FOR INTERNAL USE ONLY

permanent bank
INTERNATIONAL LTD
The Personal Face of Banking

SIPP deposit account application form

For use by Self Invested Personal Pension Schemes

1. Guidance

- Before completing this application form, please read our General Terms and Conditions and the Product Conditions, where applicable, for your chosen account. You should already have been supplied with these but they can be found in the Important Information section on our website **permanent-bank.com**
- Please read our guide to Providing Identification Documents supplied with this application form as it contains important information about the documentation which must be supplied when returning this form to us. We would like to make you aware that incomplete information or lack of supporting documentation may lead to a delay and prevent us from opening your account. On occasion we may require additional information before we open an account, at which point we will contact you directly.
- Please do not transfer funds electronically until your account has been opened and an account number provided.
- To avoid any delays, please ensure that you complete this form in full using block capitals. If you prefer, this form can also be completed on line before being printed, signed and forwarded to us.

2. New or existing customer?

Are you a new customer to the Bank? ☐ Yes ☐ No

If 'No', please confirm your existing account number

Please confirm the type of account(s) you wish to open, and write the amount of deposit in the relevant currency box.

Variable Rate	**Short Term Fixed Deposit**	**Long Term Fixed Deposit**	**Limited Edition Fixed Term Deposit**
☐ Instant Access £ / €	☐ 3 Month £ / €	☐ 1 Year £ / €	☐ ☐ Issue Number (GBP only) £
☐ 35 Day Notice £ / €	☐ 6 Month £ / €	☐ 2 Years £ / €	Term
☐ 90 Day Notice (GBP only) £	☐ 9 Month £ / €	☐ 3 Years £ / €	
		☐ 5 Years £ / €	

3. How will you be sending your initial deposit?

Please do not transfer any funds electronically until you have received confirmation from us that your account has been opened and you have your new account number.

☐ **Sterling cheque(s) only.** We regret that we do not accept currency cheques. **Amount:**

Please note that sterling cheques received with application forms will not be processed until the account has been opened and the account number allocated.

☐ **Transfer from another bank Amount** **Currency**

Please refer to our General Terms and Conditions if you are sending funds in a different currency to that of the account you are applying for.

Please confirm the details of the bank from which the initial deposit is coming:

Bank name

Sort Code

or SWIFT code (if non-UK)

Bank address

Account name

Account number/IBAN

4. Details of the SIPP Trustee/Administrator (Please note all sections are mandatory)

Company Name

Company registered address

Company Correspondence address (if different to registered address)

Phone number (including area code)

Fax number (including area code)

Email address

Main contact 1

Main contact 2

Tax Certification – Pension Scheme

For Financial Institution to complete

☐ We are a Participating Financial Institution GIIN Number

or

☐ We are sponsored by a Financial Institution. Sponsor's name

GIIN Number of sponsor

NB sponsor's permission needed to use this category

or

☐ We are a certified Deemed Compliant Financial Institution

5. Details of the SIPP beneficiary (Please note all sections are mandatory)

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss

☐ Other (please specify)

Gender ☐ Male ☐ Female

First name(s)

Surname(s)

Maiden name or any other name(s) used

Date of birth D D M M Y Y Y Y

Country and town of birth

Nationality

Dual nationality (if applicable)

Are you a US Citizen?

☐ Yes ☐ No

Full permanent residential address including postcode (a PO Box or c/o address is not normally acceptable as a residential address). Please refer to our guide to providing identification documents

Postcode

Number of years at this address?

Correspondence address (if different from residential address)

Postcode

Tax Identification Number/National Insurance Number

Countries of tax residence

What is your relationship with the other applicant? (if applicable)

Account correspondence is sent by post. There may be occasions when we need to contact you urgently, for example to clarify an instruction. Please provide all of the following information.

Home phone number (including area code)

Mobile contact telephone number (including area code)

Email address

Is the beneficiary a Trustee of the SIPP? ☐ Yes ☐ No

6. Details about your expected account turnover (This section is mandatory for all types of account)

If you are opening a Fixed Term Deposit, please indicate any expected additional future activity.

Account turnover

How often will you use the account?

☐ Weekly ☐ Monthly ☐ Quarterly ☐ Half yearly ☐ Annually

What is the anticipated total sum of deposits expected each year (excluding your initial deposit) in the currency of your deposit?

☐ < 10,000 ☐ 10,001 - 25,000 ☐ 25,001 - 50,000 ☐ 50,001 - 100,000 ☐ 100,001 - 250,000 ☐ 250,001 or more

How many debit and credit transactions do you estimate making and/or receiving during a year (excluding interest payments)?

☐ 1 - 5 ☐ 6 - 10 ☐ 11 - 15 ☐ 16 or more

7. General information (This section is mandatory for all types of account)

To meet our requirements we need to understand your reasons for opening the account(s) and how the funds being deposited have been accumulated.

Please provide full details of where the funds have been derived (complete all that are applicable. We reserve the right to request evidence of this.

