



# Application Form

**The Sharia Compliant**

**Pointon York Individual SIPP and  
Single Investment SIPP**

# Contents

Part 1	Personal Details	3
Part 2	Details of your Occupation and Eligibility	4
Part 3	Contributions	5
Part 4	Investment Strategy	6
Part 5	Facsimile and Email Instructions	7
Part 6	Expression of Wish	8
Part 7	Member's Declaration	10

# Checklist

**Please ensure you fill in the following forms (if applicable).**

- Transfer in Form (please complete one for each transfer)
- Standing Order Form
- Money Laundering Form
- Commercial Property Form

These forms are obtainable from your Financial Adviser or from our website [www.pointonyork.co.uk](http://www.pointonyork.co.uk). Please call us if you require further help with your application, we can be reached on **01858 419300**.

# 1 Personal Details

Please complete the Application Form as fully as possible, using BLOCK CAPITALS throughout; boxes should be ticked where marked. Should you have queries please contact us on 01858 419300. All information provided will be treated in confidence and be subject to the Data Protection Act 1998.

Please indicate the type of SIPP this application is for:    Single Investment SIPP     Individual SIPP

For further details of the individual schemes please ensure you read the relevant Key Features document along with the Fee Schedule and Terms and Conditions.

## Applicant

Title

Forename(s)

Surname

Permanent Residential Address

Postcode

Daytime Telephone Number

Evening Telephone Number

Mobile Telephone Number

Email

National Insurance Number

Tick if you have no National Insurance Number

Date of Birth

Male

Female

Marital Status (please tick one option)

Single

Married

Divorced

Separated

Widowed

Civil Partnership

Spouse's/Partner's Name (if applicable)

Spouse's/Partner's Date of Birth

Nationality

Selected Retirement Age

(Over 55)

**PLEASE NOTE:** This is an indication only and does not constitute a binding decision. If you are joining The Sharia Compliant Pointon York Single Investment or Individual SIPP purely to transfer in benefits already in payment through income withdrawal then you do not need to complete this box.

## 2 Details of your Occupation and Eligibility

### Employment Details

What is your occupation?

Please tick one of the following options:

I am employed (if this option applies please provide the following information about your employer)

Company Name

Employer Address

Postcode

Work Telephone Number

Fax Number

Work Email

I am self employed (i.e. taxed under Schedule D)

I am in receipt of a pension taxable under Schedule E (PAYE)

I care for one or more children under the age of 16

I care for a person aged 16 or over

I am in full time education

I am under school age (16)

I am unemployed

Other

## 3 Contributions

Please complete this section if you intend to make a single or regular contribution into your Sharia Compliant Pointon York SIPP. If you are transferring funds from another pension provider, please complete a Pointon York transfer in form.

### Your Contributions

	Personal	Employer <sup>1</sup>
<b>Regular:</b> please insert the GROSS regular contribution (not less than £50 per month)	<input type="text"/> (Paid net of basic rate tax)	<input type="text"/> (Paid gross)
<b>Single (one-off):</b> Please specify amount (not less than £1,000) (Please make cheques payable to Crescent Trustees Limited)	<input type="text"/>	<input type="text"/>
<b>Frequency of regular contributions</b>	Monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>
<b>Start date for regular personal contributions</b>	<input type="text"/>	

**1** If your employer wishes to contribute to your SIPP we will write to that employer and ask them to complete a 'Record of Payment Due' form. Upon receipt of this completed form we will issue to them our standing order mandate for completion and return.

### Annual Allowance

Your first 'pension input period' for Annual Allowance purposes will start on the first day contributions are made to your Arrangement(s), as appropriate, under The Sharia Compliant Pointon York SIPP and, unless you tell us otherwise, will end on the following 5th April. Subsequent 'pension input periods' will then run from 6th April to 5th April (aligned with the tax year start and finish).

If you want your 'pension input periods' under The Sharia Compliant Pointon York SIPP to end on a different date please specify your preferred end date.

### Registration for 'Protection'

If you have registered with HMRC for Protection, please tick whichever of the following boxes apply. Please consult your IFA if you are not sure about the answer to this question.

