

APPLICATION FORM

FOR INVESTMENT VIA SIPP OR SSAS

Instructions

Please complete in BLOCK CAPITALS and in black ink, ticking boxes where appropriate. Please use the Application Form Checklist on page 2 to ensure you have completed the required details. **Applications for SIPP/SSAS investments will only be accepted via a regulated UK or EU/EEA Intermediary.**

1. SCHEME DETAILS

Name of Scheme
Name of Administrators
Trustee's registered name
Permanent residential address
Postcode
Contact name
Contact number
Email address

Type of pensions scheme (Please tick one box only)

A small self-administered scheme (SSAS) A self-invested pension scheme (SIPP)

Other (please specify)

HMRC Scheme reference number

2. TRUSTEE OR AUTHORITY SIGNATURES

The exercise of any options under the Terms and Conditions of the Plan or Deposit must be authorised by the requisite number of Authorised Signatories set out in the Scheme's governing document or, where a number is not stipulated, by at least one authorised signature.

Please provide the names and sample signatures of all those who will be Authorised Signatories. If you require more than four, please continue on a separate sheet of paper. Where there is any change to the Authorised Signatories, please notify Jubilee FP in writing giving the date of change at Jubilee FP Administration Centre, BNY Mellon House, Ingrave Road, Brentwood, Essex CM15 8TG. (Jubilee FP will be entitled to rely on the previous list until they are informed to the contrary).

Signed	Name	Capacity	Date
Signed	Name	Capacity	Date
Signed	Name	Capacity	Date
Signed	Name	Capacity	Date

Signing authority Any one Any two Other (please specify)

Small self-administered scheme (SSAS) Where a pension scheme is a SSAS, please complete the following:

Pensioner trustee name	
Pensioner trustee signature	Date
Address	
Postcode	

3. SUBSCRIPTION

Please note that joint applications can be accepted for direct investment only. For ISA transfers, see Section 7 at the bottom of this page.

Investment Plan Name:

Investment Amount: £ Minimum £10,000
Maximum £1,000,000

4. PAYMENT METHOD AND APPLICATION FORM CHECKLIST

1. By cheque

Please make the cheque for the proceeds payable to:
'Jubilee Financial Products LLP Client Monies',

and send it to:
Jubilee FP Administration Centre, BNY Mellon House,
Ingrave Road, Brentwood, Essex CM15 8TG.

Please **do not** send application-related correspondence to our office or registered address as this may delay processing.

2. By electronic transfer

Please send the proceeds, with a reference that allows the transfer to be identified as belonging to an application, to:

'Jubilee Financial Products LLP Client Monies',
Royal Bank of Scotland
Sort code: 15-10-00
Account: 22760079

Send a fax of the application form and supporting documents to:

Jubilee Financial Products LLP,
Applications & Transfers
(020) 7292 3329

Then send the original documents to:

Jubilee FP Administration Centre, BNY Mellon House,
Ingrave Road, Brentwood, Essex CM15 8TG

If you have any questions, please call us on 0844 892 0905.

Application Form Checklist:

- I/We have filled in the name and address details Section 1
- I/We have filled in the bank account details in order to receive income directly to my bank account, if applicable.
- I/We have signed the Declaration in Section 6
- I/We have chosen an Investment Plan Name **and** an Investment Amount, minimum £10,000 and maximum £1,000,000, in Section 3
- I/We have enclosed a cheque or transferred funds as directed in Section 4

FINANCIAL ADVISER DETAILS	
Have you provided the customer with investment advice in relation to this product?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'No', how has the investment been taken out?	
Execution only	Yes <input type="checkbox"/> No <input type="checkbox"/>
Direct offer	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/> Company name	
<input type="text"/> Adviser name	
<input type="text"/> Agent reference	
<input type="text"/> FSA number:	
IF SACRIFICING COMMISSION , state discount (max 3%)	<input type="text"/> %
Financial Crime Prevention	
I confirm that I have completed the appropriate verification of identity checks and attach the Verification of Identity Certificate. Either certified copies of the underlying documentary evidence received or a certified note of the reference numbers and other details of the evidence obtained are enclosed with this certificate. I have sighted the original documents and ensured that any requiring a signature were pre-signed.	
<input type="text"/> Print name	
<input type="text"/> Financial adviser signature	
Date <input type="text"/> DD/MM/CCYY	