		Received over what period	Amount	Further details
☐	Lifetime savings			
☐	Sale of a property			
☐	Sale of a business			
☐	Inheritance			
☐	Pension			
☐	Salary/Bonuses			
☐	Gift			
☐	Other			

Please indicate the purpose of the account(s), i.e. what is/are the account(s) to be used for?

If you are not an Isle of Man resident, please tell us why you have chosen to operate an account in the Isle of Man.

Which of the following countries or geographical regions do you expect to make or receive payments to and/or from?

☐ Isle of Man ☐ UK ☐ Middle East ☐ North America ☐ Africa
☐ Channel Islands ☐ EU Countries ☐ Far East ☐ Australia ☐ Other

8. Personal information and data protection

Information you provide on this application form may be held on computer by Permanent Bank International Ltd, as Data Controller, and will be used only for purposes registered under the Data Protection Act, including administration, research, analysis and keeping you informed of related products and services from members of the Permanent TSB Group. Please note that no information is passed by us to any third party for marketing purposes.

Information about you will be kept after your account is closed. You have the right to see certain records held by us on payment of a fee. If you wish to exercise this right you should write to:

The Compliance Manager, Permanent Bank International Limited, Hillary House, Prospect Hill, Douglas, Isle of Man, IM1 1EQ, British Isles.

I/We do not wish to receive marketing information ☐

When we correspond with you

Please note that all correspondence issued will be addressed and sent to the first-named account holder only. We reserve the right to vary this arrangement when circumstances arise.

9. How did you hear about us?

We would find it very helpful if you could tell us how you heard about us:

10. SIPP provider's Declaration and Mandate

This section sets out information which forms the agreement between you and Permanent Bank International Ltd. Please take time to read this section carefully.

Account declaration

- We understand that Permanent Bank International Ltd reserves the right to decline this application at its discretion and without reason.
- We declare that the information given is true and we authorise Permanent Bank International Ltd to make any appropriate enquiries to obtain independent verification of any information provided in this application form.
- We confirm that we have read and understood the current General Terms and Conditions and the Product Conditions, where applicable, applying to the account(s) and we agree to be bound by them.
- We confirm that we agree to be bound by the current Terms and Conditions relating to this account and to all future accounts opened where the Terms and Conditions remain materially unchanged.
- We confirm that we will notify Permanent Bank International Ltd of any change in our name, address and contact details in relation to the information supplied in this application form.
- We declare that the (SIPP name) The SIPP

  is an approved scheme by the following authority:

- We declare that we are a licensed SIPP provider and are authorised by

  Registration number

Signature mandate

- We agree that Permanent Bank International Ltd is authorised until further notice to accept the mandate as specified below as a discharge for withdrawals or for any other purpose in connection with this account.

☐ All Trustees

Other (please specify)

Your signatures

(Please provide a certified copy of the authorised signatory list of the Trustee/Administrator)

1st Signature

Signature

Full name

Capacity (e.g. Director, trustee or authorised signatory)

Date D D M M Y Y Y Y

2nd Signature

Signature

Full name

Capacity (e.g. Director, trustee or authorised signatory)

Date D D M M Y Y Y Y

3rd Signature

Signature

Full name

Capacity (e.g. Director, trustee or authorised signatory)

Date D D M M Y Y Y Y

4th Signature

Signature

Full name

Capacity (e.g. Director, trustee or authorised signatory)

Date D D M M Y Y Y Y

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Final Checklist

- ☐ Have you fully completed all sections of this form?
- ☐ Has the declaration and mandate been signed at Section 10?
- ☐ Have you enclosed the certified copy documents to verify the identity and residential address of each applicant?
- ☐ Have you enclosed your Sterling cheque (unless you are remitting funds electronically when the account is open)

Please provide full details of the **certifier** of the documents below (mandatory)

Full name

Title or position

Profession

Professional body and qualifications for certifier (where applicable)

Certifier's office address

Telephone

Fax

Email address

Website

Date of certification: D D M M Y Y Y Y

Next Steps

Once you have completed the checklist above, print the application form and (if completed on a computer), make sure it is signed in accordance with the mandate in section 10 and send it in the post with your certified copy identification documents and cheque (if applicable) to the address below:

Permanent Bank International
Hillary House
Prospect Hill
Douglas
Isle of Man IM1 1EQ

If you have any questions at all, please do not hesitate to contact us by any of the following methods:

01624 673373 (**+44 1624 673373** if calling from outside the UK)

01624 673263 (**+44 1624 673263** if faxing from outside the UK)

info@permanent-bank.com
www.permanent-bank.com

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PBI is an Isle of Man registered company No: 064936C and is a wholly owned subsidiary of permanent tsb p.l.c. which is incorporated in Ireland and regulated by the Central Bank of Ireland. As PBI places funds with other parts of its Group its financial standing is linked to that of the Group. Depositors may wish to form their own view on the financial standing of PBI and the Group based on publicly available information. The latest report and accounts for PBI and the Group are available on our website www.permanent-bank.com. PBI is a participant in the Isle of Man Depositor's Compensation Scheme as set out in the Depositors' Compensation Scheme Regulations 2010.