

# SCOTTISH WIDOWS PLATFORM

## CLIENT DATA CAPTURE FORM

This document is not an application form and should not be returned to us. Information must be recorded onto the Scottish Widows Platform.

If requesting your client to sign one of the attached declarations at this time please ensure their full name and account number are inserted before sending the declaration and any supporting information to Scottish Widows Platform Service Team, PO Box 24065, 1 Tanfield, Edinburgh EH3 1EY.

There are various accounts that can be set up on the Scottish Widows Platform. The key below will help you decide which of the sections are relevant for your client.

New business process	Sections required			
Add a new client	1	2	3	4
<b>Plus any of the following:</b>				
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**Confirmation**

I confirm:

 \*The Client has been resident in the UK for the past 6 months. \*The Client has a national insurance number.**1 Client details**

\*Adviser

\*Account type  Individual  Joint  Junior

\*Account name

**Individual**\*Title:  Mr  Mrs  Miss  Ms  Dr  Other (please give details)

\*First name(s)

\*Surname

\*Gender

\*Date of Birth: | D | D | M | M | Y | Y | Y | Y |

\*Marital status

National Insurance Number

\*UK resident for tax purposes?

 Yes  No

Primary Nationality

Additional Nationality/Citizenship (Max 3)

**Joint**\*Title:  Mr  Mrs  Miss  Ms  Dr  Other (please give details)

\*First name(s)

\*Surname

\*Gender

\*Date of Birth: | D | D | M | M | Y | Y | Y | Y |

\*Marital status

National Insurance Number

\*UK resident for tax purposes?

 Yes  No

Primary Nationality

Additional Nationality/citizenship (Max 3)

**Junior**

Child's details

\*Title:  Mr  Mrs  Miss  Ms  Other (please give details)

\*First name(s)

\*Surname

\*Gender

\*Date of Birth: | D | D | M | M | Y | Y | Y | Y |

National Insurance Number

Account holder is under 16, no NI number available 

Does your client have more than one nationality?

 Yes  No

\*UK resident for tax purposes?

 Yes  No

\* Denotes a mandatory field

**1** Client details (Continued)

## Registered contact details

## Personal details – Parent/Guardian

\*Title:  Mr  Mrs  Miss  Ms  Dr  Other (please give details)

\*First name(s)

\*Surname

\*Gender

\*Date of Birth: | D | D | M | M | Y | Y | Y | Y |

National Insurance Number

Does your client have more than one nationality?

 Yes No**2** Contact details

## Individual

\*Residential address

\*Town

\*Post code

\*Country

\*Postal address

 Same as residential address

\*Town

\*Post code

\*Country

\*Email

## Joint

\*Residential address

\*Town

\*Post code

\*Country

\*Postal address

 Same as residential address

\*Town

\*Post code

\*Country

At least one phone number must be provided

\*Daytime phone no.

Evening phone no.

Email

\* Denotes a mandatory field

**2** Contact details (Continued)**Junior**

Child's residential address

\*Residential address

\*Town

\*Post code

\*Country

Contact details – Parent/Guardian

 Same as Child's residential address

\*Residential address

\*Town

\*Post code

\*Country

Client access, documentation and telephone numbers

Client online access level  Yes  No

Email

**3** Anti Money Laundering**Anti Money Laundering**

\*Full name of the regulated firm (or sole trader)

\*Name

\*Position  Not specified  Accounts manager  Director  Financial adviser  Paraplanner

\*Date | D | D | M | M | Y | Y | Y | Y |

I/We confirm that:

The information above was obtained by me/us in relation to the client

The evidence I/we have obtained to verify the identity of the client:

 meets the standard evidence set out within the guidance for the UK Financial Sector issued by the JMLSG

or

 exceeds the standard evidence set out within the guidance for the UK Financial Sector issued by the JMLSG

If the evidence exceeds the standards set out within the guidelines, please detail the evidence obtained:

\* Denotes a mandatory field

**3** Anti Money Laundering (CONTINUED)

I've/we have reviewed the application and, based on the knowledge gained of the customer(s), we have (tick one box only):

- no reason to believe the International Tax Compliance self-certification requires any follow up action  
 reason to believe the International Tax Compliance self-certification requires follow up action

If follow up action is required please state the reasons why

**4** Bank details

\*Owner (select one)  Employer  Individual  Joint  Third party

\*Account number | | | | | | | | | | | | | | | | |

\*Sort code | | | - | | | - | | |

Building society roll no

\*Account name

\*Will this account be used to make payments  Yes  No

\*Will this account be used for withdrawals  Yes  No

\*Bank name

\*Bank address (providing sort code and account number enables address to be found automatically)

\*Town

\*Post code

\*Country

**5** Stocks & Shares ISA transfer cash

Transfer type  Cash

\*Is the source from a Cash ISA?  Yes  No

\*Product provider/manager name

\*Contact phone number

\*Product provider/manager address

\*Town

\*Post code

\*Country

\*Policy number/member ID

ISA Type  Flexible  Non-flexible

\*Tax year  Current  Previous

\* Denotes a mandatory field

**5** Stocks & Shares ISA transfer cash (CONTINUED)

\*If current – subscriptions this tax year £ \_\_\_\_\_

\*Initial remuneration \_\_\_\_\_ % or £ \_\_\_\_\_

\*Regular remuneration \_\_\_\_\_ % or £ \_\_\_\_\_

NB. Remuneration details will be required at a later stage during input.

