

SIPP and Retirement Investment Account

Additional contribution form



Online process available

The quickest way to submit this form is to complete it online. You can do this by heading to the 'clients' section via the dropdown menu in V2.0, choosing your client, clicking on the action menu on their SIPP and selecting 'additional contributions'.

This is an application form to pay an additional or one-off contribution, or to establish a regular monthly contribution to a SIPP or Retirement Investment Account by Direct Debit. If you want to change an existing regular contribution made by Direct Debit, you should either email us with your revised instruction at contributions@investcentre.co.uk or write to us at the address shown at the end of this form. Please do not complete this form.

If your employer is to pay regular contributions on your behalf, they must sign the Direct Debit instruction which must be made from a UK bank or building society account in the employer's name. If your employer wishes to amend the regular contribution, then we will require their written instruction to do so. Please do not complete this form.

If you are a legal guardian applying on behalf of a member under the age of 18, then please complete this form on behalf of the member and sign the declaration. We cannot process the contribution until this form is completed and signed.

If you would like to make a payment electronically, please ask your adviser to visit the AJ Bell Investcentre website and submit your request online. The relevant bank details and a unique payment reference will be provided as part of this process, removing the requirement for any paperwork to be submitted. Electronic payments also help to prevent any delays in funds being applied to your account.

The quickest way to submit this form is to complete it online. You can do this by heading to the 'clients' section via the dropdown menu in V2.0, choosing your client, clicking on the action menu on their SIPP and selecting 'additional contributions'.

You can also email a scanned copy, or post a completed copy to us. For scanned copies with cheque payments please use contributions@investcentre.co.uk, and for electronic payments please use cashapplications@investcentre.co.uk. Our postal address is AJ Bell Investcentre, 4 Exchange Quay, Salford Quays, Manchester M5 3EE.

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 audio format, please contact us on 0345 83 99 060 or by email at enquiry@investcentre.co.uk.

Checklist	
For single contributions	For regular contributions
Contribution by cheque (member)	Direct Debit (member) - see important note 3
Contribution by cheque (employer) - see important note 4	Direct Debit (employer) - see important note 3
Single contribution by electronic transfer (member)	Adviser charging variation and additional payment form (if applicable)
Single contribution by electronic transfer (employer)	payment form (ii applicable)
Adviser charging variation and additional payment form (if applicable)	
Important notes	
 All cheques must be made payable to 'AJ Bell Investcentr Investment Account re (member name)' e.g. AJ Bell Invest 	re SIPP re (member name)' or 'AJ Bell Investcentre Retirement stcentre SIPP re John Smith.
2. We will only accept payments from a UK bank account.	
 Where a member or employer intends to pay regular con UK bank or building society account. Please note that we 	tributions by Direct Debit, payments MUST be made from a do not accept regular electronic payments.
 Single contributions paid by cheque by an employer must the employer's name. 	et also be drawn on a UK bank or building society account in
Personal information	
Name of client	
AJ Bell Investcentre account number	
SCC	
Contributions	
Please indicate the amount of contributions to be paid to you	ur SIPP or Retirement Investment Account.
Single contribution	
Member (net) £	Employer (gross) £
Regular contribution	
Member (net) £ per month	Employer (gross) £ per month

Member contribution							
Please tick one or more of the fo	llowing b	oxes to indicate wh	ich so	urce member co	ontri	butions are to be funded from.	
Income from employment	Pr	operty sale					
Investment/savings	Di	Divorce settlement					
Inheritance	Other	Please specify					
Member contributions are contri grandparent or spouse. They do					neon	ne else on their behalf, e.g. a parent	
	MRC) and ic rate you e client n	credit it to the SIPF u can claim any furt	or Re her ta	tirement Invest x relief to which	men ı you		
All employer contributions are p payments MUST be made from a by cheque must be drawn on a U	UK bank	or building society	accou	nt in the emplo	yer's	s name. Single contributions made	
If your employer is to make cont postcode.	ributions	on your behalf, ple	ase ad	vise your emplo	ɔyer'	's name, head office address and	
Employer's name							
Registered address							
Postcode			Com	Company number			
Is the employer listed on a recog	nised sto	ck exchange?		Yes		No	

Declarations

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 or Retirement Investment Account is still valid, except for any changes specifically advised to AJ Bell Investcentre.

I confirm that my adviser has provided me with sufficient information for me to understand the effect that this contribution will have on my SIPP or Retirement Investment Account.

Please sign and date this payment form and return it to AJ Bell Investcentre, 4 Exchange Quay, Salford Quays, Manchester M5 3EE. Alternatively, you can email a scanned copy of the completed form to us – for cheque payments please use contributions@investcentre.co.uk, and for electronic payments please use cashapplications@investcentre.co.uk.

I understand it is a serious offence to make false statements; the penalties are severe and could lead to prosecution.

If the client is under age 18 they are not permitted to sign this form.

Applicant's name		Da	ate
Applicant's signature			
Capacity in which signed (please tick)	Adviser	Client	Parent/guardian
Please note that any adviser charges payabl this form, will be calculated in line with the			9

Investment Account, unless an adviser charging variation and additional payment form is filled in.