

## Wrap Application Form for all Wrap Products



JHW0005A

### Application guide

The following sections of the Application Form must be completed before James Hay Wrap Managers Limited (JHWM) can set up your Wrap. These sections are marked '**Mandatory**':

- Section 1: My details
- Section 4: Financial adviser's details
- Section 5: Your declaration
- Confirmation of Verification of Identity

**If these sections are not completed this form may need to be returned to you.**

**Please complete this form in BLOCK CAPITALS and return it to James Hay Wrap Managers Limited, Dunn's House, St Paul's Road, Salisbury, SP2 7BF.**

If you need any assistance in completing this, or any of the other application forms, or have any queries, please contact your Customer Support Team or our general enquiry number 03455 212 414.

### Checklist

In addition, before you submit your completed Application Form, please check you have included the following documents (if appropriate) to support your application:

**Completed Direct Debit mandate** if regular payments are to be paid by you.

**Completed request to re-register investments** if assets are to be transferred to JHWM.

**Instruction to Trade Form** if you wish to purchase permitted investments outside of the Investment Centre.

**EQi (formerly Selftrade) Account Application Form for Wrap** if you wish to appoint EQi as your stockbroker.

### Products within your Wrap to be opened

When your completed Application Form is received, an Investment Portfolio which includes a product bank account will be opened for you. This bank account will be used to facilitate the movement of money throughout your James Hay Wrap.

Please indicate which products you wish to open as part of your Wrap:

**SIPP** - please also complete the SIPP section.

**ISA** - please also complete the ISA section.

**Offshore Bond** - please also complete the 'Wrap Offshore Bond Application Form' available from [www.jameshay.co.uk](http://www.jameshay.co.uk).

**Please note: If you wish to open an Offshore Bond, RL360 Insurance Company Limited (RL360), the product provider, will require your financial adviser to enter into separate terms of business with them.**

Should you wish to apply for any of these products at a later date, you may do so by using the separate application forms, available from [www.jameshay.co.uk](http://www.jameshay.co.uk) or from the contact details in the application guide above.

Title

Forename(s)

Surname

Other previous names or aliases

Marital status  Date of birth

Sex Male  Female

Permanent residential address   
  
 Postcode

Time at current address  years  months

If you have lived at your address for less than 18 months, please provide your previous address.

Previous address   
  
 Postcode

Telephone  Mobile

Email

National Insurance number  OR I have never had a National Insurance number

Nationality

If you have dual nationality, please specify <sup>1</sup>

Are you a US Person or resident of the US for tax purposes? Yes <sup>1</sup>  No

Are you an undischarged bankrupt? Yes <sup>1</sup>  No

<sup>1</sup> If Yes, we may not be able to proceed with your application. Please contact us for further details.

I am resident in the UK (excludes Isle of Man and Channel Islands) <sup>2</sup>

<sup>2</sup> You must be resident in the UK in order to open a Wrap Portfolio.

Passport number <sup>3</sup>  Passport expiry date

<sup>3</sup> Your passport number may be used in our identity checks. It is the full number from the bottom line of your passport including the two digits at the end.

#### For Connected Wraps only

A Connected Wrap is a Wrap which is held or opened by an individual legally connected to you, such as a family member, spouse, civil partner or business partner. If you have a relationship like this with another Wrap client, you may be eligible for a discounted minimum charge. Please note that if you cease to be legally connected to that Wrap client, for example following divorce, or the connected Wrap client dies, then the discount will no longer apply.

I wish to apply for the Connected Wrap discount (please tick box if applicable)

If so, what is the full name of the individual to which this Wrap should be connected?

**Please note: For Connected Wraps, your financial adviser needs to complete the connected Wrap Discount Proforma on page 13 of this form.**

Please tick the most appropriate box below – one box must be ticked:

Employed  Self employed  Pensioner  Caring for one or more children under the age of 16 years   
 Caring for a person aged 16 years or over  Child under the age of 16 years  In full time education   
 Unemployed

Other (please provide details)

Occupation

Nature of business

Employer name

Employer address   
  
  
 Postcode

Have you decided to opt out of, or not join, your employer’s pension scheme? Yes  No

**Please note: If you are not employed or if your employer does not offer a pension scheme that you would be eligible to join, please answer No to the above question.**

1a Source of wealth

Annual income – this should include any earnings from your occupation, as well as any savings or investment income.

£

Please tick one or more of the following options to indicate from which source(s) you have accumulated the personal wealth that will be used to fund your Wrap. Please also indicate the source of wealth for any contributions made by a third party (excluding an employer):

	Your contribution	Third party contributions
Income from employment	<input type="checkbox"/>	<input type="checkbox"/>
Income from savings/investments	<input type="checkbox"/>	<input type="checkbox"/>
Gift	<input type="checkbox"/>	<input type="checkbox"/>
Lottery and other winnings	<input type="checkbox"/>	<input type="checkbox"/>
Property sale	<input type="checkbox"/>	<input type="checkbox"/>
Inheritance	<input type="checkbox"/>	<input type="checkbox"/>
Divorce settlement	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>	

## 2 Investment Portfolio payment details

Applicant to complete

To make an initial payment into your bank account held within your Investment Portfolio, please indicate the types of payment you wish to make:

- Single payment – Please complete Section 2a**
- Regular payment – Please complete Section 2b**
- And/or by re-registering investments – Please complete Section 2c**

- If you do not want to change your existing investments, but simply want to hold them within your Investment Portfolio, please complete Section 2c.
- To find out which of your existing investments qualify for re-registration within your Investment Portfolio, please refer to your copy of the Wrap Investment Portfolio Permitted Investments List or your financial adviser. If you do not check whether your investments can be re-registered and the funds do not qualify, we cannot proceed with the re-registration.
- Our charges for administering the Wrap are included in your Monthly Transaction Charge. Please refer to the Wrap Charges Schedule for more information.
- Investments held in a joint name cannot be re-registered into your Investment Portfolio.

### 2a Single payment

Applicant to complete

I wish to make the following payment by electronic bank transfer (please note - bank details will be available on James Hay Online once the Wrap Investment Portfolio is set up, or on request).

£

### 2b Regular payments

Applicant to complete

I wish to make the following regular monthly payments

£

Start date

**Please note: This will be the day each month that the payment is taken. The start date can only be between 1st and 28th of any month.**

Please complete the Direct Debit Instruction at the end of this form. Please allow 10 business days for JHWM to set up the Direct Debit.

## Guidance on re-registering investments into the Investment Portfolio

### Stocks and shares

All stocks and shares must be re-registered into the nominee name of an approved investment manager or stockbroker. You should read the appropriate clauses in the James Hay Wrap Terms and Conditions, and provide JHWM with written confirmation of your choice of investment manager or stockbroker.

In order to open an account with an investment manager or stockbroker, please refer to the investment manager appointment form, available on our website [www.jameshay.co.uk](http://www.jameshay.co.uk). Once the account has been set up JHWM will advise you of the nominee's details.

If shares are held by an existing nominee, they can be transferred electronically to the new nominee. Otherwise, the asset holders will need to complete Stock/Crest Transfer Forms and send them with the current share certificates to the new nominee.

Please note that stamp duty of £5 per holding may be payable.

### Unit trusts/OEICs

These investments will be transferred into the name of JHWM's nominee following a similar process used to re-register stocks and shares, but you do not need to appoint an investment manager or stockbroker.

It is JHWM's understanding that no stamp duty is payable on the transfer of unit trusts.

**The following investments are to be re-registered into the Investment Portfolio. Please note that timescales for re-registration are dependent on third parties.**

Unless it is to be held in an investment manager account within the Investment Portfolio, any investment available within the Investment Centre will be re-registered to the Investment Centre, and will be subject to the Investment Centre terms of your Wrap Terms and Conditions. In particular, only single lump sum investments can be made, dividends are paid as cash, and no commission or adviser charges will be paid directly to your financial adviser by the Investment Centre fund managers.

Any collective investment to be re-registered that is not available in the Investment Centre will be held directly within the Wrap Product (where permissible), or with your appointed investment manager (if requested).

If you are transferring shares, you will need to open a sharedealing account provided by a stockbroker approved by us for use on the Wrap Product. Shares must be re-registered into the nominee chosen by the stockbroker.

Please refer to the Wrap Charges Schedule for information on the charges related to these processes.

#### Unit trusts/OEICs

Current fund provider name and address	Account number of investments to be re-registered

If you wish to re-register stocks and shares or bonds, you may provide a current valuation from the existing fund provider and submit it with this document. Alternatively, please fully complete the table(s) below.

### Stocks and shares

Name of share and type	ISIN or SEDOL code	Reference number (if applicable)	Name in which asset is currently registered	Name and address of current stockbroker/investment manager	Number of shares held	Current value £	Date valued	Name of receiving stockbroker/investment manager

**Important: Please submit the original share certificates for the shares listed above with this form.**

If you require more space to provide details of all the stocks and shares to be re-registered, please photocopy this page.

### Offshore Bonds

Product name and provider	Policy reference number (if applicable)	Name(s) in which asset is currently registered	ISIN code (if applicable)	Current unit holding	Current value £	Date valued	If income is being taken from your bond, is it to be paid into your Investment Portfolio Bank Account? Yes/No

**Important: Please submit all original policy documents for the investments listed above with this form.**

If you require more space to provide details of all the Offshore Bonds to be re-registered, please photocopy this page.

### 3 Investment options

Applicant to complete

Should you wish to make an initial investment within your Investment Portfolio, please indicate your choices by ticking one or more of the following. Payment for your investments will be made from your Investment Portfolio Product Bank Account.

It is advisable to retain sufficient cash in your Investment Portfolio Bank Account to pay monthly transaction charges and adviser charges to avoid the sale of assets.