\*Cash amount £ \_\_\_\_\_

\*Date | D | D | M | M | Y | Y | Y | Y | \_\_\_\_\_

**6** Junior Stocks & Shares ISA transfer cash

Transfer type  Cash

\*Is the source from a Cash ISA?  Yes  No

\*Product provider/manager name \_\_\_\_\_

\*Contact phone number \_\_\_\_\_

\*Product provider/manager address \_\_\_\_\_

\_\_\_\_\_

\*Town \_\_\_\_\_ \*Post code \_\_\_\_\_

\*Country \_\_\_\_\_

\*Policy number/member ID \_\_\_\_\_

\*Tax year  Current  Previous

\*If current – subscriptions this tax year £ \_\_\_\_\_

\*Initial remuneration \_\_\_\_\_ % or £ \_\_\_\_\_

\*Regular remuneration \_\_\_\_\_ % or £ \_\_\_\_\_

NB. Remuneration details will be required at a later stage during input.

\*Cash amount £ \_\_\_\_\_

\*Date | D | D | M | M | Y | Y | Y | Y | \_\_\_\_\_

**7** Stocks & Shares ISA transfer in specie

Transfer type  In specie

\*Product provider/manager name \_\_\_\_\_

\*Contact phone number \_\_\_\_\_

\*Product provider/manager address \_\_\_\_\_

\_\_\_\_\_

\*Town \_\_\_\_\_ \*Post code \_\_\_\_\_

\* Denotes a mandatory field

**7** Stocks & Shares ISA transfer in specie (CONTINUED)

\*Country

\*Policy number/member ID

\*Tax year

 Current  Previous

\*If current – subscriptions this tax year

£

\*Initial remuneration

% or £

\*Regular remuneration

% or £

NB. Remuneration details will be required at a later stage during input.

Asset name

Number of units

Date | D | D | M | M | Y | Y | Y | Y |

Asset name

Number of units

Date | D | D | M | M | Y | Y | Y | Y |

Asset name

Number of units

Date | D | D | M | M | Y | Y | Y | Y |

Asset name

Number of units

Date | D | D | M | M | Y | Y | Y | Y |

**8** Junior Stocks & Shares ISA transfer in specie

Transfer type

 In specie

\*Product provider/manager name

\*Contact phone number

\*Product provider/manager address

\*Town

\*Post code

\*Country

\*Policy number/member ID

\*Tax year

 Current  Previous

\*If current – subscriptions this tax year

£

\*Initial remuneration

% or £

\*Regular remuneration

% or £

NB. Remuneration details will be required at a later stage during input.

\* Denotes a mandatory field

**8** Junior Stocks & Shares ISA transfer in specie (CONTINUED)

Asset name

Number of units

Date | D | D | M | M | Y | Y | Y | Y |

Asset name

Number of units

Date | D | D | M | M | Y | Y | Y | Y |

Asset name

Number of units

Date | D | D | M | M | Y | Y | Y | Y |

Asset name

Number of units

Date | D | D | M | M | Y | Y | Y | Y |

**9** Investment Account transfer in

Transfer type

 In specie

\*Product provider/manager name

\*Contact phone number

\*Product provider/manager address

\*Town

\*Post code

\*Country

\*Policy number/member ID

\*Initial remuneration

\_\_\_\_\_ % or £

\*Regular remuneration

\_\_\_\_\_ % or £

NB. Remuneration details will be required at a later stage during input.

Asset name

Number of units

Date | D | D | M | M | Y | Y | Y | Y |

Asset name

Number of units

Date | D | D | M | M | Y | Y | Y | Y |

Asset name

Number of units

Date | D | D | M | M | Y | Y | Y | Y |

Asset name

Number of units

Date | D | D | M | M | Y | Y | Y | Y |

\* Denotes a mandatory field



**10** Personal Pension Account transfer in

Transfer type	<input type="checkbox"/> In specie	<input type="checkbox"/> Cash
Transfer Amount (cash transfers only)	£ _____	
*Product provider/manager name	_____	
*Contact phone number	_____	
*Product provider/manager address	_____	
_____	_____	
*Town	*Post code	
*Country	_____	
*Policy number/member ID	_____	
*Scheme Type (select as appropriate)	<input type="checkbox"/> Buy-out plans	<input type="checkbox"/> Occupational pension (excluding s32/ buyout)
	<input type="checkbox"/> Personal pension	<input type="checkbox"/> Retirement annuity
*Does this transfer have a crystallised element?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*If yes – Drawdown type	<input type="checkbox"/> Capped	<input type="checkbox"/> Flexi-Access
*If Yes – Is the element being used to provide a regular income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*If Yes – Current yearly income level	£ _____	
*Income already taken in current drawdown year	£ _____	
*Existing GAD maximum to transfer (capped only)	£ _____	
*Next income review date (capped only)	D   D   M   M   Y   Y   Y   Y	
*Does the transfer have an uncrystallised cash element?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes – Is this transfer to be crystallised immediately? (Cash transfer only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drawdown type	<input type="checkbox"/> Flexi-Access	
Amount to be crystallised	<input type="checkbox"/> Full	or Partial £
Tax free cash	<input type="checkbox"/> Full	or Partial £
*Regular remuneration	_____ % or £	
Asset name	_____	
Number of units	Date   D   D   M   M   Y   Y   Y   Y	
Asset name	_____	
Number of units	Date   D   D   M   M   Y   Y   Y   Y	
Asset name	_____	
Number of units	Date   D   D   M   M   Y   Y   Y   Y	
Asset name	_____	
Number of units	Date   D   D   M   M   Y   Y   Y   Y	

