

This Data Capture Form is to be used in conjunction with the Liberty SIPP Online Application. Please use this form to collate all the client's data which can then be inputted online.

This form does not need signing by the client. This form is for your use only and EBS Pensions Limited do not require this form to complete the SIPP setup. EBS Pensions Limited will ignore all information on this form and will simply go off what is completed online.

Transfers

If you are transferring existing pensions into the SIPP, we will require additional information to complete the transfer.

TYPE OF TRANSFER	WHAT WE NEED
Origo	Scanned copy of Liberty SIPP transfer authority form. We can also accept a scanned copy of the transferring scheme's discharge form.
Non – Origo and all in-specie transfers	Original signed transferring scheme discharge form.

Section 1 - Member details

Title Surname

Forenames

Suffix Date of birth Sex Male Female

Marital status NI number

Age at which you would like to take your benefits?
(If you choose to leave this box blank we will use the default age of 65) /

House name

Address

Postcode Country

Nationality

Preferred telephone number Alternative telephone number

Mobile telephone number

Email address

Employment type

Have you flexibly accessed your pension benefits? Yes No

First flexible access date /



Section 2 - Contributions

Earnings?

	£ Employer	£ Member	£ Third Party
Single net		<input type="text"/>	<input type="text"/>
Single gross	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date	Date	Date
Single payment date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do you require EBS Pensions Limited to reclaim tax relief on this contribution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	£ Employer	£ Member	£ Third Party
Net regular		<input type="text"/>	<input type="text"/>
Regular gross	<input type="text"/>	<input type="text"/>	<input type="text"/>
Regular frequency	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date	Date	Date
Regular payment start date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do you require EBS Pensions Limited to reclaim tax relief on this contribution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please note, if you only want to reclaim partial tax relief you will have to complete two separate contribution forms. One for the element that requires tax relief and another for the element where no tax relief will be reclaimed.

Section 3 - Contributing employer details

Company name

Company registration number

Address

Postcode

Section 4 - Investment strategy

Please be aware we will use the information provided in this section online as your investment instruction. We will confirm this instruction to you, via email. If your Investment Strategy changes EBS Pensions Limited will need to receive clear instructions of the change. If we do not receive clear instructions, EBS Pensions Limited cannot be made liable for any financial loss suffered by the SIPP member. For the avoidance of doubt, written instructions, by mail, fax or email can only be considered received on written acknowledgement by EBS Pensions Limited. If no acknowledgement is received it is your responsibility to contact us by phone to ensure the instruction has been received.

If you input your selection below as a percentage, please be aware that 100% is equal to the total fund minus any initial adviser fee, Liberty SIPP's initial fees and 1 year's Liberty SIPP annual fees. We may also have to take into account any income withdrawals from the SIPP through a Pension Commencement Lump Sum (PCLS), income drawdown or an Uncrystallised Funds Pension Lump Sum (UFPLS).

Please note, if you select a monetary amount below, we may have to contact you to confirm the investment amount(s) as the value of your fund can fluctuate.

	Investment type	Investment company	Investment name	Actual figure for investment £ or %
Investment 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investment 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investment 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investment 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investment 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 5 - Expression of wish

You need to complete this section to inform us who you want the funds in your SIPP to be paid to in the event of your death.

You are able to change your nominated beneficiaries at any time but you MUST inform us with the details of your new beneficiaries.

We would recommend you consulting with your Financial Adviser prior to completing this section.

	Surname	Forename	Title	Proportion	Relationship
Beneficiary 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
Beneficiary 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
Beneficiary 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
Beneficiary 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>
Beneficiary 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>