

Contribution Amendment Form



Application guide

Please use this form if you have a regular contribution instruction in place and wish to:

- increase/ decrease
- suspend/reinstate
- cancel

your regular contributions.

If you would like to set up a regular contribution or pay in a single contribution, please complete a SIPP Supplementary Contribution Form which is available on our website at www.jameshay.co.uk.

Please note: If you are reinstating contributions, the reinstatement date must be within 12 months of the date you suspended contributions. If you wish to reinstate a contribution after 12 months has elapsed, please complete a new SIPP Supplementary Contribution Form.

If you require assistance, please call your Service Executive Team or our general enquiry number 03455 212 414.

Please note: You must cease making contributions to our SIPPs by age 75.

1 Personal details		Applicant to	o complete	
Title				
Forename(s)				
Surname				
Member number				
Date of birth	D D M M Y Y Y			
Address				
	Postcode			
Telephone	Mobile			
Email				
National Insurance number OR I have never had a National Insurance number				
2 Entitlement to tax reli	ef	Applicant to	o complete	
Please only complete the following section if you are reinstating contributions and your tax entitlement has changed since you last completed a tax entitlement declaration.				
(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.		Yes	No	
(ii) I have, or shall have, been resident in the UK at some time during this tax year.		No		
(iii) My spouse or civil partner has general earnings from overseas Crown employment subject to UK tax, for this tax year.			No	
iv)I or my spouse or civil partner is in overseas Crown employment, but for this tax year do not have general earnings from overseas Crown employment subject to UK tax.			No	

If you have ticked Yes to (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 HM Revenue and Customs (HMRC) either through your self assessment return or, if you do not complete one, by contacting HMRC.

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

If you have ticked No to all of the above or have not completed this section at all, we will not reclaim any basic rate tax relief on your personal contributions.

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2 Entitlement to tax relief (cont.)

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 2020/21 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 2020/21 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 may 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 2020/21 tax year.

2a Personal contributions		Applicant to complete		
Please complete this section if you wish to make amendments to your regular personal contributions.				
(i) Amend contribution amo	punt			
Current amount	(net) by Direct Debit			
New amount	(net) by Direct Debit			
Effective date of amendment DDMMMYYYY				
Please state the net amount that you would like to pay into your SIPP. If, as per Section 2, 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.				
(ii) Amend contribution free	quency			
Current frequency	Monthly Quarterly Half-yearly Annually			
New frequency	Monthly Quarterly Half-yearly Annually	,		
Effective date of amendmen				
(iii) Amend payment collection date				
Current collection date	D D M M Y Y Y Y			
New collection date	D D M M Y Y Y Y			
Effective date of amendmen	Effective date of amendment			
(iv) Suspend/reinstate/cancel regular contributions				
I wish to suspend existing contributions:				
with immediate effect	or with effect from			
I wish to reinstate existing contributions:				
with immediate effect	or with effect from			
I wish to cancel existing con	tributions:			
with immediate effect	or with effect from			
¹ Please note that the reinstatement date must be within 12 months of the suspension effective date. If you wish to reinstate a contribution after 12 months has elapsed, please complete a new SIPP Supplementary Contribution Form which is available on our				

website.

2b Employer contribution	ns		Applicant to complete		
Please complete this section if you wish to make amendments to regular employer contributions.					
Contact name					
Contact number					
Registered					
address					
	Postcode				
Telephone					
Email					
(i) Amend contribution ame	ount from your employer's funds				
Current amount	£ (gross)	by Direct Debit			
New amount	£ (gross)	by Direct Debit			
Effective date of amendmen					
Please note that employer	contributions to your SIPP (including sa	lary sacrifice arrangements) are paid gross.			
(ii) Amend contribution am	nount from your taxed income, sourced f	rom your employer			
Current amount	£ (net)	by Direct Debit			
New amount	£ (net)	by Direct Debit			
Effective date of amendmen					
Employee contributions paid from your taxed income should be paid net of tax. If, as per Section 2, 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.					
(iii) Amend contribution fro					
Current frequency	Monthly Quarterly	Half-yearly Annually	/		
New frequency	Monthly Quarterly	Half-yearly Annually	/		
Effective date of amendment	nt DDMMYYYY				
(iv) Amend payment collection date					
Current payment date	DDMMYYYY				
New payment date					
Effective date of amendment DDMMMYYYYY					
(v) Suspend/reinstate/cancel regular contributions					
I wish to suspend existing contributions:					
with immediate effect or with effect from DDMMYYYYY					
I wish to reinstate existing contributions:					
with immediate effect or with effect from DDMMMYYYYY					
I wish to cancel existing cor	ntributions: or with effect from DDMM				
with immediate effect	or with effect from				

² Please note that the reinstatement date must be within 12 months of the suspension effective date. If you wish to reinstate a contribution after 12 months has elapsed, please complete a new SIPP Supplementary Contribution Form which is available on our website.

