

## APPLICATION FORM

# THE PACIFICA

## PERSONAL PENSION PLAN

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### **Sovereign Pension Trustees Limited**

Sovereign House  
4 Christian Road  
Douglas  
Isle of Man  
IM1 2SD  
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Email: [IOMPensions@SovereignGroup.com](mailto:IOMPensions@SovereignGroup.com)  
[SovereignGroup.com](https://SovereignGroup.com)

Sovereign Pensions Limited is authorised and regulated by the Isle of Man Financial Services Authority, number RA103, for the purposes of setting up, administering and winding up personal and occupational pension schemes. Registered office: Sovereign House, 4 Christian Road, Douglas, Isle of Man IM1 2SD.

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**SOVEREIGN**™

[SovereignGroup.com](https://SovereignGroup.com)

## Client Due Diligence

In order to comply with prevention of money laundering and funding of terrorism regulations, the trustee is required to verify your identity, address and source of wealth. Failure to provide complete information may delay your application.

### 1. Verification of Identity

Please provide an original certified copy of your passport clearly showing your name, passport number, picture, nationality, date of birth, country of issue, date of issue and signature.

### 2. Verification of Address

Evidence of your residential address is also required. This should be in one of the forms outlined below and must be dated within the three months preceding the submission of your application form. Please note that we will not be able to accept address verification letters. Sovereign reserves the right to request further proof of address and supplementary due diligence should it be required.

- A recent account statement from a recognised bank, building society or credit card company (mobile phone bills and store card statements are not acceptable)
- A recent mortgage statement from a recognised lender
- A recent rates, council tax or utility bill
- Official correspondence from a central or local government agency (in an equivalent jurisdiction – please speak to a Sovereign representative for guidance) – rates/tax for example – no more than three months old and received through the post.
- Valid driver's licence which shows current address (if this has not been used for identification verification purposes).

Any identity or address verification documents which are presented in a language other than English will require a certified translation to accompany them. Documents should be translated by a professional body or Sovereign representative and clearly state who has conducted the translation. Failure to provide a translation may cause a delay or documents being deemed unacceptable.

Documents may be certified by a lawyer, notary public, an accountant, senior civil servant, serving police officer or customs officer, an officer of an embassy, consulate or high commission, an actuary or a director, company secretary or manager of a financial services provider *regulated* by a recognised as equivalent regulatory body. If you intend to have your documents certified by an individual not listed above, please contact us for further guidance.

Certification should be evidenced by a written statement stating that:

- The document is a true copy of the original document
- The document has been seen and verified by the certifier
- In the case of a passport, the photo is a true likeness of the bearer

All certifications should be signed by the certifier, dated and contain the certifier's stamp, position, identity of the relevant regulatory authority and any approval number. Please contact us if you have any query regarding the correct certification of documents.

### 3. Source of Wealth

The trustee requires full details in order to establish source of wealth, i.e. the origin of the assets you intend to transfer into your retirement plan. To satisfy this requirement, please provide an up to date copy of your CV or complete the Employment History section of this form. In addition please provide certified supporting documentation to evidence how the assets were accumulated (e.g. inheritance, sale of property, divorce, employment bonus or remuneration).

Further to, the Scheme Administrator also requires confirmation as to the source of the specific funds to be held within the pension. To this end, where applicable please also clarify which employers or other sources are the source of these funds. Finally, should contributions be desired, proof of earnings will also be required (please see section below for further details).

Please complete all sections of the form. Incomplete or inaccurate application forms may delay your application.

### Personal Details

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

Full forename(s): \_\_\_\_\_ Marital status: \_\_\_\_\_

Previous name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Country and place of birth: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_

Correspondence address (if different to the above): \_\_\_\_\_

\_\_\_\_\_

Preferred method of communication: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile tel: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Nationality: \_\_\_\_\_

### Financial Adviser

Unless or until advised to the contrary, we shall provide your financial adviser with information relating to your retirement plan and you expressly authorise such provision of information.

This section is to be completed by your financial adviser.

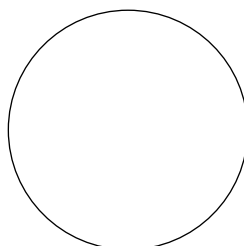
I confirm that, having undertaken a full analysis of the above-named applicant's circumstances, I have provided or arranged appropriate financial, investment, tax and pension advice with regard to the suitability of the Pacifica Personal Pension Plan for the above-named applicant and will provide a copy of such advice to Sovereign. I am satisfied that the Pacifica Personal Pension Plan is an appropriate solution for the above-named applicant. I confirm that I have fully explained the key characteristics, risks and costs associated with the Pacifica Personal Pension Plan and the above-named applicant has confirmed their understanding of the same.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Please apply your company stamp here:



## Tax Advice

All applications for membership of the Pacifica Personal Pension Plan must be accompanied by relevant tax advice obtained by the applicant, addressed to the applicant, from a suitably qualified tax adviser. However, if the applicant is non-UK resident and non-UK domiciled, and the assets to be contributed into the Plan are not situated in, nor connected to the UK, the trustee will waive this requirement.

