

Trafalgar Application

Application Type (please tick one option)

Standard
 Special
 Lite

PERSONAL DETAILS

<p>Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other (please state): <input style="width: 150px;" type="text"/></p>	<p>Date of Birth <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>
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<p>Forename(s) <input style="width: 100%;" type="text"/></p>	<p>Surname <input style="width: 100%;" type="text"/></p>
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<p>Have you been known by any other names?^ <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Has your address changed in the past five years?^ <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Email Address

Home/Main Address

<p>Nationality <input style="width: 100%;" type="text"/></p>	<p>If dual, please confirm other nationality <input style="width: 100%;" type="text"/></p>
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<p>Phone Number (including country code) <input style="width: 100%;" type="text"/></p>	<p>Mobile Number (including country code) <input style="width: 100%;" type="text"/></p>
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<p>Country and Place of Birth <input style="width: 100%;" type="text"/></p>	<p>Marital Status <input style="width: 100%;" type="text"/></p>
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^Please detail any previous names and addresses on the Continuation Page (p13).

<p>Are you a US Tax Payer?* <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Are you a US Citizen?* <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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*This means you are a citizen, Green Card holder, US visa holder residing in the US, resident or tax resident of the United States of America. (This includes persons born in the US and US Commonwealth, those who have US parents, and naturalised US citizens).

Please state all countries where you are deemed resident for tax purposes & your tax reference number(s). Please use the continuation page (p13) if required.

<p>Country of Tax Residence <input style="width: 100%;" type="text"/></p>	<p>Tax Reference Number* <input style="width: 100%;" type="text"/></p>
<p><input style="width: 100%;" type="text"/></p>	<p><input style="width: 100%;" type="text"/></p>

*If you are currently tax resident in the United Kingdom, please also provide your National Insurance number.

PERSONAL DETAILS CONTINUED

If you were previously a UK resident, when did you become non-UK resident? <input type="text"/>	Intended Benefit Commencement Age (Min Age 55) <input type="text"/>
Occupation <input type="text"/>	Nature of Business/Employment <input type="text"/>
Current Employer Name and Address <input type="text"/>	
Are you a politically exposed person?* Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been subject to a tax investigation by any authority in the world? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a criminal offence? (Other than a driving offence that does not carry a custodial sentence). Yes <input type="checkbox"/> No <input type="checkbox"/>	
If the answer to either is yes, then please provide details below: <input type="text"/>	

*Definition of Politically Exposed Person: An individual who is or has, at any time in the preceding year, been entrusted with prominent public functions or is an immediate family member, or a known close associate, of such a person.

FINANCIAL ADVISER DETAILS

Company Name <input type="text"/>	Country <input type="text"/>
Contact Name <input type="text"/>	Phone Number <input type="text"/>
Regulated by <input type="text"/>	Regulatory Reference <input type="text"/>
Address <input type="text"/>	
Email Address <input type="text"/>	

WARNING:

1. All financial advisers must have a valid terms of business agreement signed with Boal & Co (Gibraltar) Ltd as Scheme Administrator.
2. Each application must be accompanied by evidence from the adviser (and signed by the client) that the following has been verified and supplied.
 - Attitude to risk
 - Confirmation the investment is in line with the client's attitude to risk
 - Investment advice

WARNING: Where bespoke investments are chosen, all investments must be pre-approved by the Retirement Scheme Administrators. Investment managers must conclude a due diligence process and receive approval before any investment can be made.

Would you like to be considered as a professional client (experienced investor)?* Yes No

*If yes, please complete the Professional Investor Client Status letter.

INVESTMENT MANAGER DETAILS

Same as Financial Adviser? Yes No

Company Name

Country

Contact Name

Phone Number

Regulated by

Regulatory Reference

Address

Email Address

INVESTMENT PLATFORM

Name of Investment Platform

Address of Investment Platform

PROFESSIONAL ADVISER FEES

Please detail all fees payable to professional adviser(s).

Initial fee

To be paid from scheme, prior to investment?

Yes No

Ongoing Fee

DETAILS OF TRANSFERRING PENSION SCHEME(S) - IF APPLICABLE

1. Existing Pension Provider <input type="text"/>	1. Existing Pension Provider <input type="text"/>
2. Pension Scheme Name <input type="text"/>	2. Pension Scheme Name <input type="text"/>
3. Pension Scheme Reference Number <input type="text"/>	3. Pension Scheme Reference Number <input type="text"/>
Type of Scheme: <input type="checkbox"/> Personal <input type="checkbox"/> Occupational <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Defined Contribution	Type of Scheme: <input type="checkbox"/> Personal <input type="checkbox"/> Occupational <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Defined Contribution
Current Value (Approximate) <input type="text"/>	Current Value (Approximate) <input type="text"/>
Transfer Method <input type="checkbox"/> Cash <input type="checkbox"/> In-Specie	Transfer Method <input type="checkbox"/> Cash <input type="checkbox"/> In-Specie
Benefits in Drawdown? <input type="checkbox"/> Yes <input type="checkbox"/> No	Benefits in Drawdown? <input type="checkbox"/> Yes <input type="checkbox"/> No
Over what period were Benefits built up and from what source? <input type="text"/>	Over what period were Benefits built up and from what source? <input type="text"/>
Average Salary <input type="text"/>	Average Salary <input type="text"/>

CONTRIBUTIONS

**Contributions will not attract local tax relief.
If you intend to contribute, please speak to your Financial Adviser.**

Do you intend to make any future contributions?* Yes No

*If Yes, please complete the Additional Contributions - Source of Wealth Form provided separately.

