7IM SIPP

Application Form (Discretionary)



PLEASE PRINT CLEARLY IN BLOCK CAPITALS AND COMPLETE ALL APPLICABLE SECTIONS OF THIS FORM.

The 7IM SIPP is operated by 7IM Investment and Retirement Solutions Limited (the **SIPP Operator**), which is authorised under the Financial Services and Markets Act 2000 for the establishment, operation and winding up of personal pension schemes. The SIPP Operator is regulated by the Financial Conduct Authority (FCA) to act as a SIPP operator and is also the HMRC regulated scheme administrator of the 7IM SIPP.

Investment services for the 7IM SIPP are provided by Seven Investment Management LLP (**7IM**). Neither the SIPP Operator nor the Trustee are permitted to give financial or investment advice.

When we refer to **I**, **my**, **you** or **your** in this application form, we mean the person signing this application form. When we refer to **us**, **we** or **our**, we mean the SIPP Operator. Certain terms in this application form have a particular meaning and are capitalised. These terms are either defined in this application form or in the 7IM SIPP Glossary, which can be found on www.7im.co.uk

By completing this application form, you confirm that you have read the following documents:

- the 7IM SIPP Terms and Conditions, the 7IM SIPP Glossary and the 7IM SIPP Fees and Charges;
- the 7IM Terms and Conditions and 7IM Fees and Charges for the selected Investment Service;
- the 7IM SIPP Key Features;
- · your personal Illustration.

Are you eligible for the 7IM SIPP?

To apply for the 7IM SIPP you must usually meet one the following criteria:

- a UK resident with Relevant UK Earnings;
- a Crown employee with earnings from overseas Crown employment subject to UK tax;
- a spouse or civil partner of a Crown employee with no earnings;
- a parent / grandparent / third party on behalf of a minor (someone under 18);
- a non-UK resident who wants to transfer other UK pension benefits to the 7IM SIPP.

Please ensure that you fully complete all sections in this application form, to prevent delays in the application process.

Se	ction 01 About you
1.1	Individual member details
	Pre-sales illustration reference: (Please note, we are unable to proceed without this).
	If you have an existing 7IM account, please provide your account number:
	Title: First Name(s):
	Surname:
	Gender: Male Date of Birth (DD/MM/YYYY): , , , , , , , , , , , , , , , , , , ,
	National Insurance Number:
	Nationality:

	Marital status (please tick one): Single Married Civil Partnership
	Divorced Widowed Dissolved Civil Partnership
	Permanent Residential Address (please note we cannot accept a PO Box number or a care of (c/o) address):
	City:
	County (or country if not UK): Postcode:
	Email:
	Telephone:
1.2	Your employment status
	Employed Unemployed Self Employed Pensioner
	Full Time Education Caring for person aged 16 or over Caring for child under the age of 16
	Child under age 16 Other (please specify):
1.3	Intended retirement age
	At what age do you intend to start taking retirement benefits?
	This is the age that you would like your 7IM SIPP Account value projected to. The earliest you can normally take retirement benefits is from age 55. If you are unsure, please use age 75. If you do not enter anything, we will assume that you wish to use age 75.
	If you wish to start taking retirement benefits now, please complete the taking benefits form in addition to this application form.
1.4	Money Purchase Annual Allowance (MPAA)
	It is a legal requirement for you to let us know if you are subject to a reduced Annual Allowance because you have previously accesssed pension benefits flexibly through Flexible Drawdown (pre April 2015), or by taking an Uncyrystallised Funds Pension Lump Sum (UFPLS) or by using Flexi-access Drawdown (both post April 2015).
	More information about this can be found in the 7IM SIPP Key Features document.
	Have you previously accessed pension benefits flexibly from any other pension scheme? Yes No
	(If no, move to section 2.5) If yes, please confirm when you were first accessed flexible pension benefits (DD/MM/YYYY):