I wish to invest in the following investment options (tick appropriate boxes):

- Investment Centre funds**  
Please either trade online using James Hay Online or complete an 'Investment Centre Buy Form'. Please note there is no charge for placing trades online but there is a charge if you submit paper investment instructions.
- Managed Portfolio Panel**  
Your financial adviser can select a model portfolio on the Managed Portfolio Panel using James Hay Online.  
**Please note: Your financial adviser will need to agree to the investment manager's terms of business prior to investing into a model portfolio on the Managed Portfolio Panel. If you select this option you will be unable to hold any Investment Centre funds outside of one of the model portfolios on the panel.**
- Stocks and Shares using the services of EQi**  
Please complete the 'EQi Account Application Form for Wrap'.
- Investment manager**  
Please complete Section 3a, and enclose the completed application form for your chosen investment manager.
- Non Investment Centre funds**  
If you wish to buy funds that are not available in the Investment Centre, please complete an 'Instruction to Trade Form' and enclose the appropriate fund manager's application form, having completed the amount to be invested, the fund choice and adviser charge details. As the investment will be made by us, we will complete the rest of the investment application form.

For full details of the range of Investment Portfolio investments available, please refer to your copy of the Wrap Investment Portfolio Permitted Investments List.

The 'Investment Centre Buy Form', the 'EQi Account Application Form for Wrap', the 'Instruction to Trade Form' and the 'Wrap Investment Portfolio Permitted Investments List' are available from [www.jameshay.co.uk](http://www.jameshay.co.uk) or from the contact details in the application guide section.

### 3a Investment manager

Applicant to complete

Is the investment manager to be appointed your financial adviser named in Section 4? Yes  No

If **Yes**, go to Section 3b. If **No**, complete the details below.

If you would like to appoint an investment manager who is not your financial adviser, please complete the following details:

Firm name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	Postcode <input type="text"/>		
Contact name	<input type="text"/>		
FCA firm reference number (if known)	<input type="text"/>	Telephone	<input type="text"/>
Email	<input type="text"/>		
Basis of appointment	Execution only <input type="checkbox"/>	Advisory <input type="checkbox"/>	Discretionary <input type="checkbox"/>

Once we have confirmed to you that the account is open, please use the 'Cash Transfer' tool via James Hay Online to transfer money to/from your investment manager/stockbroker. For help with this, please contact your Customer Support Team or our general enquiry number 03455 212 414.

If you wish to set up a regular transfer of money, please submit a written instruction via fax, post or secure message, confirming the amount, frequency and start date.

### 3b Products using an investment manager or EQi

Applicant to complete

Please complete this section to indicate which products your investment manager or EQi will be appointed to provide a service for:

	Investment manager	EQi
Investment Portfolio	<input type="checkbox"/>	<input type="checkbox"/>
SIPP	<input type="checkbox"/>	<input type="checkbox"/>
ISA	<input type="checkbox"/>	<input type="checkbox"/>

**4 Financial adviser's details – MANDATORY**

Applicant to complete

Company name

Network name  
(if applicable)

Contact name

FCA firm  
reference number  
(if known)

Address   
  
 Postcode

Contact name  
(if different from  
above)

Email

Telephone

We will correspond with your financial adviser unless otherwise stated.

**4a Product level initial adviser charge**

Applicant to complete

Please indicate the percentage of the money and assets transferred into your Wrap which you would like to be paid as a product level initial adviser charge to your financial adviser. Please also indicate the products that this charge is to be paid from. Alternatively please indicate the level of adviser charge payable as a one-off payment.

A maximum of 5% (including VAT) product level initial adviser charge will be applied.

Percentage of amount invested in your Wrap  %

Is this to be applied across all products within the Wrap? Yes  No

If **No**, please tick the products you wish to exclude (this includes if you want a different adviser charge calculation to apply to particular products):

- Investment Portfolio
- SIPP
- ISA
- Offshore Bond

**OR**

One payment of  £

Please note that a product level initial adviser charge will only be paid from the Investment Portfolio and/or SIPP upon receipt of an invoice on the financial adviser's headed paper addressed to JHWM stating a monetary amount. Invoices can only be paid from the SIPP for advice relating to the SIPP.

Where product level initial adviser charges are to be paid from both the SIPP and the Investment Portfolio, the invoice must state the monetary breakdown for each.

Where further money or assets are received, or where further James Hay Wrap Products are opened after the Wrap has commenced, the same terms will apply and invoices should be submitted at the same time. Where applicable, the above amounts are including VAT.

**Please note: JHWM's payment terms are 28 days from the receipt of the invoice.**



This section confirms the levels of ongoing adviser charges for the Investment Portfolio.

If you are opening additional Wrap products you must complete the adviser charges section within the relevant application.

Please indicate the annual amount of product level ongoing adviser charges to be paid to your financial adviser and included in your monthly transaction charges.

**Please note: A maximum of 7% p.a. (including VAT) product level ongoing adviser charges will be applied.**

**Option one**

Value of assets in your product (excluding assets selected at the end of this section)

Total	Level of adviser charge
£	% p.a.

OR

**Option two** (tiered)

Amount	Level of adviser charge
First £	% p.a.
Next £	% p.a.
Next £	% p.a.
Next £	% p.a.
Over £	% p.a.

OR

**Option three** (monthly)

Level of adviser charge £  per month

Are adviser charges to be applied across all assets within the product? Yes  No

If **No**, please tick which categories of assets you wish to **exclude**. Please note that we are unable to exclude individual investments or individual investment manager accounts.

- All Investment Centre funds (including Managed Portfolio Panel)
- All assets held with EQi
- All assets held with an investment manager
- Cash held in each of the product bank accounts and cash deposits held with any of our Cash Panel providers
- Property (including property cash)
- All other permissible investments

This is the maximum amount that may be paid on any investment buy or switch trade in any Wrap product that you open.

The initial investment level adviser charge will need to be confirmed on each investment instruction.

A maximum of 5% (including VAT) investment level adviser charge will be facilitated from a Wrap product.

Percentage  %

Before signing this declaration, it is important that you carefully read the James Hay Wrap Terms and Conditions; the Wrap Charges Schedule; the Permitted Investments Lists for the products within the James Hay Wrap service; and the Key Features of the products within the James Hay Wrap Service. These documents specify important information about your James Hay Wrap, how the product works, the benefits and risks and the charges you will pay.

There is a lot of information for you to consider so, if you are in any doubt about whether the James Hay Wrap is right for you, we strongly recommend that you seek advice from your financial adviser.

Any queries for us must be directed to James Hay Partnership, Dunn's House, St Paul's Road, Salisbury, Wiltshire, SP2 7BF; or telephone us on 03455 212 414.

- a) I accept the James Hay Wrap Terms and Conditions.
- b) I authorise James Hay Wrap Managers Limited (JHWM) to set up and administer my Wrap Portfolio in accordance with the James Hay Wrap Terms and Conditions (subject to JHWM accepting my application to do so).
- c) I authorise JHWM and their agents to deal directly with the providers and issuers of investments held within the Wrap Portfolio and their agents, so as to give practical effect to my application for a Wrap Portfolio and any instruction I or the financial adviser/investment manager may give you within the scope of the James Hay Wrap Terms and Conditions and the relevant Product/investment Terms and Conditions.
- d) I authorise the financial adviser named in this Application Form to act on my behalf, to authorise Transactions and to issue instructions to JHWM in connection with my Wrap Portfolio until I notify you to the contrary in writing.
- e) I authorise JHWM to make the investments detailed in Section 3 and to arrange any Transaction in respect of any investments held within my Wrap Portfolio that I, or my financial adviser/investment manager on my behalf, may request from time to time.
- f) I authorise JHWM or its nominee to hold investments within my Wrap Portfolio on my behalf and to receive interest, dividends and any other rights or proceeds in respect of those investments and any other cash on my behalf and to reinvest or pay those dividends and other rights or proceeds in accordance with my instructions or those of my financial adviser/investment manager.
- g) I acknowledge that I have been independently advised in relation to the suitability of and the terms and conditions of the appointment of any investment manager appointed to provide investment management services.
- h) I acknowledge that JHWM has not provided me with any advice under the terms of the Financial Services and Markets Act 2000, in respect of any aspect of my Wrap Portfolio or the appointment of any investment manager and has no responsibility for doing so.
- i) I have not received and do not expect to receive from JHWM any advice in relation to my Wrap Portfolio or investments, including whether I should buy, retain or sell any particular investments.
- j) I acknowledge and accept that JHWM will not carry out any review of my financial adviser's and/or investment manager's financial status, their investment and/or risk strategies nor will JHWM monitor the ongoing performance of these persons.
- k) If I cease to be UK resident I will notify you in writing within 30 days.
- l) I agree that any indebtedness or liability incurred to JHWM under this authority shall, in the absence of any express written agreement to the contrary, be due and payable on demand.
- m) I authorise JHWM to send copies of all statements issued in respect of my Wrap Portfolio and to disclose details of that Portfolio to my financial adviser as named on this Application Form. I confirm that my financial adviser may receive adviser charges from JHWM in respect of my Wrap Portfolio.
- n) I confirm that to the best of my knowledge and belief, the information given in this Application Form is true and complete.
- o) I undertake to inform JHWM promptly in writing of any changes to the information contained in this Application Form as soon as I am aware that what is stated is no longer true and complete.
- p) I accept that in addition to the Confirmation of Verification of Identity that my financial adviser is obliged to complete, which forms part of my Application Form, JHWM may at its discretion use a third party of its choosing to fulfil its obligations under the Money Laundering Regulations. I agree that the results of any such third party verification searches will not be seen or used by lenders to assess my ability to obtain credit.
- q) I accept it is a serious offence to make false statements and that the penalties are severe and could lead to prosecution.
- r) I confirm I have read and agreed to the Investment Centre Key Features and the section relating to the operation of the Investment Centre, as set out in the Wrap Terms and Conditions.
- s) I hereby authorise the Providers of the investments listed in Section 2, as soon as reasonably practicable, to transfer the investments into the Investment Portfolio. This transfer will be made by re-registering the assets, subject to acceptance.
- t) I further instruct the Providers of the investments named in Section 2 to provide JHWM with any information requested in respect of these investments, including but not limited to transaction and dividend histories and details of the current portfolio and its value.