If you have registered for protection, please provide a copy of the certificate from HMRC confirming this.

Primary

Enhanced

Both Primary  
and Enhanced

Fixed

## 4 Investment Strategy

### Investment Instructions

#### Do you wish to appoint an Investment Manager?

(This may be your Financial Adviser, a stockbroker, or another Regulated Investment Manager).

Yes

No

#### We will require your Investment Manager to sign our Investment Manager Agreement (IMA).

If 'Yes', on which basis do you wish to make this appointment? (Please tick one box only).

**Execution only** "Transacts trades on your or your Financial Adviser's instructions."

**Advisory** "Provides investment advice which you or your Financial Adviser may chose to act upon."

**Discretionary** "Without recourse to you, your appointed Investment Manager will manage your pension fund and merely report on investments made."

If 'No', do you wish us to take written investment instructions on your behalf from your Financial Adviser?

Yes

No

Please provide the following details:

**Name of Investment Manager / Financial Adviser**

**FSA Authorisation Number**

**Address**

**Postcode**

**Telephone Number**

**Fax Number**

**Email**

Please confirm how much of your fund you wish to be invested by this Manager.

(Please note that a percentage relates to the total fund excluding the £1,000 minimum that must be held in the compulsory bank account).

%

or

£

Do you wish this to continue for future cash receipts in your fund? (Please tick one box only).

Please continue until I advise to the contrary

Please use current assets only

If you have indicated above that you either wish to appoint an Investment Manager or for us to take instructions from your Financial Adviser, are you content for us to accept their instructions by fax or email? If yes, we will require them to sign our Facsimile and E-mail instruction form (which is available upon request).

Yes

No

**IMPORTANT: By signing the Member's Declaration in Part 7 you are agreeing to the above.**

Please advise Pointon York SIPP Solutions Limited as soon as possible if you want to change any of the above arrangements. These instructions will continue until such time as we are instructed otherwise.

If you purchase an asset jointly your scheme's ownership will depend upon the amount deducted from your fund and invested in that asset.

## 5 Facsimile and Email Instructions

### Authority to accept Member facsimile and email instructions

Name of Member

To Crescent Trustees Limited and Pointon York SIPP Solutions Limited

Please take instructions from the below email address: -

Email

1. Notwithstanding the terms of any mandate which I may have previously given to you, I request and authorise that from the date of this instruction you should act upon instructions received by you by:-

- Facsimile which purports to come from myself and which will be signed in accordance with my existing authority with you
- Email which purports to come from myself from the email address I have supplied above

This authority shall extend to all matters concerning or in any way connected with my accounts and the relationship between us including without prejudice to the generality of the foregoing:-

- (a) the transfer of funds, and
- (b) the completion & submission of investment applications with transfer of funds.

2. In consideration of your agreeing to my request set out in paragraph 1, I hereby agree to indemnify you and hold you harmless in respect of all or any actions, proceedings, claims, losses, costs, charges or expenses which may be raised against you or incurred by you as a consequence of your acting on instructions received by you by facsimile transmission or an email from the email address stated on the original application form which purports to come from myself and, where appropriate, these instructions are signed in accordance with my existing authority: for these purposes you shall be under no obligation to make any enquiry as to the authority or identity of the person making or purporting to make such communication.

3. I further irrevocably authorise you at your discretion, without any further consent from myself to debit any of our accounts with yourselves with sums payable by myself hereunder.

4. I further hereby undertake to ensure that in a case of facsimile or email instructions the original of any letter to you will be clearly marked on the face with the word "confirmation" when it is forwarded to you and that **YOU SHALL BE ENTITLED BUT NOT OBLIGED TO TREAT ANY SUCH ORIGINAL LETTER WHICH IS NOT CLEARLY MARKED ON ITS FACE WITH THE WORD "CONFIRMATION" AS A NEW OR FURTHER INSTRUCTION.**

5. Save as specifically amended hereby any existing mandate by myself shall continue in full force and effect. This authority and indemnity shall continue in full force and effect until specifically withdrawn in writing by myself and any such withdrawal shall not have effect in relation to any instructions received by you prior to the expiry of two business days from receipt of such withdrawal.

