

Self Invested Personal Plan Member Bank Account Application Form and Mandate

For action by Scheme provider only

Sterling £ scheme master number	5 2 2 0 8 6 4 3
US dollar \$ scheme master number	
Euro € scheme master number	
Account number allocated	

Please complete this form in BLOCK CAPITALS and black ink and return it to: **Cater Allen Private Bank, 9 Nelson Street, Bradford, BD1 5AN** in the pre-paid envelope provided. If you need any help to complete this form please call us on 01274 369935.

1 Scheme details Applicant to complete

Name of Corporate Trustee M C T r u s t e e s L i m i t e d	Name of Member
Name of Scheme M C T P r i v a t e P e n s i o n	

2 New Account details Applicant to complete

Please tick which **one** Account you wish to apply for, indicate the amount to be deposited and whether a Cheque and / or Paying-in book is required.

	Chequebook	Over the counter Paying-in Book	Postal deposit Paying-in Book
<input checked="" type="checkbox"/> SIPP Bank Account £	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reserve Account for Pensions US Dollar \$		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reserve Account for Pensions Euro €		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Term Deposit Account £			

(chequebooks are not available on currency or Term Deposit accounts.)

Cheques should be made payable to the name that you wish your new Account to be in. No cash, postal orders or third party cheques accepted.

All Deposits from (please tick the appropriate box):

Registered Pension Scheme	<input checked="" type="checkbox"/>	Pension Contributions	<input type="checkbox"/>
Transfer(s) from other Registered Pension Scheme	<input type="checkbox"/>	Other	<input type="checkbox"/>

If 'Other', please specify the source of the funds

Where pension contributions are to be made please indicate from the list below, from which sources your contributions have been funded:

Income from employment	<input type="checkbox"/>	Gift	<input type="checkbox"/>
Income from savings / investment	<input type="checkbox"/>	Property sale	<input type="checkbox"/>
Lottery and other winnings	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>
Divorce settlement	<input type="checkbox"/>	Other	<input type="checkbox"/>

If 'Other' (please specify)

Anticipated contributions £ pa

Name to be shown on new Account (to appear on cheque and / or paying-in book where applicable – 22 characters per line)

M C T P P r e
M C T P P (P R) r e

3 Professional Adviser's details Applicant to complete

Have you been introduced by a Professional Adviser?

Yes No

If 'Yes', please complete the details below. If 'No', go to section 4.

Name of company

Address

Postcode

Telephone

3 Professional Adviser's details (continued) **Applicant to complete**

Contact name

Email

Does your Professional Adviser require copy statements for this account?

Yes No

Copy statements will be provided at the same time as they are provided to the Corporate Trustee as detailed in section 1 of the Application Form and Mandate To Support SIPP Plan Bank accounts to which this application is linked.

4 Personal details of Scheme Member **Applicant to complete**

In order to ensure that our information is always up to date, and to comply with Anti Money Laundering Regulations, please complete the form below. In some circumstances we may not be able to process this request without this information.

Are you an existing customer of Cater Allen Private Bank?

Yes No

If 'Yes' please supply your existing account number

Mr Mrs Ms Miss

Other If 'Other' please state

Forename(s)

Middle Name

Surname

Any other name you have been, or are, known by

Date of birth

Male Female

Nationality

Do you have dual nationality?

Yes No

If 'Yes' please specify

Current home address (permanent residential address)

 Postcode

Country of residence

I confirm that a CVIC (Confirmation of Verification of Identity Certificate) is being supplied

5 Term deposit only **Applicant to complete**

To open a Term Deposit, you must send your funds to us via electronic transfer – we cannot accept a cheque for the deposit amount. On approval of your application to open a Term Deposit, we will contact you to confirm the paying-in details and process.

Please select term required

1 week 2 weeks 3 weeks
 1 month 2 months 3 months
 4 months 5 months 6 months
 7 months 8 months 9 months
 10 months 11 months 12 months

Would you like us to automatically re-invest your Term Deposit at maturity into a new Term Deposit for the same term and the same deposit?

Yes No

If 'No', please complete the section opposite with the details of the account where you wish your deposit and interest to be paid to at the end of the term (UK accounts only).

If 'Yes', would you like us to include your interest in your new Term Deposit?

Yes No

If 'No', please complete the section below with the details of the Account where you wish your interest to be paid to at the end of each term. (UK accounts only).

UK Account to which matured deposit & interest, or interest only, is to be paid to at the end of term:

Sort code - - Account number

Account name

Name of bank

Bank address

 Postcode

This transfer will be made by BACS. If you require it to be sent via same-day CHAPS transfer, then you must tell us this before midday on the day of maturity. CHAPS transfers incur a fee, please see Banking Tariff for details.

