



THE HARTLEY PENSION SCHEME

JUNIOR SIPP APPLICATION FORM

Child's Name

Address

Postcode

Number of years at current address

If fewer than 3 years please give previous address:

Address

Postcode

Date of Birth

Male/Female

Chosen retirement age

Please provide a copy of the child's birth certificate for our due diligence requirements.

If the child is over the age of 16 please tick the box that best describes the status of the child:

Employed

Full Time Education

Self-Employed

Unemployed

Full time carer

Guardian's Details:

Name

Address

Postcode

Number of years at current address

If fewer than 3 years please give previous address:

Address

Postcode

Home Telephone

Mobile

Email Address

Please return completed form to:

5th Floor, 25 Marsh Street, Bristol, BS1 4AQ Authorised and regulated by the Financial Conduct Authority 735936 and registered in England and Wales 09469576 T: 0117 316 9991 E: admin@hartleysas.co.uk W: www.hartleypensions.com



Date of Birth National Insurance No.

Full Driving Licence No. Issue date

Passport Number Expiry date

(This is the long number at the bottom of the photo page, including the last 2 digits)

If the child is over the age of 16 please tick the box that best describes the status of the child:

Your relationship to the child: Mother Father Legal Guardian Other

The Key Features document contains important information regarding how the Hartley Pension Scheme works, its structure and the rules that apply to your membership of the SIPP. This should be read prior to signing the application and if there is anything you do not understand you should ask your adviser. The Trust Deed and Rules are available on request.

In return for the services to be provided by Hartley Pensions and Hartley SAS, I agree that Hartley SAS may deduct from my SIPP the initial charges and ongoing fees, as outlined in the schedule of fees.

I hereby appoint
(please insert name of IFA)

as the Independent Financial Adviser on my Hartley Pension Scheme. I can confirm that I have been provided with suitable financial advice in respect of the establishment and funding of my Hartley Pension.

As part of that advice, I have received an appropriate key features illustration (delete as appropriate)

Copy Attached / Aries Ref no.

Initial Payment £ or % of initial contribution/transfer value

Ongoing Payment £ or % of fund value, payable

I can confirm I consent for Hartley SAS to settle these fees and any third party costs/fees relating to those investments or advice I receive in respect of this arrangement from my pension funds upon receipt of appropriate invoices. If there are insufficient pension funds to settle any fees from my Hartley Pension I agree to make alternative arrangements for settlement.

Hartley SAS is also authorised to seek information from any third party necessary to establish this arrangement, and may realise any of the investments held for my benefit in order to pay such charges and any third party costs/fees relating to those investments or advice I receive in respect of this arrangement.

I hereby appoint
(please insert name of investment manager)

as investment managers for the purposes of my SIPP and fully understand and agree that in all circumstances I am solely responsible for all decisions relating to the purchase, retention and sale of investments held under the SIPP for my benefit. I agree to fully indemnify Hartley Pensions (the SIPP Operator) and Hartley Pensions Trustees Limited (The SIPP Trustee) against any claim in respect of such decisions.

I have read the leaflet "Key Features of The Hartley Pension Scheme" and have been notified of the charges involved in setting up and administering the SIPP. I hereby apply to Hartley Pensions to become a member of the Hartley Pension Scheme and agree to be bound by the scheme's Trust Deed and Rules. I confirm that, to the best of my knowledge, the information provided on this Application Form and the accompanying forms 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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