Please tick **one** of the boxes below:

- I enclose a copy of the tax advice I have obtained
- I meet the waiver conditions detailed above
- I require Sovereign to introduce me to a suitably qualified tax adviser. I understand that I will be separately charged for any tax advice obtained and that my application for membership will not progress until this is completed.

## Employment History

The trustee requires full details in order to establish source of wealth. To satisfy this requirement, please provide an up to date copy of your CV or complete the Employment History section below. Please continue on a separate piece of paper if necessary.

| Date of Employment |     | Position Held: | Employer Name and Address: |
|--------------------|-----|----------------|----------------------------|
| From:              | To: |                |                            |
|                    |     |                |                            |

## Details of Contributions

Please provide full details of the assets to be contributed into your retirement plan, together with the relevant supporting documentation.

Single lump sum investment: Currency: \_\_\_\_\_ Amount: \_\_\_\_\_

Regular contributions: Currency: \_\_\_\_\_ Amount: \_\_\_\_\_

Frequency (monthly, quarterly or annually): \_\_\_\_\_

Other assets to be contributed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate source of wealth and source of funds: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A separate Additional Contributions Form is available upon request for further contributions into your retirement plan.

Please indicate with which bank or investment house you wish an account to be opened:

\_\_\_\_\_

*(Sovereign will endeavour to open a bank or investment account with an institution nominated by you. However, Sovereign provides no guarantee that an account will be opened with your preferred institution and has the right to dismiss your nomination.)*

## Rationale

Please state the rationale for establishing the Plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What retirement planning do you already have in place? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What advice have you received in respect of this application? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## What happens when I die?

Upon your death, if any remaining funds are held within the Plan, these can be distributed either to your estate, to your relatives and dependants or to those individuals or objects nominated by you.

You may provide the trustee with a letter of wishes to assist the trustee in determining how any remaining funds should be distributed. We have included on pages 14 and 16 sample letters of wishes which may be used for this purpose. Please contact your adviser or Sovereign representative to discuss this further.

## Investment Objectives

The objective of the Pacifica Personal Pension Plan is to accumulate a trust fund from which to provide benefits in retirement.

Please tick the relevant box:

- I am very uncomfortable with any risk and accept that my capital may be eroded by inflation.
- I am prepared to take a small amount of risk to provide for the potential for growth over the medium to longer term.
- I am comfortable with risk and prepared to take a longer term view. This may mean the overall portfolio value fluctuates over the medium term however provides for the potential for growth over the portfolio over the long term.
- I am very comfortable with risk and willing to accept volatility in the portfolio value in order to provide for the potential for higher returns over the long term.

## Risk Profile

Please tick the box that applies to you:

- Lower Risk**  
People in this category are conservative with their investments. They prefer taking a small amount of risk to achieve modest or relatively stable returns. They accept that there may be some short term periods of fluctuation in value.
- Lower to Medium Risk**  
People in this category are relatively cautious with their investments. They want to try to achieve a reasonable return, and are prepared to accept some risk in doing so. Typically these portfolios will exhibit relatively modest yet frequent fluctuations in value.
- Medium Risk**  
People in this category are balanced in their attitude towards risk. They do not seek risky investments but do not avoid them either. They are prepared to accept fluctuations in the value of their investment to try and achieve better long term returns. These portfolios will be subject to frequent and at times significant fluctuations in value.
- Medium to High Risk**  
People in this category are relatively comfortable with investment risk. They aim for higher long term returns and understand that this can also mean some sustained periods of poorer performance. They are prepared to accept significant fluctuation in value to try and achieve better long term returns.
- High Risk**  
People in this category are very comfortable with investment risk. They aim for high long term investment returns and do not overly worry about periods of poorer performance in the short to medium term. Ordinarily these portfolios can be subject to the full extent and frequency of stock market fluctuations.

For further advice on risk profiling please consult your financial adviser.

**Fee Schedule Option A**

(For assets which do not comprise real estate)

|                                                    |        |
|----------------------------------------------------|--------|
| Initial establishment fee                          | £750   |
| Trustee’s annual fee – payable annually in advance | £1,000 |

All work undertaken will be charged on a time spent basis and will be dependent on the complexity of the work undertaken and level of staff required to complete the work. Details of our current hourly rates are available on request. All disbursements will be charged to the member.