6 Account Mandate

Applicant to complete

We The Corporate Trustee
and hereby apply to open a Self
Invested Personal Pension Plan Member Bank Account ('The Account')
with Cater Allen Private Bank ('The Bank') in accordance with the
published Terms and Conditions and in accordance with the Account
Mandate below, which we acknowledge having received and to
which we agree to be bound and any subsequent amendments which
the Bank may inform us of from time to time.

We hereby certify that:

- A We are duly authorised by the Trust Deed of the Scheme to open the Account and operate it as set out in this Mandate and we hereby indemnify the Bank against any losses suffered as a result of any operation of the Account in accordance with this Mandate which is found to be in breach of the Trust Deed.
- B In the event of the death, incapacity or inability to act of the Member, the Bank is able to pay or deliver all money, securities, deeds or documents or any other property which it holds, to the order of the Corporate Trustee.
- C In the event of the inability of the Corporate Trustee to act the Bank will suspend the operation of the Account until such time as a replacement Corporate Trustee is appointed and becomes a party to the Account.

The liability of the Trustee for any indebtedness arising from time to time on the Account shall be limited to the assets held within that part of the Trust's Personal Pension Plan which is referable to the Member.

Authorised Signatories

The Authorised Signatories of the Corporate Trustee will be as provided for in section 6 of the Application Form and Mandate to support SIPP Plan Bank Accounts applicable to the Scheme.

Scheme master number

Scheme currency

£ Sterling € Euro \$ US Dollar

Please act on the signature(s) of the Authorised Signatories of the Corporate Trustee (see above) and as set out in section 6 of the above Application Form and Mandate to Support SIPP Plan Bank Accounts, in respect of cheques or other orders for payment on the Account, and as authority for the sale, purchase, delivery or other dealings with securities, bills, coupons, documents, boxes, packages and their contents and other property at any time held by you.

All transactions on this Account must be signed by

Member and the Corporate Trustee

Or

Corporate Trustee only

Please tell us how many Authorised Signatories are required to sign at any one time on behalf of the Corporate Trustee

We hereby authorise the Bank to provide the Scheme's Auditors with such information as they may request concerning the Self Invested Personal Pension Plan Member Bank Account and any transactions which may have taken place via the Account.

The above authority shall remain in force until the Bank receives written notice of its revocation, notwithstanding any change in the constitution (or name) of the Scheme and shall apply notwithstanding any change in the identity of the Trustees or the admission of any new Trustee or Trustees.

We authorise the Bank to send copies of all statements issued in respect of the Account and to disclose details of that Account to any Professional Adviser, as advised of from time to time, or their successors in title. We acknowledge that such Professional Adviser may receive commission from the Bank in respect of the Account.

The Bank is hereby authorised to comply with all withdrawal instructions given by facsimile, providing that such instructions are signed in accordance with the current Mandate to operate the above Account and the Bank may act upon such instructions without the need for further enquiry. The Bank may act upon such instructions immediately and without further enquiry unless it has cause to be suspicious as the nature and content of the request.

Fees

We hereby authorise the Bank to deduct from the Self Invested Personal Pension Plan Member Bank Account such management fees and charges as may be notified from time to time to the Bank under the sole signature of the Corporate Trustee.

Closure of Account

The Bank will not accept notification of closure of this Account unless it is authorised by the correct signatories as detailed on the valid Mandate that is in existence at that point in time.

7 Data Protection Statement

Applicant to complete

Explanatory note: If this application is made in joint names "I" in the statement below should be read as "we" where appropriate.

This statement relates to the information I have given in this application and to any other information which I provide to you (Cater Allen Private Bank) or which you hold on me. I confirm that I am entitled to disclose information about any parties named on the application form.

Whether or not I become a customer, all the information I give to you Cater Allen Private Bank or you hold on me including transactional data, may be shared with and used by the group of companies to which Cater Allen Private Bank belongs (the Santander group), your associated companies, service providers or agents who may be located in other countries. I understand that you will ensure that my information is only used in accordance with your instructions and your own strict internal confidentiality policies. If you transfer my information to another country, you will also ensure that it is given the same levels of protection as required under the UK Data Protection Act.

I agree that my information may be used in this way for administration purposes and to:

- Provide and run the account or service I have applied for and develop and improve your products and services.
- Invite me to take part in market research surveys.
If I would prefer not to be included in market research I can tick this box.

For all Cater Allen Private Bank Customers

Before you can open my Account you will check my details with Fraud Prevention Agencies, and may make searches at Credit Reference Agencies who will supply you with information including information from the Electoral Register, for the purposes of verifying my identity. Scoring methods may be used to verify my identity. **A record of this process will be kept that may be used to help other companies to verify my identity.** If I give you false or inaccurate information and fraud is identified, details will be sent to Fraud Prevention Agencies. Law enforcement agencies may access and use this information.