1.5	Tax protections and the Lump Sum Allowance						
	Do you have any Tax Protection which gives you a higher Lump Sum Allowance?						
	(If no, move to section 3)						
	If yes, please confirm the type of protection and ensure you enclose the appropriate HMRC certificate.						
	Primary protection						
	Enhanced protection						
	Primary and enhanced protection						
	Fixed protection 2012						
	Fixed protection 2014						
	Fixed protection 2016						
	Individual protection 2014 Enter the amount: £						
	Individual protection 2016 Enter the amount:						
Se	ction 02 Contributions						
2.1	Are contributions being paid by you?						
	Yes No (If no, move to section 3.2)						
	We are only able to accept contributions from you if at the time of payment:						
	 you have Relevant UK Earnings liable to income tax for that tax year; or you are resident in the UK at some time during that tax year; or 						
	• you were resident in the UK both at some time during the five years immediately before that tax year and when						
	you became a member of the pension scheme; or • you or your spouse has, for the tax year, general earnings from overseas Crown employment subject to UK tax.						
	Please tick this box to confirm that at least one of the above applies to you.						
	If you have ticked the box above, we will pre-fund basic rate tax relief and add it to your personal contributions before investing them. We will then claim this back from HMRC.						
	Under current tax laws, if you are a higher or additional rate tax payer, you will be entitled to claim the difference between basic rate and your actual rate of tax through your self assessment tax return.						
	One-off Contribution (minimum £1,000): f net Please send a cheque payable to "7IM Trustees Limited"						
	Regular Contribution per month (minimum £100): Please complete the direct debit mandate included with this form						
	Please indicate your preferred direct debit collection date: 1st 15th						

Please ensure this application form and your direct debit instruction are correctly completed and returned to us in time for the first intended direct debit collection date. It can take up to 15 working days to set up a direct debit, and the first direct debit will be collected on the next occurring due date after the direct debit has been set up. If the due date falls on a weekend or bank holiday, the direct debit will be collected on the next working day.

	ade date rates on a weekend of burnt noticity, the direct	debit with be contected on the	next working day.
	We use GoCardless to process your direct debit paymed personal data and your data protection rights, including legal/privacy/		•
	Are your contributions being funded via your employment	ent income? Yes 1	No
	If No , please describe the source of your investment we	ealth in the box below:	
2.2	Is your employer contributing?		
	Yes No		
	If you have answered yes to this section, please compleset up these types of contributions on receipt of the appyou do not require this. However, you can submit these	oropriate form(s). If we do not	•
2.3	Investment of regular contributions (Managed In	vestment Service only)	
	If you or your employer are paying regular contribution purchase with these regular payments. Please provide	•	-
	Stock / Fund Name in Full (including share class if known)	SEDOL	%
		TOTAL	100%
		IUIAL	100/0

Sec	ction 03	Transfers f	rom other pension schemes			
Woul	ld you like t	o transfer any	of your existing pensions to your 7IM SI	IPP? Yes No (If no, move to section 5)		
-	u wish to tra cation form		an three pensions, please use an additi	onal transfer form and attach it to this		
any a parti payn	additional to es to arran nent is mad	ransfers contai ge that. Your co le to the 7IM SI	ned in the additional transfer form) into urrent scheme provider may require ad	from the following schemes (including details of the 7IM SIPP and to liaise with all necessary thir ditional information and documentation. When e entitled to receive pension benefits from the funds from them into the 7IM SIPP.		
			ot accept transfers from Defined Bene l be rejected and may cause a delay in	fit (DB) pension schemes. Please ensure you do processing your application.		
a reg	julated fina	ncial adviser a	- · · · · · · · · · · · · · · · · · · ·	fore strongly advise that you seek advice from e government initiative, Pension Wise. Further .gov.uk or by calling 0300 330 1001.		
Plea	se make su	ire to complete	e all questions if you are crystallising y	your 7IM SIPP.		
3.1			you have taken financial advice in relat lease also complete our Non-advised d	Voc No		
3.2	Please confirm whether you have referred to guidance from the government initiative, Pension Wise					
If yo	u have take	en advice from	a regulated Financial Adviser, they mus	st complete Section 07 of this form.		
	-		al information required for each transf received from the provider for each tr	er on the following pages and enclose a copy of cansfer.		
Trar	nsfer 1					
Plea	se confirm	if this is a full (or partial transfer: Full F	Partial		
We a	re unable t	o accept partia	l transfers if that pension is in drawdov	vn.		
How	is the trans	sfer to be made	e?			
	Cash only		Estimated cash transfer value	£		
	In Specie		Estimated In Specie value	£		
	Cash and	In Specie	Estimated total transfer value	f		