- u) If I have indicated that I wish to use the services of EQi or any other investment manager/stockbroker under Section 3 of this Application Form, I hereby instruct JHWM to open an account with my selected investment manager/stockbroker and accept and agree that:
- I am solely responsible for all decisions relating to the purchase, retention and sale of the investments forming part of the products; furthermore, where my account is operated on an execution only or advisory basis, I accept that it is the joint responsibility of myself and my financial adviser to ensure any investments purchased comply with JHWM's published permitted investments list.
  - I hold JHWM harmless and indemnified against any claim in respect of such decisions.
  - I acknowledge and accept that JHWM has not and shall not in the future carry out any review of my nominated investment manager's/stockbroker's financial status, their investment and/or risk strategies nor will JHWM monitor the ongoing performance of them. I am, or my financial adviser is, responsible for checking these matters on my behalf and ensuring that the investment manager/stockbroker is suitable for my investment objectives.
  - my investment manager/stockbroker will be bound by the investment manager/stockbroker terms of business agreed with JHWM. I will not take any action, intentionally or otherwise, or instruct my investment manager/stockbroker to take actions that result in a breach of this agreement.
  - I have seen and I accept the terms and conditions and charges schedule of the investment manager/stockbroker I wish to appoint.
- v) I accept that James Hay Wrap Managers Limited will not assess me against an investment manufacturer's target market when I make any investments. My financial adviser will make such an assessment.
- w) I understand and agree that if I, or my financial adviser, have completed the Wrap SIPP Application section of this form, the details provided in this form are addressed to the scheme administrator of the James Hay Personal Pension Plan, as well as to James Hay Wrap Managers Limited.

#### Data Protection Statement

You can access full details on what to expect when we process your personal data under your product in the Data Protection Statement - James Hay Products document, which is available on our website at [www.jameshay.co.uk](http://www.jameshay.co.uk) or by calling us on 03455 212 414. If you have any questions about data protection, please contact us using the contact details in the Data Protection Statement.

At James Hay, we conduct market research to improve our products and services.

Please tick this box if you do not wish to receive invitations to participate.

You can change your mind at any time by contacting us.

**This Application Form must be completed by you or an FCA authorised financial adviser who holds the appropriate permissions. If completed by an FCA authorised financial adviser, you must still check that the completed information is correct, as by signing below you are confirming this.**

**It is an offence to make false statements and the penalties are severe and could lead to prosecution.**

**By signing this Application Form below, I confirm:**

- My financial adviser has provided me with the following documents: the James Hay Wrap Terms and Conditions; the Wrap Charges Schedule; the Permitted Investments Lists for the products within the James Hay Wrap service; the Key Features of the products within the James Hay Wrap Service; and the Data Protection Statement - James Hay Products.
- I agree to be bound by, and to at all times comply with, the James Hay Wrap Terms and Conditions; the Wrap Charges Schedule; the Permitted Investments Lists for the products within the James Hay Wrap service and the above Declaration.

Applicant name

Applicant signature

Date

We are able to provide literature in alternative formats. For a Braille, large print, audio or E-text version of this document call us on 03455 212 414 (or via the Tynetalk service on 18001 03455 212 414).

James Hay Partnership is the trading name of Nucleus Group Services Limited (NGSL) (registered in England number 02538532); James Hay Services Limited (JHS) (registered in Jersey number 77318); IPS Pensions Limited (IPS) (registered in England number 2601833); James Hay Administration Company Limited (JHAC) (registered in England number 4068398); James Hay Pension Trustees Limited (JHPT) (registered in England number 1435887); James Hay Wrap Managers Limited (JHWM) (registered in England number 4773695); James Hay Wrap Nominee Company Limited (JHWNC) (registered in England number 7259308); PAL Trustees Limited (PAL) (registered in England number 1666419); Sarum Trustees Limited (SarumTL) (registered in England number 1003681); The IPS Partnership Plc (IPS Plc) (registered in England number 1458445); Union Pension Trustees Limited (UPT) (registered in England number 2634371). JHS has its registered office at Aztec Group House, 11-15 Seaton Place, St Helier, Jersey, JE4 0QH. NGSL, IPS, JHAC, JHPT, JHWM, JHWNC, PAL, SarumTL, IPS Plc, and UPT have their registered office at Dunn's House, St Paul's Road, Salisbury, SP2 7BF. JHAC, JHWM, IPS and IPS Plc are authorised and regulated by the Financial Conduct Authority. (2/23)

# Confirmation of Verification of Identity - Private Individual

Introduction by an FCA-regulated firm

## Explanatory notes

This form should be completed by an FCA approved financial adviser or a representative of the introducing firm.

A separate confirmation must be completed for each customer (e.g. joint holders, trustee cases and joint life cases). Where a third party is involved, e.g. a payer of contributions who is different from the customer, the identity of that person must also be verified, and a confirmation provided.

This form cannot be used to verify the identity of any customer that falls into one of the following categories:

- Those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification, **or**
- Those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering Regulations, **or**
- Those whose identity has been verified using the source of funds as evidence.

This confirmation must carry an original signature.

**Please complete this form in BLOCK CAPITALS and return it to: James Hay Partnership, Dunn's House, St Paul's Road, Salisbury SP2 7BF. If you require any assistance, please call your Customer Support Team or our general enquiry number 03455 212 414.**

## 1 Details of individual

Full name of customer	<input type="text"/>
Current address	<input type="text"/>
	<input type="text"/>
	Postcode
Date of birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Previous address details if individual has changed address in the last 18 months	<input type="text"/>
	<input type="text"/>
	Postcode

## 2 Details of introducing firm (or sole trader)

Full name of regulated firm (or sole trader)	<input type="text"/>
FCA reference number	<input type="text"/>

## 3 Confirmation

I/We confirm that:

- The information in section 1 above was obtained by me/us in relation to the customer;
- The evidence I/we have obtained to verify the identity of the customer: (tick only one)

- meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG, **or**
- exceeds the standard evidence.

Copies of the underlying evidence taken in relation to the verification of the customer's identity will, on request from you (or from UK law enforcement agencies or regulators under court order or relevant mutual assistance procedure), be made available, to the extent that we are required under local law to retain these records.

Name	Signature
<input type="text"/>	<input type="text"/>
Position	Date
<input type="text"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

In order for this to be accepted it must be reproduced on a financial adviser's company headed paper

FAO: James Hay Wrap Managers Limited  
Dunn's House  
St Paul's Road  
Salisbury  
SP2 7BF

**Please note: This form only needs to be completed once per Connected Wrap.**

First client name

Wrap number

Second client name

Wrap number

I confirm that I act as a financial adviser for the above named clients and:

I confirm I have been provided with documentary evidence confirming that the clients are legally connected for the purposes of the Connected Wrap discount.

Signature of financial adviser

Full name

Date

D	D	M	M	Y	Y	Y	Y
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**Wrap Investment Portfolio, Wrap ISA**

**Instruction to your Bank or Building Society to pay by Direct Debit**

Please fill in the whole form using a ball point pen and send it to:

James Hay Wrap Managers Limited  
Dunn's House  
St Paul's Road  
Salisbury  
SP2 7BF

Service User Number

8	8	0	1	2	3
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Name(s) of Account Holder(s)


Reference

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Bank/Building Society Account Number

--	--	--	--	--	--	--	--	--	--	--	--

Branch Sort Code

--	--	--	--	--	--

**Instruction to your Bank or Building Society**

Please pay James Hay Wrap Managers Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this Instruction may remain with James Hay Wrap Managers Limited and, if so, details will be passed electronically to my Bank/Building Society.

Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the Payer

**The Direct Debit Guarantee**



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit, James Hay Wrap Managers Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request James Hay Wrap Managers Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by James Hay Wrap Managers Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
  - If you receive a refund you are not entitled to, you must pay it back when James Hay Wrap Managers Limited asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

## Wrap SIPP Application Section

### 1 Details of the pension schemes I wish to transfer

Applicant to complete

**IMPORTANT NOTE:** If you are transferring an occupational defined benefits (final salary) scheme, we will require written confirmation from your financial adviser that they have advised you in respect of this transfer and recommended that you proceed with the transfer.

If you wish to transfer an occupational money purchase (defined contribution) scheme, we may accept the transfer if you provide either written confirmation from your financial adviser that they have recommended that you proceed with the transfer, or written confirmation from the transferring scheme that the transfer contains no safeguarded benefits.

If applicable, your financial adviser can submit a completed 'Confirmation of Advice to Transfer Pension Fund' form, available from [www.jameshay.co.uk](http://www.jameshay.co.uk).

Please list details of any schemes you wish to transfer here and provide further details in the sections that follow.

Scheme name	Policy number(s)	Estimated value
		£
		£
		£
		£
		£
		£
		£
		£
		£
		£
		£
<b>Total amount</b>		<b>£</b>

**Please note:**

- Whether or not you have already requested the transfer, you will still need to provide us with all the information relating to the transfer. Please ensure you complete the following 'Transferring scheme' sections fully for each transfer you would like to make. For any transfers that you have not already requested, we will request them on your behalf.
- If the transfers are made up of a mixture of plans in capped drawdown and plans in flexi-access drawdown, we will convert all to flexi-access drawdown upon receipt.
- The transferring schemes may require additional information before releasing any funds and this could delay your transfer to us.
- If you are transferring beneficiary pension rights in addition to other non-beneficiary pension rights, we will open a separate Wrap SIPP for the beneficiary pension rights. If you are transferring beneficiary pension rights which have different tax treatment, separate Wrap SIPPs will be opened for each type of beneficiary pension right.

