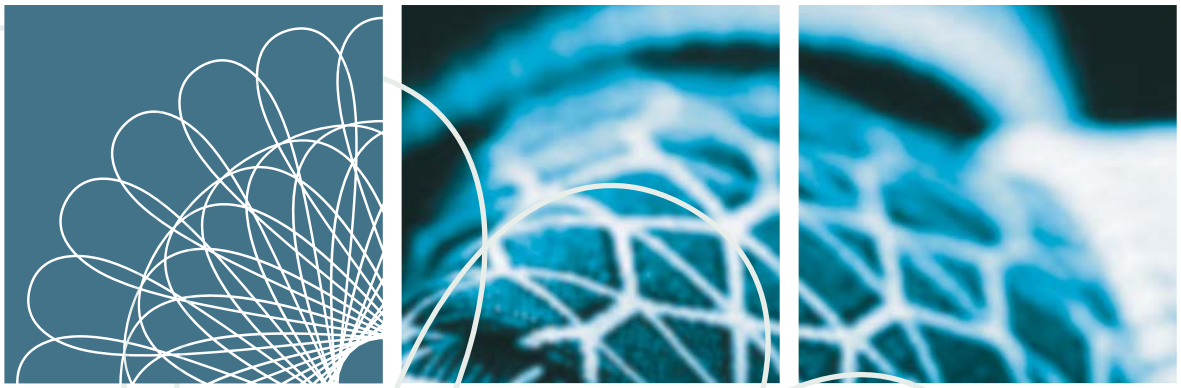


HD SIPP

Increase in Contributions Application Form



In Association with



This SIPP is operated by HD Administrators LLP and is offered without pensions or investment advice.

Westgate House ■ 3 The Triangle ■ Enterprise Way ■ NG2 Business Park ■ Nottingham ■ NG2 1AE

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Section A – Personal Information (Mandatory)

This section must be completed by all applicants. The information supplied will be held in the strictest confidence and is subject to the provisions of Data Protection legislation.

Personal Information

Please supply the following personal information.

Surname:

(Mr/Mrs/Miss/Ms)*
Please delete as appropriate

Forename(s):

Home Address:

Postcode:

Home tel no:

Email Address:

Date of Birth:

Expected pension age (between 50 and 75):

Occupation:

Marital Status:

N.I. Number:

Gender:

 Female Male

Status Declaration

Please indicate your current status by ticking the relevant box below.

Employed

Self Employed

Not Employed

Other (please specify):

If employed, are you a member of an Occupational Pension Scheme?

Yes

No

Employer / Self Employed Information

Please give the following information which is required by the Inland Revenue. Give details of the Inspector of Taxes dealing with your tax affairs.

Name of employer / trading name:

Address:

Postcode:

Business tel no:

Tax district ref. no.:

Total Annual Income:

Your Investment Instructions

Do you intend appointing an investment manager?

Yes

No

Please give details of your investment manager.

Name:

Address:

Postcode:

Please confirm below how your SIPP funds are to be invested initially and enclose a copy of any forms that require signature by the trustees of your SIPP.

Section B – Contributions (if applicable)

Personal Contributions

Please enter the net contributions you wish to pay (i.e. 80% of the total contribution) and complete the Standing Order attached (if applicable). These must not exceed 100% of earnings. Subject to the Annual Allowance (£235,000 for 2008/09).

Initial:

Payment date:

Regular:

Commencement date:

Annual Quarterly Monthly

Source of funds: (e.g. savings, sale of property, inheritance, etc)

Please provide evidence of this.

Proof of Earnings

Proof of earnings must also be provided as detailed below:

Employed

- A) a payslip dated within 3 months of the signed application **or**
B) a letter from your employer which must be on headed paper and include the following 4 statements:
- 1) recent gross earnings
 - 2) bonus and commission payments
 - 3) certain deductions and expenses
 - 4) an explanation of any variations in the amount of pay

Self employed

- A) a letter from your accountant on headed paper detailing gross and net earnings

Employer Contributions

Please enter the gross contributions your employer wishes to pay and complete the Standing Order attached (if applicable). These must not exceed the Annual Allowance (£235,000 for 2008/09).

