments – our fees include everything a client needs on a regular basis. A copy of our fee agreement should have been given to you with this form.

Our dedicated team is comprised of people, who understand pensions and client service, and who will communicate in plain English; we are definitely not a call centre

### SUITABILITY FOR A SIPP

We cannot advise on whether a SIPP is a suitable pension scheme for you. That is the responsibility of your Financial Advisor.

We may therefore require that a copy of the Suitability Letter from your IFA confirming that, in their view, a SIPP is suitable for you.

### TREATING CUSTOMERS FAIRLY (TCF)

The Financial Services Authority has introduced TCF to ensure that clients are treated fairly in all aspects of the running of your SIPP, from set up to wind up. There are 6 regulatory outcomes:-

1. consumers can be confident that they are dealing with firms where the fair treatment of customers is central to the corporate culture
2. products and services marketed and sold in the retail market are designed to meet the needs of identified customer groups and are targeted accordingly
3. consumers are provided with clear information and are kept appropriately informed before, during and after point of sale
4. where customers receive advice the advice is suitable and takes account of their circumstances
5. consumers are provided with products that perform as firms have led them to expect, and the associated service is both of an acceptable standard and as they have been led to expect
6. consumers do not face unreasonable post sale barriers imposed by firms to change product, switch provider, submit a claim or make a complaint

Specifically this requires that:

- Our clients should clearly understand the nature of the service we provide, including our terms & conditions and fees
- Our responsibility is to set up and administer your SIPP to the standards you would want us to. We will not however advise you as to the investments chosen by you for your SIPP.
- We will communicate with Advisers and Clients in an open, clear and understandable manner.
- We will not promise to provide services we are not able or equipped to deliver.
- We will embed the concept of "Treating Customers Fairly" within our company
- We want to give you the best possible service, if we fall below your standard let us know
- Our complaints procedure is clear, unambiguous and impartial.
- We will regularly assess the effectiveness of our policies in respect of Treating Customers Fairly and invite you to comment. We will implement change where necessary

**Complaints**

As a Pensions Provider we aim to provide a first class service. If there is a problem or if you are not happy about the service you have received from us then please tell us and we will try to put things right.

**Dealing with a Complaint**

We regard a complaint to be any expression of dissatisfaction, whether oral or written, from or on behalf of a client. All complaints should be referred to the Compliance Manager at: MW Pensions Ltd, Oaklands Park, Hooton Road, South Wirral CH66 7NZ

**AUTHORISING INVESTMENTS**

All members of MW SIPP2 are required to have an Independent Financial Advisor. Some clients are happy for all investment decisions to be handled by their Advisor. However some clients like to keep involved and informed and play an active role in the investments in their SIPP. We need to know so we can satisfy your expectations. We therefore need you to sign the following declaration (tick where appropriate)

I am happy for my Advisor to make all investments decisions on my behalf

I want to be involved in all investment decisions jointly with my Advisor

I would like to receive notification after each instruction

Signed

Date

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Day

Month

Year

**NB Your SIPP application will not be processed unless this declaration is signed**

# INFORMATION REQUIRED

Please complete the Application Form as fully as possible, using **BLOCK CAPITALS** throughout; boxes should be ticked where marked. Should you have any queries please contact us on 0151 328 1777. All information provided will be treated in confidence and be subject to the conditions of the Data Protection Act 1998.

Please complete and sign:

1. All the basic details, Sections 1 - 8 and you must sign on pages 2,7,8,9 and 15
2. Your Financial Advisor must sign on page 8, and complete the Identity verification certificate on pages 18 and 19

## 1. Personal Information

Surname  Title

(Mr/Mrs/Miss/Ms / please specify any other)

Forename(s)  
Include all names

Date of birth  
ddmmyyy

Male

Female

Address line 1

Address line 2

Address line 3

Address line 4

Address line 5

Post Code

How long have you lived at this address

National Insurance number

I am resident in United Kingdom YES / NO (delete as necessary)

Marital status Single / Married / Divorced / Separated / Widowed / Civil Partnership  
(Please delete those which do not apply)

Spouse's/partner's name (if applicable)

Spouse's/partner's DOB ddmmyyyy

Telephone numbers     
(office) (home) (mobile)

E-mail address

## 2. Details of your Occupation and Earnings

What is your occupation?