I wish to transfer my entitlement to benefits from the following pension scheme to the James Hay Personal Pension Plan administered by James Hay Partnership.

Scheme name

Scheme provider

Scheme address

Postcode

Policy number(s)

Scheme type  Occupational money purchase (defined contribution) <sup>4</sup>  Occupational defined benefits (final salary) <sup>4</sup>  
 Other registered pension scheme  Qualifying recognised overseas pension scheme

<sup>4</sup> Please read the important note at the beginning of Section 1 regarding financial advice.

Guaranteed transfer value expiry date (if applicable)

**Important: If we receive this form 10 working days or less before the guaranteed transfer value expiry date, we are unable to guarantee that we can process the transfer within this timescale and will not accept any liability for the expiry date being missed.**

Estimated value £

Do you wish to transfer the full value of this scheme?  Yes  No

If **No**, please state the amount you wish to transfer £

Status of transfer value  Uncrystallised  Crystallised  Phased drawdown

Please detail any guarantees and/or protection attached to the scheme

Does the transfer contain any safeguarded benefits?  Yes  No

Is James Hay Partnership the administrator of this scheme?  Yes  No

Are the assets to be re-registered into your Wrap SIPP as part of an in-specie transfer?  Yes  No

If **Yes**, we require a current valuation from the transferring scheme and a list of assets. We will then confirm which assets can be re-registered.

Does James Hay need to complete the transferring scheme's transfer discharge form?  Yes  No

If **Yes**, please enclose the form with this document.

Do you wish to immediately withdraw benefits from this plan once it has been transferred?  Yes  No

If **Yes**, please also complete the relevant James Hay 'Benefit Payment Form' to initiate benefits, or our 'Drawdown to Drawdown Transfer Form' if the plan being transferred in is already in drawdown.

Have you taken income through flexi-access drawdown, or an uncrystallised funds pension lump sum, from any pension you hold with other providers?  Yes  No

Is the transfer payment subject to an earmarking order or any other type of attachment order?  Yes  No  
 If **Yes**, please supply a certified copy of the order.

Is the transfer payment in respect of a pension credit (pension rights received as part of a divorce settlement)?  Yes  No  
 If **Yes**, please supply a certified copy of the court order, final order of divorce and pension sharing annex.

Is this part of a block transfer?  Yes  No

Have you already instructed this scheme that you wish to transfer?  Yes  No

Does the payment include beneficiary pension rights?  Yes  No  
 If **Yes**, please complete the deceased's personal details below.

If **Yes**, is income from the beneficiary pension rights taxable?  Yes  No

**Deceased's personal details (if applicable)**

Full name

Date of birth  Date of death

National Insurance number



I wish to transfer my entitlement to benefits from the following pension scheme to the James Hay Personal Pension Plan administered by James Hay Partnership.

Scheme name

Scheme provider

Scheme address

Postcode

Policy number(s)

Scheme type  Occupational money purchase (defined contribution) <sup>5</sup>  Occupational defined benefits (final salary) <sup>5</sup>  
 Other registered pension scheme  Qualifying recognised overseas pension scheme

<sup>5</sup> Please read the important note at the beginning of Section 1 regarding financial advice.

Guaranteed transfer value expiry date (if applicable)

**Important: If we receive this form 10 working days or less before the guaranteed transfer value expiry date, we are unable to guarantee that we can process the transfer within this timescale and will not accept any liability for the expiry date being missed.**

Estimated value £

Do you wish to transfer the full value of this scheme?  Yes  No

If **No**, please state the amount you wish to transfer £

Status of transfer value  Uncrystallised  Crystallised  Phased drawdown

Please detail any guarantees and/or protection attached to the scheme

Does the transfer contain any safeguarded benefits?  Yes  No

Is James Hay Partnership the administrator of this scheme?  Yes  No

Are the assets to be re-registered into your Wrap SIPP as part of an in-specie transfer?  Yes  No

If **Yes**, we require a current valuation from the transferring scheme and a list of assets. We will then confirm which assets can be re-registered.

Does James Hay need to complete the transferring scheme's transfer discharge form?  Yes  No

If **Yes**, please enclose the form with this document.

Do you wish to immediately withdraw benefits from this plan once it has been transferred?  Yes  No

If **Yes**, please also complete the relevant James Hay 'Benefit Payment Form' to initiate benefits, or our 'Drawdown to Drawdown Transfer Form' if the plan being transferred in is already in drawdown.

Have you taken income through flexi-access drawdown, or an uncrystallised funds pension lump sum, from any pension you hold with other providers?  Yes  No

Is the transfer payment subject to an earmarking order or any other type of attachment order?  Yes  No

If **Yes**, please supply a certified copy of the order.

Is the transfer payment in respect of a pension credit (pension rights received as part of a divorce settlement)?  Yes  No

If **Yes**, please supply a certified copy of the court order, final order of divorce and pension sharing annex.

Is this part of a block transfer?  Yes  No

Have you already instructed this scheme that you wish to transfer?  Yes  No

Does the payment include beneficiary pension rights?  Yes  No

If **Yes**, please complete the deceased's personal details below.

If **Yes**, is income from the beneficiary pension rights taxable?  Yes  No

#### Deceased's personal details (if applicable)

Full name

Date of birth  Date of death

National Insurance number

I wish to transfer my entitlement to benefits from the following pension scheme to the James Hay Personal Pension Plan administered by James Hay Partnership.

Scheme name

Scheme provider

Scheme address

Postcode

Policy number(s)

Scheme type  Occupational money purchase (defined contribution) <sup>6</sup>  Occupational defined benefits (final salary) <sup>6</sup>  
 Other registered pension scheme  Qualifying recognised overseas pension scheme

<sup>6</sup> Please read the important note at the beginning of Section 1 regarding financial advice.

Guaranteed transfer value expiry date (if applicable)

**Important: If we receive this form 10 working days or less before the guaranteed transfer value expiry date, we are unable to guarantee that we can process the transfer within this timescale and will not accept any liability for the expiry date being missed.**

Estimated value £

Do you wish to transfer the full value of this scheme?  Yes  No

If **No**, please state the amount you wish to transfer £

Status of transfer value  Uncrystallised  Crystallised  Phased drawdown

Please detail any guarantees and/or protection attached to the scheme

Does the transfer contain any safeguarded benefits?  Yes  No

Is James Hay Partnership the administrator of this scheme?  Yes  No

Are the assets to be re-registered into your Wrap SIPP as part of an in-specie transfer?  Yes  No

If **Yes**, we require a current valuation from the transferring scheme and a list of assets. We will then confirm which assets can be re-registered.

Does James Hay need to complete the transferring scheme's transfer discharge form?  Yes  No

If **Yes**, please enclose the form with this document.

Do you wish to immediately withdraw benefits from this plan once it has been transferred?  Yes  No

If **Yes**, please also complete the relevant James Hay 'Benefit Payment Form' to initiate benefits, or our 'Drawdown to Drawdown Transfer Form' if the plan being transferred in is already in drawdown.

Have you taken income through flexi-access drawdown, or an uncrystallised funds pension lump sum, from any pension you hold with other providers?  Yes  No

Is the transfer payment subject to an earmarking order or any other type of attachment order?  Yes  No

If **Yes**, please supply a certified copy of the order.

Is the transfer payment in respect of a pension credit (pension rights received as part of a divorce settlement)?  Yes  No

If **Yes**, please supply a certified copy of the court order, final order of divorce and pension sharing annex.

Is this part of a block transfer?  Yes  No

Have you already instructed this scheme that you wish to transfer?  Yes  No

Does the payment include beneficiary pension rights?  Yes  No

If **Yes**, please complete the deceased's personal details below.

If **Yes**, is income from the beneficiary pension rights taxable?  Yes  No

**Deceased's personal details (if applicable)**

Full name

Date of birth

Date of death

National Insurance number

I wish to transfer my entitlement to benefits from the following pension scheme to the James Hay Personal Pension Plan administered by James Hay Partnership.

Scheme name

Scheme provider

Scheme address   
  
 Postcode

Policy number(s)

Scheme type  Occupational money purchase (defined contribution) <sup>7</sup>  Occupational defined benefits (final salary) <sup>7</sup>  
 Other registered pension scheme  Qualifying recognised overseas pension scheme

<sup>7</sup> Please read the important note at the beginning of Section 1 regarding financial advice.

Guaranteed transfer value expiry date (if applicable)

**Important: If we receive this form 10 working days or less before the guaranteed transfer value expiry date, we are unable to guarantee that we can process the transfer within this timescale and will not accept any liability for the expiry date being missed.**

Estimated value £

Do you wish to transfer the full value of this scheme?  Yes  No

If **No**, please state the amount you wish to transfer £

Status of transfer value  Uncrystallised  Crystallised  Phased drawdown

Please detail any guarantees and/or protection attached to the scheme

Does the transfer contain any safeguarded benefits?  Yes  No

Is James Hay Partnership the administrator of this scheme?  Yes  No

Are the assets to be re-registered into your Wrap SIPP as part of an in-specie transfer?  Yes  No

If **Yes**, we require a current valuation from the transferring scheme and a list of assets. We will then confirm which assets can be re-registered.

Does James Hay need to complete the transferring scheme's transfer discharge form?  Yes  No

If **Yes**, please enclose the form with this document.

Do you wish to immediately withdraw benefits from this plan once it has been transferred?  Yes  No

If **Yes**, please also complete the relevant James Hay 'Benefit Payment Form' to initiate benefits, or our 'Drawdown to Drawdown Transfer Form' if the plan being transferred in is already in drawdown.

