

Alliance Trust Full SIPP

Third Party Account Instruction Form

You must use this form to instruct us to open a discretionary fund manager account, stockbrokers account, fund supermarket or bank account. To open the account you will need to send us all the necessary account opening documentation which we are required to complete.

Please refer to the notes in Section 9 before completing this form.

Please let us know of your proposal well in advance of when you need the purchase to go ahead as we need sufficient time to review and complete the paperwork.

Guidance for completing the account application form

Each account opening application is different. In general these application forms for the investment require you to:

- complete the sections of the application form personal to you and your risk profile
- complete any anti-money laundering requests relevant to you
- have your adviser complete the sections relevant to them
- send the account application to us which we will complete and send on to the account provider

When making an investment application the investment provider will require that we supply certain anti-money laundering documentation for the trustee. Where we view these requirements to be operationally unreasonable we will not proceed with the investment.

1 Personal details



Alliance Trust Savings Client Reference Number (if known)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	Forenames	<input type="text"/>				
Address	<input type="text"/>	Home phone number	<input type="text"/>				
	<input type="text"/>	Work phone number	<input type="text"/>				
	<input type="text"/>	Mobile phone number	<input type="text"/>				
Postcode	<input type="text"/>						
Email address	<input type="text"/>						

Your adviser (name & company)	<input type="text"/>					
Your adviser address	<input type="text"/>	Phone number	<input type="text"/>			
	<input type="text"/>	Mobile phone number	<input type="text"/>			
	<input type="text"/>	FSA reference number	<input type="text"/>			
Postcode	<input type="text"/>					
Email address	<input type="text"/>					

2 Type of account to be opened



Please indicate the type of account to be opened (Please tick)

Alliance Trust Savings Investment Dealing Account

Appoint a discretionary fund manager who is UK based and is authorised and regulated by the Financial Services Authority

Fund supermarket account with a firm that is UK based and is authorised and regulated by the Financial Services Authority

Bank account with a UK based bank that has Financial Services Authority authorisation (or banking licence)

Account with a UK based Stockbroker who is authorised and regulated by the Financial Services Authority

3 Who can operate the account?



Who is intended to give instructions to operate the account? (Please tick one or more as appropriate)

You (the member)

Financial adviser

Account provider

Other (Please give details)

4 Notice of purchase



If there is a closing date or other timeline you wish us to observe you must give us at least 10 business days notice. The more notice you give us the more likely any unexpected issues will be resolved before the required date.

If the application is not straightforward we will let you know. This may mean that any important dates cannot be met, or that to achieve your instruction we will need to negotiate special terms with the account provider. In either case we will let you know if there will be any additional costs.

If the account needs to be opened by a particular date, please provide the date

DD	MM	YYYY
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5 Payment details



By cheque

If the payment for the investment is to be made by cheque, please prepare a cheque payable to the party stated on the application form drawn on your Full SIPP bank account for the amount to be invested. Please ensure that you, as the SIPP member, countersign the cheque and return it with this form.

By bank transfer

If the payment for the investment is to be made by a BACS or CHAPS transfer, please complete the following bank transfer instructions.

Note: In some cases, a bank transfer is not acceptable, in which case a cheque will be required.

Amount to be transferred:

£

Name of account holder

Bank name and address

Branch sort code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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"/>
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Postcode

Method of transfer (Please tick)

BACS

CHAPS

Note: There is currently no fee for a BACS transfer to a UK bank account, which normally takes 3 to 4 working days. There is a fee of £25 for a same day CHAPS transfer.

6 Declaration by Alliance Trust



Alliance Trust Pensions Limited declares that it is the Trustee, and Alliance Trust Savings Limited is the Scheme Administrator, of the Alliance Trust Full SIPP (together referred to as 'Alliance Trust').

The investment instructions shall only be carried out once Alliance Trust is satisfied that:

- all necessary paperwork and reports have been received to allow assessment of the suitability of the account through the Full SIPP
- the account does not create any liability on any person or under any legislation for Alliance Trust

- the account does not create obligations under the Consumer Credit Act 1974 that Alliance Trust is unwilling to assume
- it is consistent with the structure of the scheme as a trust recognised under the laws of the United Kingdom and being a registered pension scheme benefiting from the tax treatment applicable to a registered pension scheme
- Alliance Trust have appropriate authority or power over the account
- our transactional charges will be paid.

