

# SIPP 30 Day Application

SIPP accounts must be operated through an authorised SIPP Administrator or Trustee

[www.bucksbs.co.uk](http://www.bucksbs.co.uk)

## Your Investment and Interest

I wish to invest the sum of

£

Into the following account:

SIPP 30 Day Notice

on behalf of the SIPP holder named below.

Approximate amount to be saved:

Up to £5,000

£5,000 to £85,000

Over £85,000

How often will you use the account?

weekly

monthly

annually

Please state the source of funds:

## SIPP Administrator/Trustee Details

SIPP Administrator

Pension Scheme Tax Reference

SIPP Trustee (if different to above):

Contact name:

SIPP Account name:

Correspondence address:

Postcode:

Tel: (day)

Email:

Name and address of bank of SIPP provider:

Postcode:

Account number:

Sort code:

Ref:

## Beneficiary Detail

Title: (Mr/Mrs/Miss/Ms)

Surname:

Forename(s) in full:

Permanent Address:

Postcode:

Occupation:

Employed

Self-Employed

Not employed

Retired

Student

Date of Birth:

Country of Birth:

Nationality:

Mobile:

Email:

Tel (daytime):

National Insurance Number:

**Tax Residency:**

Yes

No

Are you a citizen and tax resident of the UK only?

List the countries other than the UK of which you are a tax resident together with the tax reference number (TIN).

Country

TIN

Are you a citizen of the USA?

Are you an individual, or are you related to or have a close association with someone who is in a prominent position in public life?

Yes

No

If yes, please provide details

Positions include Heads of Government, members of the judiciary, high ranking members of the services or senior figures in state owned enterprises.

## Authorised Signatories

Please provide a list of all authorised signatories. **If you require the beneficiary to be a signatory on the account, please provide a copy of proof of their signature.**

## Personal Information

Buckinghamshire Building Society is committed to protecting your privacy and keeping your personal information secure. When you register an enquiry or complete an application form, you are authorising the Society to collect your personal information to process and operate your account(s). The Society does not share your data with any other organisation for marketing or promotional purposes. Our Privacy Notice is available on our website or you can ask us to send you a copy.

## Keeping You Informed

In order to provide you with the service you require, Buckinghamshire Building Society will use your contact details to provide you with information about your account and the Society. We will not share this information with any third parties. Please tick one preferred contact method:

Email     Telephone/SMS     Post

## Marketing Preferences

Buckinghamshire Building Society would like to provide you with information on our other products and services relating to savings and mortgages that may be of interest to you. If you would like us to send you marketing communications, please tick at least one box below (you can tick all three):

Email     Telephone/SMS     Post

## Customer Declaration

### Declaration for this account

The e Trustee confirms that the account is to be opened in its name on behalf of the SIPP member named on this application form. Further the Trustee confirms that the SIPP is a registered pension scheme that falls within the meaning of Section 150 of the Finance Act 2004. The Trustee undertakes that any change in the status of the pension scheme will be notified to the Society without delay.

At a meeting of the Trustees of ..... held on ..... it was resolved to request that an account be opened in the name of the SIPP member and that the sum of £..... be deposited with the Society, subject to the Society's Rules.

Buckinghamshire Building Society is required to hold relevant trustee documentation including authenticated signature of the officers.

We declare that we have received and read the account Terms and Conditions, the Savers General Terms and Conditions, and agree to be bound by the Society's Rules (available on request).

**We acknowledge that we have received and read the FSCS information sheet and exclusion list.**  Please tick box to confirm

**Withdrawals and other instructions to be permitted with:**  any 1     2     Other please state .....

<b>Signature 1:</b>	<b>Date:</b>
<b>Signature 2:</b>	<b>Date:</b>

## Identification

Please include the following documents with this application.

(please tick)

- A fully completed and signed SIPP application form.
  - A certified copy of HMRC registration quoting the name and number of the scheme.
  - A certified list of all authorised signatories from SIPP provider plus for SIPP beneficiary/scheme member.
  - Two forms of identification for the Client's personal and address confirmation.
  - A cheque made payable to "SIPP Name Scheme Member" (example: Investment Co. SIPP Amanda Smith 91919)
- \*can also include the SIPP company's SIPP reference number.

Please send your completed form, identification and investment to:

Buckinghamshire Building Society, High Street, Chalfont St Giles, HP8 4QB Tel: 01494 879500

For office  
use only

Customer Number

Book Number

Account Number

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