

Bank of Scotland Share Dealing SIPP

Additional Contribution Form



This is an application form to pay an additional one-off contribution or establish a regular monthly contribution by Direct Debit. If you wish to vary your existing regular contribution Direct Debit arrangements, then please write to us with details of the changes and do not complete this form.

If you are a responsible person applying on behalf of a member under the age of 18, please complete this form on behalf of the member and sign the declaration in Section 3.

We cannot process your contribution until we receive this form completed and signed.

Please use **BLOCK CAPITALS** only and blue or black ink, ticking boxes where appropriate.

If you would like a copy of this or any other item of our literature in large print, Braille or in audio format, please contact us on 0345 606 1188 or by e-mail at bossipp@sippdeal.co.uk.

Checklist

Please ensure the follow	ing documents accompany	this form when returning	g it to AJ Bell Managem	ent Limited
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	Yes	N/A		Yes	N/A
Contribution cheque (member)			Direct Debit (member)		
Contribution cheque (employer)			Direct Debit (employer) - see important note 3		

Important notes

- 1. All cheques must be made payable to 'Sippdeal Trustees Limited re (Your name)'.
- 2. Unless member contributions are made by cheque drawn on a UK bank or building society account, further checks may be required.
- 3. Where an employer intends to pay regular contributions by direct debit, payments MUST be made from a UK bank or building society account in the employer's name. Single contributions paid by an employer must also be paid by cheque drawn on a UK bank or building society account in the employer's name.
- 4. If you applied for transitional protection after 15 March 2023 and pay a contribution into your SIPP your protection may be revoked. Please contact us for further information if required.

1. Personal details - Member's personal details

Title Dr/Mr/Mrs/Miss/Ms/Other		
Surname		
Forename(s)		
National Insurance number (not required if the applicant is under age 16)		
Permanent residential address		
Town		County
Post code		Country
Home number	Work number	Mobile number

Email address					
Approximate annual earnings (if applicable)					p.a.
Your SIPP reference (if known)					
Marital status (Single/married/civil partner/divorced/widowed/other)					
2. Personal details - Respired if the member is unde		•	's details	s - only co	mplete this section
Title Dr/Mr/Mrs/Miss/Ms/Other					
Surname					
Forename(s)					
Permanent residential address					
Town				County	
Post code				Country	
Home number	Work number			Mobile number	
Email address					
Marital status (Single/married/civil partner/divorced/widowed/other)					

3. Contributions

Please indicate the amount of contributions to be paid to your SIPP

Single Contribution	on					
Member (net)	f		Employer (gross)	f		
Regular Contribut	tion					
Member (net)	£	per month	Employer (gross)	f per mo		
Member Contribu	ıtions					
Please tick one or m	nore of the following	g boxes to indicate	from which source me	ember contrib	utions are to	be funded
Income from empl	oyment		Property	y sale		
Investment/Saving	S	Divorce settlement				
Inheritance						
Other (please spec	cify)					
applicant's behalf, All member contril rate tax from HM R basic rate you can or Welsh taxpayer at that higher rate. the basic rate. Plea their behalf you wi All employer contr Direct Debit, the fit in the employer's r society account in	e.g. a parent, gran- outions are payable evenue & Customs claim any further ta and you pay tax at If you pay tax at lo se note that if you Il not be entitled to ibutions are payab est payment MUST name. Single contri the employer's nar to pay contributio	dparent or spouse e net of basic rate is (HMRC) and cred ax relief to which year a rate higher than wer than the basic are not the member claim any further be made by a chebutions must also me.	pplicant personally, one. They do not included tax (20% for the 202 dit it to your SIPP. If you are entitled via seen basic rate, you will be crate of tax you will so per named on the formatic rate relief. In employer intends the eque drawn on a UK be a be paid by cheque of the point of the personal process.	e employer co 5/26 tax year), ou pay tax at a elf-assessment be entitled to c till be entitled m but are paying o pay regular bank or building drawn on a UK	ontributions. We will reclain higher rate of the contribution of	laim basic than Scottish tax relief ax relief at oution on as by ccount ilding
Employer's name						
Permanent residential address	3					
Town			County			
Post code						
Is the employer list	ed on a recognise	d stock exchange	?	Yes	No)

Electronic payments can be sent to the following account details. Please note that funds will not be applied until we receive the Additional Contribution Form and funds will be returned if the form has not been received within 10 working days:

Account name: Sippdeal Trustees Limited Payments In

Sort code: 12-27-34

Account number: 06980213

Payment reference: Your SIPP Account Code (this will be in the format B......SIP2)

Declaration

I declare that, to the best of my knowledge and belief the details provided in this form are correct, complete and not misleading and that the information provided in the application for my SIPP is still valid, except for any changes specifically advised to the Bank of Scotland Share Dealing SIPP Administration Team.

I further declare that:

- a. I (or the member if this declaration is being made by a parent or responsible person) am under age 75 and am a relevant UK individual under Section 189 of Finance Act 2004;
- b. the total of the member contributions paid to this scheme and to other registered pension schemes, on which I (or the member, if this declaration is being made by a parent or responsible person) am entitled to tax relief, under section 188 of Finance Act 2004, will not exceed, in any tax year, the higher of:
 - i. the basic amount (£3,600 gross for the 2025/26 tax year); or
 - ii. 100% of my (or the member's if this declaration is being made by a parent or responsible person) relevant UK earnings as defined in Section 189 of Finance Act 2004 in that tax year;
- c. the declaration in b) is correct, to the best of my knowledge and belief;
- d. I will give notice to the Scheme Administrator if an event occurs, as a result of which I (or the member, if this declaration is being made by a parent or responsible person) will no longer be entitled to relief on member contributions, under section 188 of Finance Act 2004. I will give this notice by the later of:
 - i. 5th April in the year of assessment in which the event occurs; and
 - ii. the date which is 30 days after the occurrence of that event.

Please sign and date the application (if the member is under 18 the parent or responsible person must sign) and return it to:-

The Bank of Scotland Share Dealing SIPP Administration Team AJ Bell Management Limited 4 Exchange Quay Salford Quays Manchester M5 3EE

Tel: 0345 606 1188

Email: bossipp@sippdeal.co.uk

Name	Date	
Signature		

AJ Bell Management Limited is the Scheme Administrator of the Bank of Scotland Share Dealing SIPP. AJ Bell Management Limited is registered in England No. 3948391. Registered Office: 4 Exchange Quay, Salford Quays, Manchester M5 3EE. Authorised and regulated by the Financial Conduct Authority and on the FCA register under FCA register number 211468. Sippdeal Trustees Limited is a wholly owned subsidiary of AJ Bell Management Limited, registered in England No. 4050222. Registered Office: 4 Exchange Quay, Salford Quays, Manchester M5 3EE. Sippdeal Trustees Limited does not conduct any regulated activities, and is, therefore, not regulated.

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