

JOINT GUERNSEY PRIVATE PENSION APPLICATION FORM



[www.SovereignGroup.com](http://www.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 and date of issue.

### 2. Verification of Address

Two forms of evidence of your residential address are also required. These should be in the form of either an original or an original certified copy of a bank statement or utility bill (not including mobile telephone bills) no more than three months old.

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

The 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; and
- in the case of a passport, the photo is a true likeness of the applicant.

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. We have set out overleaf a certification guide but please contact us if you have any query regarding the correct certification of documents.

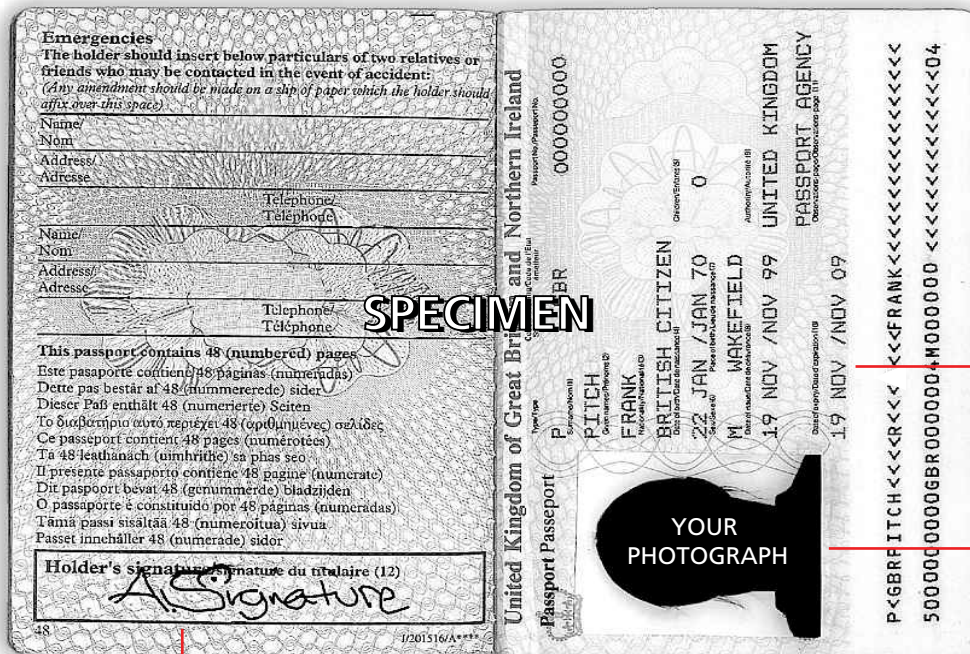
Below we have provided an address verification letter which may be used if it is impossible to obtain and provide other forms of evidence.

### 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 pension. To satisfy this requirement, please provide an up to date copy of your curriculum vitae ("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). We have set out below further guidance on how source of wealth may be established and verified.

# Certification Guidance

## PART ONE : PASSPORTS



SIGNED BY HOLDER

PASSPORT MUST BE VALID & NOT EXPIRED

PHOTOGRAPH MUST BE RECOGNISABLE



**Ace Executive & Associates**  
Suite 1, Ace Street, London W1  
Tel: +44 (0)20 0000 0000

OFFICIAL BUSINESS STAMP including Address & Telephone Details

HAVING SEEN THE INDIVIDUAL AND THE IDENTIFICATION DOCUMENT AT THE SAME TIME, I CERTIFY THIS TO BE A TRUE COPY AND THAT THE PHOTOGRAPH IS A TRUE LIKENESS.

DECLARATION IN CAPITALS

Signature: D

ate: 14 . 05 . 2002

SIGNATURE & DATE OF APPROVAL

Name: FRED. J. BLOGGS

NAME IN CAPITALS

Position / Profession: C HARTERED ACCOUNTANT

PROFESSIONAL QUALIFICATION DETAILS

# Certification Guidance

## PART TWO : UTILITY BILLS

PLEASE ENSURE THE UTILITY BILL PROVIDED IS CURRENT AND IS DATED WITHIN THE LAST 3 MONTHS OF APPLICATION

### YOUR ELECTRICITY BILL

Statement Date & Tax Point  
18 July 2002

Meter Reading  
8880002222

XXXX XXXX XXX XXXX  
XXXX XXXX XX XXXXXX  
000852448

Mr.A. Smith  
Address Line 1  
Address Line 2  
Country

### YOUR ELECTRICITY STATEMENT

Description	XXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
Electricity used for quarter	123	123	20	0.58	57.80
xxxxxx xxxx xxxx xxxxxxxx					8.90
Standing charge 00000 @ 12.0p per day					7.65
xxxxx xxxxxxxx xxx xxxxxxxxxx					4.44
VAT @ 0.0%					1.11



Ace Executive & Associates  
Suite 1, Ace Street, London W1  
Tel: +44 (0)20 0000 0000

Total incl. VAT 64.58

I CERTIFY THIS TO BE A TRUE COPY OF THE ORIGINAL DOCUMENT.

