

The Lifetime SIPP

Contribution Form

Member Name:

Scheme Number: National Insurance No:

Annual Income:

Personal Contributions

Single Net Contribution: Single Gross Contribution:

Regular Net Contribution: Regular Gross Contribution:

Regular contributions should be taken on the following basis: (please tick only one option)

Monthly Quarterly Bi-annually Annually

Starting on: All regular contributions will be taken on the 1st of the month

Payable by Direct Debit

Employer Contributions

Regular Contribution: Single Contribution:

Regular contributions should be taken on the following basis: (please tick only one option)

Monthly Quarterly Bi-annually Annually

Starting on: All regular contributions will be taken on the 1st of the month

Payable by Direct Debit

All salary deductions made by an Employer must be paid to the SIPP by the 19th of the month following the payment date.

Due diligence checks will be completed on the Employer/ Contributor before the contribution is processed.

Please see Contribution Guidance notes for more details

Employer Name:

Employer Address:

Company Number:

Please return completed form to:

The Lifetime SIPP Company Ltd, 8th Floor, 25 Marsh Street, Bristol, BS1 4AQ
Authorised and regulated by the Financial Conduct Authority 464526 and registered in England and Wales 02455807
T: 0117 316 9944 E: info@thelifetimesipp.com W: www.thelifetimesipp.com

Third Party Contributions

Single Net Contribution: Single Gross Contribution:

Regular Net Contribution: Regular Gross Contribution:

Regular contributions should be taken on the following basis: (please tick only one option)

Monthly Quarterly Bi-annually Annually

Starting on: All contributions will be taken on the 1st of the month

Payable by Direct Debit

Contributor Name:

Contributor Address:

Contributor DOB:

Relationship to Member:

If payment is being made by cheque please make cheque payable to 'The Lifetime SIPP Company re (Your name)'

I confirm I have sufficient carry forward provision to make the above quoted contribution.

I confirm that the information I have provided in my application form is still relevant. (If your Tax status has changed then please complete the Tax Entitlement Declaration and return it with this form).

Important Note: If this is the first contribution made into your Lifetime SIPP please also complete the attached Tax Entitlement Declaration form.

Where regular contributions are being set up please also complete a Direct Debit Mandate and return it with this form.

Signed:

Date:

Please return completed form to:

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The Lifetime SIPP

Tax Entitlement Declaration

Member Name:

Scheme Number:

National Insurance No:

This form needs to be completed where you are making contributions for the first time

Tax Entitlement

Please read the statement below and select the one that applies to you to enable us to establish whether you are eligible for tax relief or whether any limits apply:-

- 1 I have relevant UK earnings chargeable to Income Tax or general earnings from Overseas Crown Employment subject to UK tax in this year;
- 2 I have, or will have been a resident in the UK at some point during this tax year;
- 3 My Spouse/Civil Partner, has general earnings from Overseas Crown Employment subject to UK tax for this year.
- 4 I, or my Spouse/Civil Partner, are in Overseas Crown Employment but for this tax year do not have relevant UK earnings subject to UK Tax;
- 5 None of the above;

1 or 2 - Lifetime will reclaim basic rate tax on your personal contributions.

3 or 4 - Lifetime will reclaim basic rate tax on personal contributions up to £3,600 (Gross).

5 - Lifetime will not reclaim any tax relief on personal contributions.

Declaration

I confirm that the total gross contributions made to all UK registered pension schemes of which I am entitled to tax relief in any year will not exceed the higher of £3,600 gross or 100% of my UK relevant earnings.

I will notify the Scheme Administrator if I am no longer entitled to tax relief on my contributions no later than the end of the tax year or within 30 days of from the date of change.

I confirm that the information provided on this Form is correct.

It is a serious offence to make false statements and doing so could lead to prosecution.

Signed:

Date:

Please return completed form to:

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