Termination Fees:

Transfer to another retirement benefit scheme provider is charged on a time spent basis subject to a minimum of £2,000.

**Fee Schedule Option B**

(For assets comprising real estate)

|                                                    |        |
|----------------------------------------------------|--------|
| Initial establishment fee                          | £1,500 |
| Trustee’s annual fee – payable annually in advance | £2,000 |

All work undertaken will be charged on a time spent basis and will be dependent upon on the complexity of the work undertaken and level of staff required to complete the work. Details of our current hourly rates are available on request. All disbursements will be charged to the member.

Termination Fees:

Transfer to another retirement benefit scheme provider is charged on a time spent basis subject to a minimum of £2,000.

I agree to Sovereign’s fees as detailed above. I understand fees may be amended from time to time as published on the Sovereign website.

Applicant’s signature: \_\_\_\_\_

Applicant’s name: \_\_\_\_\_

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

Fees are correct as at September 2017



## Investment Direction

The Plan entitles members to provide directions to the trustee on how the pension fund should be invested. Please indicate your preference below.

I will provide my own investment directions and hereby direct you to invest my initial pension funds as follows:

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We will only accept instructions signed by you.

I hereby appoint my financial adviser to provide investment directions on my behalf and confirm that you may accept directions from my financial adviser until such time as I notify you otherwise in writing. I understand that my financial adviser will be entitled to provide directions without prior reference to me. I agree that the trustee shall have no liability for any losses arising from you acting on such directions and I shall indemnify the trustee to the fullest extent permitted by law against all actions, claims, losses, costs, penalties or liabilities arising out of such appointment.

We will accept investment directions signed by your financial adviser and not you.

I wish the Trustee to appoint an investment manager nominated by me. I understand and acknowledge that the contractual relationship will be between the trustee and the investment manager and that the investment manager will manage the investment of the pension funds.

We will accept investment directions from the investment manager appointed by us.

I wish the Trustee to appoint a third party discretionary investment manager pursuant to clause four of the terms of the Plan. I understand I can nominate which investment manager the Trustees may appoint but I appreciate that the appointment will be made by the Trustee and that the contractual relationship will be between the Trustee and the investment manager.

The discretionary investment manager appointed by us will decide the investment of the pension fund on a discretionary basis.

Applicant's signature: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

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

## Self-Certified Tax Declaration

### To: Sovereign Pension Trustees Limited ("Sovereign")

This tax declaration is provided for the purposes of the Intergovernmental Agreements to improve International Tax Compliance signed by the Isle of Man with the United Kingdom, the United States of America and various OECD countries under the Common Reporting Standard 'CRS' (together the 'IGAs'). The IGAs were entered into to provide for the automatic exchange of information for tax purposes.

I acknowledge that the self-certification form below is intended to identify my citizenship, nationality and tax residency to ensure that the information you hold in your database is correct and that where I hold more than one nationality or have been issued with multiple tax identification numbers, I must provide you with details. I understand that Sovereign will rely on the information in this form in order to satisfy its obligations for the exchange of tax information.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address: \_\_\_\_\_

Email: \_\_\_\_\_ Tel: \_\_\_\_\_

Country of birth: \_\_\_\_\_

Passport number: \_\_\_\_\_ Passport expiry date: \_\_\_\_\_

Nationality: \_\_\_\_\_ Tax ID/NI Number: \_\_\_\_\_

Country of tax residence: \_\_\_\_\_

**Note:** US citizens who are tax resident outside the United States will still be reportable under FATCA by virtue of their US citizenship.

**I hereby certify and declare** as follows:

1. The information provided in this form is true, accurate and complete.
2. I undertake to advise you of any changes to the above information as soon as possible and to provide an updated Self-Certification Form on request.
3. **\*I am/am not a citizen, green card holder or resident of the United States.**
4. I understand and acknowledge that information may be reported to the tax authorities in the country or countries in which I am resident for tax purposes and I authorise you to disclose information in order to satisfy your obligations under any applicable laws, rules or regulations which is binding on you, your associated companies or other regulated financial institutions.