For In Specie transfer of assets, please provide details of the holdings below, or attach a valuation:

Name in Full (including share cl	ass if known)	SEDOL	Number of Shares / Units	Approximate Value (£)		
Name of Transferring Sch	neme:					
Name of Transferring Sch	neme Provider:					
Telephone Number:						
Address:						
Postcode:						
Plan Number:						
Pension Scheme Tax Refe	erence number	(PSTR):				
Have you already receive	d benefits (lum	p sum and / or pens	ion) from this arrangement?	Yes No		
Please also tell us the cry	/stallised and ι	uncrystallised fund va	alues below:			
Crystallised fund value:	Crystallised fund value: £ Uncrystallised fund value: £					
Does this transfer include guaranteed annuity rates				Yes No		
(If yes, your Financial Adviser must complete the Financial Adviser declaration.)						

Tran	nsfer 2							
Please confirm if this is a full or partial transfer: Full Partial								
We a	We are unable to accept partial transfers if that pension is in drawdown.							
How	is the transfer to be made?							
	Cash only	Estimated cash transf	fer value	£				
	In Specie	Estimated In Specie v	alue	£				
	Cash and In Specie	Estimated total transf	er value	£				
	n Specie transfer of assets, pl	ease provide details of	the holdings	below, or attach a va	aluation:			
	k / Fund in Full (including share class if know	yn) SEDOL	Numbe	r of Shares / Units	Approximate Value (£)			
Nam	e of Transferring Scheme:							
Nam	e of Transferring Scheme Pro	vider:						
Telephone Number:								
Address:								
Post	Postcode:							
Plan	Plan Number:							
Pens	ion Scheme Tax Reference nu	mber (PSTR):						

Have you already received benefits (lump sum and / or pension) from this arrangement?

Yes

No

Please also tell us the crystallised and uncrystallised fund values below:							
Crystallised fund value: £		Uncrysta	llised fund value:				
	Does this transfer include any safeguarded benefits which offer guarantees such as guaranteed annuity rates, guaranteed growth rates or guaranteed minimum pension? Yes No						
(If yes, your Financial Advise	er must complete the Financial Adviser	declaration	1.)				
Transfer 3							
Please confirm if this is a We are unable to accept p	a full or partial transfer: Full Full partial transfers if that pension is in		artial n.				
How is the transfer to be	made?						
Cash only	Estimated cash transfer	value	£				
In Specie	Estimated In Specie valu	ıe	£				
Cash and In Specie	Estimated total transfer	value	£				
For In Specie transfer of assets, please provide details of the holdings below, or attach a valuation: Stock / Fund Name in Full (including share class if known) SEDOL Number of Shares / Units Approximate Value (£)							
Name of Transferring Sch	neme:						
Name of Transferring Sch	Name of Transferring Scheme Provider:						
Telephone Number:							

Address:							
Postcode:							
Plan Number:							
Pension Scheme Tax Reference number (PSTR):							
Have you already received benefits (lump sum and / or pension) from this arrangement?							
Please also tell us the crystallised and uncrystallised fund	values below:						
Crystallised fund value: £	Uncrystallised fund value:	£					
Does this transfer include any safeguarded benefits which guaranteed annuity rates, guaranteed growth rates or guar	_	Y	es No				
(If yes, your Financial Adviser must complete the Financial Advise	r declaration.)						
Section 04 Expression of wish							
The SIPP Operator is the Scheme Administrator of the 7IM SIPP and will arrange for the payment and distribution of death benefits from your 7IM SIPP Account on your death.							
Please complete this section of the application form to specify your wishes about how you would like your 7IM SIPP funds distributed. Please be aware that any nomination that you make either in this application form, or in future, is not binding on the Scheme Administrator. The 7IM SIPP is deliberately structured that way to minimise the risk of inheritance tax liability. Your nomination will, however, be taken into consideration when exercising discretion on the distribution of death benefits.							
It is important that you keep your expression of wishes up t circumstances.	o date in line with any chang	es to your	personal				
Declaration and nomination(s) I understand that, in exercising discretion, the Scheme Adm	ninistrator will not be bound	hv mv wist	nes hut will hear them				
in mind. In the event of my death, I would like the Scheme A							
Individuals How many beneficiaries would you like to nominate? If you have entered more than 3 then please include a separate sheet of paper with any additional beneficiaries ensuring that the total payable to all beneficiaries adds up to 100%.							
Beneficiary one							
Name:							
Relationship (if any) to you: Proportion: %							
Beneficiary two							
Name:							
Relationship (if any) to you:	Pro	pportion:	%				