Have you taken income through flexi-access drawdown, or an uncrystallised funds pension lump sum, from any pension you hold with other providers?  Yes  No

Is the transfer payment subject to an earmarking order or any other type of attachment order?  Yes  No

If **Yes**, please supply a certified copy of the order.

Is the transfer payment in respect of a pension credit (pension rights received as part of a divorce settlement)?  Yes  No

If **Yes**, please supply a certified copy of the court order, final order of divorce and pension sharing annex.

Is this part of a block transfer?  Yes  No

Have you already instructed this scheme that you wish to transfer?  Yes  No

Does the payment include beneficiary pension rights?  Yes  No

If **Yes**, please complete the deceased's personal details below.

If **Yes**, is income from the beneficiary pension rights taxable?  Yes  No

#### Deceased's personal details (if applicable)

Full name

Date of birth

Date of death

National Insurance number

## 2 Contributions

Please complete this section if single or regular contributions will be paid into your Wrap SIPP.

**Please note:** Please note that if you applied for enhanced or fixed protection on or after 15 March 2023, any contribution made to your Wrap SIPP will mean you lose this protection. If your contributions in respect of a tax year exceed the annual allowance, then you may be subject to a personal tax charge called the annual allowance charge. It is possible for unused annual allowance to be carried forward for up to three years. You should speak to your financial adviser about this.

### 2a Entitlement to tax relief

Applicant to complete

Please tick one box only

- (i) I have relevant UK earnings chargeable to income tax, or general earnings from overseas Crown employment subject to UK tax, in this tax year.
- (ii) I am, or have been, resident in the UK at some time during this tax year.
- (iii) My spouse or civil partner has for this tax year general earnings from overseas Crown employment subject to UK tax.
- (iv) I am, or my spouse or civil partner is, in overseas Crown employment, but for this tax year do/does not have general earnings from overseas Crown employment subject to UK tax.
- (v) I was UK resident when I became a member of the SIPP and have been resident in the UK at some time during five tax years immediately before this tax year.
- (vi) None of the above.

If you have ticked (i) or (ii) we will reclaim basic rate tax on your personal contributions. If you are liable to income tax at a rate above basic rate, you will be able to claim any additional relief from HMRC either through your self assessment return or, if you do not complete one, by contacting HMRC.

If you have ticked (iii), (iv) or (v), we will reclaim basic rate tax on your personal contributions up to the basic amount of £3,600 gross.

**If you have ticked (vi) or have not completed this section at all, we will not be able to determine if you are entitled to have basic rate tax reclaimed on your personal contribution and so will not be able to reclaim this.**

### Residency

If you are a Scottish resident (as determined by HMRC) your tax rate may differ.

For example, you may be liable to income tax at no more than the Scottish starter rate of 19%. For the 2024/25 tax year we will still claim tax relief of 20% where applicable. HMRC has stated that it will not recover the difference between the Scottish starter rate and the Scottish basic rate for the 2024/25 tax year.

If you are liable to income tax at a rate above the Scottish basic rate of 20%, you will be able to claim the additional relief from HMRC either through your self assessment return or, if you do not complete one, by contacting HMRC.

The Welsh government has the power to amend the rate of income tax paid by Welsh residents, and if they do, this may impact the amount of tax we can reclaim on contributions made by Welsh residents. The Welsh government has indicated that they will not amend the rate of income tax for the 2024/25 tax year.

### 2b Personal contributions

Applicant to complete

Please state the net amount that you would like to pay into your Wrap SIPP. If, as per Section 2a, we are able to reclaim basic rate tax on your personal contributions, this tax amount will be added to your stated net contribution amount. Please therefore note that the gross figure (the net amount you are contributing plus the value of any tax reclaim) is the figure used to calculate against your annual allowance or money purchase annual allowance.

How much would you like to pay into your Wrap SIPP?

#### Single contribution

£  (net) by electronic transfer

#### Regular contributions

£  (net) by Direct Debit

Frequency  Monthly  Quarterly  Half-yearly  Annually

Start date (this must be between 1st - 28th of the month)

If regular contribution payments are to be made to your Wrap SIPP, please forward a completed Direct Debit Mandate to us. Please allow 10 business days for us to set up the Direct Debit.

If applicable, we will reclaim basic rate tax on personal contributions. The tax reclaim will take between 7-11 weeks. Please note that the value of the reclaim can only be invested once it has been paid into your designated SIPP Bank Account and it has cleared.

**Annual Allowance**

**Important: If your contributions in respect of a tax year exceed the annual allowance (£60,000<sup>8</sup> for the 2024/25 tax year), then you may be subject to an annual allowance tax charge. It is possible for unused annual allowance to be carried forward for up to three years. You should speak to your financial adviser about this.**

<sup>8</sup> If you have adjusted income (that is your total income before the deduction of personal allowances or reliefs) of more than £260,000 per annum, your annual allowance will be reduced by £1 for every £2 of income above £260,000 with a maximum reduction of your annual allowance to £10,000.

Please note: The tax treatment depends on the individual's circumstances and may be subject to change in the future.

**Money Purchase Annual Allowance**

**If you have flexibly accessed your SIPP or any other money purchase pension you may have, you will be subject to the money purchase annual allowance (MPAA) limit (£10,000 for 2024/25 tax year). If your contributions exceed this amount, you may be subject to an annual allowance tax charge. You must inform us if you have flexibly accessed another money purchase pension scheme within 91 days of doing so.**

## 2c Third party contributions

A third party may make a contribution on your behalf to your Wrap SIPP. If a third party (other than your employer) is to make contributions to your Wrap SIPP, please provide their details below. Please also note that we will need to carry out anti-money laundering identification checks on the third party before we can accept any contributions from them.

If your employer is to make contributions to your Wrap SIPP, please complete Section 2d.

Third party name	<input type="text"/>
Other previous names or aliases	<input type="text"/>
Permanent residential address	<input type="text"/>
	<input type="text"/>
	Postcode
Date of birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

## 2d Employer contributions

If your employer is to make employer contributions to your Wrap SIPP, please provide their details below. Please note that we will need to carry out anti-money laundering identification checks on your employer before we can accept any contributions from them.

Company name	<input type="text"/>
Contact name	<input type="text"/>
Country of establishment/ incorporation	<input type="text"/>
Registered number (if applicable)	<input type="text"/>
Nature of business	<input type="text"/>
Registered address	<input type="text"/>
	<input type="text"/>
	Postcode
Telephone	<input type="text"/>
Email	<input type="text"/>

Do you give authority for James Hay Partnership to correspond with your employer directly?

 Yes

 No

**2d Employer contributions (cont.)**

Applicant to complete

**All employer contributions are paid gross.**

How much will your employer pay into your Wrap SIPP?

**Single contribution**£  (gross) by electronic transfer

If your employer wishes to regularly contribute to your Wrap SIPP, please ask them to complete and sign the 'Employer's payment record for regular contributions' section below. For regular contributions your employer will also need to complete a Direct Debit Mandate. Where applicable, please enclose any Direct Debit Mandates with this form. Please allow 10 business days for us to set up the Direct Debit.

**2e Employer's payment record for regular contributions**

Employer to complete

You, the employer, should complete this section if you will be making regular payments into your employee's Wrap SIPP, either deducted from the employee's salary, or from your own funds. Regular payments must be submitted via Direct Debit. You, the employer, must prepare and maintain a record of the payments due to be paid to your employee's pension.

Regular employer contribution amount (including salary sacrifice arrangements) £  (gross)**Please note that employer contributions to your SIPP (including salary sacrifice arrangements) are paid gross.**Regular employee contribution amount £  (net)

**Employee contributions paid from your taxed income should be paid net of tax. If, as per Section 2a, we are able to reclaim basic rate tax on your personal contributions, this tax amount will be added to your stated net contribution amount. Please therefore note that the gross figure (the net amount you are contributing plus the value of any tax reclaim) is the figure used to calculate against your annual allowance or money purchase annual allowance.**

Frequency of contributions

 Monthly  Quarterly  Half-yearly  Annually 
Date of the first employer contribution (this must be between 1st - 28th of the month)        

If no start date is provided, we will set up the Direct Debit for the first of the month following the date that this form is signed. This may require us to take a backdated payment once the Direct Debit has been set up.

**Please allow 10 business days for us to set up the Direct Debit.**

Any contributions due prior to the specified date above should be paid in accordance with Section 2d of this form.

We will use the day of the first contribution date as the ongoing collection day for the stated contributions. The due date for Pension Regulator purposes, in relation to these regular payments, will always be the 19th day of the following month.

**To be signed on behalf of the employer**

I confirm that the information in this section is accurate and I will notify you if any of these details change.

 Signature  Full name   
 Date        
Position Contact number (if different from above) **3 Investment options**

Applicant to complete

I wish to invest my Wrap SIPP funds in the following investment options (tick appropriate boxes):

 **Managed Portfolio Panel**  
 Your financial adviser can select a model portfolio on the Managed Portfolio Panel using James Hay Online.

**Please note: Your financial adviser will need to agree to the investment manager's terms of business prior to investing into a model portfolio on the Managed Portfolio Panel. If you select this option you will be unable to hold any Investment Centre funds outside of one of the model portfolios on the panel.**

 **Cash Panel**  
 Please complete the application form for your selected Cash Panel provider and send it to us at the address below. Upon receipt of the completed form, if there is sufficient cash in your SIPP Bank Account, we will forward the instruction to the provider.

