



EU SIPP - Form B - Contribution Form

Member Name Policy Number

1. Regular contributions (if applicable) - Please complete a standing order instruction (Form F)

| | Name | Amount | Frequency (please circle) | |
|--|------|--------|---------------------------|---------------------|
| Personal (from your account) | | £ | Monthly Half-yearly | Quarterly Annual |
| Personal (deducted from salary) (complete section 4) | | £ | Monthly Half-yearly | Quarterly Annual |
| Employer (complete section 4) | | £ | Monthly Half-yearly | Quarterly Annual |
| Third party (complete section 5) | | £ | Monthly Half-yearly | Quarterly Annual |

2. Single contributions

| | Name | Amount |
|--|------|--------|
| Personal (from your account) | | £ |
| Personal (deducted from salary) (complete section 4) | | £ |
| Employer (complete section 4) | | £ |
| Third party (complete section 5) | | £ |

3. Source of Wealth

Occupation / nature of business

Annual earnings / net annual turnover £

Source of funds for the investments

(e.g. a UK bank account)

4. Employer's Declaration (if applicable)

I/We confirm that:

- I/We will deduct the necessary employee contributions from the Applicant's salary after tax and National Insurance have been deducted as they become due and send this to London & Colonial.
- I/We understand that failure to provide information that prevents London & Colonial from monitoring the payment of contributions must be reported to The Pensions Regulator.
- I/We agree to pay the contributions detailed above until further notice and will inform London & Colonial of any changes to the amounts due.
- I/We agree to advise London & Colonial immediately if any member is to leave our employment. Unless otherwise agreed in writing, we confirm that employer contributions will only be paid in respect of people currently employed and will cease if the member leaves employment.
- I/We understand that London & Colonial will aim to verify the identity of the company electronically to satisfy anti-money laundering regulations. In the event that London & Colonial are unable to do this, they will request documentary evidence as an alternative. London & Colonial will delay applications until sufficient identification has been provided.

Signed Position

Date

Name (block capitals) Employer

EU SIPP - Form B - Contribution Form

5. Third party Declaration – for Third party contributions ONLY

I/We confirm that:

- I/We agree to pay the contributions detailed above until further notice and will inform London & Colonial of any changes to the amounts due.
- I/We understand that London & Colonial will aim to verify the identity of the third party electronically to satisfy anti-money laundering regulations. In the event that London & Colonial are unable to do this, they will request documentary evidence as an alternative. London & Colonial will delay applications until sufficient identification has been provided.

| | | |
|--|----------------------|----------------------|
| Signed | <input type="text"/> | |
| Full name (<i>block capitals</i>) | <input type="text"/> | |
| Capacity | <input type="text"/> | |
| Date of birth (<i>if individual</i>) | <input type="text"/> | |
| Name of company (<i>if applicable</i>) | <input type="text"/> | |
| Address line one | <input type="text"/> | |
| Address line two | <input type="text"/> | |
| Town | <input type="text"/> | |
| County | <input type="text"/> | |
| Country / Postcode | <input type="text"/> | <input type="text"/> |

6. Payment Method

Single contribution

☐

Cheque

☐

Contribution In Specie

(*please provide asset details separately*)

Regular contributions

☐

Standing Order instruction (*Form F*)

7. Start date for regular contributions

☐

ASAP

OR

Date

Signed

Date

Please complete a standing order instruction (Form F) for each regular payment.