

## 1. Account holder details

Existing CBAM client reference	<input type="text"/>
Title	<input type="text"/>
First name(s)	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
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"/> <input type="text"/>
Nationality	<input type="text"/>
You must be a UK tax resident to apply for a Close SIPP	<input type="checkbox"/> Yes I am a UK Tax Resident

## 2. Contribution details

**Single payments**

Single contribution details <sup>1</sup>  £ Net / Gross  
Delete as appropriate

Source of payment <sup>2</sup>  Member  Employer

Method of payment <sup>3</sup>  Cheque  BACS

**Regular payments**

**Member**

Regular contribution details  £ Net

Payment start date <sup>4</sup>  D  D /  M  M /  Y  Y  Y  Y

**Employer**

Regular contribution details  £ Gross

Payment start date <sup>4</sup>  D  D /  M  M /  Y  Y  Y  Y

Frequency  Monthly  Quarterly  Annually

Please note any applications that are not completed correctly may incur delays or may have to be returned to you.

- <sup>1</sup> All Member contributions should be made net of basic rate tax. We will reclaim the basic rate tax from HM Revenue & Customs and add this to your Close SIPP. All Employer contributions should be paid gross.
- <sup>2</sup> Please indicate whether this is a personal contribution or it is being paid by your employer.
- <sup>3</sup> Cheques should be made payable to Close Asset Management Limited. Your name should also be written on the cheque. For Employer contributions, the cheque must be drawn on a UK bank or building society account in your employer's name.

Please note payments made by BACS transfer must include client surname and initial in the reference field.

- <sup>4</sup> This can be any date between 1st and 28th of a month.

Please complete the Direct Debit mandate at the back of this form. If your Employer is making the contributions on your behalf, they will need to complete and sign the Direct Debit mandate.

Please allow 15 working days from our receipt of your application for the first payment to be collected.

### 3. Employer details 5

Company name	<input type="text"/>
Company address	<input type="text"/>
	Postcode <input type="text"/>
Company registration number	<input type="text"/>

5 This section should be completed if your employer is making contributions to your Close SIPP.

6 Select the option (one only) that best describes your status.

### 4. Employment status 6

<input type="checkbox"/> Employed	<input type="checkbox"/> In full-time education
<input type="checkbox"/> Self-employed	<input type="checkbox"/> Caring for one or more children under the age of 16
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Caring for a person aged 16 or over
<input type="checkbox"/> Pensioner	<input type="checkbox"/> Other (please specify below)
	<input type="text"/>

### 5. Investment details

#### Close Discretionary Funds

How would you like to invest the money in your account?

Close Discretionary Fund (X Class)	Inc units	Acc units	£ Investment	OR	% Investment
Sustainable Bond Portfolio	<input type="text"/>	<input type="text"/>	£	OR	%
Select Fixed Income Portfolio	<input type="text"/>	<input type="text"/>	£	OR	%
Diversified Income Portfolio	<input type="text"/>	<input type="text"/>	£	OR	%
Conservative Portfolio	<input type="text"/>	<input type="text"/>	£	OR	%
Balanced Portfolio	<input type="text"/>	<input type="text"/>	£	OR	%
Sustainable Balanced Portfolio	<input type="text"/>	<input type="text"/>	£	OR	%
Growth Portfolio	<input type="text"/>	<input type="text"/>	£	OR	%
Managed Income Fund	<input type="text"/>	<input type="text"/>	£	OR	%
Managed Conservative Fund	<input type="text"/>	<input type="text"/>	£	OR	%
Managed Balanced Fund	<input type="text"/>	<input type="text"/>	£	OR	%
Managed Growth Fund	<input type="text"/>	<input type="text"/>	£	OR	%
Tactical Select Passive Conservative Fund	<input type="text"/>	<input type="text"/>	£	OR	%
Tactical Select Passive Balanced Fund	<input type="text"/>	<input type="text"/>	£	OR	%
Tactical Select Passive Growth Fund	<input type="text"/>	<input type="text"/>	£	OR	%