If Retired please state your previous occupation and date retired. (ddmmyyy)

Please tick whichever **one** of the following applies to you

**I am employed.** Please provide details of your employer:

Company/Employers name			
Company/Employers address			
		Post code	
Company registration number			
Nature of business			

- I am self employed** (i.e. taxed under Schedule D)
- I am unemployed**
- I am in receipt of a pension taxable under Schedule E (PAYE)**
- I am over 18 and in full time education**
- The applicant is of school age or under 18 (application to be made by parent or legal guardian)**

Please state your current UK taxable earnings .....

### Details of your Tax Office

Tax district			
Tax district address			
		Post code	
Reference Number			

### 3. Contributions to your SIPP

If you intend to make contributions to your SIPP you must complete this section

**Before completing this Part, please read the attached Fact sheet 1: "Contributing to the MW SIPP 2" and Fact sheet 2: "The Annual Allowance and the MW SIPP 2" enclosed with this application form.**

I have read Fact sheets 1 & 2

Yes

No

**IMPORTANT: IF YOU HAVE ENHANCED PROTECTION ANY CONTRIBUTIONS MADE TO YOUR SIPP MEANS YOU WILL LOSE THIS PROTECTION. Please seek advice from your Financial Advisor.**

**If you are not resident in the UK or a Crown servant you cannot contribute to your SIPP**

**Planned Contributions:** (please see Fact sheet 1 regarding the payment of contributions net of basic rate tax)

#### Personal contributions

Net amount - Regular	£	Commencement date (dd/mm/yyyy)
Frequency	Monthly / Annually	
Net amount – single	£	If making personal contribution which exceed £3600 we may ask for evidence of earnings
Source of contributions	Employment income	£
	Personal savings/investment	£
	Sale of property	£
	Inheritance	£
	Divorce settlement	£
	Other (please specify)	£

#### Employer contributions

Gross amount - regular	£	Commencement date (dd/mm/yyyy)
Frequency	Monthly / Annually	
Gross Amount - single	£	

If your Employer, as detailed in Section 2, wishes to use a standing order to make regular contributions to your SIPP we must receive the first payment with a cheque drawn on a UK bank or Building Society account in the employer's name.

**Cheques should be made payable to "MW SIPP 2 re (*applicant's name*)".**

#### Annual Allowance Pension Input Periods

Your first 'pension input period' for Annual Allowance purposes will start on the first day contributions are made to your Arrangement(s), as appropriate, under the MW SIPP 2 and, unless you tell us otherwise, will end on the following 5<sup>th</sup> April. Subsequent 'pension input periods' will then run from 6<sup>th</sup> April to 5<sup>th</sup> April (aligned with the tax year start and finish).

If you want your 'pension input periods' under the MW SIPP 2 to end on a different date, please let us know in writing

### Annual Allowance Carry Forward

From 6 April 2011 the annual allowance for tax-relieved pension savings is £50,000. This applies to the total amount of pension savings for all your registered schemes where you are an active member – that is, those to which you still contribute or those where you are continuing to accrue additional benefits. For the purposes of the Annual Allowance all of the contributions paid by you, or on your behalf, to any registered pension schemes are counted. This includes your employer’s contributions, if any, or any contributions made by a third party on your behalf.

You can carry forward any annual allowance that you have not used from the previous 3 tax years to the current tax year. You must have been a member of a registered pension scheme to have an unused annual allowance to carry forward. If your pension savings exceed your available allowance a charge is payable to HM Revenue & Customs (HMRC)

Pension Input Period	Total contributions made to all pension schemes	Annual allowance	Unused annual allowance
		£50,000	
		£50,000	
		£50,000	
		£50,000	

The £50,000 annual allowance relates to the total contributions made in your Pension Input Period (PIP), This may not be in a tax year. Contact MW Pensions for PIP information for your MW SIPP.