Beneficiary th	ree							
Name:								
Relationship (i	f any) to you:					Proportion:		%
Trust / Chari	ity							
It is also possib	le to nominate a	trust or UK r	egistered charity to	o receive benefits on	n your dea	th. Please red	cord details (if any)) below:
Trust / Charity	Name:							
Address:								
City:					Postco	ode:		
Proportion:		%						
Please use this	s space to pro	vide us with	any further inforr	mation / instructio	ons regar	ding the pay	ment of death be	enefits:
for an eligible Dependant or following declar	beneficiary to Nominee. To e aration. In add y individual w	take drawdo nsure that th ition to any s	own, rather than a ne option of drawd specific nominati	lable as a death be a lump sum, is usu down is available t ions above, I nomi ap sum on my deat	ually only to any poi inate for	available if ential benef the purpose	the beneficiary is ficiary, you agree es of the relevant	to the
may be possib	al and practica ale to arrange f it, under the 7	or the paym	ent of lump sums	nts to minors or ot to parents or gua you, you may wish	ardians of	beneficiarie	es, or to separate	trusts
Section 05	Financial	Adviser De	tails					
You confirm th	at you have ap	ppointed the	following Financi	al Adviser to act o	on your be	ehalf under a	separate agree	ment.
Full name and	title of contac	t at Financia	l Adviser:					
Section 06	Vour Eina	noial Advice	or Polationshin					
			er Relationship It Service, please	tell us the basis o	on which y	our Financi	al Adviser will be	e
acting: Adviso	Contract	notes will be	available to view	pproval to make in online. you, please tick he		t decisions.		
Discre			sed your Financia ill be available to	al Adviser to make view online.	e investme	ent decision	s on your behalf.	

Section 07 Financial Adviser Charges

I have agreed to my Financial Adviser receiving the following fees for providing me with advice in relation to my 7IM SIPP:

(i) Initial fees		
Percentage value	%	of all new contributions to your 7IM SIPP
OR Fixed value	£	
(ii) Ongoing fees i	n recognition of an ongoing	service of:
You agree to your	Financial Adviser receiving	ongoing fees in recognition of an ongoing service of:
Percentage value	%	per annum of the value* of investments held in your 7IM SIPP
OR Fixed value	£	per annum
	ated using average daily ass fees will not include cash:	set balances. Unless ticked below, the value of investments for
Include cash in the	e value of investments	
	•	investments, and therefore any cash that may be held within a model ments subject to percentage value fees.

Financial Adviser to complete

By signing below, your Financial Adviser confirms that:

- the information provided in this form correctly reflects the contractual terms of the Financial Adviser's appointment under a separate agreement in place between you and your Financial Adviser;
- all instructions given by the Financial Adviser will be in accordance with those terms;
- your Financial Adviser has all authorisations necessary under applicable law and regulation to act as appointed and will remain so authorised;
- your Financial Adviser will notify the SIPP Operator of any changes to its authorisation, including any disciplinary action taken against it, relevant to this appointment;
- your Financial Adviser has provided appropriate advice to you regarding the suitability for you of the 7IM SIPP, any
 proposed transfers from your other pension schemes to the 7IM SIPP and the proposed underlying investment(s)
 and where appropriate your retirement benefit options, in accordance with FCA Rules and FCA suitability
 requirements;
- where any transfer is from a pension scheme with any form of guarantee or other safeguarded benefit, and where the appropriate transfer analysis has been undertaken, your Financial Adviser has advised you of any benefits that may be lost as part of the proposed transfer to the 7IM SIPP;
- the signatory has the necessary authorisation to sign these confirmations on behalf of the Financial Adviser.

Financial Adviser signature is required for the completion of this form
Financial Adviser Signature:
Signed by (please PRINT name):
Date:
Date.