## 6. Managed Portfolio Service (MPS)

	£ Investment	OR	% Investment
Income Plus	£	OR	%
Conservative	£	OR	%
Balanced	£	OR	%
Growth	£	OR	%

## 7. Discretionary Managed Service (DMS)

	£ Investment	OR	% Investment	Fee for investment management
Defensive Income	£	OR	%	%
Income Plus	£	OR	%	%
Conservative	£	OR	%	%
Balanced	£	OR	%	%
Growth	£	OR	%	%

Tick here for the Socially Responsible Investment Portfolio

### Stock Restrictions – DMS

Are there any equities that we should not purchase?

Name(s) of equity(ies)

## 8. Glide Path strategy

Glide Path term	Glide Path risk level	£ Investment
<input type="checkbox"/> 20 years	<input type="checkbox"/> Glide Path I	£
<input type="checkbox"/> 25 years	<input type="checkbox"/> Glide Path II	
<input type="checkbox"/> 30 years		

## 9. External Manager Funds

External fund name	Sedol code	Inc/Acc	£ Investment	OR	% Investment
			£	OR	%
			£	OR	%
			£	OR	%
			£	OR	%
			£	OR	%
			£	OR	%
			£	OR	%
			£	OR	%
			£	OR	%
			£	OR	%

## 10. Declaration and signature

- I declare that, to the best of my knowledge, the details provided in this form are correct, complete and not misleading and that the information provided when the SIPP was established is still valid.
- I understand it is a serious offence to make false statements: the penalties are severe and could lead to prosecution.

Signature – Adviser or account holder	<input type="text"/>
Adviser name or account holder name (BLOCK CAPITALS)	<input type="text"/>
Date of signature	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

## 11. Employer declaration 7

- We understand that as the employer we have no rights to any benefits which are payable under the terms of this plan and the rules of the scheme (which may be amended from time to time).
- We agree to pay the contributions detailed on this form until further notice and will notify Close Brothers Asset Management of any changes to the payments.
- We will advise you immediately if the member leaves our employment.
- We understand that to enable us to make employer contributions to the members SIPP, Close Brothers Asset Management will need to verify the identity of the company.

Signature – For and on behalf of the employer	<input type="text"/>
Print name (BLOCK CAPITALS)	<input type="text"/>
Job title	<input type="text"/>
Date of signature	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

7 To be completed when your employer is making a contribution to your Close SIPP.

To set up a regular contribution, please complete the Direct Debit instruction below and sign and date the form where indicated.

Please retain this guarantee for your records.

### The Direct Debit Guarantee

- This guarantee is offered by all banks and building societies that accept instructions to pay by Direct Debit.
- If there are any changes to the amount, date or frequency of your Direct Debit Close Asset Management Limited will notify you 10 business days in advance of your account being debited or as otherwise agreed. If you request Close Asset Management Limited to collect a payment, confirmation of the amount and the date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Close Asset Management Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when Close Asset Management Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please notify us.

## 12. Direct Debit Mandate

Instruction to your bank or building society to pay by Direct Debit.

Please pay Close Asset Management Limited from the account detailed in this instruction subject to the safeguards assured Direct Debit Guarantee. I understand that this instruction may remain with Close Asset Management Limited and, if so, details will be passed electronically to my bank/building society. Banks and building societies may not accept Direct Debit instructions for some types of accounts.



Name(s) of account holder	<input type="text"/>
Service User Number	<input type="text" value="275071"/>
Bank/building society account 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"/>
Branch sort code	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Reference	<input type="text"/>
Date	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

Name and full postal address of your bank or building society

To: The Manager	<input type="text"/>
Bank or building society name and address	<input type="text"/>
	Postcode <input type="text"/>
Print name (BLOCK CAPITALS)	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

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Name and full postal address of your bank or building society

To: The Manager	<input type="text"/>
Bank or building society name and address	<input type="text"/>
	Postcode <input type="text"/>
Print name (BLOCK CAPITALS)	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

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