7 Member's instruction and declaration to Alliance Trust



I declare that:

The investment

- I have the qualities, experience, knowledge or financial wealth that is required of the beneficial owner of the account
- all details provided in relation to the application and on this instruction are to the best of my knowledge and belief true and complete have read in full, understood and agree the terms of all the relevant documentation published by the fund manager, stockbroker, promoter, provider, broker or adviser (as appropriate) about this investment instruction and taken such advice as I believe is appropriate to my circumstances
- I understand the consequences of the charges to be taken in respect of this investment
- I understand the obligations placed on me by the account terms that I have instructed Alliance Trust to apply for, particularly in making payments to that account from my Full SIPP
- I understand the obligation placed on me to confirm any statement made on my behalf which will enable Alliance Trust to carry out the instruction.

Alliance Trust charges

- I have read the Alliance Trust Full SIPP Schedule of Fees and confirm that the appropriate administration fees for this investment will be deducted from my Full SIPP.

Ownership of the investment and procedure involved

- I understand that the account will be owned and subject to the authority of Alliance Trust through the Full SIPP and can only be operated as permitted by SIPP regulation and the Full SIPP
- I have received no investment advice from Alliance Trust and Alliance Trust has no responsibility for any risks, financial loss (however arising) or liquidity constraints arising from this investment instruction
- I understand that Alliance Trust may use its discretion not to carry out this instruction because the account:

- is inconsistent with SIPP regulation or the Full SIPP terms and conditions
- creates any risk of liability to any person or under any legislation for the trustee or scheme administrator of the Full SIPP
- creates obligations under the Consumer Credit Act 1974 that the trustee and the scheme administrator of the Full SIPP are unwilling to assume
- is inconsistent with the structure of the scheme under trust as recognised under the laws of England, Wales, Scotland or Northern Ireland and the intention to ensure that the sums and assets held under an arrangement are to benefit from the tax treatment applicable to a registered pension scheme all as determined, at its discretion, by Alliance Trust.
- I understand that Alliance Trust has the discretion not to proceed with this investment instruction, and shall not have any liability to me if it exercises this discretion
- I understand that where Alliance Trust is unable to realise the value of the investment, for whatever reason (apart from its own negligence) on a Benefit Crystallisation Event, on my death, or on transfer, the investment may be valued at nil at that date and Alliance Trust will have no further obligation in respect of me for that investment
- I indemnify and will keep Alliance Trust indemnified in respect of any loss or liability or tax charges that they may incur as a consequence of this transaction except for where Alliance Trust has been wilfully neglectful or in default
- I confirm that I have read and understand the current Alliance Trust Full SIPP Schedule of Permitted Investments.

About taxation

- In the event that there are any unauthorised payment tax charges arising from the investment then Alliance Trust may deduct any charges and associated costs from my Alliance Trust Full SIPP bank account or will receive payment directly from me.

8 Instruction to proceed



To Cater Allen

I instruct you to give effect to the payment instruction set out in section 5 on the sole authority of Alliance Trust.

To Alliance Trust

I instruct you to process the application form accompanying this instruction and to deduct the fees for so doing from my Full SIPP bank account.

Member's name

Member's Signature

Date

DD	MM	YYYY
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I confirm that I have:

- completed the parts of the purchase form personal to me and my risk profile
- made sure my adviser has completed the sections relevant to them
- enclosed all literature mentioned in the purchase form

Please return this form to:

SIPP Investments
Alliance Trust Savings Limited
PO Box 164
8 West Marketgait
Dundee
DD1 9YP

**You must:**

- give us notice of your intentions as soon as possible. It can take a considerable time to open an account, however if you give us notice we will set aside sufficient time to deal with your application
- complete and sign this form and return it to us.

We will:

- review all the paperwork sent to us
- request from you any missing information or papers
- ascertain that this account can be properly held in the Full SIPP
- complete the paperwork and send it to the account provider
- charge you a fee.

Please note that we will not normally open any account that:

- is not consistent with pension regulation and practice
- creates a liability on the trustee scheme administrator of the Full SIPP
- allows payments to be made from the account except on our instruction
- operates outside United Kingdom
- places any restrictive anti-money laundering requirements on us.



This literature is printed on paper made from trees grown in sustainably managed forests.

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