

THE HUBWISE HARTLEY SIPP

CONTRIBUTION FORM

| Member Name | | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|
| Scheme Number | NI No. | | | | | | | | | |
| | | | | | | | | | | |
| PERSONAL CONTRIBUTIONS | | | | | | | | | | |
| Single Contribution | f Regular Contribution f | | | | | | | | | |
| 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 | | | | | | | | | |
| For regular contributions please also complete our direct debit mandate and return it with this form | | | | | | | | | | |
| | | | | | | | | | | |
| 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 | | | | | | | | | |
| For regular contributions please also complete our direct debit mandate and return it with this form | | | | | | | | | | |
| Due diligence checks will be completed on the Employer before the contribution is processed. | | | | | | | | | | |
| Employer Name | | | | | | | | | | |
| Employer Address | | | | | | | | | | |
| Post Code | Company No. | | | | | | | | | |

Please return completed form to:

Hartley Pensions Ltd, 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



THIRD PARTY CONTRIBUTIONS

| Single Contribution | £ Regular 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 | | | | | | | | | | | |
| For regular contributions please also complete our direct debit mandate and return it with this form | | | | | | | | | | | | |
| Contributor Name | | | | | | | | | | | | |
| Contributor Address | S | | | | | | | | | | | |
| Post Code | Date of Birth | | | | | | | | | | | |
| Relationship to Member | | | | | | | | | | | | |
| Contributor NI Number | | | | | | | | | | | | |
| Contributor Driving License/Passport No. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| If pa | payment is being made by cheque please make cheque payable to The Hartley Pensic | on Scheme re (Your name)' | | | | | | | | | | |
| Due d | diligence checks will be completed on the Employer before the co | ntribution is processed. | | | | | | | | | | |
| | | | | | | | | | | | | |
| Important Note | | | | | | | | | | | | |
| I | I understand Hartley Pensions may use a third party to correspond directly | y with my employer. | | | | | | | | | | |
| 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). | | | | | | | | | | | | |
| Signature | | Date | | | | | | | | | | |

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TAX ENTITLEMENT DECLARATION

| Member Nan | ne | | | | | | | | | | | |
|---|--------------|--|---|-------------------|------------|--|--|--------------|-------------|------------|--|--|
| Scheme Num | ber | | | NI No. | | | | | | | | |
| | | | | | | | | | | | | |
| TAX ENTITLEMENT | | | | | | | | | | | | |
| Please read | the below s | statements and select of | one option which | is applicable to | you. This | will enable | e us to r | eclaim the | relevant ta | ax relief. | | |
| | Optio | on 1 | Option 2 | | | | Option 3 | | | | | |
| I have relevant UK earnings chargeable to income tax or general earnings from overseas crown employment subject to UK income tax in the current tax year and I am, or have been a resident in the UK at some time in the current tax year | | My spouse/civil partner have general earnings from overseas crown employment subject to UK tax for the current tax year. 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 income tax | | | X • I a | I am not a UK resident and I have not been for the previous 5 years I am over the age of 75 | | | | | | |
| | | I was a resident when I became a member of the SIPP and have been a UK resident in the previous 5 years but do not have UK relevant earnings in the current tax year | | | | | | | | | | |
| We will claim basic rate tax relief (20%) on your whole contribution | | | We will claim tax relief up to a maximum of £3,600 gross (£2,880 net) | | | | We will not claim any tax relief on your contribution. | | | | | |
| | | | | | | | | | | | | |
| | | | DEC | LARATION | | | | | | | | |
| I confirm that | the total g | ns to invest all funds regross contributions ma er of £3,600 gross or | nde to all UK regi | stered pension | schemes | | am enti | itled to tax | relief in a | ny year | | |
| | | Administrator if I am if from the date of cha | _ | d to tax relief c | n my con | tributions r | no later | than the e | nd of the | tax | | |
| administering | ı my plan. I | Key Features Of the H hereby apply to Hartl Trust Deed and Rules. | | | | | | | | | | |
| I confirm that | , to the bes | t of my knowledge, th | e information pro | ovided on this A | pplication | Form and t | the acco | ompanying | forms are | correct. | | |
| It is a serious offence to make false statements and doing so could lead to prosecution. | | | | | | | | | | | | |
| Signed | | | | | | Dat | te | | | | | |

Please note - the application cannot proceed unless this form is fully completed.

Please return completed form to:

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