\* Denotes a mandatory field

**11** Junior Personal Pension Account transfer in

Transfer type	<input type="checkbox"/> In specie	<input type="checkbox"/> Cash
Transfer Amount (cash transfers only)	£ _____	
*Product provider/manager name	_____	
*Contact phone number	_____	
*Product provider/manager address	_____ _____	
*Town	_____	
*Post code	_____	
*Country	_____	
*Policy number/member ID	_____	
*Scheme Type (select as appropriate)	<input type="checkbox"/> Personal pension	
	<input type="checkbox"/> Other (please give details)	
*Regular remuneration	_____ % or £ _____	
Asset name	_____	
Number of units	Date   D   D   M   M   Y   Y   Y   Y	
Asset name	_____	
Number of units	Date   D   D   M   M   Y   Y   Y   Y	
Asset name	_____	
Number of units	Date   D   D   M   M   Y   Y   Y   Y	
Asset name	_____	
Number of units	Date   D   D   M   M   Y   Y   Y   Y	

**12** Open accounts and set up payments in

Payment type	<input type="checkbox"/> Single
*Amount	£ _____
*Payment method	<input type="checkbox"/> Cheque <input type="checkbox"/> Direct credit
*Cheque number if applicable	_____
*Source of payment	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Employer <input type="checkbox"/> Third party
If yes to employer or third party complete third party payment declaration	
Payment type	<input type="checkbox"/> Regular
*Amount	£ _____
*Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
*Payment method	<input type="checkbox"/> Direct Debit
*Source of payment	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Partner <input type="checkbox"/> Employer <input type="checkbox"/> Third party

\* Denotes a mandatory field

**12** Open accounts and set up payments in (CONTINUED)

If yes to employer or third party complete third party payment declaration

\*Use same bank used to make payments?  Yes  No

If No – Account Name

Sort code | | | - | | | - | | |

Account number | | | | | | | | | | | | | | | |

Regulars commence when? Start date | D | D | M | M | Y | Y | Y | Y |

Regulars commence when? End date | D | D | M | M | Y | Y | Y | Y | or  until notified

Account type	Amount to invest single £	Amount to invest regular £	Amount to phase £	Period (3-12 months)	Initial remuneration % or £	Regular remuneration % or £
Stocks and Shares ISA						
Stocks and Shares ISA next tax year						
Junior Stocks and Shares ISA						
Junior Stocks and Shares ISA next tax year						
Investment Account						
Personal Pension Account						
Junior Personal Pension Account						

\*If Investment Account/Personal Pension Account selected, nominate source of wealth

Company sale  Gift  Property sale  Income from employment  Inheritance  Property sale  Savings

Other (not required for pension), provide details

If Personal Pension Account selected, relevant earnings

\*Relevant earnings £ \_\_\_\_\_

\*Tax relief  Yes  No

\* Denotes a mandatory field





**15** Define pension details (Part 1)

Do you want to set up a Pension Discretionary Trust?  Yes  No

If Yes – Please nominate at least two trustees and one default beneficiary to set up a discretionary trust

**\*Trustee – Individual one**

Client (as previous)

**\*Trustee – Individual two**

Title  Mr  Mrs  Miss  Ms  Dr  Other (please give details)

First name(s)

Surname

Date of Birth: | D | D | M | M | Y | Y | Y | Y |

Residential address

Town

Post code

Country

**\*Default beneficiary one**

First name(s)

Surname

Proportion %

**\*Default beneficiary two**

First name(s)

Surname

Proportion %

\*If No – Do you want to set up expression of wish?  Yes  No

If Yes – Please nominate at least one default beneficiary to set up expression of wish

**\*Trust type – Individual**

Title  Mr  Mrs  Miss  Ms  Dr  Other (please give details)

First name(s)

Surname

Date of Birth: | D | D | M | M | Y | Y | Y | Y |

Relationship to client

Proportion %

Residential address

Town

Post code

Country

\* Denotes a mandatory field

**15** Define pension details (Part 1) (CONTINUED)**\*Trust type – Organisation**

Organisation name

Proportion %

Organisation address

Town

Post code

Country

**\*Trust type – Organisation**

Organisation name

Proportion %

Organisation address

Town

Post code

Country

**16** Define pension details (Part 2)

\*Intended retirement date

| D | D | M | M | Y | Y | Y | Y |

Total value of all actual or intended investments excluding the Scottish Widows Platform Account

£

\*Add partner details?

 Yes  No\*Gender  Male  Female

\*Date of birth | D | D | M | M | Y | Y | Y | Y |

\*Partner's pension required? %

\*Is the client entitled to Enhanced Protection?

 Yes  No

\*Pension commencement lump sum entitlement %

\*Certificate number

Date Protection Granted | D | D | M | M | Y | Y | Y | Y |

\*Is the client entitled to Primary Protection?

 Yes  No

\*Pension commencement lump sum entitlement

£

\*Certificate number

Date Protection Granted | D | D | M | M | Y | Y | Y | Y |

\*Primary Protection factor

\*Is the client entitled to Fixed Protection 2012, Fixed Protection 2014 and/or Individual Protection 2014, Fixed Protection 2016 and/or Individual Protection 2016?

 Yes  No

\*Certificate or permanent reference number

Date Protection Granted | D | D | M | M | Y | Y | Y | Y |

\* Denotes a mandatory field

**16** Define pension details (Part 2) (CONTINUED)

\*Is the client entitled to a lifetime allowance enhancement factor arising from being a relevant overseas individual?

Yes  No

\*Was the lifetime allowance enhancement factor granted prior to 6 April 2012?

Yes  No

\*Certificate number

\*Enhancement factor

\*Is the client entitled to a lifetime allowance enhancement factor following a transfer from a recognised overseas pension scheme?