Signature: *Fred J. Bloggs*  
Date: 14 . 05 . 2002  
Name: FRED. J. BLOGGS  
Position / Profession: CHARTERED ACCOUNTANT

DECLARATION  
IN CAPITALS

OFFICIAL BUSINESS STAMP  
including Address &  
Telephone Details

SIGNATURE &  
DATE OF APPROVAL

NAME IN CAPITALS

PROFESSIONAL  
QUALIFICATION DETAILS

## Source of Wealth

*This is not an exhaustive list and is for illustrative purposes only. In certain instances, confirmation of source of wealth may be accepted from the lawyer or accountant who acted in relation to a specific transaction or may be obtained via other means. Each case is unique so please contact us if you are unsure.*

Source of Funds from:	Information required to corroborate
Employment or business receipts	<ul style="list-style-type: none"> <li>if from paid employment, the name of the employer and job/occupation title, together with copy employment contract or letter from employer, stating full remuneration package;</li> <li>if from business receipts, the name of the business and the principal activity of that business, together with copy accounts.</li> </ul>
Proceeds of Realised Investments or Insurance Policies	<ul style="list-style-type: none"> <li>if from realized investments, the details of the investments realized (contract note) and name of the broker;</li> <li>if from insurance policies, the name of the insurance company with whom the policy was held, together with final statement showing proceeds payable;</li> <li>verification of where the assets originated from.</li> </ul>
Sale of Property or other assets	<ul style="list-style-type: none"> <li>if from real estate, the address of the real estate property sold, together with copy sale contract;</li> <li>if from sale of a company, the name of the company, its activities and copy sale contract;</li> <li>if from sale of other assets, details of that asset, together with copy sale contract.</li> </ul>
Accumulated Savings	<ul style="list-style-type: none"> <li>how were the savings accumulated? Provide evidence to establish this.</li> </ul>
Gifts or Inheritances	<ul style="list-style-type: none"> <li>the name of the donor or benefactor, the relationship with that person and copy of any deed of gift or testamentary evidence.</li> </ul>
Other Sources, including: Retirement Pension	<ul style="list-style-type: none"> <li>name of last employer, job/occupation title, details of pension company and copy of pension statement;</li> </ul>

## Source of Wealth

Source of Funds from:	Information required to corroborate
Dividends and Interest from investments	<ul style="list-style-type: none"> <li>details of portfolio, recent portfolio statement, details of broker;</li> </ul>
Rental Income	<ul style="list-style-type: none"> <li>the type (commercial or residential) and address of the real estate property from which income is derived, together with copy title deeds of property and rental contracts;</li> </ul>
Royalties	<ul style="list-style-type: none"> <li>specific details of the royalty payments received in connection with the use of (or the right to use) any copyright, patent, design or model, plan, secret formula or process, trademark, or other similar intellectual property or right held; equipment or resource royalties; copies of royalty/ IP agreements;</li> </ul>
Trust Income	<ul style="list-style-type: none"> <li>details of the trust, including the name of the trust and trustee, where the trust is domiciled, together with a copy of the trust deed and any relevant ancillary deeds and accounts;</li> </ul>
Supported financially by third party	<ul style="list-style-type: none"> <li>the name of the person who provides financial support and nature of relationship; consider loan agreement;</li> </ul>
Other regular income	<ul style="list-style-type: none"> <li>the type of income source and evidence to corroborate.</li> </ul>

***Please note that funds should not be sent to us until we have approved the source of those funds and communicated our acceptance of them. Failure to adhere to this request will result in funds being returned to sender.***

## Personal Details

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

Personal Details	Member 1	Member 2
Title		
Surname		
Full Forenames		
Date of Birth		
Residential Address		
Correspondence Address (if different)		
Telephone (Home)		
Telephone (Mobile)		
Email		
Occupation		
Nationality		
Previous UK Address (if applicable)		
Passport No.:-		
Passport Expiry Date		
Country of Issue		
Tax ID No.:-		
Age at which you intend to retire		

## Name of Pension

Please advise your preferred name of your pension.