Applicant's signature: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

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

## Applicant Declaration

I hereby declare and acknowledge as follows:

1. I wish to apply for membership of The Pacifica Personal Pension Plan ("the Plan") and agree to be bound by the rules and terms and conditions of the trust deed governing the Plan.
2. The trustee is Sovereign Pension Trustees Limited and the administrator of the Plan is Sovereign Pensions Limited both of Sovereign House, 4 Christian Road, Douglas, Isle of Man, IM1 2SD.
3. I undertake to transfer the assets described herein to the trustee for them to be administered under the Plan.
4. I understand that the trustee may utilise the services of its associated companies within the Sovereign Group to collate information and documentation relating to my participation in the Plan and I consent to my personal information and data being supplied to associated companies for such purposes and to third parties in connection with investments under the Plan if and when necessary or required for regulatory purposes.
5. I am aware that the trustee may at any time disclose any information concerning the Plan, any member or any benefits payable under the Plan to any tax authority, regulatory or governmental body for any purposes, and may also provide any tax authority, regulatory or governmental body with such undertakings as the trustee considers necessary for the purposes of the Plan.
6. I will upon request make full disclosure in writing of any benefits I have received, may receive or may be entitled to receive from any other pension plan or employer.
7. I accept responsibility for the payment of any fees due (both initial and recurring) in accordance with the trustee's published scale of fees (as amended from time to time). I am aware that the trustee or its associates may receive additional fees from the bond providers. These fees, if paid, are included in any charges deducted by the bond providers and do not affect amounts invested.
8. I request that the funds transferred be invested in accordance with my preferences indicated on page 9 but understand that the trustee retains ultimate discretion on the investment decisions and that investment recommendations made by myself or my financial adviser shall not fetter the discretion of the trustee. The trustee may have regard to my financial adviser's indications without reference to me until such time as his nomination is cancelled by me in writing. I understand that my financial adviser may be remunerated by commission and/or trail fees and/or advisory fees payable by the bond issuer or investment house from charges to be deducted from my pension fund and I confirm that my financial adviser has fully explained to me the extent and nature of his fees.
9. I confirm that Sovereign Pension Trustees Limited and its associated companies have not advised me in connection with the tax or legal consequences of establishing the Plan and I am aware that pension benefits payable from the Plan may be taxable in the Isle of Man prior to distribution to me.
10. Before applying to join the Plan I have taken independent advice including, where appropriate, tax advice from a UK accountant, solicitor or tax counsel (mandatory for applicants who are domiciled or resident for tax purposes in the United Kingdom) to ensure that the Plan is adequate for my own particular purposes and legal and compliant for my circumstances.
11. I understand that the trustee is entitled to be indemnified out of the trust fund to the extent permitted by law against any actions, claims or demands arising out of anything done or caused to be done or omitted by the trustee (whether by way of investment or otherwise) in connection with the Plan unless the same shall involve or arise from any fraud, wilful misconduct or negligence on the part of the trustee or its directors or officers. I acknowledge that the bond issuer or other investment house with which my pension fund is invested will have no responsibility or liability for any loss to the value of my pension fund arising from any indication given by my financial adviser and I request and authorise you to indemnify the bond issuer or investment house against all claims, demands and actions relating to any such loss, to include all costs and expenses including the cost of defending any claim.
12. I accept that the trustee's associated companies may receive commissions from investments associated with my retirement plan but understand that such commissions will not affect the amount of funds invested or the trustee's charges.

13. I hereby authorise Sovereign to communicate by email using the email address given in page three or such alternative email address that I may notify Sovereign in writing from time to time. I understand and acknowledge the risks of using email as a means of communication and confirm that Sovereign shall not be required to verify the authenticity of instructions received by email which may be acted upon by Sovereign in good faith. I undertake to indemnify Sovereign at all times against all actions, suits, proceedings, claims, demands, costs, charges, expenses and consequences whatsoever arising by reason of the trustee and myself communicating by email.
14. I consent to information relating to me and to my nominated beneficiaries (including information that may constitute personal data for the purposes of any data protection legislation) being disclosed to the Sovereign Group and any associated company within the Sovereign Group or to banks, financial advisers, regulated financial institutions, any governmental or tax authority or to any person or entity to whom any company within the Sovereign Group is under a legal obligation to make disclosures, within any jurisdiction inside or outside the European Economic Area. I understand that I can access a full copy of the Sovereign Group's Client Privacy Notice here: [Client Privacy Notice - The Sovereign Group](#)

Applicant's signature: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

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

## Deed of Adherence

THIS DEED OF ADHERENCE is made the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_  
BETWEEN:

- (1) SOVEREIGN PENSION TRUSTEES LIMITED  
of Sovereign House, Sovereign House, 4 Christian Road, Douglas, Isle of Man, IM1 2SD (“the Trustee”); and
- (2) \_\_\_\_\_ of \_\_\_\_\_ (“the Member”)

WHEREAS:

- (A) The Trustee is the current Trustee of The Pacifica Personal Pension Plan (“the Scheme”) established by deed dated 30th October 2015 (“the Scheme Deed”).
- (B) The Member wishes to be admitted to the Scheme by the payment of contributions and/or the transfer to the Trustee of assets comprising his or her accrued pension benefits.

