



Please return completed form to: Direct Sharedeal Stockbrokers, 2nd Floor, 4 West Regent Street, Glasgow, G2 1RW

Tel: 0141 270 3200 – Fax: 0141 270 3222 – E-mail: glasgow@directsharedeal.com

The Lifetime SIPP



Expression of Wishes Form

Under the provisions of The Lifetime SIPP from The Lifetime SIPP Company Ltd (TLSC), any payments due on the death of a member are made at the discretion of the Scheme Trustees. In order that the Trustees are aware of the member's wishes, you are requested to complete the Expression of Wishes form below, and to give it to TLSC for safe custody. The statement can be withdrawn at any time and a new one substituted.

The amounts payable on death can be very valuable, so it is important that all members consider what their wishes are. The Trustees also recommend that all members review such statements at regular intervals, particularly when there is any change in personal circumstances.

The Member:

Title:

Surname:

Forenames:

I understand that the Trustees of the scheme have absolute discretion as to payment of any lump sum from the Pension Scheme in the event of my death. However, if and when the Trustees exercise their discretion, I would like them to take into account that my wishes as to how it should be paid are as stated below. I understand that I can cancel or change this statement at any time.

Full name of person I wish to benefit	Relationship to me	Address	Proportion/Order of preference

Notes:

1. If you wish to choose a person(s) who you would like to benefit only if your other proposed recipients have died before you, please explain this. (For example, spouse/partner 100%, or if they die before you, children in equal proportions.)
2. Under no circumstances should your signature on this form be witnessed.

Signed:

Dated:

Please return completed form to: Direct Sharedeal Stockbrokers, 2nd Floor, 4 West Regent Street, Glasgow, G2 1RW

Tel: 0141 270 3200 – Fax: 0141 270 3222 – E-mail:glasgow@directsharedeal.com



Please return completed form to: Direct Sharedeal Stockbrokers, 2nd Floor, 4 West Regent Street, Glasgow, G2 1RW

Tel: 0141 270 3200 – Fax: 0141 270 3222 – E-mail: glasgow@directsharedeal.com

The Lifetime SIPP



Standing Order Form

Please complete and return to the address show at the foot of this form.

Bank Name & Address:

Postcode:

Bank Account Number:

Sort Code:

Name of Account:

Debit amount:

£

In words:

Commencement date:

__ / __ / ____

D D M M Y Y Y Y

Special instructions:

Authority:

(Please use BLOCK CAPITALS)

Please make the above payments on my / our behalf and continue such payments until further notice from me / us in writing. This authority supersedes any existing order to The Lifetime SIPP Company Ltd.

Name:

Address:

Postcode:

Signed:

Dated:

If signing on behalf of a company, please state position:

This portion to be completed by Direct Sharedeal.

Bank to which payment is to be made:

Sort Code:

Account to be credited:

The Lifetime SIPP re

Bank Account Number:

Reference:

Please return completed form to: Direct Sharedeal Stockbrokers, 2nd Floor, 4 West Regent Street, Glasgow, G2 1RW

Tel: 0141 270 3200 – Fax: 0141 270 3222 – E-mail: glasgow@directsharedeal.com



Please return completed form to: Direct Sharedeal Stockbrokers, 2nd Floor, 4 West Regent Street, Glasgow, G2 1RW

Tel: 0141 270 3200 – Fax: 0141 270 3222 – E-mail: glasgow@directsharedeal.com

The Lifetime SIPP



Contributions Form

Please note that you can only make contributions above £3,600 per annum gross in respect of income taxed under Schedule D or Schedule E of the Income and Corporation Taxes Act 1988.

Title: _____ **Surname:** _____

Forenames: _____

Employment status (please tick as appropriate):

Employed: **Self-employed:** **Unemployed:** **Retired:**

Employer's name: _____

Employer's address: _____

_____ **Postcode:** _____

Current "Net Relevant" Earnings (per annum): _____

Contributions you wish to make (Gross if by employer ; net of basic rate tax relief, if personal .)