There is a strict order in which you use up your annual allowance. Use the annual allowance in the current PIP first, then use your unused annual allowance from the earlier years (max 3 years) using the earliest PIP year first.

### Entitlement to tax relief (please tick the box if the following statement applies):

**NOTE:** Tax Relief is only available up to 100% of your earnings during the tax year, if less than the £50,000 annual allowance

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | I have relevant UK earnings chargeable to income tax (see definition below)  |
| <input type="checkbox"/> | I instruct MW Pensions to reclaim basic rate income tax from HMRC and credit the funds to my scheme bank account under my MW SIPP            |
| <input type="checkbox"/> | I acknowledge that if I am a higher rate taxpayer, in order to receive further tax relief I need to notify HMRC on my self assessment return |

Relevant UK earnings are:

- i. employment income such as salary, wages, bonus, overtime, commission chargeable under section 7(2) Income Tax (Earnings and Pensions ) Act 2003 (ITEPA); or
- ii. income derived from the carrying on or exercise of a trade, profession or vocation (whether individually or as a partner acting personally in a partnership) chargeable under Part 2 Income Tax (Trading and Other Income ) Act 2005; or
- iii. income arising from patent rights and treated as earned income under section 833 (5B) Income and Corporation Taxes Act 1988 (ICTA); or
- iv. general earnings from an overseas Crown Employment which are subject to tax in accordance with section 28 of ITPA 2003.

Where relevant UK earnings are not taxable in the United Kingdom due to double taxation agreement (section 788 of ICTA 1988), those earnings are not regarded as chargeable to income tax and so will not count towards annual limit for relief.

## 4 Transfers from existing pension schemes

If you intend to transfer any existing pension policies please provide the names of the Companies of which you intend to transfer from.

You must also include the estimated amount, including protected and non protected rights.

Please note we do not accept GMP. This must be converted to Protected Rights by the transferring company.

Scheme Administrator	Scheme Name	Policy Number	Estimated Amount Non Protected Rights	Estimated Amount Protected Rights

**You must take appropriate financial advice from a suitable qualified advisor before transferring any pension funds.**

You must complete the Transfer Application form for each policy you wish to transfer

## 5 Investment Strategy

**Important Note:** As a member of the MW SIPP 2 any investment directions i.e. to purchase or sell investments will be your sole responsibility i.e. it will be YOU and not MW SIPP Trustees Ltd or any other party who MUST instruct your Investment manager or Financial Advisor. By signing this Application you are agreeing that YOU AND YOU ALONE will instruct your Investment manager or Financial Advisor as to which investments to buy (taking into account any advice they provide to you).

Do you wish to appoint an Investment Manager – this may be your Financial Advisor, a stockbroker, or another Regulated Investment Manager.

yes  no

**If No we will only accept investment instructions directly from You**

If yes, on which basis do you wish to make this appointment (Please tick one):

**Execution only** “Transacts trades on your or your Financial Advisor’s instructions.”

**Advisory** “Provides investment advice which you or your Financial Advisor may choose to act upon.”

**Discretionary** “Without recourse to you, your appointed Investment Manager will manage your pension fund and merely report on investments made.”

### Investment Manager details:

Company name

FSA Authorisation number

Address

  


Post Code

Telephone

<input type="text"/>	Fax	<input type="text"/>
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Contact name

E-mail address

Please confirm how much of your fund you wish to invest in this way.  % or £

We will require your Investment Manager to sign our Investment Manager Agreement.