Yes  No

\*Was the lifetime allowance enhancement factor granted prior to 6 April 2012?

Yes  No

\*Certificate number

\*Enhancement factor

\*Is the client entitled to a lifetime allowance enhancement factor following receipt of a pension credit?

Yes  No

\*Was the lifetime allowance enhancement factor granted prior to 6 April 2012?

Yes  No

\*Certificate number

\*Enhancement factor

\*Is one or more of the transfer(s) part of a block?

Yes  No

\*Pension commencement lump sum value

\*Protected retirement age

\*Money purchase annual allowance triggered?

Yes  No

Trigger event

Date triggered | D | D | M | M | Y | Y | Y | Y |

Flexible Drawdown  Flexi-Access income

UFPLS  Stand alone lump sum  Unknown



**17** Third Party/Employer declaration for payments in

\*Third party type  Controller  Corporate  Individual  
 \*Payment method  Payee  Power of attorney  Premium payer

**\*Controller type:****Individual (Controller, Individual, Payee, Power of attorney, Premium payer)**

\*Title:  Mr  Mrs  Miss  Ms  Dr  Other (please give details)

\*First name(s)

\*Surname

\*Gender

\*Date of Birth | D | D | M | M | Y | Y | Y | Y |

\*UK resident for tax purposes?  Yes  No

\*Country of nationality

\*Residential address

\*Town

\*Post code

\*Country

**Non-Individual (Controller, Corporate, Payee, Premium payer)**

\*Full name

\*Type of entity (corporate, trust, etc)

\*Registered office in country of corporation

\*Registered number, if any (or appropriate)

\*Global Intermediary Identification Number (GIIN)

\*Names of directors

\*Names of principal beneficial owners (over 25%)

\*Business location

\*Town

\*Post code

\*Country

**\*Confirmation**

I/We confirm that:

The information in the 'Details of third Party sources' section above was obtained by me/us in relation to the third party.

The evidence I/we have obtained to verify the identity meets or exceeds, the standard evidence set out within the guidance for the UK Financial Sector issued by the JMLSG.

If the evidence exceeds the standard set out with the guidelines, please detail the evidence obtained:

Name

Position

Date | D | D | M | M | Y | Y | Y | Y |

\* Denotes a mandatory field

**18** Cash transfer for a Junior ISA

Please return this form to the Scottish Widows Platform Team

This form should be used to request a cash transfer between ISAs

First name(s)

Surname

Address

Post code

**Child's details**

First name(s)

Surname

Address

Post code

Telephone number

Date of Birth | D | D | M | M | Y | Y | Y | Y |

National Insurance number

Existing account number

**Registered contact's details**

First name(s)

Surname

Address

Post code

Telephone number

**18** Cash transfer for a Junior ISA (continued)**Cash transfer authority**

I declare that:

- I am 16 years of age or over
- I have parental responsibility for the child
- I am the registered contact for the Junior Stocks and Shares ISA

I authorise Embark Investment Services Limited:

- To hold the child's subscriptions, Junior Stocks and Shares ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and cash, and
- To make on behalf of the child any claims to relief from tax in respect of Junior Stocks and Shares investments.

I confirm:

- That subscriptions have been made to the Junior Stocks and Shares ISA in the current tax year.
- The current tax year subscriptions are  
£ \_\_\_\_\_
- I want to transfer the current tax year subscriptions from the Junior Stocks and Shares ISA.
- I want to transfer the previous tax year subscriptions from the Junior Stocks and Shares ISA.
- I want to close the Junior Stocks and Shares ISA.
- I wish to transfer into a Scottish Widows Platform Junior Stocks and Shares ISA.

**Registered contact transfer authority**

I authorise my existing ISA Manager (as specified above) to transfer the ISA (account number above) to Embark Investment Services Limited. I authorise my existing ISA Manager to provide Embark Investment Services Limited with any information, written or non-written, concerning the Junior Cash or Stocks and Shares ISA and to accept any instructions from them relating to the Junior Cash or Stocks and Shares ISA being transferred.

Where I must give notice to close or transfer part of the existing ISA, or the existing ISA contains a fixed term deposit that has not reached its maturity date, please tick the relevant box below.

I wish the full notice period to be served before this instruction is processed.

or

I wish to proceed immediately with the transfer and bear any consequential penalty which may be applied.

Before signing this form please ensure that you have read the Junior Stocks and Shares ISA key features and terms and conditions.

Signature of registered contact



Date | D | D | M | M | Y | Y | Y | Y |

**Embark Investment Services Limited – transfer acceptance**

Embark Investment Services Limited are willing to accept this investor's ISA funds subject to HMRC rules (the ISA Regulations). We deem the date shown below to be the transfer date of this ISA.

Date | D | D | M | M | Y | Y | Y | Y |

Please return this form to

Scottish Widows Platform Service Team  
PO Box 24065  
1 Tanfield  
Edinburgh  
EH3 1EY

**18** Cash transfer for a Junior Pension**Cash transfer authority**

Please return this form to the Scottish Widows Platform Service Team

This form should be used to request a transfer of pre-retirement benefits.

First name(s)

Surname

Address

Post code

**Child's details**

First name(s)

Surname

Address

Post code

Telephone number

Date of Birth | D | D | M | M | Y | Y | Y | Y |

National Insurance number

Existing account number

Pension scheme tax reference number

Existing scheme name

Estimated transfer value

Does this represent the full value of the account(s) being transferred?