Single contribution: £ _____ **Regular contribution:** £ _____

Frequency (please tick): Monthly Yearly

Please confirm with a tick as follows:

1. I am making no other contributions to any registered pension scheme,

OR

2. My gross current contributions to my other registered pension scheme(s) are £ _____ p.a.

I understand that if I am making personal contributions net of basic tax relief, The Lifetime SIPP Company Ltd will reclaim from the HM Revenue & Customs the tax I have deducted from the gross contribution and credit this to my SIPP account. I agree that, should I not be able to justify any contribution (or part thereof) by providing evidence of suitable earnings when requested. The Lifetime SIPP Company Ltd will repay to HM Revenue & Customs the tax already reclaimed by drawing on my SIPP account, and I will ensure there are funds in my account to meet such a repayment.

I confirm that I am eligible to pay contributions to the Lifetime SIPP and I am resident and ordinarily resident in the United Kingdom. If there are any changes in my circumstances as stated above or if I cease to have Net Relevant Earnings, I confirm that I will notify you accordingly within 30 days of such change.

Please ensure that any cheque representing a contribution to your SIPP is made payable to: "The Lifetime SIPP re (Your name)"

It is a serious offence to make false statements and doing so could lead to prosecution.

Please return completed form to: Direct Sharedeal Stockbrokers, 2nd Floor, 4 West Regent Street, Glasgow, G2 1RW

Tel: 0141 270 3200 – Fax: 0141 270 3222 – E-mail: glasgow@directsharedeal.com



Please return completed form to: Direct Sharedeal Stockbrokers, 2nd Floor, 4 West Regent Street, Glasgow, G2 1RW

Tel: 0141 270 3200 – Fax: 0141 270 3222 – E-mail: glasgow@directsharedeal.com

The Lifetime SIPP



Transfer in Form

Title: _____ Surname: _____

Forenames: _____

About the transferring scheme

Name: _____

Reference: _____

Address: _____

Postcode: _____

Amount of transfer: £ _____

Type of scheme you are transferring from – please indicate with a tick ✓ as follows:

- | | | | | | |
|---------------------|--------------------------|----------------|--------------------------|----------------------|--------------------------|
| Retirement Annuity: | <input type="checkbox"/> | Buy out 'S32': | <input type="checkbox"/> | Occupational Scheme: | <input type="checkbox"/> |
| Statutory scheme: | <input type="checkbox"/> | SSAS: | <input type="checkbox"/> | Personal Pension: | <input type="checkbox"/> |
| Free standing AVC: | <input type="checkbox"/> | | | | |

Please confirm the following with a tick ✓ as appropriate:

- 1 (a) I have not received any benefits from the transferring scheme.
- OR
- (b) I attach statement of benefits I have received from the transferring scheme
- 2 If the transfer is from a scheme with a retirement age below 50, I attach a certificate showing the age at which benefits may be taken.

It is a serious offence to make false statements and doing so could lead to prosecution.

Signed: _____ Dated: _____

Please return completed form to: Direct Sharedeal Stockbrokers, 2nd Floor, 4 West Regent Street, Glasgow, G2 1RW

Tel: 0141 270 3200 – Fax: 0141 270 3222 – E-mail: glasgow@directsharedeal.com

Draft letter of Authority

Address: _____

Postcode: _____

To whom it may concern:

In respect of pension arrangements made on my behalf now or at any time in the past, I

Title: _____

Surname: _____

Forenames: _____

I hereby authorise any competent person to provide information relevant to my pension arrangements to Direct Sharedeal and The Lifetime SIPP Company, on presentation of this letter or a facsimile of it.

Signed: _____

Dated: _____



Please return completed form to: Direct Sharedeal Stockbrokers, 2nd Floor, 4 West Regent Street, Glasgow, G2 1RW

Tel: 0141 270 3200 – Fax: 0141 270 3222 – E-mail: glasgow@directsharedeal.com