Section 08 Source of Wealth					
Occupation:	Name of current / last employer:				
If your investment wealth is derived from sources other tha appropriate box(es) and provide the relevant information in					
Gift Name of donor and relationship to client Donor's source of wealth Reason for the gift Compensation Payment	Divorce Settlement Name of divorced partner Amount and date received Origin of divorced partner's wealth				
Payment source and amount	Please provide details				
Company / Asset Sale • Name / nature of the asset • Date of sale and amount • Total share of the asset	Relevant Information:				
Inheritance • Name of the deceased • Relationship to client • Amount and date received • Origin of deceased's wealth					
Section 09 Identity Verification					
Regulations require us to confirm the identity and address of all our clients. Where possible, we will carry out an electronic check of the personal data you have provided. Where we are unable to verify your identity electronically, we will contact you and request one form of current identification from each list below. We can only accept originals or certified copies.					
List A: Valid Personal Identification which incorporates your full name	List B: Address Verification (*issued within the last three months)				
Passport / national identity card	Old style full UK driving licence				
Photocard driving licence (full or provisional)	Local authority issued letter / statement / bill*				
Firearms certificate / licence	Solicitor's letter*				
Other government issued document	Tax bill				
	Utility bill*				
	Bank / credit card statement*				
	State pension or other government issued document*				
Section 10 Reporting currency					
	would prefer this to be in US Pollar or Euro please specify				
The reporting for all your accounts will be in Sterling. If you would prefer this to be in US Dollar or Euro please specify below. If you are an existing client your reporting currency cannot be changed therefore please move on to the next section.					
US Dollar Euro					

Section 11 Your declarations

You are applying for membership of the 7IM SIPP including the relevant 7IM Investment Service.

This application form, if accepted by us, forms part of a legally binding agreement ("Agreement") between you, the SIPP Operator and 7IM relating to the 7IM SIPP (PSTR number 00839328RV). The other parts of the Agreement are contained in:

- the 7IM SIPP Terms and Conditions and the 7IM SIPP Fees and Charges which apply in relation to the operation of the 7IM SIPP by the SIPP Operator; and
- the 7IM Terms and Conditions and 7IM Fees and Charges for the Investment Service you have chosen which apply in relation to the Investment Service provided by 7IM for your 7IM SIPP Account.

Please read this section carefully before you sign this application form. If there is anything you do not understand, please ask for further information.

By making this application:

- · you apply to become a member of the 7IM SIPP;
- you ask the SIPP Operator to:
 - apply on behalf of the Trustee to open a 7IM SIPP Account;
 - · appoint 7IM to provide the selected Investment Service for the purpose of your 7IM SIPP Account; and
 - instruct 7IM to appoint a custodian to hold your money and investments relating to your 7IM SIPP Account,

in accordance with the 7IM Terms and Conditions applicable for the selected Investment Service;

- · you understand and agree that:
 - membership of the 7IM SIPP is solely at the discretion of the SIPP Operator and is subject to the requirements set out in the Trust Deed that governs the 7IM SIPP and the Agreement. A copy of the Trust Deed is available on the 7IM website www.7im.co.uk; and
 - when the SIPP Operator notifies you that your application to become a member of the 7IM SIPP has been accepted, you will be bound by the terms of the Trust Deed and the Agreement, as amended from time to time;
- you acknowledge that your personal data will be processed in accordance with the 7IM Privacy Policy, which is available on the 7IM website www.7im.co.uk;
- you accept that neither the SIPP Operator nor Trustee have any liability for the choice or performance of investments within your 7IM SIPP Account;
- you confirm that you have neither requested nor received any advice concerning the suitability of the 7IM SIPP for you, or in relation to any transfers detailed in this application, from the SIPP Operator, Trustee or 7IM (unless you have selected the 7IM Financial Planning or Wealth and Investment Management Service and such advice has been provided to you as part of that Investment Service);
- you confirm that, to the best of your knowledge and belief, the information, declarations and confirmations given in this application form are true, accurate and complete; and
- you will notify the SIPP Operator immediately in writing of any changes to the information provided and any other relevant information.

