

SIPP/SSAS Pension Scheme Account

SIPP (Self Invested Personal Pension) and SSAS (Small Self Administered Scheme) Pension Scheme Account Request Form

How to fill in this form

- Please complete all boxes, marking NOT APPLICABLE in the sections that do not apply
- Once completed, please print and sign in the Customer Declaration sections as appropriate
- Keep a copy for your records

Next steps

 Please return the completed and signed form to the address below:

National Pensions Team Ashton House 497 Silbury Boulevard Milton Keynes MK9 2LD

Please specify the purpose of the application:
Client Account Loan Account Remediation of existing Barclays Account
I/We authorise Barclays Bank UK PLC to open/maintain a Pension Scheme Account in the name of

Section 1. Details of the SIPP/SSAS Pension Scheme and account operation details

Scheme formation date Country of domicile – if no	ot UK II	ndicate type of scheme – tick one
DUMMITII		SIPP SSAS
Correspondence contact details		
Contact name	Correspondence title	
Contact phone number	Contact address	
	Building name/number	
Contact fax number	Road	
	Area	
Contact email address	County Pos	stcode
Statement details		
Correspondence title	Correspondence title	
Main statement address	Duplicate statement address	
Building name/number	Building name/number	
Road	Road	
Area	Area	
County Postcode	County Pos	stcode
Statement format/frequency		Start date
Daily Weekly Monthly Quarterly Half yearly	Annually	D D M M Y Y Y Y
		DUMMITI
Cheque/credit book details		
Correspondence title	Credit book requirements	Cheque book requirements
	30 with quadruplicate slips	60 cheques with counterfoil
Address for cheque/credit book delivery	40 with triplicate slips	240 cheques with counterfoil
Building name/number	60 with duplicate slips	
Road	Special requirements	
Noau	Special requirements	
Area		
Area County Postcode		

Section 2. Personal information

Member 1	
Full name	Country of residence
Date of birth	Trustee
D D M M Y Y Y Y	Yes
Nationality	No
	Source of funds
Address	
Postcode	
Member 2	
-ull name	Country of residence
Date of birth	Trustee
D D M M Y Y Y Y	Yes
Nationality	No
	Source of funds
Address	
Postcode	
Member 3	
ull name	Country of residence
Date of birth	Trustee
D D M M Y Y Y Y	Yes
Nationality	No
	Source of funds
Address	
Postcode	

Member 4	
Full name	Country of residence
an name	
Date of birth	Trustee
D D M M Y Y Y Y	Yes
Nationality	No
	Source of funds
Address	
Postcode	
1.5.10.5.05	
Member 5	
Full name	Country of residence
Date of birth	Trustee
D D M M Y Y Y Y	Yes
Nationality	No
	Source of funds
Address	
Postcode	
Member 6 Full name	Country of recidence
ruii name	Country of residence
Date of birth	Trustee
D'D'M'M'Y'Y'Y	Yes
Nationality	No
	Source of funds
Address	
Doctor J.	
Postcode '	

Trustee 1	
Full name	Address
Date of birth	
D'D'M'M'Y'Y'Y'Y	Postcode
Nationality	Country of residence
vacionality	Country of residence
Trustee 2	
Full name	Address
Date of birth	
D D M M Y Y Y Y	Postcode
Nationality	Country of residence
and and	
Trustee 3	
- ull name	Address
Date of birth	
D D M M Y Y Y Y	Postcode
Nationality	Country of residence
,	
Trustee 4	
Full name	Address
Date of birth	
D D M M Y Y Y Y	Postcode
Nationality	Country of residence
Trustee 5	
-ull name	Address
Date of birth	
D D M M Y Y Y Y	Postcode '
Nationality	Country of residence
Trustee 6	Address
Full name	Address
Date of birth	
	Postcode
D D M M Y Y Y Y	rosicode

Section 3. Other related parties

Company name	Address – including country	
ature of business		
	Country	Postcode
egistered number	Country	osteode
Corporate trustee		
Company name	Address – including country	
legistered number		
	Country Pr	Postcode '
Scheme provider – if applicable		
Company name	Address – including country	
Registered number		
	Country Pr	Postcode
Scheme practitioner – if applicable		
Company name	Address – including country	
Registered number		
	Country	Postcode
Scheme administrator – if applicable		
if the SIPP/SSAS Plan Provider will be appointing/has app	pinted a corporate entity to act as a	dministrator to the above specified
SIPP/SSAS Pension Scheme which will exclusively have be with Barclays Business Banking for the SIPP/SSAS, please	en delegated authority over the mar	ndate for the bank account held
Company name	Address – including country	
Desire and assert as		
Registered number		

Section 4. Source of funds

Source of funds	
Please give the account details of the initial funds used to open the account (details of disinvestment, transfer in or regular contribution)	
Account name Amount	
£	
Sort code Account number	
Section 5. Declarations	
A. Pension Scheme Provider SIPP/SSAS declaration	
In respect of the above named SIPP/SSAS Pension Scheme ('the Scheme'), I/we confirm and certify that: 1. The Scheme – please tick as applicable – at least one must apply: falls within the definition of pension schemes as provided for in Regulation 13 (7)(C) of the UK Money Laundering Regulations 2007 is a UK HMRC Registered Scheme	lue diligence 'we am/are nare this information
B. Countries traded with/sanctions declaration I/We confirm that the Scheme does not have any associations or connections with Iran, Syria, Myanmar, Sudan, North Korea or intends to have any associations or connections with the countries referred to above (whether direct or indirect, through investr related or otherwise) I/we will advise Barclays immediately. Further should Barclays become aware that the Scheme is undertaki involving any party or country subject to economic sanctions imposed by applicable local, UK or USA authorities (whether direct I/we acknowledge that Barclays may take action to freeze or close the Scheme's account(s) depending on the precise circumstabelow I/we agree and confirm that the information given in this application is true and correct. I/we confirm that if any of the deliver will let Barclays Business Banking know immediately.	ments, income ing any business tly or indirectly), ances. By signing
I/We confirm that the information provided in this form is correct. If the details in this form have been completed by a non FCA regulated entity, please confirm how the identity of the beneficiaries has been established i.e. Announcement letter from the principal employer or confirmation from a previous professional trustee. Name I/We authorise Barclays Bank UK PLC to open a Pension Account and/or update details relating to the Pension Account in the Name of – enter full pension scheme name Signature Date	
D'D'M'M'Y'Y'Y	
On behalf of – if applicable	
Firm name Address	
FCA registered number – if applicable Postcode	
Company registered number – if applicable	

You can get this in Braille, large print or audio by calling 0800 400 100* (via Text Relay if appropriate) or by ordering online from barclays.co.uk/accessibleservices

*Calls to 0800 numbers are free from UK landlines and personal mobiles, otherwise call charges may apply. Please check with your service provider. To maintain a quality service, we may monitor or record phone calls. Barclays Bank UK PLC is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Financial Services Register No. 759676). Registered in England. Registered No. 9740322. Registered Office: 1 Churchill Place, London E14 5HP. Barclays Bank UK PLC adheres to The Standards of Lending Practice which is monitored and enforced by the Lending Standards Board. Further details can be found at www.lendingstandardsboard.org.uk

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