Initial:

Payment date:

Regular:

Commencement date:

Annual

Quarterly

Monthly

Section C – Declarations (Mandatory)

I declare that:

- a) Contributions made by myself and/or on my behalf (if applicable) are not in respect of emoluments as a controlling director of an investment company.
- b) The total contributions to the Scheme and to any other pension arrangements I have made by myself and/or on my behalf (if applicable) will not exceed the permitted maximum. If they do I will inform HD accordingly and pay any relevant Annual Allowance charge to HM Revenue and Customs via my self assessment return. If HD are required to make a refund of excess tax reclaimed on contributions, they are entitled to instruct an encashment of investments under their authority only sufficient to cover the amount due. This is only to apply where insufficient funds are available in the Pension Plus Account.
- c) **I will inform the scheme administrator in writing when any of the following occur:**
- If there is a change of employer
 - If there is a change in employment status (e.g. I become employed, unemployed or self-employed)
 - If I am no longer resident in the UK
 - If I become resident again in the UK after living abroad
 - If I am no longer entitled to tax relief on any part of my contributions under Section 188 of the Finance Act 2004
- d) I fall into one of the following categories:
- resident and ordinarily resident in UK
 - a Crown Servant
 - a Crown Servant's spouse
 - overseas resident (Transfer-in only).
- e) **Every statement made in this application is to the best of my knowledge and belief true and complete.** I understand and agree that the proposed benefit(s) will be included in an appropriate arrangement(s) in accordance with the Scheme Administrator's practice at the date of acceptance, details of which are available on request.

Section D – Your Signature

Cancellation rights

I wish to waive my rights to my statutory 30 day cancellation period Yes No
If yes I confirm I fully understand that the implications of doing so are that I will not be able to cancel this increase during the remainder of the 30 day period.

Please note that this application determines whether you are entitled to basic rate tax relief at source on your contributions.

It is a serious offence to make false statements.

Signature:

Date:

PLEASE RETURN YOUR SIGNED AND COMPLETED APPLICATION FORM TOGETHER WITH STANDING ORDER FORM/CONTRIBUTION CHEQUE (if applicable) TO:

**HD SIPP Applications
Westgate House
3 The Triangle
Enterprise Way
NG2 Business Park
Nottingham
NG2 1AE**

Contribution or transfer payments can be made either by cheque payable to HD SIPP Account, or electronic transfer to:

Sort Code: 05-06-41

Account Name: HD SIPP Account

Account Number: 29540067

Reference: Your name (this MUST be quoted or your payment will be returned).

Section E – Advice

An application for an HD SIPP will only be accepted direct from the client where no advice has been sought or been given or via an Financial Services Authority (FSA) regulated Independent Financial Adviser (IFA). (Please note HD Administrators Limited is not authorised to give any advice.)

No advice sought or given – Self Directed Investment

or

Regulated IFA advice sought (if this box is ticked please complete the Advisor sections below)

1. Advisor details

Please give the following information.

Advisor name:

Company name:

FSA authorisation number:

Telephone number:

Company address:

Postcode:

Position:

Email Address:

Bank account details:

Account name:

Account no:

Sort code:

Your ref/or client's name:

2. Advisor remuneration payment

Where there is more than one contribution source, please indicate below where and in what proportion advisor remuneration is to be taken. Please ensure this is completed for all relevant contribution sources as advisor remuneration will only be paid on this basis.

Initial payment – 1 payment of:

% of initial contribution and/or transfer value:

Renewal payments:

 per annum

% of fund per annum:

3. Advisor declaration

- I hereby request the above remuneration payment(s) in accordance with the agreement which exists between ourselves and the applicant.
- I understand that no payment will be received until the client's contract is in force and the first contribution paid or transfer value is received.

- I understand that it is my responsibility to notify the client of all remuneration received.
- I understand that where recurring payments or fund based remuneration is to be paid, it is my responsibility to provide asset valuations on which payments are to be based and to request payment at the appropriate dates.

Advisor's signature

Date

HD SIPP Standing Order Mandate for Regular Contributions

To Bank

ACCOUNT TO BE DEBITED

Bank:

Bank Address:

Postcode:

Account no:

Sort Code:

Account name:

Reference:

ACCOUNT TO BE CREDITED (office use only)

Bank:

Bank Address:

Postcode:

Account no:

Sort Code:

Beneficiary name:

TOTAL PAYMENT DETAILS (Please complete with increase PLUS any original contribution)

Amount of first payment:

Date of first payment:

Amount of usual payment:

Amount of usual payment in words:

Frequency:

Date of usual payment:

Enter amount of last payment:

Date of last payment:

Or please continue payments until further notice

Yes

Customer signature(s):

Date:

Customer contact tel no:

ALL BOXES MUST BE COMPLETED IN ORDER FOR THE STANDING ORDER TO BE PROCESSED

HD Administrators LLP

Westgate House, 3 The Triangle, Enterprise Way, NG2 Business Park, Nottingham, NG2 1AE
Tel: 0115 968 2176

Newcastle Building Society Principal Office

Portland House, New Bridge Street, Newcastle upon Tyne, NE1 8AL
Tel: 0191 244 2000

The HD SIPP is offered without pensions or investment advice. A SIPP may not be suitable for all investors. If in doubt you should consult an independent financial advisor. The HD Administrators LLP is a Scheme Operator and is responsible for the maintenance and running of the scheme. The levels of and bases of taxation can change. The value to an investor of any tax benefits will depend on that investor's tax position. Investors should consult their own tax advisers in order to understand any applicable tax consequence.

Details are correct as at time of print. (July 2008)

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