**Please advise MW Pensions Limited of any change in these instructions, which will continue until such time as you instruct us otherwise.**

Signed

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year			

**Do you intend to purchase a property through your SIPP as soon as it is set up**

Yes  No

**If yes you will need to complete our Property Application form**

**If you purchase an asset jointly your scheme’s ownership will depend upon the amount deducted from your fund and invested in that asset**

## 6. Financial Advisor Details

Company name			
FSA number			
Address			
Post Code			
		Fax	
Telephone			
Contact name			
Personal FSA number: (if applicable)			
E-mail address			

Is your Financial Advisor your Investment Manager? Yes  No

### Fees to your Financial Advisor

**Note: you should discuss and agree these fees with your Financial Advisor before completing and signing this Application.**

Please pay the following fees to the above Financial Advisor (note that your Financial Advisor will need to submit an invoice to us, addressed to your SIPP, in respect of the fees as they become due). Note that VAT will normally be added to these fees, and that they will be deducted from your SIPP fund.

Initial:	Flat rate	£	*and/or	Percentage of fund	%
Ongoing:	Flat rate	£	*and/or	Percentage of fund	%

(\* Please delete as applicable)

#### Customer declaration:

I understand that VAT will normally be added to these fees, and confirm that these fees will be deducted from my SIPP fund within 30 days of receipt of the appropriate invoice from my Financial Advisor.

Signed		Date	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Day</td> <td style="text-align: center; font-size: small;">Month</td> <td colspan="5" style="text-align: center; font-size: small;">Year</td> </tr> </table>									Day	Month	Year				
Day	Month	Year																
Name of customer																		

#### Financial Advisor declaration:

I hereby request the above advisor remuneration payment(s). I understand that no payments will be made until the customer's SIPP is in force and the first contribution paid and/or transfers received. I also understand that it will be necessary to invoice MW SIPP Trustees Ltd before the payment can be made.

Signed		Date	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Day</td> <td style="text-align: center; font-size: small;">Month</td> <td colspan="5" style="text-align: center; font-size: small;">Year</td> </tr> </table>									Day	Month	Year				
Day	Month	Year																

## 7. Authority to accept facsimile and e-mail instructions

Name

To:  Date (ddmmyyyy)

**Please ensure you have provided your email address in the personal details section**

1. Notwithstanding the terms of any mandate which I may have previously given to you, I request and authorise that from the date of this instruction you should act upon instructions from my IFA received by you by:-
  - Telefax which purports to come from them and which will be signed in accordance with their existing mandate to you.
  - Email which purports to come from them from the email address they have supplied on the Application form (or from an alternative email address subsequently advised to you in writing)

This authority shall extend to all matters concerning or in any way connected with my accounts and the relationship between us including without prejudice to the generality of the foregoing:-

- (a) The transfer of funds
  - (b) The completion & submission of investment applications with transfer of funds
2. In consideration of your agreeing to our request set out in paragraph 1, I hereby agree to indemnify you and hold you harmless in respect of all or any actions, proceedings, claims, losses, costs, charges or expenses which may be realised against you or incurred by you in a consequence of your acting on instructions received by you by facsimile – when received by a telefax or an e-mail from the e-mail address stated on the original application form (or from an alternative email address subsequently advised to you in writing) which purports to come from me or my Financial Advisor : for these purposes you shall be under no obligation to make any enquiry as to the authority or identity of the person making or purporting to make such communication.
  3. I further irrevocably authorise you at your discretion, without any further consent from me to debit any of our accounts with yourselves with sums payable by me hereunder.
  4. I further hereby undertake to ensure that in a case of facsimile or e-mail instructions the original of any letter to you will be clearly marked on the face with the word “confirmation” when it is forwarded to you and that **YOU SHALL BE ENTITLED BUT NOT OBLIGED TO TREAT ANY SUCH ORIGINAL LETTER WHICH IS NOT CLEARLY MARKED ON ITS FACE WITH THE WORK “CONFIRMATION” AS A NEW OR FURTHER INSTRUCTION.**
  5. Save as specifically amended hereby any existing mandate by me shall continue in full force and effect. This authority and indemnity shall continue in full force and effect until specifically withdrawn in writing by me and any such withdrawal shall not have effect in relation to any instructions received by you prior to the expiry of two Business days from the receipt of such withdrawal.