2b Employer contribution	ns (cont.)	Applicant to complete			
Signed					
Name					
Date DDMM	Date DDMMYYYY				
Contact number					
(if different from details alre	eady given)				
Please note - Additional inf	formation on contributions is available in the notes section at the back of this document.				
Please note - For payments deducted from an employee's earnings, the due date these payments must be received by James Hay Partnership is the 19th of the month after the end of the calendar month in which the contributions were deducted from the employee's pay. For example if the deduction from the employee's salary is 29 April the due date is 19 May.					
2c Third party contributi	ons	Applicant to complete			
Please complete this section	n if you wish to make amendments to regular third party contributions.				
Third party name					
Address					
	Postcode				
Date of birth					
(i) Amend contribution am	ount				
Current amount	£ (net) by Direct Debit				
New amount	£ (net) by Direct Debit				
Effective date of amendment	nt DDMMYYYY				
Please state the net amount that you would like to pay into your SIPP. If, as per Section 2, 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.					
(ii) Amend contribution fre	quency				
Current frequency	Monthly Quarterly Half-yearly Annually				
New frequency	Monthly Quarterly Half-yearly Annually				
Effective date of amendment	nt DDMMYYYY				
(iii) Amend payment collec	tion date				
Current collection date					
New payment date					
Effective date of amendment					
(iv) Suspend/reinstate/cancel regular contributions					
I wish to suspend existing o	contributions:				
with immediate effect or with effect from DDMMYYYYY					
I wish to reinstate existing contributions:					
with immediate effect or with effect from DDMMYYYYY					
I wish to cancel existing contributions:					
with immediate effect or with effect from DDMMYYYYY					
³ Please note that the reinstatement date must be within 12 months of the suspension effective date. If you wish to reinstate a					

contribution after 12 months has elapsed, please complete a new SIPP Supplementary Contribution Form which is available on our website.

2c Third party contributions (cont.)	Applicant to complete			
Signed				
Name				
Date DDMMYYYY				
Contact number				
(if different from details already given)				
3 Declaration	Applicant to complete			
a) I confirm that to the best of my knowledge and belief, th	e particulars given on this Form are correct and complete.			
b) I undertake to tell James Hay Partnership in writing withi				
There is any change in my residency status				
There is any change in my name or permanent resi	dential address			
c) I accept that if I have completed Section 2 "Entitlement to tax relief" then this form will be used by James Hay Partnership to assess my entitlement (if any) to tax relief.				
d) 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:				
• £3,600, or				
 My relevant UK earnings for that tax year. 				
e) If I am no longer entitled to tax relief on my contributions I undertake to tell James Hay Partnership in writing no later than:				
• 5 April in the year of assessment in which this occurs, or				
Within 30 days of this change.				
f) I accept it is an offence to make false statements and th	at the penalties are severe and could lead to prosecution.			
Member's name	Member's signature			
Date				

Notes

Contributions

- Legislation requires James Hay Partnership to monitor payments into a personal pension scheme by employers from their own bank account in respect of the employee, or on behalf of the employee out of deductions from the employee's earnings. The legislation also states that the employer must specify the 'Due Date' for such payments.
- The employer must make sure that the payments are correct and paid on time. By law, James Hay Partnership must monitor the payments to ensure they are made on time using the Employer's Payment Record information provided.
- We must tell The Pensions Regulator if payments are missed or received late. The employer may be fined by The Pensions Regulator if late or incorrect payments are made.

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 James Hay Services Limited (JHS) (registered in Jersey number 77318); IPS Pensions Limited (JPS) (registered in England number 2601833); James Hay Administration Company Limited (JHAC) (registered in England number 4068398); James Hay Pension Trustees Limited (JHWNC) (registered in England number 1435887); James Hay Wrap Nominee Company Limited (JHWNC) (registered in England number 7259308); PAL Trustees Limited (PTCL) (registered in England number 1670940); Sarthouse Pensioneer Trustee Company Limited (SPTCL) (registered in England number 1670940); Sarthouse Pensioneer Trustee Company Limited (SPTCL) (registered in England number 1670940); Policy (registered in England number 1044964); The IPS Partnership Plc (IPS Plc) (registered in England number 1458445); Union Pension Trustees Limited (UPT) (registered in England number 1739546). JHS has its registered office at 2nd Floor, Gaspé House, 66-72 Esplanade, St Helier, Jersey, JE1 1GH. IPS, JHAC, JHPT, JHWM, JHWNC, SPTCL, SarumTL, IPS Plc, PAL, STL, UPT and UPTL 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 FCA. Therefore, IPS and IPS Plc are not regulated by the FCA in relation to these schemes or services. (04/19)