**IMPORTANT: By signing the Member's Declaration in Part 7 you are agreeing to the above.**

## 6 Expression of Wish

### Nomination Form

Pointon York SIPP Solutions Limited will determine the recipients of the benefits available under your SIPP. In order to speed up the payment of these benefits, and to assist Pointon York SIPP Solutions Limited in paying the benefits in the way that you wish, you are strongly encouraged to complete the following 'Nomination form'. You should indicate below who you wish any funds remaining on your death to be paid to (and where more than one beneficiary, the split of distribution, as a % of funds).

If you have an Islamic Will, your Expression of Wish should follow the terms of that Will. If this applies to you please tick the box.

Please read the Notes overleaf before completing the Expression of Wish below.

Designation Number:

Name:		Non Protected Rights Fund	Protected Rights Fund (if different)
Relationship to you:			
Address:			
Postcode:		%	%
Name:		Non Protected Rights Fund	Protected Rights Fund (if different)
Relationship to you:			
Address:			
Postcode:		%	%
Name:		Non Protected Rights Fund	Protected Rights Fund (if different)
Relationship to you:			
Address:			
Postcode:		%	%
Name:		Non Protected Rights Fund	Protected Rights Fund (if different)
Relationship to you:			
Address:			
Postcode:		%	%
Name:		Non Protected Rights Fund	Protected Rights Fund (if different)
Relationship to you:			
Address:			
Postcode:		%	%
<b>TOTAL</b>		<b>100%</b>	<b>100%</b>

Each column (if both filled in) must total 100%

#### Notes:

- If you want to nominate more than four beneficiaries, please continue on a separate piece of paper, which should be signed and dated.
- You only need to fill in the Protected Rights column if:
  - you intend transferring into your SIPP Protected Rights (or other contracting-out rights) from another registered pension scheme, and
  - you wish to nominate different persons or splits to your other SIPP funds

**IMPORTANT: By signing the Member's Declaration in Part 7 you are agreeing to the above.**

## 6 Expression of Wish

### Explanatory Notes for Expression of Wish

We, us and Pointon York refers hereinafter to Pointon York SIPP Solutions Limited and Crescent Trustees Limited.

#### General Points

1. This Expression of Wish is not binding on the scheme. We have discretion over who should benefit from any remaining funds on your death. However, we will generally follow your Expression of Wish unless there are good reasons not to.
2. Protected Rights are the proportion of any pension rights you hold in a pension scheme that are derived from National Insurance rebates paid to that scheme due to you contracting-out of the State Second Pension. Our Key Features document (available upon request) explains more. There are currently more stringent rules on Protected Rights from your other SIPP funds - see below.
3. Under the tax rules, where you die before age 75, the remaining SIPP funds can generally (although not always) be paid as a lump sum. This lump sum will be taxed at 55% where you have started taking benefits from your SIPP (or the amount paid from the vested part where you have not vested all your SIPP Segments).
4. Where you are survived by a dependant (as defined under the tax rules) they have the option of taking a pension benefit instead of the lump sum, either by securing an income outside the SIPP or direct from the SIPP through income drawdown. If you have any Protected Rights in your SIPP (see below), a pension must be paid where you are survived by a spouse / civil partner. We cannot pay a pension to a non-dependant. Where there is an option, we will leave the lump sum or pension choice open to the beneficiary.
5. If you wish to leave us a more detailed expression of wish (for example, leaving different expressions in different circumstances, or being prescriptive about the form of benefit, or giving different expressions for vested and unvested funds where you plan to phase in benefits), then you can do so by writing to us making clear your wishes (signed and dated).
6. If your circumstances alter, you may change your Expression of Wish at any time by writing to us clearly setting out your new wishes, or by completing a new Expression of Wish form. We will use the most recent instructions that have been received.
7. If you still have funds held in The Sharia Compliant Pointon York SIPP after your 75th birthday then any lump sum paid to your beneficiaries will be subject to a 55% tax charge. Alternatively a dependants pension as in (4) above may be available.
8. There is more information about the rules applying to your SIPP on your death in our Key Features document and our Fact Sheet 5.