Yes

No

**Registered contact's details**

First name(s)

Surname

Address

Post code

Telephone number

**18** Cash transfer for a Junior Pension (continued)**Transfer authority**

- I authorise, instruct and apply, as specified above, to transfer sums from the account(s) listed above directly to the Scottish Widows Platform and to provide any instructions and/or discharge required by any relevant third party to do so.
- I authorise the Scottish Widows Platform, as specified above, any contributing Employer and any adviser named in this application to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums to the Scottish Widows Platform.
- Until this application is accepted and complete, Scottish Widows Platform's responsibility is limited to the return of the total payment(s) to as specified above.
- When payment is made to the Scottish Widows Platform as instructed, this means that I shall no longer be entitled to receive pension benefits from the whole of the account(s) listed above where the whole of the account(s) are transferring, or that part of the account(s) represented by the payment(s) if only part of the account(s) are transferring.
- I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that the Scottish Widows Platform and as specified above, may incur as a result of any incorrect, untrue, or misleading information in this application or given by me, or on my behalf, or of any failure on my part to comply with any aspect of this application.
- I understand that I can only request to transfer benefits from another registered pension scheme or a recognised overseas pension scheme.
- I understand that completion of this form does not guarantee acceptance of the transfer. Further information can be found in the Scottish Widows guide to transfers.

Before signing this form please ensure that you have read the Junior Pension key features and the Scottish Widows Platform terms and conditions.

Signature on behalf of Account Holder:



Date | D | D | M | M | Y | Y | Y | Y |

Name:

Relationship to child:

Please return this form to

Scottish Widows Platform Service Team  
 PO Box 24065  
 1 Tanfield  
 Edinburgh  
 EH3 1EY

**19** Full ISA transfer

First name(s)

Surname

Address

Post code

Date of Birth | D | D | M | M | Y | Y | Y | Y |

National Insurance number

Account number

Name of existing ISA manager

Address of existing ISA manager

Existing ISA number

Please tick one of the following options

- Please sell all assets within my ISA account(s) with my current ISA provider/ISA Manager to cash and transfer the proceeds to my Scottish Widows ISA.
- Please re-register all my ISA holdings with my current ISA provider/ISA Manager to my Scottish Widows ISA. Where it is not possible to re-register assets, I authorise the transferring ISA manager to sell those assets that can't be re-registered and transfer the cash proceeds in pounds sterling to the Scottish Widows Platform.

Do you wish to transfer your current tax year ISA?

(note a current tax year ISA must be transferred in its entirety)

 Yes No

Date of first contribution in current tax year | D | D | M | M | Y | Y | Y | Y |

Amount subscribed in current tax year

Tax years to be transferred

**Transfer Authority**

By signing the declaration below:

I request and consent to the payment of any ISA transfer value(s) detailed above, from my previous ISA manager to my Scottish Widows ISA.

I instruct the above ISA manager to take the above indicated action immediately and transfer cash or re-register assets from my current ISA to my Scottish Widows ISA.

Where any re-registration to my Scottish Widows ISA has occurred, I wish to transfer any residual cash to my Scottish Widows Stocks and Shares ISA.

I authorise my current ISA provider/ISA Manager to manage and provide EISL or my financial adviser with any information they request in relation to my ISA.

I have read and agreed to the Scottish Widows Stocks & Shares ISA terms and conditions and key features.

I have received and had sufficient time to read the Scottish Widows Stocks and Shares ISA key features document and the Scottish Widows Platform terms and conditions applicable to the Scottish Widows Stocks and Shares ISA and the Key Information Documents or Key Investor Information Documents relevant to the assets selected.

I agree that where Scottish Widows Platform receives a transfer representing part of the value of a plan detailed in your application, your existing provider will be discharged of all claims and responsibilities only in respect of the part of the plan represented by the transfer.

I accept responsibility for any claims, losses or expenses that the Scottish Widows Platform or the transferring [scheme] may incur as a result of any incorrect information provided within this application or if I fail to comply with any aspect of the application.

Name

Signature



Date | D | D | M | M | Y | Y | Y | Y |

\* Denotes a mandatory field

**20** Full Investment Account transfer

First name(s)

Surname

Address

Post code

Date of Birth | D | D | M | M | Y | Y | Y | Y |

National Insurance number

Account number

Name of existing investment manager

Address of existing investment manager

Existing investment account/policy number

Estimated transfer value

Please tick one of the following options

- Please sell the assets within my plan to cash and transfer the proceeds to my Scottish Widows investment account.
- Please re-register all my investment account holdings to my Scottish Widows investment account. Where it is not possible to re-register assets, I authorise the transferring provider to sell those assets that can't be re-registered and transfer the cash proceeds in pounds sterling to the Scottish Widows Platform.

**Transfer Authority** By signing the declaration below:

I/we request and consent to the payment of any transfer value(s), detailed above, from my previous arrangement to my investment account with the Scottish Widows Platform.

I/we instruct the above investment manager to take the above indicated action immediately and transfer cash or re-register assets from my investment account detailed above, to my Scottish Widows investment account.

Where any re-registration to my Scottish Widows investment account has occurred, I wish to transfer any residual cash to my Scottish Widows portfolio investment account.

I/we authorise you to re-register the assets shown to Scottish Widows Platform and their appointed custodians, Embark Investments Services Nominees Limited and Winterflood Nominees.

I/we authorise you to provide any information regarding my account to Scottish Widows Platform and to act on instructions from Scottish Widows Platform.

Charges may be deducted prior to the transfer to Scottish Widows Platform.

I have read and agreed to the Scottish Widows Platform investment account terms and conditions and key features.

I have received and had sufficient time to read the Scottish Widows Stocks and Shares ISA key features document and the Scottish Widows Platform terms and conditions applicable to the Scottish Widows Stocks and Shares ISA and the Key Information Documents or Key Investor Information Documents relevant to the assets selected.