For the purposes of compliance with applicable tax laws, where you are making contributions to the 7IM SIPP:

- · you confirm that you are a Relevant UK Individual;
- you confirm that the total payments to the 7IM SIPP and any other Registered Pension Scheme in respect of which
 you are entitled to tax relief on your contributions under section 188 of the Finance Act 2004 will not exceed the
 higher of the Basic Amount or your Relevant UK Earnings for that tax year within the meaning of section 189 of that
 Act; and
- you confirm that you will notify the SIPP Operator and Scheme Administrator of any relevant event which means that you will no longer be entitled to relief for any contributions pursuant to Section 188 of Finance Act 2004, and you will do so before the later of the end of the tax year in which the event occurs or within 30 days of the event.

In relation to Financial Adviser charges:

- you confirm that you have discussed and agreed with your Financial Adviser each of the charges set out in this
 application form;
- you instruct 7IM to deduct the charges from your 7IM SIPP Account and to pay the amounts deducted to your Financial Adviser or as they otherwise instruct (in making these payments, 7IM will be acting as the agent of your Financial Adviser); and
- you agree that unless and until 7IM receives written notice from you to amend or cancel the instructions given, 7IM will continue to make payments to your Financial Adviser as set out in this application form.

In relation to pension transfers:

- you authorise, instruct and apply to your current pension provider(s) to transfer sums and assets from the pension scheme(s) detailed in this application form directly to the 7IM SIPP and to provide any instructions and/or discharge required by any relevant third party to do so;
- you authorise your existing pension provider(s) to provide the SIPP Operator with information, either written or non-written, in respect of the transfers detailed in this application form;
- you authorise the SIPP Operator, your current pension provider(s), your Financial Adviser named in this application
 and any employer paying contributions to any of the pension schemes detailed in this application form to obtain
 from each other, and release to each other, any information that may be required to enable the transfer of sums and
 assets to the 7IM SIPP;
- until this application is accepted and complete, the SIPP Operator's responsibility is limited to the return of the total payment(s) to your existing pension provider(s);
- when payment is made to the 7IM SIPP as instructed, this means that you shall no longer be entitled to receive pension benefits from:
 - the whole of the pension scheme(s) listed in this application form where the whole of the scheme(s) is transferring; or
 - that part of the pension scheme(s) represented by the payment(s) if only part of the scheme(s) is transferring; and
- you accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that the SIPP Operator and your current pension provider(s) may incur as a result of any incorrect, untrue, or misleading information in this application or given by you, or on your behalf, or of any failure on your part to comply with any aspect of this application. This includes where you have been asked to provide any original policy document(s) in return for the transfer of funds and you are unable to do so.

Your signature(s) is required for the completion of this form						
Signature:						
Signed by (please PRINT name):						
Date:						
If you are not the named applicant, please tick here and complete the below details						
Capacity in which you are signing this Application Form: $iggl[$						
Name:						
Address:						
City:	County (or country if not UK):					
Postcode:						

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Section 12 Where to send the application form

The completed application form and any additional forms should be sent to 7IM Investment and Retirement Solutions Limited, 1 Angel Court, London EC2R 7HJ.

Checklist Have you:	
	Yes
Completed all of the relevant sections of this application form?	
Signed and dated this application form?	
Included a cheque or a completed direct debit instruction for the payment of contributions (where applicable)?	
Met the stated eligibility criteria?	
Included your Pre-sales Illustration reference number?	
Included a lifetime allowance protection certificate (where applicable)?	
Provided a valid National Insurance number?	
It was a series and also an amount of from an according to the series of a	ver are unable to confirm all of the above

It may cause a delay or prevent us from processing your application, if you are unable to confirm all of the above.





Instruction to your bank or

building society to pay by

Please complete and return to:
7IM Investment & Retirement Solutions LTD
1 Angel Court
London
EC2R 7HJ

ECZR / HJ	Direct Debit							
Name(s) of account holder(s)	Service User Number							
	1	6	2	0	7	3		
Bank/Building Society account number	Reference (Office use only)							
Branch sort code	Instruction to your Bank or Building Society Please pay GoCardless re 7IM Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee.							
Name and full postal address of your Bank/Building Society	I understand that this instruction may remain with GoCardless re 7IM and, if so, details will be passed electronically to mybank/building society. Signature(s)							

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

Date

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 GoCardless re 7IM will notify you 3 working days in advance of your account being debited or as otherwise agreed. If you request GoCardless re 7IM 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 GoCardless re 7IM 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 GoCardless re 7IM 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.