**Member signature**

## 8. Expression of Wish

Members Name:

Date (ddmmyyyy)

In the event of your death the remaining Trustee will determine the recipients of the benefits available under your SIPP. In order to speed up the payment of these benefits, and to assist the Trustee in paying the benefits in the way that you wish, **you are strongly encouraged** to complete the following "Nomination form". Please note:

- This Expression of Wish is not binding on the Trustee
- If your circumstances change you may change your nomination at any time by simply writing to us, clearly setting out your new wishes, or by completing a new Expression of Wish form. The Trustee will use the most recent instructions that have been received.
- You can nominate as many beneficiaries as you wish. If necessary, continue on a separate sheet of paper
- You can nominate a charitable organisation if you so wish
- Funds held as Protected Rights benefits will be subject to HM Government regulations in force at the time of payment

Name	<input type="text"/>	Relationship	<input type="text"/>
Address	<input type="text"/>		
<input type="text"/>			
<input type="text"/>		Postcode	<input type="text"/>
Benefit:	<input type="text"/> %	of *lump sum / pension	(* Please delete whichever does not apply)

  

Name	<input type="text"/>	Relationship	<input type="text"/>
Address	<input type="text"/>		
<input type="text"/>			
<input type="text"/>		Postcode	<input type="text"/>
Benefit:	<input type="text"/> %	of *lump sum / pension	(* Please delete whichever does not apply)

  

Name	<input type="text"/>	Relationship	<input type="text"/>
Address	<input type="text"/>		
<input type="text"/>			
<input type="text"/>		Postcode	<input type="text"/>
Benefit:	<input type="text"/> %	of *lump sum / pension	(* Please delete whichever does not apply)

  

Name	<input type="text"/>	Relationship	<input type="text"/>
Address	<input type="text"/>		
<input type="text"/>			
<input type="text"/>		Postcode	<input type="text"/>
Benefit:	<input type="text"/> %	of *lump sum / pension	(* Please delete whichever does not apply)

## 9. Your SIPP Bank Account

We as Trustee will open an instant access sterling bank account for your SIPP with Pensions Bank Limited. Full details of the interest rates payable are available from us on request. There is a requirement that at least £1,000 be kept in your Pensions Bank Account at all times – this covers the fees etc.

You have the right to request us to open a second bank account for your SIPP.

You can also instruct us at any time to open up a SIPP account with an alternative bank, or indeed an account in a different currency.

**We have access to other bank accounts, fixed rate, different terms, offshore accounts and foreign currency accounts. Please ask for details.**

We may from time to time change our preferred banking arrangements and the banks we use for the SIPP Bank Account. We will advise you of the changes to these arrangements should they occur and offer you the opportunity to transfer the cash in your account. Typically this will be done for a better standard of service or interest rate.

## 10. Fees to MW Pensions Ltd

**Note: It is your responsibility to ensure that there is always sufficient cash in your SIPP to meet the fees detailed below. Your attention is drawn to the Terms and Conditions which sets out the action that will be taken if there is insufficient cash to meet these fees.**

I agree that the annual fees due to MW Pensions Ltd will be due and paid 30 days after my SIPP has been set up, and thereafter annually on anniversary of the set up date of my MW SIPP 2. The fees may be increased, at the sole discretion of MW Pensions Ltd, on an annual basis by no more than the increase in National Average Earnings. Note fees will be subject to VAT.

Please tick the relevant box

I agree that these fees will be paid from my MW SIPP 2 assets.

The fees will be paid by my Employer as detailed in Section 2

Please provide contact at employer

## 11. Execution Only Confirmation

This form acts as confirmation of our dealings with you, over the establishment and ongoing provision of your MW SIPP 2.

**Neither MW SIPP Trustees Ltd nor MW Pensions Ltd has provided advice to you with regard to the establishment of your SIPP and its suitability to your circumstances.** Your Scheme will be established on an Execution Only basis. Our ongoing services as detailed in your Member's agreement do not include the provision of any investment advisory services to you. We have not advised you regarding any banking arrangements. We have not advised you with regard to the transfer of any other pension funds into your MW SIPP

The responsibility for investment decisions within your SIPP rests with yourself which may be in association with your Investment Manager or Financial Advisor if so appointed as named in sections 5 and 6, and as indicated by you in the "Authorising Investments" section of this Application Form. Your separate agreement with any Financial and/or Investment Advisor will govern the services they provide in respect of the MWSIPP2.