NOW THIS DEED WITNESSETH:

1. By this Deed of Adherence the Member hereby applies to become a member of the Scheme and the Trustee accepts the Member as a member of the Scheme subject to and on the terms and conditions hereinafter appearing.
2. The Trustee agrees that upon receipt by the Trustee or representatives of the Trustee of the assets comprising the Member or any Trustee, administrator or other person having management of any assets for the benefit or on behalf of the member, the Trustee shall hold those assets on the trusts of the Scheme and administer the same in accordance with the terms of the Scheme Deed and the Rules of the Scheme as set out in the First Schedule of the Scheme Deed, and to which this Deed of Adherence shall be supplemental.
3. The Member agrees and acknowledges that by executing this Deed of Adherence they consent to the Member’s plan being administered in accordance with the terms of the Scheme Deed and the Rules set out therein as may be modified from time to time.
4. The Member agrees to execute any documents which may be required by any tax authority in order to retain the compliant status of the Scheme.
5. The Member agrees and acknowledges that a true copy of the Scheme Deed has been duly disclosed and shall be binding on the Member unless the Member notifies the Trustee of their written opposition thereto within two months of receipt of the Scheme Deed.
6. This Deed of Adherence may be executed in any number of counterparts each of which when executed and delivered is an original and all the counterparts together constitute the same document.

IN WITNESS WHEREOF the parties have executed the Deed of Adherence the day and year first above written.

Member’s signature: \_\_\_\_\_

Witness’ signature: \_\_\_\_\_

Witness’ name: \_\_\_\_\_

Witness’ address: \_\_\_\_\_

The common seal of the Trustee was affixed in the presence of:

## Sample Letter of Wishes - Discretionary Trust

### Sovereign Pension Trustees Limited

Sovereign House  
4 Christian Road  
Douglas  
Isle of Man  
IM1 2SD

Dear Sirs

### Pacifica Personal Pension Plan ("Plan") Creation of Discretionary Trust on Death

This letter does not have any binding effect and is intended to be and remain entirely confidential. It is not intended to detract from the trustee's discretion or to have any legal effect over the trustee but only to give some guidance in the exercise of its powers and to enable it to know how I would have dealt with the assets had I been in the position to do so.

After my death I would ask the trustee to consider establishing a discretionary trust and to transfer any remaining assets within my Plan to this.

The trustee of the discretionary trust should consider including the following as beneficiaries of this discretionary trust:

### Discretionary Beneficiaries

1. Full name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_

Total percentage of benefit: \_\_\_\_\_%

2. Full name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_

Total percentage of benefit: \_\_\_\_\_%

3. Full name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Tel: \_\_\_\_\_ Email: \_\_\_\_\_  
Residential address: \_\_\_\_\_  
\_\_\_\_\_  
Total percentage of benefit: \_\_\_\_\_ %

Yours faithfully,

Applicant's signature: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

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

## Sample Letter of Wishes - Nomination of Beneficiaries

### Sovereign Pension Trustees Limited

Sovereign House  
4 Christian Road  
Douglas  
Isle of Man  
IM1 2SD

Dear Sirs

### Pacifica Personal Pension Plan ("Plan") Election of Nominated Beneficiaries

This letter does not have any binding effect and is intended to be and remain entirely confidential. It is not intended to detract from the trustee's discretion or to have any legal effect over the trustee but only to give some guidance in the exercise of its powers and to enable it to know how I would have dealt with the assets had I been in the position to do so.

After my death I wish for the assets in my Plan to be distributed to the beneficiaries in such amounts as I have indicated below:

### Nominated Beneficiaries

1. Full name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_

Total percentage of benefit: \_\_\_\_\_%

2. Full name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_

Total percentage of benefit: \_\_\_\_\_%



3. Full name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Tel: \_\_\_\_\_ Email: \_\_\_\_\_  
Residential address: \_\_\_\_\_  
\_\_\_\_\_  
Total percentage of benefit: \_\_\_\_\_ %

Yours faithfully,

Applicant's signature: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

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

## Discretionary

- Signed declaration
- Signed investment direction
- Original certified copy passport
- Certified proof of residential address (not more than three months old)
- Source of wealth documentation
- Source of funds documentation
- CV or employment history
- Letter of wishes
- Copy of financial adviser's advice
- Copy of tax advice
- Copy of legal advice (if available)