The \_\_\_\_\_ Private Pension Scheme  
(eg "The AB & CD Private Pension Scheme")

## Financial Adviser

Unless or until advised to the contrary, we shall provide your Financial Advisor 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 Applicants' circumstances, I have provided or arranged appropriate financial, investment, tax and pension advice with regards to the suitability of the Scheme for the above-named Applicant and am willing to provide a copy of such advice to Sovereign upon request. We are satisfied that the Scheme is an appropriate solution for the above-named Applicants. I confirm that I have fully explained the key characteristics, risks and costs associated with the Scheme and the above-named Applicants have confirmed their understanding of the same.

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

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

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

Please apply your company stamp here:



## Address Verification Letter—Member 1

Sovereign Trust (Guernsey) Limited  
PO Box 252  
Suite B, St Peter Port House  
Sausmarez Street St Peter Port Guernsey  
GY1 4LQ

Date:

Dear Sirs

Re: \_\_\_\_\_ (“the Member”)

I have visited the member at their residential address and can confirm that the below captioned details are correct. I further confirm that I have been unable to obtain standard address verification due to insufficient postal services in this locality.

Residential address of Member:

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Yours faithfully

Signature of IFA: \_\_\_\_\_

Name of IFA: \_\_\_\_\_

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

FSA Approval No.: \_\_\_\_\_

*If your regulation is with another regulatory body, please provide these details or a copy of your current certificate.*

## Address Verification Letter—Member 2

Sovereign Trust (Guernsey) Limited  
PO Box 252  
Suite B, St Peter Port House  
Sausmarez Street St Peter Port Guernsey  
GY1 4LQ

Date:

Dear Sirs

Re: \_\_\_\_\_ (“the Member”)

I have visited the member at their residential address and can confirm that the below captioned details are correct. I further confirm that I have been unable to obtain standard address verification due to insufficient postal services in this locality.

Residential address of Member:

\_\_\_\_\_  
\_\_\_\_\_

Yours faithfully

Signature of IFA: \_\_\_\_\_

Name of IFA: \_\_\_\_\_

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

FSA Approval No.: \_\_\_\_\_

*If your regulation is with another regulatory body, please provide these details or a copy of your current certificate.*

## 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.

### Member 1

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

### Member 2

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

## Details of Assets Being Transferred

Please provide full details of the assets to be transferred into your pension, together with relevant supporting documentation.

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We confirm that the assets contributed to the Scheme are to be attributed to the members in the following proportions:-

Member 1 \_\_\_\_\_ %

Member 2 \_\_\_\_\_ %

A separate Additional Contributions form is available upon request for further contributions into the Scheme.

## Nominated Beneficiaries

In the event of one member's death, the surviving member will be the sole nominated beneficiary. On the death of the surviving member, our agreed nominated beneficiaries are as follows:

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 \_\_\_\_\_ %

4. Full Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Tel: \_\_\_\_\_ Email: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
Total percentage of benefit \_\_\_\_\_ %

5. Full Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Tel: \_\_\_\_\_ Email: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
Total percentage of benefit \_\_\_\_\_ %

## Investment Direction

The Scheme entitles members to provide directions to the trustee on how the retirement fund should be invested. Please indicate your preference below. Sovereign does not provide investment advice. Your investment choice should therefore only be stated once you have arranged advice from your Professional Advisor.

1. We will provide our own investment directions and hereby direct you to invest initial pension funds as follows:

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*(We will only accept instructions signed by you)*

2. We hereby appoint our Financial Advisor to provide investment directions on our behalf and confirm that you may accept directions from our Financial Advisor until such time as we notify you otherwise in writing. We understand that our Financial Advisor will be entitled to provide directions without prior reference to us. We agree that the trustee shall have no liability for any losses arising from you acting on such directions and we 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 Advisor and not you)*
3. We wish the trustee to appoint an investment manager nominated by us. We 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)*
4. We wish the Trustee to appoint a third party discretionary investment manager pursuant to clause 4 of the terms of the Scheme. We understand we can nominate which investment manager the Trustees may appoint but we 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 fund on a discretionary basis)*

## Investment Objectives

The objective of The International Retirement Savings Plan is to accumulate a trust fund to provide you with income during your retirement.