You are required to acknowledge the above relationship in the Declaration you must sign at the end of this application form.

## 12. Cancellation Rights

You have a legal right to cancel your decision to set up an MW SIPP 2 within 30 days of the establishment of your SIPP. The date your SIPP is deemed to be established is the date you sign the Declaration in Part 13 of this application form. If you decide, for any reason, to cancel your membership in this period we will return all your fees back to you. Upon receipt of your application form we will write to remind you of this right and when this 30 day period starts and ends.

**Because you have this right to reverse your decision, MW Pensions Limited will not open your scheme bank account, accept any contribution, start processing any proposed transfers into your SIPP or act on any investment instruction until this 30 day cancellation period has expired . This is because we cannot be expected to do work on your behalf if we have no expectation of being paid for that work.**

**If you wish us to proceed with any of the above before this 30 day period expires then you do have the option of waiving your right to cancel. You have the opportunity of waiving your 30 day cancellation rights through the Member Declaration at the end of this application form. Alternatively you may do this by writing to MW Pensions Ltd at the address on the front of this application pack at any time before the 30 day cancellation period expires.**

If you choose to waive your 30 day cancellation rights then, whilst you have the right to cancel your MW SIPP 2 at any future date, you may not cancel your membership without incurring fees. This means that if you choose to discontinue your MW SIPP 2 in the future you will not be repaid any fees already accrued. Further, any contributions or transfers paid into the scheme may not be refunded, although you will have the option to transfer the accrued monies to another registered pension scheme of your choice. Any funds or assets we have accepted into your SIPP as a transfer from another pension scheme may be transferred back to the original scheme, but only if that scheme will accept that transfer back. If they will not accept this transfer back those funds/assets may only be transferred to another registered pension scheme. We will charge for processing a transfer out from your MW SIPP 2 where you have waived your cancellation rights.

There is no general right to cancel an investment made by your SIPP. A right to cancel will only exist if specific to that particular investment.

You of course have the option and right at any future date to cancel your MW SIPP 2 and transfer your SIPP assets to another registered pension scheme of your choice. But note that we will charge a fee, as set out on our fee schedule, to cover the work associated with any such transfer.

**IF YOU WISH TO WAIVE YOUR CANCELLATION RIGHTS PLEASE ENSURE THAT YOU CONFIRM THIS ON PAGE 17 OF THIS DOCUMENT**

### 13. Member's Declaration

Please read all of the following carefully before signing at the end. *This is our standard client agreement upon which we intend to rely. For your own benefit and protection you should read these terms carefully before signing them. If you do not understand any point please ask for further information.*

**Important Note:** whilst we can carry out the preliminary work to set up your SIPP on receipt of this form electronically, we cannot formally set up your SIPP until we have the signed copy AND Money Laundering paperwork i.e. the Identity Verification Certificate or the originals of the relevant proof of your identity and address.

MW SIPP 2 is an Appropriate Personal Pension Scheme registered with HM Revenue and Customs as a Registered Pension Scheme under the terms of the Finance Act 2004, as amended, for the purpose of providing benefits to members and their dependants by way of lump sums and pension income.

It is not permissible for any of the statements or agreements to be deleted if you wish to join MW SIPP 2.

A copy of the completed Application Form and Trust Deed and Rules is available on request.

I understand that the Trust Deed and Rules and the Terms and Conditions may be amended from time to time

I have been supplied with and read the Terms and Conditions and Factsheets 1 and 2 and agree to these. NB. You should retain a copy of the Terms and Conditions for future reference. The Terms and Conditions can be amended from time to time.

I understand that my relationship and dealings are with MW Pensions Ltd who operate MW SIPP 2

I agree that the Trustees of my MW SIPP 2 will be MW SIPP Trustees Ltd.

