

# SCOTTISH WIDOWS PLATFORM

## EMPLOYER CONTRIBUTION CONSENT FORM - ADVISER

You should be aware that the Scottish Widows Personal Pension is not a qualifying scheme for auto enrolment purposes. The Personal Pension can be used for customers who wish to opt out of an employer's auto enrolment scheme.

### 1 Employee's details

Scottish Widows Client Identification: \_\_\_\_\_ Title: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Permanent Residential Address:
Postcode:

Date of birth: 

	D		D		M		M		Y		Y		Y		Y
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NI Number: \_\_\_\_\_

### Lifetime allowance protection

If you hold Enhanced or Fixed protection any contributions paid to your plan will result in the loss of your protection. You should speak to your financial adviser.

### Money Purchase Annual Allowance (MPAA)

Have you triggered the MPAA?  Yes  No

If 'Yes' please supply us with your written confirmation provided by the scheme administrator.

### 2 Employee purchase instructions

Complete this section to give any purchase instructions if no instructions are provided the payments will remain as cash on the account until you tell us how to invest it.


Please see our Charges Guide for detail on any charges that may be applied. The type of charges and the value of those charges will depend on the asset(s) you invest in.

Investment Name	ISIN/SEDOL	Units	Value (£)

Please confirm that you have read the relevant Information Document (KIID or KID) for each fund that they are investing in.

### 3 Employee declaration

- I declare that in any given tax year the total personal contributions to any registered pension schemes in respect of which I am entitled to tax relief under section 188 of the Finance Act 2004 will not exceed the higher of (a) the basic amount or (b) my relevant UK earnings for that tax year, within the meaning of section 189 of the Finance Act 2004.
- I declare that the declaration I have given above is, to the best of my knowledge and belief, correct.
- I declare that the particulars I have provided in this application are, to the best of my knowledge and belief, correct and complete.
- I declare that I will give notice to Scottish Widows Platform if an event occurs as a result of which I am no longer entitled to tax relief for my contributions pursuant to section 188 of the Finance Act 2004, and I will give that notice no later than the later of (a) the 5th April in the year of assessment in which the event occurs and (b) the date which is 30 days after the occurrence of the event.

Signature: 

Name of person signing:

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

### 4 Employer's details

Employer Name:

Employer Contact:

Employer Address:

Postcode:

Phone Number:

Email:

Registration Number:

### 5 Employer's declaration

I/we the employer of the individual named above, agree to contribute to the Personal Pension in respect of the above-named employee as follows:

#### Regular payments by Direct Debit

How much would you like to pay each month? £

Select day of payment (Please choose a number between 1 and 28):

Commencing in (month/year): | M | M | Y | Y | Y | Y |

Frequency:  Monthly  Quarterly  Half Yearly  Yearly

When would you like the regular payment to end?

Until further notice

After a number of payments Number of payments:

On a certain date Date: | D | D | M | M | Y | Y | Y | Y |

For new Direct Debit arrangements there needs to be at least 10 working days before everything is confirmed.

## 6 Bank account details

Please confirm the bank account details from which contributions will be paid.

Bank/Building Society:


Account Number:

Roll Number:

Sort Code:

Account Name:

## 7 Employer's signature

Signature: 

Name of person signing:

Position:

Date:

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

## 8 Verification of identity

This section is for the financial adviser to complete in respect of the employer. This should be the same company details as provided in section 4.

Company Name:

Registered Address:

Postcode:


Trading Address:

Postcode:

I/we confirm that the information above was obtained by me/us in relation to the company. The evidence I/we have obtained to verify the identity of the company:

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

Exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation)


Adviser Signature: 

Print Name:

Firm Name:

Date:

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

 0330 024 2345



service@scottishwidowsplatform.co.uk



scottishwidows.co.uk/platform

# 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 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 buildingsociety.

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](mailto:service@scottishwidowsplatform.co.uk)

[scottishwidows.co.uk/platform](http://scottishwidows.co.uk/platform)

Scottish Widows Platform is a trading name of Embark Investment Services Limited (EISL), a company incorporated in England and Wales (company number 09955930). Registered office at 100 Cannon Street, London, EC4N 6EU. Embark Investment Services Limited is authorised and regulated by the Financial Conduct Authority (Financial Services Register number 737356).

SWP FM 0054 (0723 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.