RETIREMENT BENEFITS

Do you intend to start taking benefits immediately?

Yes No

If yes, please complete the rest of this section

Lump sum required?

Yes No

If yes, please specify amount:

Regular Pension Income Required?

Yes No

Pension Frequency

Annually Half-Yearly Quarterly

Annual Pension Amount

Specified Amount

OR Actuarially Calculated Amount*

* We will be in touch to discuss your benefit options.

NOMINATED BANK ACCOUNT FOR PAYMENTS

(Benefit payments out of Trafalgar)

Name of Bank

Address of Bank

Sort Code

Swift Code

IBAN

Account Name

Account Number

Important Notes

1. Boal & Co (Gibraltar) Limited will report all benefit payments made from the Scheme to the relevant tax authorities.
2. Boal & Co (Gibraltar) Limited is not responsible for any reporting to tax authorities outside of HMRC and the Gibraltar Tax Office.
3. We will fulfill all obligatory reporting under the OECD's Automatic Exchange of Information (AEOI) being the Common Reporting Standard (CRS) and the United States Foreign Account Tax Compliance Act (FATCA).

ATTITUDE TO RISK

All investments carry an element of risk and everyone has their own 'attitude to risk'. Your attitude to risk will determine how your pension will be invested. As your attitude becomes more speculative it is likely that your portfolio will contain an increasing quantity of high risk assets, which, although exposing your pension fund to greater volatility, also offer far greater growth potential than low risk assets. Shown below are all of the attitudes to risk along with descriptions. Please tick the box that best describes your attitude to risk in relation to your pension funds:

1	Very Cautious/ No risk to capital	You prefer to take very little risk with your money. It is likely that less than 30% of your pension fund would be invested on the stock market, a very small proportion of which could be in fixed interest securities, bonds and property.	<input type="checkbox"/>
2	Cautious/ Low risk	You prefer to take minimal risk with your money. It is likely that around 40% of your pension fund would be invested on the stock market, the balance could be in cash, fixed interest securities, bonds and property.	<input type="checkbox"/>
3	Moderate/ Medium risk	You are prepared to take a moderate risk with your money. It is likely that around 60% of your pension fund would be invested on the stock market, the balance could be in cash, fixed interest securities, bonds and property.	<input type="checkbox"/>
4	Speculative/ High risk	You are prepared to take a significant risk with your money. It is likely that around 70% of your pension fund would be invested on the global stock market, the balance could be in cash, fixed interest securities, bonds and property as well as emerging markets or private equity.	<input type="checkbox"/>

Important Note: The value of an investment is not guaranteed and can go up as well as down depending on investment performance. You could get back less than you invested. The above is for illustrative purposes only. Boal & Co does not take responsibility for investment performance.

EMAIL INDEMNITY

This section should be completed if you want us to act on requests provided to us by you and your Financial Adviser (if you have appointed one and have indicated that you would like them to provide us with instructions) given by email or facsimile. Instructions can be given by telephone, but will not be acted upon until confirmation has been received confirming the instruction either in writing, or in accordance with the below.

I can confirm that this mandate now supersedes any previous mandate given by me.

I hereby authorise my appointed Financial Adviser to instruct you via email.

I hereby authorise Boal & Co (Gibraltar) Ltd and their appointed representatives to act on instructions provided by the following methods, this mandate remains in force until such time as it is cancelled by me.

I authorise you to accept requests from the following email addresses, purporting to come from me:

Personal Email Address 1:	<input type="text"/>
Personal Email Address 2:	<input type="text"/>

I authorise you to accept requests from the following email addresses, purporting to come from my Financial Adviser, which are received ONLY from the following email addresses and it must be through THE DOMAIN REGISTERED TO THE COMPANY.

Adviser Email Address 1:	<input type="text"/>
Adviser Email Address 2:	<input type="text"/>

EXPRESSION OF WISHES

Full Name of Applicant

I understand under the Scheme Rules benefits may be payable if I die and the Trustee has discretionary power to pay such benefits to one or more of my relatives, dependants or to my legal personal representatives as they shall decide.