#### Protected Rights

9. Currently, if you are survived by a spouse or civil partner any Protected Rights held in The Sharia Compliant Pointon York SIPP on your death must be used to provide them with a pension benefit under DWP legislation and cannot be paid as a lump sum. This does not apply to your other funds held in the SIPP. This restriction is due to be removed in April 2012.
10. Given the above, we allow you the option on the Expression of Wish to nominate different persons for your Protected Rights, or a different split from your other SIPP funds ('Non-Protected Rights').
11. Because of DWP legislation, where you are not survived by a spouse / civil partner we currently have to pay the remaining funds to the person you nominate overleaf (or if you do not nominate, to your estate).

# 7 Member's Declaration

Please read all of the following carefully before signing at the end.

By applying for a Sharia Compliant Pointon York Single Investment or Individual SIPP you are applying for membership of The Sharia Compliant Pointon York SIPP.

The Sharia Compliant Pointon York SIPP is registered with HM Revenue & Customs as a registered pension scheme under the terms of Part 4 of Finance Act 2004 (as amended). It has been registered for the purpose of providing benefits to members and their dependants by way of lump sums and pension income. In this Part, the "Member" refers to you as the individual applying to become a member of The Sharia Compliant Pointon York SIPP. At the time of establishment of your SIPP, the "Trustee" is Crescent Trustees Limited of Pointon York House, Welland Business Park, Valley Way, Market Harborough, Leicestershire LE16 7PS.

You must be able to accept this Part in its entirety; it is not permissible for any of the statements or agreements to be deleted if you wish to join The Sharia Compliant Pointon York SIPP. A copy of the Trust Deed and Rules is available on request.

## Member's Declaration

1. I have read the Terms and Conditions of The Sharia Compliant Pointon York SIPP and agree to these, and have read and understood the Important Information document.
2. I consent to Pointon York SIPP Solutions Limited using the information supplied on this application form in order to administer my membership of The Sharia Compliant Pointon York SIPP and acknowledge that the information will be held on Pointon York SIPP Solutions Limited's computer records. Such information may be disclosed in confidence to regulatory bodies, the bank operating the SIPP bank account, Crescent Trustees Limited as Trustee of The Sharia Compliant Pointon York SIPP, and to any associate and any agent appointed to assist Pointon York SIPP Solutions Limited in administering my membership and any person providing professional services to Pointon York SIPP Solutions Limited.
3. I confirm that I have read, understood and accepted the terms of opening my Sharia Compliant Pointon York Single Investment or Individual SIPP (as appropriate) as outlined in the Important Information document.
4. I request Crescent Trustees Limited to appoint the nominated investment manager as indicated (if applicable), but fully understand and accept that:
  - I am solely responsible for all decisions relating to the purchase, retention and sale of the investments within my SIPP and relating to the nomination of investment managers;
  - I will hold the bank operating the SIPP bank account, Pointon York SIPP Solutions Limited and Crescent Trustees Limited fully indemnified against any claim in respect of such decision or directions.
5. I apply for membership of The Sharia Compliant Pointon York SIPP and agree to be bound by the Trust Deed and Rules of the Scheme. I understand that Pointon York SIPP Solutions Limited will administer The Sharia Compliant Pointon York SIPP by dividing my membership into one thousand separate Segments, and that any Protected Rights brought into the scheme will be kept in a separate arrangement for tax purposes that will also be split into one thousand separate Segments.
6. I confirm that to the best of my knowledge and belief the particulars and declarations given in this application are correct and complete.
7. I confirm that I am a 'relevant UK individual'.
8. I confirm that the contributions made in a tax year to all registered pension schemes in respect of which I am entitled to relief under section 188 of the Finance Act 2004 will not exceed the higher of:
  - the 'basic amount' (currently £3,600); or
  - my 'relevant UK earnings' for that tax year within the meaning of section 189 of the same Act.
9. I confirm that if I intend making contributions over and above these limits or any other contributions which do not benefit from tax relief, I will inform Pointon York SIPP Solutions Limited in writing that no tax relief is due on those contributions. I confirm that the first 'pension input period' for Annual Allowance purposes will start on the first day contributions are made to my arrangement under The Sharia Compliant Pointon York Individual or Single Investment SIPP and will end on the following 5th April. Subsequent 'pension input periods' will then run from 6th April to 5th April (aligned with the tax year start and finish).
10. I will give notice to Pointon York SIPP Solutions Limited if an event occurs as a result of which I will no longer be entitled to relief for my contributions pursuant to section 188 of the Act, no later than:
  - the end of the tax year in which this event occurs; and
  - 30 days after the occurrence of the event whichever is the later.