I/we agree that where Scottish Widows Platform receives a transfer representing part of the value of a plan detailed in your application, your existing scheme provider will be discharged of all claims and responsibilities only in respect of the part of the plan represented by the transfer.

I/we accept responsibility for any claims, losses or expenses that Scottish Widows Platform or the transferring scheme may incur as a result of any incorrect information provided within this instruction or if I/we fail to comply with any aspect of this instruction.

Name

Signature



Date | D | D | M | M | Y | Y | Y | Y |

Name

Signature



Date | D | D | M | M | Y | Y | Y | Y |

\* Denotes a mandatory field

**21 Full Pension transfer**

First name(s)

Surname

Address

Post code

Date of Birth | D | D | M | M | Y | Y | Y | Y |

National Insurance number

Account number

Name of existing investment manager

Address of existing investment manager

Existing account number

Pension scheme tax reference number

Existing scheme name

Estimated transfer value

Does this represent the full value of the pension?

 Yes No

Are the funds being transferred:

 Entirely in drawdown Partially in drawdown Not in drawdown

Please tick one of the following options

• Please sell all assets within my pension to cash and transfer the proceeds to my Scottish Widows Platform Account(s). • Please re-register all my pension holdings to my Scottish Widows Platform Account(s). Where it is not possible to re-register assets, I authorise the transferring provider to sell those assets that can't be re-registered and transfer the cash proceeds in pounds sterling. **Declarations to the current provider and to the Scottish Widows Platform**

Are you subject to the Money Purchase Annual Allowance (MPAA)?

 Yes No

If so, from what date did the MPAA start to apply to you?

Date | D | D | M | M | Y | Y | Y | Y |

Are any of the proceeds of this transfer subject to a bankruptcy or court order?

 Yes No

If so please enclose a copy of the pension sharing order.

Is the transfer value part of a block transfer of all your benefits within the scheme you are transferring from?

 Yes No

Is the transfer a pension credit?

 Yes No

If so please enclose a copy of the pension sharing order.

By signing the declaration below:

I authorise and instruct you to transfer funds from the plan listed above directly to Embark Investment Services Limited. 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 promise that I will be responsible 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 form or with respect to benefits from the plan.

I authorise you to release all necessary information to Embark Investment Services Limited to enable the transfer of funds to Embark Investment Services Limited.

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.

If an employer is paying contributions to any of the plans as listed in this transfer authority, I authorise you to release to that employer any relevant information in connection with the transfer of funds from the relevant plan(s).

\* Denotes a mandatory field



**21** Full Pension transfer (continued)

Until this application is accepted and complete, Embark Investment Services Limited's responsibility is limited to the return of the total payment(s) to the provider named above.

Where the payment(s) made to Embark Investment Services Limited represent(s) all of the funds under the plan(s) listed above, then payment made as requested will mean that I shall no longer be entitled to receive pension or other benefits from the plan(s) listed.

Where the payment(s) made to Embark Investment Services Limited represent(s) part of the funds under the plan(s) listed above, then payment made as requested will mean that I shall no longer be entitled to receive pension or other benefits from that part of the plan(s) represented in the payment(s).

I promise to accept responsibility in respect of any claims, losses and expenses that Embark Investment Services Limited and the provider named above may incur as a result of any incorrect information provided by me in this application or of any failure on my part to comply with any aspect of this application.

If I have taken benefits from any pension arrangement, with the current or any other pension provider, in a way which means I am subject to the Money Purchase Annual Allowance (MPAA), I have supplied the date the MPAA first applied to me.

My adviser has explained to me that where I have requested the re-registration of assets, Embark Investment Services Limited will need to check whether the assets(s) can be accepted by them before they accept the re-registration.

My adviser has explained to me that I can only request to transfer benefits from another registered pension scheme or a recognised overseas pension scheme.

I understand that completion of this form does not guarantee acceptance of the transfer and that the reasons for this are explained in the Scottish Widows Platform Account(s) guide to transfers which is available from your adviser.

Before signing this form please ensure that you have had sufficient time to read the key features of the Scottish Widows Personal Pension Account, the terms and conditions of the Scottish Widows Platform Account(s) applicable to the Personal Pension Account and the Key Information Documents or Key Investor Information Documents relevant to the assets selected.

Name

---

Signature



Date | D | D | M | M | Y | Y | Y | Y |

---

**22 Declaration for your Scottish Widows Account(s)****Acceptance**

Scottish Widows Platform Account(s)

---

Account Holder's Full Name

---

Second Account Holder's Full Name

---

Your adviser has recommended that you invest through an Scottish Widows Platform Account(s).

Completing and returning this form is the first step towards opening it.

The Scottish Widows Platform Account(s) terms and conditions contain important information about it and the accounts that are available to you. They also explain the way in which your assets are transacted, and the responsibilities you, your adviser and we have in delivering these services to you.

**Declarations**

Your adviser has confirmed that:

- this business has been solicited, sold, signed and completed in the UK and that all persons involved in transacting this business are authorised or exempt persons as defined in the Financial Services and Markets Act 2000 and are permitted to conduct this type of business.

You agree that Embark Investment Services Limited:

- along with its agents and certain Embark Group Companies, will use your personal information to set up, process and administer your portfolio and the accounts within it;

We will also use your personal Information, as outlined in the 'Your Privacy is important to us' leaflet, which your adviser has given to you.

You confirm that:

- you are over 18 years of age, and
- the information given is correct, and you want to proceed with the application.