- We are very uncomfortable with any risk and accept that our capital may be eroded by inflation.
- We are prepared to take a small amount of risk to provide for the potential for growth over the medium to longer term.
- We are 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.
- We are 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:

Risk Category    Typical Characteristics

- 1 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.
- 2 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.
- 3 Medium Risk**  
People in this category are balanced in their attitude towards risk. They don't seek risky investments but don't 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.
- 4 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.
- 5 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 independent financial adviser

## Fee Schedule Option A

*(For assets valued at less than £250,000 and which do not comprise of property)*

Initial establishment fee \_\_\_\_\_ £ 1,200

Trustee's annual fee – flat fee payable annually in advance \_\_\_\_\_ £ 1,500

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 valued at more than £250,000)*

Initial establishment fee \_\_\_\_\_ £ 2,500

Trustee's annual fee – flat fee payable annually in advance \_\_\_\_\_ £ 3,000

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



## Declaration

We hereby declare and acknowledge as follows:

1. We wish to establish The \_\_\_\_\_ Private Pension Scheme ('the Scheme') and agree to be bound by the rules and the terms and conditions of the trust deed governing the Scheme.
2. The trustee and administrator of the Plan is Sovereign Trust (Guernsey) Limited of Suite B, St Peter Port House, Sausmarez Street, St Peter Port, Guernsey, GY1 2PU.
3. We undertake to transfer the assets described herein to the trustee for them to be administered under the Scheme.
4. We understand that the trustee may utilise the services of its associated companies within the Sovereign Group to collate information and documentation relating to our participation in the Scheme and we consent to our personal information and data being supplied to associated companies for such purposes and to third parties in connection with investments under the Scheme if and when necessary or required for regulatory purposes.
5. Pursuant to the provisions of the Data Protection (Bailiwick of Guernsey) Law 2001, we hereby consent to our personal information and data being supplied to associated companies within the Sovereign Group for marketing and sales purposes and being supplied to third parties, including investment houses, banking organisations and our Financial Advisor for the purposes of administering the Scheme.
6. We are aware that the trustee may at any time disclose any information concerning the Scheme, any member or any benefits payable under the Scheme to any tax authority, regulatory or governmental body for any purposes, including for the purposes of maintaining recognition of the Scheme's status as a "qualifying non-UK pension scheme" under the Finance Act 2004. or as a pension under S157A of the Income Tax (Guernsey) Law 1795 and may also provide any tax authority, regulatory or governmental body with such undertakings as the trustee considers necessary for the purposes of the Scheme.
7. We 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).
8. We hereby confirm the Investment Direction referred to in pages 13 and 14 hereof, which shall continue until such time as we notify you in writing.
9. We hereby confirm that Sovereign Trust (Channel Islands) Limited and its associated companies have not advised us in connection with the tax or legal consequences of establishing the Scheme and we are aware that pension benefits payable from the Scheme may be taxable in Guernsey prior to distribution to me.
10. We confirm that we have received advice from my professional advisor regarding the investment direction contained herein.
11. We 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 Scheme unless the same shall involve or arise from any fraud, willful misconduct or negligence on the part of the trustee or its directors or officers.
12. We accept that the Trustee's associated companies may receive commissions from investments associated with our pension but understand that such commissions will not affect the amount of funds invested or the Trustee's charges.

	Member 1	Member 2
Signed: (Member's Signature)		
Name: (Member's Name)		
Date:		

## Application Form Mandatory Documentation Checklist:

	Member 1	Member 2
Signed Declaration	<input type="checkbox"/>	<input type="checkbox"/>

## Additional Personal Documents Checklist:

	Member 1	Member 2
Original certified copy passport	<input type="checkbox"/>	<input type="checkbox"/>
2 x Certified proof of residential address not older than 3 months	<input type="checkbox"/>	<input type="checkbox"/>
Verification of residential address letter completed by your financial advisor if required	<input type="checkbox"/>	<input type="checkbox"/>
Source of wealth documentation	<input type="checkbox"/>	<input type="checkbox"/>
CV or employment history	<input type="checkbox"/>	<input type="checkbox"/>



Sovereign Trust (Channel Islands) Limited  
PO Box 252  
Suite B, St Peter Port House  
Sausmarez Street  
St Peter Port  
Guernsey  
GY1 4LQ  
Tel: +44 (0) 1481 729 965  
Email: [qnups@sovereigngroup.com](mailto:qnups@sovereigngroup.com)  
[www.SovereignGroup.com](http://www.SovereignGroup.com)