**3 Investment options (cont.)**

Applicant to complete

- Investment Manager**  
Please complete Section 3b of this Application Form, and enclose the completed application form for your chosen investment manager.
- Investment Centre Funds**  
If you have sufficient cash available in your SIPP Bank Account, Investment Centre trades may be placed via the 'Trade' area of James Hay Online. Alternatively, you may submit paper instructions to us using an 'Investment Centre Buy Form'. Please note there is no charge for placing trades online but there is a charge if you submit paper investment instructions.
- EQi**  
Please read the EQi Terms and Conditions and EQi Order Execution Policy and complete Section 3a of this Application Form. We will notify you when your EQi account has been opened. You can then instruct us to send EQi cash from your SIPP Bank Account and access the trader terminal via the 'Trade' area of James Hay Online. You must be resident in the UK to apply for an EQi dealing account.
- Commercial Property**  
Please read the 'Commercial Property Purchase and Maintenance Guide' and complete a 'SIPP Commercial Property Questionnaire' and send it to us at the address below.
- Other permissible investments**  
Please enclose the appropriate fund manager's application form having completed the amount to be invested, the fund choice and remuneration details. As the investment will be made in our name, we will complete the rest of the investment application form.

**Please note: The forms and documents detailed above can be obtained from our website at [www.jameshay.co.uk](http://www.jameshay.co.uk) or from the contact details in the application guide section.**

**Please send forms to: James Hay Partnership, Dunn's House, St Paul's Road, Salisbury, SP2 7BF**

**3a EQi dealing account**

Applicant to complete

- I would like to open an EQi dealing account  I accept the EQi Terms and Conditions
- I accept the EQi Order Execution Policy  Mother's maiden name
- Town of birth
- Are you resident in the UK for tax purposes?  Yes  No
- Do you anticipate dealing in US securities, either now or later?  Yes  No
- Do you wish to deal in warrants?  Yes  No

We will contact you with details of your EQi account once we have successfully processed your Wrap SIPP application.

**3b Investment manager**

Applicant to complete

Please complete this section if you would like to appoint an investment manager to act on your behalf in respect of your Wrap SIPP. The following information allows us to identify and begin account opening conversations with your selected investment manager. The information is optional at this stage but if you do not provide it now we may need to contact you to obtain it once your Wrap SIPP has been opened. Please be aware this may delay the account opening process with the investment manager or stockbroker. Please note that any investment manager must be UK based and FCA authorised and agree to our operational requirements.

- Firm name
- Address
- Postcode
- Email
- FCA firm reference number (if known)  Telephone
- Basis of appointment Execution only  Advisory  Discretionary

Once we have confirmed to you that the account is open, please use the 'Cash Transfer' tool via James Hay Online to transfer money to/from your investment manager/stockbroker. For help with this, please contact your Customer Support Team or our general enquiry number 03455 212 414.

If you wish to set up a regular transfer of money, please submit a written instruction via fax, post or secure message, confirming the amount, frequency and start date.

**4 Request to take benefits**

Applicant to complete

I wish to take immediate income drawdown or an uncrystallised funds pension lump sum from my Wrap SIPP  Yes  No

If **Yes**, please complete the relevant Benefit Payment Form which is available from our website at [www.jameshay.co.uk](http://www.jameshay.co.uk) and return it to James Hay Partnership, Dunn's House, St Paul's Road, Salisbury, SP2 7BF. We do not require the Benefit Payment Form to establish your Wrap SIPP but we are unable to calculate benefits or commence income payments without it.

The expected transfer is already in income drawdown  Yes  No

If **Yes**, please complete a 'Drawdown to Drawdown Transfer Form', also available from our website, to provide us with your on-going income requirements.

Please also forward your birth certificate or a black and white copy of your passport. In the absence of either of the above, please ask your financial adviser to complete an 'Evidence of age proforma' on your financial adviser's company headed paper.

**Please note: We cannot commence benefit payments until we have received evidence of your age.**

**5 Flexibly accessing your pension with another provider**

Applicant to complete

You must inform us if you have flexibly accessed your pension with another provider.

Have you purchased a flexible annuity, taken an income through flexi-access drawdown or taken an uncrystallised funds pension lump sum from a pension you hold with another provider (including any plans you are transferring to James Hay Partnership)?  Yes  No

**Please note: If you have answered Yes to the above question, you will be subject to a reduced money purchase annual allowance of £10,000 on contributions to your money purchase pension arrangements.**

**6 Ongoing adviser charges**

Applicant to complete

Please pay my appointed financial adviser the same level of ongoing adviser charges as set out in my initial Wrap Application Form.

Yes  No

If **No**, please specify the level of annual ongoing adviser charges required for this Wrap SIPP, by choosing one option below.

**Please note: A maximum of 7% p.a. (including VAT) adviser charges will be applied.**

**6a Ongoing adviser charges**

Applicant to complete

**Option one**

Value of assets in your product (excluding assets selected at the end of this section)

Total	Level of adviser charge
£	% p.a.

OR

**Option two** (tiered)

Amount	Level of adviser charge
First £	% p.a.
Next £	% p.a.
Next £	% p.a.
Next £	% p.a.
Over £	% p.a.

OR

**Option three** (monthly)

Level of adviser charge £  per month



6a Ongoing adviser charges (cont.)

Applicant to complete

Transaction charges in respect of this adviser charge will be charged monthly on a pro rata basis.

Are adviser charges to be applied across all assets within the product? Yes  No

If No, please tick which categories of assets you wish to exclude. Please note that we are unable to exclude individual investments or individual investment manager accounts.

- All Investment Centre funds (including Managed Portfolio Panel)
- All assets held with EQi
- All assets held with an investment manager
- Cash held in the SIPP Bank Account and cash deposits held with any of our Cash Panel providers
- Property (including property cash)
- All other permissible investments

7 Expression of wish

Please provide details of those people you would like to receive any benefit payable under your Wrap SIPP on your death.

This Expression of Wish does not bind the Trustee or Scheme Administrator of the Wrap SIPP, but will help them to pay out benefits in line with your wishes. Your Expression of Wish can be changed in writing at any time.

Please note: If you disclose personal information about a third party, please ensure you have their permission and have informed them of the purpose for which their information will be processed, before doing so.

7a Individual details

Applicant to complete

Please provide details of any individuals to whom you would like the proceeds of your Wrap SIPP to be paid, in the event of your death.

Full name

Address   
  
 Postcode

Date of birth         Relationship

Percentage of death benefits  %

Full name

Address   
  
 Postcode

Date of birth         Relationship

Percentage of death benefits  %

Full name

Address   
  
 Postcode

Date of birth         Relationship

Percentage of death benefits  %

**7a Individual details (cont.)**

Applicant to complete

Full name

Address

  
  


Postcode

Date of birth









Relationship

Percentage of death benefits

 %
**7b Charity details**

Applicant to complete

Please provide details of any charity to which you would like the proceeds of your Wrap SIPP to be paid, in the event of your death.

Charity name

Address

  
  


Postcode

Registered charity number (if known)

Percentage of death benefits

 %

**Please note: Any chosen charity must be a UK registered charity.**

**7c Trust details**

Applicant to complete

Please provide details of any Trust to which you would like the proceeds of your Wrap SIPP to be paid, in the event of your death.

Name of Trust

Address where Trust is held

  
  


Postcode

Name of Trustee(s)

  
  


Date of Trust









Percentage of death benefits

 %

**Please note: We require a certified true copy of any Trusts detailed above for our records. Please ensure this is sent to James Hay Partnership, Dunn's House, St Paul's Road, Salisbury, SP2 7BF once you have submitted this Application Form.**

**Please also note that we are not Trust experts and cannot be held responsible for ensuring a Trust fulfils the purposes for which it was intended.**

You have the right to cancel this Wrap SIPP application.

Once you have submitted your application we will send you a cancellation notice, which confirms that you will have 30 days from receipt of the notice to let us know that you have changed your mind and therefore wish to cancel your application.

We will set up your Wrap SIPP during your 30 day cancellation period and you can give us investment instructions during this time. However, if you choose to cancel your Wrap SIPP under the terms of the cancellation rights, any investment held by your Wrap SIPP will be sold, we will return any contributions made into your Wrap SIPP to their original source, and we will arrange to transfer any money that has been transferred to us from previous pensions to another provider chosen by you. Please note that if the value of your investments has fallen in the period between your money being invested and the time your cancellation instruction is received by us, you will not receive back the full amount that you invested. This is explained in the cancellation notice that we will send to you.

## Notes

James Hay Pension Trustees Limited is the Trustee of the Scheme and James Hay Administration Company Limited are the administrators of the Scheme. Reference to James Hay Partnership in this document includes these companies where relevant in the particular context and unless a specific company name is mentioned.

## Transfers

- a) We are not an annuity provider and we are unable to accept Open Market Options.
- b) Rather than your current pension assets having to be sold and a cash value transferred, it may be possible to transfer the physical assets with the agreement of your existing pension provider. This is called an in-specie transfer. For more information on the availability of this facility, please call 03455 212 414.
- c) Any entitlement to take lump sum rights in excess of 25% may be retained provided the transfer is part of a block transfer

## Benefits

- a) The maximum pension commencement lump sum payable when you designate funds for income drawdown will normally be up to the lower of 25% of your Wrap SIPP, or 25% of your Wrap SIPP up to your lump sum allowance. The pension commencement lump sum has to be taken as a lump sum and cannot be taken in installments.
- b) If taking an uncrystallised funds pension lump sum, the tax free element of 25% will be paid separately to the balance which is paid after the deduction of income tax. Both are paid as lump sums and cannot be taken in installments.
- c) Before any benefits can be paid from your Wrap SIPP, we will require the full transfer value and associated transfer information, including any HMRC certificates enhancing your allowances, the re-registration of any assets being transferred in-specie to be complete, any contributions to be settled and evidence of your age, name and address.
- d) If taking income drawdown, to ensure that your income payment is included within our monthly income payroll, sufficient cleared money must be held in the SIPP Bank Account at least 9 business days before the end of the month prior to the date the income payment is to be made.
- e) We will always pay income on the first business day of the month.
  - If you wish to start taking an income from your Wrap SIPP, you must notify us at least 15 business days before the end of the month prior to the date the first income payment is to be made.
  - If you wish to vary the amount of income you receive, you must notify us at least 10 business days before the end of the month prior to the date the change is to come into effect.
  - If you are in partial drawdown and wish to take income from your remaining uncrystallised funds, you must notify us at least 15 business days before the end of the month prior to the date the change is to come into effect.