The terms and conditions of the Scottish Widows Platform Account(s) form the agreement between you and us, and are legally binding for both parties. We will notify you and your adviser if we change them. If you have any questions, please speak to your adviser.

**International Tax Compliance self-certification****Notes**

We are required by UK law to ask for information about your tax residency. This is linked to international agreements that provide a means of sharing tax information and a global strategy to avoid tax evasion. This information is shared under the Organisation for Economic Co-operation and Development (OECD)'s Common Reporting Standard (CRS) in order to provide for the automatic exchange of information.

As part of CRS, countries obtain financial information from local financial institutions and automatically exchange this information with other tax authorities annually.

A full list of the countries subject to these agreements can be found at [www.hmrc.gov.uk](http://www.hmrc.gov.uk).

We are asking for your tax residency and tax ID numbers and will record this on our records now. We will only disclose this information to the relevant tax authorities if and when we are required to under UK law.

Your tax residence generally is the country in which you live for more than half a year. Special circumstances (such as studying abroad, working overseas, or extended travel) may cause you to be resident elsewhere or resident in more than one country at the same time (dual residency). The country/countries in which you pay income tax are likely to be your country/countries of tax residence. This approach follows the Association of British Insurers directive to collect extra details from customers to establish this information.

If you are a US citizen or hold a US passport or green card, you will also be considered tax resident in the US even if you live outside the US.

**22** Declaration for your Scottish Widows Platform Account(s) (continued)

If you have any questions on how to complete this form we recommend that you speak to your tax or legal adviser.

Account Holder (please insert full name)

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Are you resident for tax purposes anywhere other than the UK?

Yes  No

Town/city of birth

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Country of birth

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Country of residence for tax purposes

Tax reference number (if UK, please supply your national insurance number)

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Are you a US citizen?

Yes  No

Second Account Holder (please insert full name)

---

Are you resident for tax purposes anywhere other than the UK?

Yes  No

Town/city of birth

---

Country of birth

---

Country of residence for tax purposes

Tax reference number (if UK, please supply your national insurance number)

---



---

Are you a US citizen?

Yes  No

Signature



Date | D | D | M | M | Y | Y | Y | Y |

---

If second account holder

Signature



Date | D | D | M | M | Y | Y | Y | Y |

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Next steps

Once you have read and understood the terms and conditions of the Scottish Widows Platform Account(s), you need to accept them by signing and dating below.

You will become a Scottish Widows Platform Account(s) customer once this signed form and any other supporting documentation has been accepted by us.

Signature



Date | D | D | M | M | Y | Y | Y | Y |

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Signature



Date | D | D | M | M | Y | Y | Y | Y |

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Please return to:

Scottish Widows Platform Service Team, PO Box 24065, 1 Tanfield, Edinburgh EH3 1EY

\* Denotes a mandatory field

**23** Declaration for your Scottish Widows Platform Account(s) – Junior**Acceptance**

Scottish Widows Platform Account(s)

Name

Your adviser has recommended that you invest through a Scottish Widows Platform Account(s). Completing and returning this form is the first step towards opening it.

The Scottish Widows Platform Account(s) terms and conditions contain important information about it and the accounts that are available to you. They also explain the way in which your assets are transacted, and the responsibilities you, your adviser and we have in delivering these services to you.

**Declarations**

Your adviser has confirmed that:

- you have received the terms and conditions of the Scottish Widows Platform Account(s) which includes information on how your and the child's personal information will be used by the Scottish Widows Platform.
- this business has been solicited, sold, signed and completed in the UK and that all persons involved in transacting this business are authorised or exempt persons as defined in the Financial Services and Markets Act 2000 and are permitted to conduct this type of business.

In order to provide you with services and to meet our legal and regulatory obligations, EISL:

- along with its agents and Embark Investment Services Limited, will use both your and the child's personal information to set up, process and administer the portfolio and the accounts within it.

The Scottish Widows Platform will also use your and the child's personal information, as outlined in the "Your Privacy Is Important to us" leaflet, which your adviser will have given you.

You confirm that:

- you have parental responsibility for the child
- you are over 18 years of age, and
- the information given is correct, and you want to proceed with the application.

The terms and conditions of the Scottish Widows Platform Account(s) form the agreement between you and us, and are legally binding for both parties. We will notify you or your adviser if we change them. If you have any questions, please speak to your adviser.

**Next steps**

Once you have read and understood the terms and conditions of the Scottish Widows Platform Account(s), you need to accept them by completing the Tax Self Certification with details about the child. Once completed you should sign and date below.

You will become a Scottish Widows Platform Account(s) registered contact once this signed form and any other supporting documentation has been accepted by us.

**Acceptance of Terms and Conditions**

Taxation Self-Certification Declaration

**Notes**

The UK Government has and will be agreeing a number of inter-governmental agreements to share tax information, where applicable, with the tax authorities in other jurisdictions. The requirement to collect certain information about each customer's tax arrangement is part of UK legislation and as a financial services company we are legally obliged to collect it. We are asking for the child's tax residency and tax ID numbers (where applicable) and will record this on our records now, but will only disclose this information to the relevant tax authorities if and when we are required to under UK law.

Your tax residence generally is the country in which you live for more than half a year. Special circumstances (such as studying abroad, working overseas, or extended travel) may cause you to be resident elsewhere or resident in more than one country at the same time (dual residency). The country/countries in which you pay income tax are likely to be your country/countries of tax residence. If the child is a US citizen or holds a US passport or green card, the child will also be considered tax resident in the US even if they live outside the US.

If you have any questions on how to complete this form we recommend that you speak to your tax or legal adviser.