## 7 Member's Declaration

11. I hereby consent to Pointon York SIPP Solutions Limited obtaining details from the Administrator/ Trustee or Insurance company or other pension provider of any scheme, arrangement or contract of which I am or have been a member and authorise the giving of any such details to Pointon York SIPP Solutions Limited.
12. I agree by my completion of this agreement, with the bank operating my Sharia compliant SIPP bank account, Pointon York SIPP Solutions Limited and Crescent Trustees Limited that, in respect of my membership of The Sharia Compliant Pointon York SIPP, I will not require the withdrawal of trust funds or income from those trust funds held by Crescent Trustees Limited under The Sharia Compliant Pointon York SIPP to be paid to me, except for the payment of benefits under The Sharia Compliant Pointon York SIPP at the time provided by its Rules.
13. I understand that by signing at the end of this Member's Declaration I am confirming the details given, my instructions and my intentions in all of the previous sections of this application. In particular the signature should be treated as if I had individually signed at the end of each of the following:

Part 4 Investment Strategy

Part 5 Facsimile and Email Instructions

Part 6 Expression of Wish

### Execution Only Confirmation

1. In the context of the establishment and ongoing provision of my self-invested personal pension (SIPP), Pointon York SIPP Solutions Limited is the Scheme provider and administrator and Crescent Trustees Limited is the Scheme Trustee.
2. Crescent Trustees Limited and/or Pointon York SIPP Solutions Limited have not provided me with advice with regard to the establishment of my SIPP or its suitability for my circumstances.

3. The responsibility for investment decisions within my SIPP rests either with me, or (where I have chosen to appoint one) my Financial Adviser.
4. I confirm that the above accurately describes the situation regarding my dealings with Crescent Trustees Limited and Pointon York SIPP Solutions Limited.

### Data Protection Statement

I hereby consent to Pointon York SIPP Solutions Limited and related companies within the Group, to:

1. Set-up and administer my self-invested personal programme
2. Send me details relating to my self-invested personal pension
3. Share my details with other companies within the Pointon York Group Limited and their associated companies in order to provide administration services in respect of my plan
4. Pass my details to market research organisations for purposes of confidential market research surveys
5. If you do not want to receive marketing information, please tick this box
6. If you do not wish for your details to be released to market research organisations, please tick this box

### Waiving my Cancellation Rights

I confirm that (please tick the box that applies):

I wish to waive my right to cancel my membership within 30 days of my SIPP being established, and I understand that this means that I will not be able to cancel my Sharia Compliant Pointon York SIPP membership at a later date

I do not wish to waive my rights to cancel my membership within 30 days of my SIPP being established

Member's Signature

Date

**Warning: It is a serious offence to make false statements; the penalties are severe and could invalidate your membership of The Sharia Compliant Pointon York SIPP and lead to prosecution.**

Pointon York SIPP Solutions Limited, the Scheme Administrator, agrees on behalf of the Scheme, to administer The Sharia Compliant Pointon York SIPP as required by the Rules.

Pointon York SIPP Solutions Limited is authorised and regulated by the Financial Services Authority. The FSA Authorisation number is 309975 and the registration details can be viewed on the FSA Register ([www.fsa.gov.uk/register](http://www.fsa.gov.uk/register)).

# POINTON YORK

HELPING CUSTOMERS SUCCEED

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Pointon York SIPP Solutions Limited. Registered in England, No. 4356056.  
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