I agree that the Trustees will set up a Scheme bank account with Pensions Bank Ltd as Provider in respect of my MW SIPP 2. I agree that the sole signatories of that bank account will be MW SIPP Trustees Ltd, and I hereby authorise MW SIPP Trustees Ltd to set up such an account.

I understand that I have the right to request the opening of a second bank account for my SIPP.

I confirm that I will ensure that there is always sufficient cash in my MW SIPP 2 bank account to meet the fees due in accordance with section 8 above and that I have received a copy of the Terms and Conditions, which sets out the action that will be taken if there is insufficient cash to meet the fees due. I agree that I will maintain in my SIPP a minimum cash balance in an instant access account of £1000 at all times.

I confirm I have received a copy of the fee structure and accept the fees I will be charged.

I request the Trustees to appoint the nominated investment manager as indicated (if applicable), but fully understand and accept that:

- all decisions relating to the purchase, retention and sale of the investments within my MW SIPP 2 and relating to the nomination of investment managers are as set out in this Application Form;
- MW Pensions Ltd is only authorised to purchase or sell any investments in accordance with the conditions set out in this Application Form. It is my responsibility to ensure that the instruction is received on time.
- I will not hold MW SIPP Trustees Ltd or MW Pensions Ltd responsible in any way for any delays in the purchase or sale of any investments.
- I will hold the MW SIPP Trustees Ltd and MW Pensions Ltd fully indemnified against any claim in respect of such investment decision or directions.

I hereby authorise MW Pensions Ltd and MW SIPP Trustees Ltd to accept investment and other instructions from my Financial Advisor as detailed in Section 4 and to forward to them copies of any documents relating to my MW SIPP 2, including investment and bank statements.

I wish to nominate the person(s) listed in the section headed "Expression of Wish" in this application, to receive any benefit payable under MW SIPP 2 on my death. I understand that this nomination will not bind the Trustees and may be changed at any time by means of replacement written instructions.

I consent to MW Pensions Ltd using the information supplied on this application form in order to administer my membership of MW SIPP 2 and acknowledge that the information will be held on their computer records and may be used for underwriting or claims handling purposes. Such information may be disclosed in confidence to regulatory bodies, insurance companies (either directly or via a central register), the Scheme Bank and MW SIPP

Trustees Ltd as the Trustees and to any associate and any agent appointed to assist the Scheme Administrator in administering my membership and any person providing professional services to the Scheme Administrator.

I undertake to inform MW Pensions Ltd, in writing, within 30 days of any of the following:

- There is any change in my employment status (eg cease being self employed, become unemployed, etc)
- I cease to be a UK resident

I declare that all information that I have given is, to the best of my knowledge, true and complete.

I agree by my signing this application form that, in respect of my membership of the MW SIPP 2, I will not require the withdrawal of trust funds or income from those trust funds held by the Trustees of MW SIPP 2 to be paid to me, except for the payment of benefits under the MW SIPP 2 at the time provided by its Rules.

I apply for membership of MW SIPP 2 and agree to be bound by the Trust Deed and Rules of the scheme and the Terms and Conditions as prevailing at all times.

I confirm that I have received a copy of the "Key Facts" document and that I have read it, and am fully aware of the "Risk Warnings" detailed in that leaflet.

I hereby indemnify MW Pensions Ltd and MW SIPP Trustees Ltd against any losses, financial or otherwise, incurred as a result of the actions or instructions of either myself or my Financial Advisor or Investment Advisor in connection with my SIPP

## Execution Only Confirmation

In the context of the establishment and ongoing provision of your self-invested personal pension (SIPP), Pensions Bank Ltd act as your SIPP Provider, MW Pensions Ltd is the scheme administrator and MW SIPP Trustees Limited is the scheme Trustee.

Neither Pensions Bank Ltd, MW SIPP Trustees Ltd nor MW Pensions Ltd has provided advice to you with regard to the establishment of your SIPP and its suitability to your circumstances.

