

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:

Barclays 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 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	Indicate type of scheme – tick one
D D M M T T T T		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 Po:	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 Po:	stcode
Statement format /frequency		Start date
Statement format/frequency	Appually	D D M M Y Y Y Y
Daily Weekly Monthly Quarterly Half yearly	Annually	DDMMYYYY
Cheque/credit book details		
•	Cun dit has als up assissants	Cheque book requirements
Tarrachandanca titla		CHECKLE DOOK FERTURENTS
Correspondence title	Credit book requirements	
	30 with quadruplicate slips	60 cheques with counterfoil
Address for cheque/credit book delivery	30 with quadruplicate slips 40 with triplicate slips	
	30 with quadruplicate slips 40 with triplicate slips 60 with duplicate slips	60 cheques with counterfoil
Address for cheque/credit book delivery	30 with quadruplicate slips 40 with triplicate slips	60 cheques with counterfoil
Address for cheque/credit book delivery Building name/number	30 with quadruplicate slips 40 with triplicate slips 60 with duplicate slips	60 cheques with counterfoil

Section 2. Personal information

Please detail the scheme members/beneficiaries and indicate v	whether they are trustees.
	care. are a datees.
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	
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 Postcode	
Member 3	
Full name	Country of residence
Date of birth	Trustee
D'D'M'M'Y'Y'Y	Yes
Nationality	No
	Source of funds
Address	
, , , , , , , , , , ,	
Postcode	

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 5	
Full name	Country of residence
uii name	Country of residence
Date of birth	Tweeter
D D M M Y Y Y Y	Trustee
	Yes
Nationality	No
	Source of funds
Address	
_ ,	
Postcode	
Member 6	
Full name	Country of residence
unname	Country of residence
Data of high	Truston
Date of birth D D M M Y Y Y Y	Trustee
	Yes
Nationality	No
	Source of funds
Address	
Postcode	

Please detail any individual trustees who are not	also members/beneficiaries.
Trustee 1 Full name	Address
Date of birth	Postcode
Nationality	Country of residence
Trustee 2 Full name	Address
Date of birth	
D'D'M'M'Y'Y'Y	Postcode
Nationality	Country of residence
Trustee 3	
Full name	Address
Date of birth	Postcode
D D M M Y Y Y Y Nationality	Country of residence
Trustee 4 Full name	Address
Date of birth	Postcode
Nationality	Country of residence
Trustee 5	
Full name	Address
Date of birth	
D D M M Y Y Y Y Y Y Nationality	Postcode Country of residence
recondity	
Trustee 6	Address
Full name	, add ess
Date of birth	Postcode
Nationality	Country of residence

Section 3. Other related parties

egistered number Corporate trustee company name egistered number	Country Address – including	Postcode
egistered number Corporate trustee company name		
Corporate trustee ompany name		
ompany name	Address – including	country
ompany name	Address – including	country
ompany name	Address – including	country
	- Tual ess moladarig	
egistered number		
	Country	Postcode
cheme provider – if applicable		
ompany name	Address – including	country
egistered number		
	Country	Postcode
cheme practitioner – if applicable		
ompany name	Address – including	country
egistered number		
	Country	Postcode
	,	
cheme administrator – if applicable		
the SIPP/SSAS Plan Provider will be appointing/has appointe IPP/SSAS Pension Scheme which will exclusively have been drith Barclays Corporate Banking for the SIPP/SSAS, please pro	elegated authority ov	er the mandate for the bank account held
ompany name	Address – including	
egistered number		
	Country	Postcode

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	n)
Account name	Amount
	£
Sort code Account number	
Section 5. Declarations	
A. Pension Scheme Provider SIPP/SSAS declaration	n
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	2. The personal information provided in Section 2 above was obtained by me/us in relation to the Know Your Customer due diligence completed by me/us for the related parties and I/we am/are expressly authorised by the person(s) named to share this information with Barclays Corporate Banking for the purposes of opening a bank account for the aforenamed SIPP/SSAS.
intends to have any associations or connections with the countries referelated or otherwise) I/we will advise Barclays immediately. Further sho involving any party or country subject to economic sanctions imposed by	uld Barclays become aware that the Scheme is undertaking any business by applicable local, UK or USA authorities (whether directly or indirectly), Scheme's account(s) depending on the precise circumstances. 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 Job title	I/We authorise Barclays Bank PLC to open a Pension Scheme Account and/or update details relating to the Pension Scheme Account in the Name of – enter full pension scheme name Signature Date
On behalf of – if applicable	Address
Firm name	Addiess
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

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^{*}Lines are open 7 days a week, 7am to 11pm. To maintain a high quality of service we may monitor or record phone calls.