

Monthly contribution form

This is an application form for someone other than the registered contact to pay a monthly contribution to a Junior SIPP. You'll also need to use this form if you're the registered contact but don't have an adult account with us.

(If you're the registered contact and do have an adult account with us, you can set up a monthly contribution by logging in to your account and selecting 'Regular payments'.)

The first two pages of the form should be filled in by the Junior SIPP's registered contact. The Direct Debit mandate on the final page needs to be completed by the person making the payment.

Please use BLOCK CAPITALS only and blue or black ink, ticking boxes where appropriate.

If you would like a copy of this or any other item of our literature in large print, Braille or in audio format, please contact us on 0345 54 32 600 or by email at help@ajbell.co.uk.

When the form is signed and completed, please email a scanned PDF copy to customercontributions@ajbell.co.uk

Or if you prefer, you can post the completed form to us at:

AJ Bell
4 Exchange Quay
Salford Quays
Manchester
M5 3EE

Important notes

1. All contributions must be made from a UK bank or building society account in the payee's name.
2. Contributions will be taken from the payee's bank account on the first working day of the month.
3. Junior SIPP contributions are classed as a gift to the child. That means the money can't be returned if the contributor later changes their mind.

Child's details

Title

Dr / Mr / Mrs / Miss / Ms / Other

Surname

Forename(s)

Date of birth

National Insurance number

Account number

Permanent residential address

Postcode

Country

Telephone number

Email address

The person making the payments

Below, please complete the details of the person making the payments.

We may use this information to check their identity with credit reference and fraud prevention agencies. These agencies will record our checks and make the record available for others to conduct checks of their own. We may also verify the bank account details included on the Direct Debit instruction on the final page.

Title

Dr / Mr / Mrs / Miss / Ms / Other

Surname

Forename(s)

Date of birth

Permanent residential address

Postcode

Country

Relationship to child

Do they have an existing AJ Bell Account?

Yes

No

If 'Yes', please provide the existing account number

Section B Regular payment amount

Monthly contribution

£

All contributions are payable net of basic rate tax (20% for the 2024/25 tax year). We will reclaim basic rate tax from HM Revenue & Customs (HMRC) and credit it to the child's SIPP.

Junior SIPP Declaration

I declare that to the best of my knowledge and belief the details provided are correct, complete and not misleading and that the information provided in the application for my SIPP is still valid, except for any changes specifically advised to AJ Bell.

I further declare that:

1. I (or the member if this declaration is being made by a parent or legal guardian) am under age 75 and am a relevant UK individual under Section 189 of Finance Act 2004;
2. the total of the member contributions paid to this scheme and to other registered pension schemes, on which I (or the member, if this declaration is being made by a parent or legal guardian) am entitled to tax relief, under section 188 of the Finance Act 2004, will not exceed, in any tax year, the higher of:
 - a. the basic amount (£3,600 gross for the 2024/25 tax year); or
 - b. 100% of my (or the members if this declaration is being made by a parent or legal guardian) relevant UK earnings as defined in Section 189 of Finance Act 2004 in that tax year.
3. The declaration in 2. is correct to the best of my knowledge and belief;
4. I will give notice to the scheme administrator if an event occurs as a result of which I (or the member if this declaration is being made by a parent or legal guardian) will no longer be entitled to relief on member contributions, under section 188 of Finance Act 2004, I will give notice by the later of:
 - a. 5 April in the year of assessment in which the event occurs and
 - b. The date which is 30 days after the occurrence of that event.

Please sign and date this form.

Your name

Date

Your signature

The person making the payment must complete and sign the Direct Debit Instruction on the final page.