You and other organisations may search and use the records held by Credit Reference and Fraud Prevention Agencies to prevent crime, fraud and money laundering and for example:

- to check details provided on applications for credit and credit related or other facilities
- to verify my identity if I or my Financial Associate applies for other facilities
- to help make decisions about credit and credit related services, insurance proposals and claims, and all types of facilities for me, my Financial Associate or Partner / Spouse and other members of my household
- to check the operation of credit and credit related Accounts and to manage Accounts and facilities, including tracing debtors and recovering debt
- to help make decisions about job applicants and employees

- to undertake statistical analysis and system testing.

You and other organisations may search and use from other countries the information recorded at Fraud Prevention Agencies. Further information on the Credit Reference Agencies and Fraud Prevention Agencies you use is available by telephoning your Agents on 0800 092 3300.

You may also give essential information about my Account and cards (if any) to others if necessary to run my Account and for regulatory purposes.

Information about me will be kept after my account is closed. I understand I have the right to see certain records you hold about me on payment of a fee* and that an information sheet (Subject Access Info sheet) explaining my rights is available by calling 0800 092 3300.

*Please see Banking Tariff for details.

SIPP Bank Account and Reserve Account Applications

I understand that when you assess this application, and any future increase in my credit and / or overdraft limit (this does not apply to those under 18), you will use the information for credit assessment, which may include credit scoring. You may make any enquiries relating to me and my business that you consider necessary (e.g. from another financial institution) and search the files of Credit Reference

Agencies at my business and home address, which will keep a record of each search. This could impact on my ability to obtain credit elsewhere within a short period of time. Details about this application (whether or not it proceeds) may be recorded at the Credit Reference Agencies. An association between joint applicants or between myself and any other person will be created at the Credit Reference Agency. This will link our financial records, each of which will be taken into account in all future applications by either or both of us. If an association already exists then my applications will be assessed with reference to these associated records. This situation will continue until one of us successfully files a disassociation at the Credit Reference Agency.

Details about me, my business and the conduct of this Account may also be passed to Credit Reference Agencies. When appropriate, the Credit Reference and / or Fraud Prevention Agencies will also record details of my agreement with you, the payments I make under it and any default or failure to keep to its terms and any deliberate non payment following a change of address without notice.

The Credit Reference Agencies and / or Fraud Prevention Agencies may share my information with other organisations when credit decisions are being made, for the purposes described in the section "For all Cater Allen Private Bank customers" above.

8 Declaration

Applicant to complete

The Bank requires the Member and the Corporate Trustee to sign this Application to authorise the opening of this Account, in accordance with the Application Form and Mandate To Support SIPP Plan Bank Accounts, and to authorise the Authorised Signatories thereunder to sign on its behalf. If the Member is to be an Authorised Signatory on this particular SIPP Plan Bank Account then please indicate this below.

By signing this Application Form we agree that:

- We have read and understand the Data Protection Statement, and agree that you can use our information as stated in the Statement
- We have received and accept the Terms and Conditions of this Account and agree to also be bound by any subsequent amendments advised to us by the Bank from time to time
- The information contained in this Application is true and correct
- Cater Allen Private Bank is duly authorised to operate the Account(s)
- The Member's personal details, as completed in section 4 are true and correct.

This member is joining the Sterling / US Dollar / Euro* scheme, master number (*please delete as appropriate)

5 2 2 0 8 6 4 3

Please see the Application Form and Mandate To Support SIPP Plan Bank Member Accounts linked to the above Scheme number for the Authorised Signatories of the Corporate Trustee to this account.

Corporate Trustee

Full name

Position

Signature

Date

Full name

Position

Signature

Date

Member

Is the member to be an authorised signature on this particular SIPP Plan Bank Account?

Yes No

Full name

Signature

Date

Member

Is the member to be an authorised signature on this particular SIPP Plan Bank Account?

Yes No

Full name

Signature

Date

Member

Is the member to be an authorised signature on this particular SIPP Plan Bank Account?

Yes No

Full name

Signature

Date

Cater Allen Private Bank is able to provide literature in alternative formats. The formats available are: Large Print (as recommended by RNIB), Braille, Audio Tape and PC Disk. If you would like to register to receive correspondence in an alternative format please contact us on **0800 092 3300**. For the hard of hearing and/or speech impaired please use the Typetalk service via 18001 0800 092 3300.

Cater Allen Private Bank is the name used for banking services provided by Cater Allen Limited. Registered Office: 2 Triton Square, Regent's Place, London, NW1 3AN. Registered in England number 383032. Authorised and regulated by the Financial Services Authority, except in respect of its consumer credit products for which Cater Allen Limited is licensed and regulated by the Office of Fair Trading. FSA registration number 178737. Cater Allen Limited is part of the Santander group. Cater Allen and the flame logo are registered trademarks. All deposits held with Cater Allen Private Bank are fully and unconditionally guaranteed by Santander UK plc. Calls may be recorded or monitored. www.caterallen.co.uk. Telephone 0800 092 3300.