



Self-Invested Personal Pension Funds (SIPP) Supplementary form

SIPP Member's Details (please complete in full)

Title (Mr, Mrs, Ms, etc)	<input type="text"/>
First name	<input type="text"/>
Middle name(s)	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DD/MM/YYYY)
National insurance number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (AB123456C)
Member pension reference	<input type="text"/>
Name of pension provider	<input type="text"/>

Scheme Administrator

Name of administrator	<input type="text"/>
Address inc postcode	<input type="text"/>
Telephone	<input type="text"/>
Name of contact	<input type="text"/>
Email address	<input type="text"/>
Pension valuation date	<input type="text"/>
HMRC pension reference number	<input type="text"/>

Psigma will need to take the following information into account when designing the appropriate investment strategy:

Income requirements
or details of any significant drawdown requirements anticipated within the next 24 months

Ethical or dealing restrictions to be applied to the investment strategy

Regular contributions to be added to the investment portfolio

Pension Assets

Value of pension assets to be transferred to Psigma

£

Type of transfer

Cash from trustee bank account

In specie from another investment house

Trustee Bank Details

Name of bank

Sort code

Account number

Account payee name

Clients of Intermediaries

Psigma will share relevant information about the pension portfolio with the financial advisor detailed on page 14 of your agreement form.

Please pay my investment adviser the sum of:

£

OR

%

Portal Access

If SIPP administrators would like to register for portal access please contact client.services@psigma.com, and if you already have portal access this will be added to your account(s) upon account opening. SIPP members can request access in section 8.2 of the account opening form.

Declaration

We confirm that I/we have read, understood and agree to be bound by Psigma's terms and conditions. A copy of the terms and conditions can be found on Psigma's website, www.psigma.com. I/we understand that the personal and financial information I/we provided in Psigma's account opening form, and subsequent information provided in this supplementary form, will be used by the Psigma Investment Manager to produce an investment strategy for this pension portfolio and that the investment strategy for this account will be approved by me/us. I/we have completed all sections of this supplementary form and have provided details of any restrictions that I/we wish to impose on the transactions executed on behalf of this pension fund. I/we understand that you will be relying on this information when determining whether an investment is suitable for me/us. I/we undertake to keep you informed of any amendments to the details of this agreement.

I/we enclose a certified copy of the relevant SIPP deed.

Signed by the Member

Name	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>

Signed on behalf of the Trustee Company

	TRUSTEE ONE	TRUSTEE TWO
Name	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	<input type="text"/>
Date	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Capacity	<input type="text"/>	<input type="text"/>

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www.psigma.com

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