The responsibility for investment decisions within your SIPP rests with yourself which may be in association with your Investment Manager or Financial Advisor if so appointed. Your separate agreement with any Financial Advisor will govern the services they provide in respect of the MW SIPP 2.

I confirm the above accurately describes the situation regarding my dealings with MW SIPP Trustees Ltd and MW Pensions Ltd.

## Waiving My Cancellation Rights

I confirm that (please tick box that applies):

- I wish to waive my right to cancel my membership within 30 days of my SIPP being established; I acknowledge section 12 above
- I do not wish to waive my right to cancel my membership within 30 days of my SIPP being established

I confirm that my IFA has given me a copy of MW Pensions Ltd's Terms and Conditions, Fee Structure and Fact Sheets 1 & 2 .



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## Identity Verification Certificate

(To be completed by a Regulated UK or EU Intermediary)

**Note: Please ensure the next page [regarding evidence of name and address] is also completed.**

**Certified copies of evidence used must be submitted with this form**

Name of Applicant (in full)

(\* Please ensure the member's full name is completed)

Date of birth (dd/mm/yyyy)

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Address line 1

Address line 2

Address line 3

Address line 4

Address line 5

Post Code

### I/WE CERTIFY THAT

I/We **have** verified the identity of the Applicant and have:

- a) seen the original documents;
- b) checked that any requiring a signature were pre-signed;
- c) confirmed that any associated photograph of the applicant bore a good likeness to the applicant ; and
- d) included the relevant reference information and certified documentary evidence with this certificate.

Full Name of Regulated Firm

Name of Regulator

Regulator Ref No

Signed\*

Name

Position

Date

--	--	--	--	--	--	--	--

Day      Month      Year

COMPANY STAMP/company address

- **Note that this certificate must be signed by the person who has seen the original documentary evidence**

Evidence of Name	Reference/Account No				Certified copy attached (2)
Current full signed passport		Place of Birth	Date of Birth	Date of expiry	
Resident Permit issued to EU nationals by Home Office				Date of expiry	
<b>Current</b> UK/EU photo driving licence (1)				Date of issue	
<b>Current full</b> UK driving licence (old style) (1)				Date of issue	
Firearms Certificate		Issuing Authority		Date of issue	
State Pension or Benefits book/notification letter (1)		Issuing Authority		Date of issue	
Sub-contractors Certificate (3)		Issuing Authority		Date of issue	
Inland Revenue tax notification		Type: P45 / P60 / Notice of Coding (4)		Date of issue	

Evidence of Address	Reference/Account No				Certified copy attached? (2)
Home visit			Premises entered? Y/N	Date of visit	
Solicitor letter confirming completion of house purchase or land registration (5) (6)				Date of letter	
Electoral roll check (5)				Date of check	
Most recent mortgage statement		Name of lender	Address current? Y/N	Date of issue	
Current Local Authority tax bill		Name of authority	Address current? Y/N	Date of issue	
Local Authority rent card or tenancy agreement		Name of authority	Address current? Y/N	Date of issue	
Bank/building society/ credit union statement or passbook		Name of issuer	Address current? Y/N	Date of issue	
Utility bill (not mobile phone)		Name of utility	Address current? Y/N	Date of issue	
<b>Current</b> UK/EU photo driving licence (1)			Address current? Y/N	Date of issue	
<b>Current full</b> UK driving licence (old style) (1)			Address current? Y/N	Date of issue	
State Pension or Benefits book/notification letter (1)		Issuing authority	Address current? Y/N	Date of issue	

**Notes:**

- (1) These items may be used to evidence address or identity but not both
- (2) Please attach certified copies of the evidence and also record the relevant details on this sheet as this will help with record keeping in the event that copy documents become detached from the certificate
- (3) For self-employed persons in the construction industry – tax exemption certificate with photograph
- (4) Please delete as appropriate
- (5) You must submit a certified copy of the search if you are relying on this as evidence
- (6) The previous address should also be verified

**Credit Card Bills and Mobile Phone Bills are NOT acceptable**

**The date of issue of all evidence of Address should not be more than three months prior to the date of the application**