**23** Declaration for your Scottish Widows Platform Account(s) – Junior (continued)

**Tax Self-certification**

Please complete child's National Insurance Number (if applicable) in boxes | | | | | | | | | |

Is the child resident for tax purposes anywhere other than the UK?  Yes  No

If 'Yes', please list the country or countries in which the child is resident for tax purposes, together with any Tax Reference number(s)/Tax Identification Number(s) ("TIN"):

Country/Countries of Tax Residence	Tax reference number

Signature



Date | D | D | M | M | Y | Y | Y | Y |

Please return to:

Scottish Widows Platform Service Team, PO Box 24065, 1 Tanfield, Edinburgh EH3 1EY

\* Denotes a mandatory field

**24** Nomination of beneficiaries form

This form is intended for use with the Personal Pension Account, referred to as 'plan' throughout this form.

This form should not be submitted to us if your adviser is entering the details on the platform.

By completing and returning this form, you can inform the scheme administrator (Embark Investment Services Limited) about how you wish any death benefits to be paid, in accordance with the Trust Deed and Rules of the Scottish Widows Personal Pension Scheme (the 'scheme'). These set out the legal and regulatory basis on which the scheme is operated and require all dealings with your Personal Pension Account/ Retirement Saver (the 'plan') to comply with HMRC rules and relevant pensions and tax legislation. A copy of the scheme rules is available from us on request.

Please note although your nomination will be given due consideration it is not binding and the scheme administrator will have discretion to decide how any death benefit is distributed.

You can change or revoke your nomination at any time.

You should consider what you wish to happen if the beneficiary (or one of the beneficiaries) dies before you, for example 'my husband/wife but if he/she dies before me, to all my children who are living at the time of my death, in equal shares.' Please write any instruction like this in the 'Further instructions' box.

You should review your nomination from time to time and when there is a change in your personal circumstances.

If you are taking drawdown pension, you should nominate one or more surviving dependant(s) if you wish to give them the choice of how to take death benefits (i.e. a lump sum subject to tax, or a dependant's pension).

For details about the taxation of death benefits please refer to our 'A guide to pension tax'.

Please complete all sections of this form that apply to you in BLOCK CAPITALS.

**Your details**

First name(s)

Surname

Plan number

**Beneficiaries**

Full name and address

Town

Post code

Country

Nationality

Relationship

Date of Birth: | D | D | M | M | Y | Y | Y | Y |

% share

Full name and address

Town

Post code

Country

Nationality

Relationship

Date of Birth: | D | D | M | M | Y | Y | Y | Y |

% share

**24** Nomination of beneficiaries form (continued)

Full name and address

---



---

Town Post code

---

Country

---

Nationality Relationship

---

Date of Birth: | D | D | M | M | Y | Y | Y | Y | % share

---

Full name and address

---



---

Town Post code

---

Country

---

Nationality Relationship

---

Date of Birth: | D | D | M | M | Y | Y | Y | Y | % share

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Further instructions

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**Authorisation**

I consent to the above information being held and processed by Embark Investment Services Limited for the purposes of distributing any death benefits to my nominated beneficiary(ies).

In the event of my death, I wish the scheme administrator to consider paying the beneficiaries above in the proportion(s) indicated. This form supersedes any earlier 'Nomination of beneficiaries' form I may have completed for this plan.

Signature



Date | D | D | M | M | Y | Y | Y | Y |

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\* Denotes a mandatory field

# SCOTTISH WIDOWS PLATFORM

## DIRECT DEBIT MANDATE

### Instruction to your bank or building society to pay by direct debit

Bank/Building Society  
Account Number: \_\_\_\_\_

Branch Sort Code: \_\_\_\_\_

Name(s) of account holder(s): \_\_\_\_\_

Name(s) of account holder(s): \_\_\_\_\_

### Name and full postal address of your bank or building society

To: the Manager

Name of your Bank/Building Society: \_\_\_\_\_

Address of Your Bank/Building Society:

Postcode: \_\_\_\_\_

Service User Number: \_\_\_\_\_

| 4 | 4 | 7 | 9 | 2 | 1 |

Reference: \_\_\_\_\_

### Instruction to your Bank or Building Society

Please pay Embark Investment Services Ltd 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 Embark Investment Services Ltd and, if so, details will be passed electronically to my bank or building society.

Signature:

Date: \_\_\_\_\_

| D | D | M | M | Y | Y | Y | Y |

Signature:

Date: \_\_\_\_\_

| D | D | M | M | Y | Y | Y | Y |

Banks and building societies may not accept Direct Debit Instructions for some types of account.



0330 024 2345



service@scottishwidowsplatform.co.uk



scottishwidows.co.uk/platform

Scottish Widows Platform is a trading name of Embark Investment Services Limited, a company incorporated in England and Wales (company number 09955930) with its registered office at 33 Old Broad Street, London, EC2N 1HZ. Embark Investment Services Limited is authorised and regulated by the Financial Conduct Authority (Financial Services Register number 737356).

SWP FM 0065 (1124 IH)

### The Direct Debit Guarantee (to be retained by the payer)



- 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, Embark Investment Services Ltd will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request Embark Investment Services Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of request.
- If an error is made in the payment of your Direct Debit, by Embark Investment Services Ltd 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 Embark Investment Services Ltd 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.





**0330 024 2345**



**service@scottishwidowsplatform.co.uk**



**scottishwidows.co.uk/platform**

Scottish Widows Platform is a trading name of Embark Investment Services Limited, a company incorporated in England and Wales (company number 09955930) with its registered office at 33 Old Broad Street, London, EC2N 1HZ. Embark Investment Services Limited is authorised and regulated by the Financial Conduct Authority (Financial Services Register number 737356).