The 'date the change is to come into effect' is always the first business day of the month.

## Investments

- a) We will deposit all money received into your SIPP Bank Account until you or your financial adviser give us investment instructions.
- b) We will require satisfactory transfer information from the transferring scheme administrator(s) before investments can take place.
- c) Investments will only take place upon receipt of all expected money, unless we have received alternative written instructions.
- c) We will not normally process your investments until your new income has been calculated, unless we have received alternative written instructions.

Before signing this declaration, it is important that you carefully read the Wrap SIPP Specific Terms and Conditions; the Wrap Charges Schedule; the Wrap SIPP Permitted Investments List and the Key Features of the products within the James Hay Wrap Service. These documents specify important information about your Wrap SIPP, how the product works, the benefits and risks and the charges you will pay.

There is a lot of information for you to consider so, if you are in any doubt about whether the Wrap SIPP is right for you, we strongly recommend that you seek advice from your financial adviser.

If you have any queries for James Hay Partnership, please direct them to James Hay Partnership, Dunn's House, St Paul's Road, Salisbury, Wiltshire, SP2 7BF; or telephone us on 03455 212 414.

I hereby apply to James Hay Administration Limited for membership of the Wrap SIPP, and declare as follows:

- a) I agree at all times to be bound by, and comply with, the Trust Deed and Rules of the James Hay Personal Pension Plan, as amended from time to time; the Wrap SIPP Specific Terms and Conditions; the Wrap Charges Schedule and the Wrap SIPP Permitted Investments List.
- b) To the best of my knowledge and belief, the particulars and declarations given on this Application Form are correct and complete.
- c) I undertake to tell you in writing within 30 days if:
  - there is any change to my name, permanent residential address or residency status;
  - I am made bankrupt; or
  - there are any changes to the information contained in this Application Form as soon as I am aware that what is stated is no longer true and complete.
- d) I accept that this application determines whether I am entitled to basic rate tax relief at source on my contributions.
- e) I agree that the total contributions to any registered pension schemes in respect of which I am entitled to tax relief will not exceed the higher of:
  - the basic amount of £3,600; or
  - my relevant UK earnings for that tax year.
- f) If I am no longer entitled to tax relief on my contributions I will undertake to tell you in writing no later than:
  - 5 April in the year of assessment in which this occurs; or
  - within 30 days of this change.
- g) I accept that you will send correspondence to my financial adviser unless I have requested otherwise.
- h) I accept that the value of my Wrap SIPP may only be applied to provide benefits at the time I take retirement benefits or upon my death and that James Hay Pension Trustees Limited will provide the appropriate benefits as required.
- i) I give my authority for you to accept investment and disinvestment instructions from my financial adviser and to pay adviser charges to them as detailed in this Application Form.
- j) If I have indicated that I wish to use the services of EQi or any other investment manager under section 3 of this Application Form, I hereby instruct James Hay Partnership to open an account with my selected investment manager/stockbroker and accept and agree that:
  - I am solely responsible for all decisions relating to the purchase, retention and sale of the investments forming part of the Wrap SIPP, furthermore where my account is operated on an Execution only or Advisory basis then I accept that it is the joint responsibility of myself and my financial adviser to ensure any investments purchased comply with the Wrap SIPP Permitted Investments List.
  - I hold James Hay Pension Trustees Limited and James Hay Administration Company Limited harmless and indemnify each of them against any claim in respect of such decisions.
  - I acknowledge and accept that James Hay Administration Company Limited and James Hay Pension Trustees Limited have not carried out and shall not in future carry out any review of the nominated investment manager's/stockbroker's financial status, their investment and/or risk strategies nor will James Hay Partnership monitor the ongoing performance of them. I am, or my financial adviser is, responsible for checking these matters on my behalf and ensuring that the investment manager/stockbroker is suitable for my investment objectives.
  - My investment manager/stockbroker will be bound by the investment manager/stockbroker terms of business agreed with James Hay Partnership. I will not take any action, intentionally or otherwise, or instruct my investment manager/stockbroker to take actions that result in a breach of this agreement.
  - I have seen and I accept the terms and conditions and charges schedule of the investment manager/stockbroker I wish to appoint.
- k) I accept that James Hay Partnership will not assess me against an investment manufacturer's target market when I make any investments within my Wrap SIPP. If I am receiving financial advice on the investment, my financial adviser will make such an assessment. If I am not receiving financial advice, I am responsible for considering the investment manufacturer's target market before making my investment decision.
- l) If I am investing in a UCITS fund, I certify that before providing investment instructions to you I will have either:
  - printed a copy of the current version of the 'Key Investor Information Document' (KIID) or 'Key Information Document' (KID) as appropriate; or
  - saved an electronic copy of the current version of the KIID or KID, as appropriate.

- m) I authorise and instruct you to transfer funds from the scheme(s) listed in this application directly to you. Where you have asked me to give you any original policy document(s) in return for the transfer of funds and I am unable to do so, I accept full responsibility for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information deliberately or carelessly given by me, or on my behalf, either in this Application Form or with respect to benefits from the scheme(s).
- n) I authorise any relevant third parties to release all necessary information to you to enable the transfer of funds to you.
- o) I authorise you to obtain from and release to the financial adviser named in this application any additional information that may be required to enable the transfer of funds.
- p) If an employer is paying contributions to any of the schemes listed in this application, I authorise you to release to that employer any relevant information in connection with the transfer of funds from the relevant scheme(s).
- q) Until this application is accepted and complete, your responsibility is limited to the return of the total payment(s) to the provider(s) of the scheme(s) listed in this application.
- r) Where the payment(s) made to you represent(s) all of the funds under the scheme(s) listed in this application, then payment made as requested will mean that I shall no longer be entitled to receive pension or other benefits from the scheme(s) listed.
- s) Where the payment(s) made to you represent(s) part of the funds under the scheme(s) listed in this application, then the providers of the scheme(s) listed in this application will be discharged of all claims and responsibilities only in respect of the part of the scheme(s) represented by the payment(s).
- t) I accept full responsibility in respect of any claims, losses and expenses that you and the current provider(s) may incur as a result of any incorrect information provided by me in this Application Form or of any failure on my part to comply with any aspect of this application.
- u) Where transferring funds from schemes that are already in income drawdown, if the funds are a mixture of capped drawdown and flexi-access drawdown, I elect to convert all the drawdown funds to flexi-access drawdown.
- v) I acknowledge and accept that if the information supplied in this application and other required documentation is incomplete or incorrect this will result in a delay in processing my application and any associated transfers. In respect of transfers from Occupational Defined Benefit Schemes I acknowledge and accept this may result in any guaranteed transfer value expiry date being missed.
- w) I understand that if the Scheme Administrator chooses a beneficiary who has not been named in Section 7 of this form, drawdown income would normally only be available in limited circumstances. Therefore in order to allow the Scheme Administrator to pay drawdown income to as wide a range of beneficiaries as possible and for the purposes of the relevant tax legislation, I nominate any individual who is eligible to receive a lump sum on my death under the rules of the scheme.

#### Data Protection Statement

You can access full details on what to expect when we process your personal data under your product in the Data Protection Statement - James Hay Products document, which is available on our website at [www.jameshay.co.uk](http://www.jameshay.co.uk) or by calling us on 03455 212 414. If you have any questions about data protection, please contact us using the contact details in the Data Protection Statement.

At James Hay, we conduct market research to improve our products and services.

Please tick this box if you do not wish to receive invitations to participate.

You can change your mind at any time by contacting us.

**This Application Form must be completed by you or an FCA authorised financial adviser who holds the appropriate permissions. If completed by an FCA authorised financial adviser, you must still check that the completed information is correct, as by signing below you are confirming this.**

**It is an offence to make false statements and the penalties are severe and could lead to prosecution.**

**By signing this Application Form below, I confirm:**

- **My financial adviser has provided me with the following documents: the Wrap SIPP Specific Terms and Conditions; the Wrap Charges Schedule; the Wrap SIPP Permitted Investments List; the Key Features of the products within the James Hay Wrap Service; and the Data Protection Statement - James Hay Products.**
- **I agree to be bound by, and to at all times comply with, the Wrap SIPP Specific Terms and Conditions; the Wrap Charges Schedule; the Wrap SIPP Permitted Investments List and the above Declaration.**

Applicant name

Applicant signature

Date

We are able to provide literature in alternative formats. For a Braille, large print, audio or E-text version of this document call us on 03455 212 414 (or via the Typetalk service on 18001 03455 212 414).

James Hay Partnership is the trading name of Nucleus Group Services Limited (NGSL) (registered in England number 02538532); James Hay Services Limited (JHS) (registered in Jersey number 77318); IPS Pensions Limited (IPS) (registered in England number 2601833); James Hay Administration Company Limited (JHAC) (registered in England number 4068398); James Hay Pension Trustees Limited (JHPT) (registered in England number 1435887); James Hay Wrap Managers Limited (JHWM) (registered in England number 4773695); James Hay Wrap Nominee Company Limited (JHWNC) (registered in England number 7259308); PAL Trustees Limited (PAL) (registered in England number 1666419); Sarum Trustees Limited (SarumTL) (registered in England number 1003681); The IPS Partnership Plc (IPS Plc) (registered in England number 1458445); Union Pension Trustees Limited (UPT) (registered in England number 2634371). JHS has its registered office at Aztec Group House, 11-15 Seaton Place, St Helier, Jersey, JE4 0QH. NGSL, IPS, JHAC, JHPT, JHWM, JHWNC, PAL, SarumTL, IPS Plc, and UPT have their registered office at Dunn's House, St Paul's Road, Salisbury, SP2 7BF. JHAC, JHWM, IPS and IPS Plc are authorised and regulated by the Financial Conduct Authority. (2/23)

**SIPP**

## Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:

James Hay Pension Trustees Limited  
Dunn's House  
St Paul's Road  
Salisbury  
SP2 7BF

Service User Number

8 8 0 1 1 3

Name(s) of Account Holder(s)


Reference

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Bank/Building Society Account Number

--	--	--	--	--	--	--	--	--	--

Branch Sort Code

--	--	--	--	--	--

**Instruction to your Bank or Building Society**

Please pay James Hay Pension Trustees Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this Instruction may remain with James Hay Pension Trustees Limited and, if so, details will be passed electronically to my Bank/Building Society.

Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Signature(s)
Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the Payer

## The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit, James Hay Pension Trustees Limited will notify you 10 business days in advance of your account being debited or as otherwise agreed. If you request James Hay Pension Trustees Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by James Hay Pension Trustees Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
  - If you receive a refund you are not entitled to, you must pay it back when James Hay Pension Trustees Limited asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

## Wrap ISA Application Section

**1 Personal details** Applicant to complete

Full name

Permanent residential address   
  
Postcode

Date of birth

National Insurance number  **OR** I have never had a National Insurance number

**2 New subscription**

I apply to subscribe for a Stocks and Shares ISA for the **2024/25 tax year** and each subsequent tax year in which I make a subscription.

**3 Payment details** Applicant to complete

**Lump sum payments**

£

I wish to pay for my subscription by electronic bank transfer (please note - bank details will be available on James Hay Online once the Wrap ISA is set up, or on request).

I wish to pay for my subscription from the bank account associated with my Wrap Investment Portfolio

**Regular subscriptions**

I wish to pay for my subscription by regular monthly payments of the following amount

**Please note: For the 2024/25 tax year, the ISA allowance is £20,000. You can split the amount you pay into an ISA between a Cash ISA, a Stocks and Shares ISA, an Innovative Finance ISA and a Lifetime ISA as you choose, up to the £20,000 limit. The Wrap ISA is a Stocks and Shares ISA.**

Date I wish the Direct Debit to start

**Please note: This will be the day each month that the payment is taken. The start date can only be between 1st and 28th of any month. Please complete the Direct Debit instruction at the back of this application. Please allow 10 business days for James Hay Wrap Managers Limited to set up any Direct Debit Mandate.**

**4 Details of ISA(s) to be transferred** Applicant to complete

How many existing ISAs do you wish to transfer into your Wrap ISA?

Details of the ISAs to be transferred

ISA manager	Estimated value
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£

**4 Details of ISA(s) to be transferred (cont.)**

Applicant to complete

Please complete a separate 'ISA Transfer Request Form', available from [www.jameshay.co.uk](http://www.jameshay.co.uk), for each existing ISA plan manager. James Hay Wrap Managers Limited will then forward the form to your existing ISA manager.

**Important note:** Your James Hay ISA is defined as a Stocks and Shares ISA under ISA regulations. If you are transferring a Stocks and Shares ISA from another provider that contains subscriptions for the current tax year, you will not be able to subscribe to your James Hay ISA until the transfer has fully completed.

This may impact your ability to fully utilise your annual ISA allowance if you are transferring current year Stocks and Shares ISA subscriptions to James Hay close to the end of the tax year.

**5 Investment options**

Applicant to complete

I wish to buy the following (tick appropriate boxes):

**Investment Centre funds**  
Please either trade online using James Hay Online or complete an 'Investment Centre Buy Form'. Please note there is no charge for placing trades online but there is a charge if you submit paper investment instructions.

**Managed Portfolio Panel**  
Your financial adviser can select a model portfolio on the Managed Portfolio Panel using James Hay Online.

**Please note:** Your financial adviser will need to agree to the investment manager's terms of business prior to investing into a model portfolio on the Managed Portfolio Panel. If you select this option you will be unable to hold any Investment Centre funds outside of one of the model portfolios on the panel.

**Stocks and shares using the services of EQi**  
Please complete the 'EQi Account Application Form for Wrap'.

**Non Investment Centre funds**  
If you wish to buy funds that are not available in the Investment Centre, please complete an 'Instruction to Trade Form' and enclose the appropriate fund manager's application form, having completed the amount to be invested, the fund choice and adviser charges details. As the investment will be made by us, we will complete the rest of the investment application form.

For full details of the range of ISA investments available, please refer to your copy of the Wrap ISA Permitted Investments List.

**Please note:** The forms and documents detailed above can be obtained from our website at [www.jameshay.co.uk](http://www.jameshay.co.uk).

**6 Product level ongoing adviser charges**

Applicant to complete

Please pay my appointed financial adviser the same level of ongoing adviser charges as set out in my initial Wrap Application Form.

Yes  No

If **No**, please specify the level of annual adviser charge by choosing one option from the following three options.

**A maximum of 7% p.a. (including VAT) product level ongoing adviser charge will be applied.**

**Option one**

Value of assets in your product (excluding assets selected at the end of this section)

Total	Level of adviser charge
£	% p.a.

OR

**Option two** (tiered)

Amount	Level of adviser charge
First £	% p.a.
Next £	% p.a.
Next £	% p.a.
Next £	% p.a.
Over £	% p.a.

OR

**Option three** (monthly)

Level of adviser charge £  per month

Transaction charges in respect of this adviser charge will be charged monthly on a pro rata basis.



**6 Product level ongoing adviser charges (cont.)**

Applicant to complete

Are adviser charges to be applied across all assets within the product? Yes  No

If **No**, please tick which categories of assets you wish to **exclude**. Please note that we are unable to exclude individual investments.

All Investment Centre funds (including Managed Portfolio Panel)

All assets held with EQi

Cash held in the ISA Product Bank Account

All other permissible investments

**7 Declaration - MANDATORY**

Applicant to complete

**Before signing this declaration, it is important that you carefully read the Wrap ISA Specific Terms and Conditions; the Wrap Charges Schedule; the Wrap ISA Permitted Investments List; and the Key Features of the products within the James Hay Wrap Service. These documents specify important information about your Wrap ISA, how the product works, the benefits and risks and the charges you will pay.**

**There is a lot of information for you to consider so, if you are in any doubt about whether the Wrap ISA is right for you, we strongly recommend that you seek advice from your financial adviser.**

**Any queries for us must be directed to James Hay Partnership, Dunn's House, St Paul's Road, Salisbury, Wiltshire, SP2 7BF; or telephone us on 03455 212 414.**

I declare that:

- all subscriptions made, and to be made, belong to me
- I am 18 years of age or over
- I have not subscribed, and will not subscribe, more than the overall subscription limit in total to a Cash ISA, Stocks and Shares ISA, an Innovative Finance ISA and a Lifetime ISA in the same tax year, and
- I am resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of Section 28 of Income Tax (Earnings & Pension) Act 2003 (Crown employees serving overseas) are treated as being performed in the United Kingdom, or I am married to, or in a civil partnership with, a person who performs such duties. I will inform James Hay Wrap Managers Limited if I cease to be so resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties.

I authorise James Hay Wrap Managers Limited as the ISA Manager:

- to set up and administer my Wrap ISA
- to arrange any transfer of an ISA that I may request from time to time
- to hold my cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash
- to make on my behalf any claims to relief from tax in respect of ISA investments.

I accept that James Hay Wrap Managers Limited will not assess me against an investment manufacturer's target market when I make any investments. My financial adviser will make such an assessment.

I hereby consent to James Hay Wrap Managers Limited obtaining details from my existing ISA Manager and authorise the giving of any such details to James Hay Wrap Managers Limited.

I accept the Wrap ISA Specific Terms and Conditions.

I declare that to the best of my knowledge and belief, the particulars given on the Application Form are correct and complete and I undertake to inform James Hay Wrap Managers Limited, without delay, if there are any changes in the information contained in this form.

I authorise James Hay Wrap Managers Limited to send copies of all statements issued in respect of my ISA and to disclose details of that ISA to my financial adviser as named on my initial Wrap Application (or as subsequently amended by me as applicable). I acknowledge that my financial adviser may receive adviser charges from James Hay Wrap Managers Limited in respect of my ISA.

I confirm I have read and accept the Investment Centre section of the Wrap Terms and Conditions.

If applicable I have read and accept the Investment Centre Key Features. A copy of this is available on our website [www.jameshay.co.uk](http://www.jameshay.co.uk), or on request.

**Data Protection Statement**

You can access full details on what to expect when we process your personal data under your product in the Data Protection Statement - James Hay Products document, which is available on our website at [www.jameshay.co.uk](http://www.jameshay.co.uk) or by calling us on 03455 212414. If you have any questions about data protection, please contact us using the contact details in the Data Protection Statement.

At James Hay, we conduct market research to improve our products and services. Please tick this box if you do not wish to receive invitations to participate.

You can change your mind at any time by contacting us.

**This Application Form must be completed by you or an FCA authorised financial adviser who holds the appropriate permissions. If completed by an FCA authorised financial adviser, you must still check that the completed information is correct, as by signing below you are confirming this.**

**It is an offence to make false statements and the penalties are severe and could lead to prosecution.**

**By signing this Application Form below, I confirm:**

- My financial adviser has provided me with the following documents: the Wrap ISA Specific Terms and Conditions; the Wrap Charges Schedule; the Wrap ISA Permitted Investments List; the Key Features of the products within the James Hay Wrap Service; and the Data Protection Statement - James Hay Products.
- I agree to be bound by, and to at all times comply with, the Wrap ISA Specific Terms and Conditions; the Wrap Charges Schedule; the Wrap ISA Permitted Investments List and the above Declaration.

Applicant name

Applicant signature

Date

D	D	M	M	Y	Y	Y	Y
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