I **do** wish to nominate a person or persons to receive benefits on my death. (Please provide nominations below)

I **do not** wish to nominate a person or persons to receive benefits on my death and request that benefits are paid to my personal legal representatives. (Please sign signature box below and continue)

For the guidance of the Trustee in such circumstances I would like to nominate the following to receive the benefits in the proportions shown.

Beneficiary 1

Full Name of Nominated Beneficiary

Relationship

Benefit

 % Lump Sum OR Pension

Address

Email Address

Beneficiary 2

Full Name of Nominated Beneficiary

Relationship

Benefit

 % Lump Sum OR Pension

Address

Email Address

Beneficiary 3

Full Name of Nominated Beneficiary

Relationship

Benefit

 % Lump Sum OR Pension

Address

Email Address

I understand that this expression of wishes does not in any way bind the Trustee or fetter the exercise of their discretionary powers.

Signature

Date

1. Your 'legal representatives' are, if you leave a will, your Executors; if not, the administrators of your estate.
2. If your personal circumstances change and you wish to alter this expression of wishes, you should complete a further form in its place. If you need an additional form to nominate additional beneficiaries, please email gibmail@boalco.com.

CONTINUATION PAGE

Please add any additional information here indicating which section of the application it is relevant to.



APPLICANT DECLARATIONS

Please read the following carefully before signing to confirm your agreement on page 11.

Definitions	
Agreement	means the agreement between us and you which is contained in the Terms & Conditions, the completed Application Form and the Fees Schedule.
Applicant	means the individual who by completing this form is applying for membership of the Scheme.
Application Form	means this Application Form.
Arrangement	means an arrangement made by a Member with the Trustee to provide benefits under the Scheme.
Boal & Co	means Boal & Co (Gibraltar) Limited (a company incorporated in Gibraltar with company number 109157 and registered office at Suite 1.2.08, Eurotowers, Europort Road, Gibraltar, GX11 1AA or where the context requires or permits, to any Group Company. Where the context so admits or requires, the term Boal & Co shall include any Group Company and each of the employees, directors, officers, servants, or agents of any such company and their respective successors, assigns, transferees and estates.
Fees Schedule	means the "Fees Schedule" as defined in section 1 of the Terms and Conditions.
Group Company	means Boal & Co, its subsidiaries, its parent and any subsidiaries of its parent and its associated companies including but not limited to Boal & Co (Gibraltar) Limited (company number 109157).
Member	means the person or persons admitted to membership of the Scheme or otherwise as determined by the Trustee and shall include the heirs, legatees, successors, estates, personal representatives and assignees of such persons.
Rules	means the rules of the Scheme as annexed to the Trust Deed, as amended from time to time.
Scheme	means the Trafalgar Pension Scheme.
Scheme Administrator	means Boal & Co (Gibraltar) Limited or otherwise the administrator of the Scheme from time to time.
Services	means the services provided by Boal & Co as listed in the Fee Schedule to this Application Form or otherwise as issued to you as the same may be amended, varied, extended or reduced from time to time.
Terms and Conditions	means the Boal & Co terms and conditions provided with this Application Form.
Trafalgar	means the Trafalgar Pension Scheme.
Trustee	means Boal & Co (Gibraltar) Limited or otherwise the trustee or trustees of the Scheme from time to time.
Trust Deed	means the definitive Trust Deed constituting the Scheme dated 8th March 2013 and as amended from time to time.

APPLICANT DECLARATIONS CONTINUED

- a. I apply for membership of the Scheme.
- b. I agree to be bound by the rules of the Scheme.
- c. I acknowledge and accept the Terms and Conditions of the Scheme.
- d. I understand that the Trust Deed and Rules and the Terms and Conditions may be amended by the Trustee as required from time to time.
- e. I will undertake to notify the Scheme Administrator of any changes to my residence status, name or permanent address in writing within 30 days.
- f. I confirm that I have been provided with a Fee Schedule relating to my application. I confirm that I understand that an initial fee will be deducted from any transfer or contribution prior to being invested, and that the first year fee will be calculated on a pro rata basis, from the date that the first transfer was received to 31st December of the year it was received. I understand that a transfer out charge may be applied for any transfer out of the scheme (other than to another Boal & Co product).
- g. I accept that Boal & Co reserves the right to increase the fees in line with the UK Retail Price Index and that any other external or third party charges (including banking charges, Gibraltar income tax etc) will be charged directly to my Scheme fund. I accept that Boal & Co reserves the right to charge additional fees for unduly onerous tasks.
- h. I confirm that I have read and understood the Fee Schedule and agree to the fees that will be charged. This includes any fees agreed with my Financial Adviser and/or Investment Manager, who are named in the Application Form.
- i. I request the Trustee and Scheme Administrator to appoint the Financial Adviser and Investment Manager detailed in the Application Form, and will not hold the Trustee or Scheme Administrator responsible for any delays in the purchase or sale of any investments. I agree that the Trustee and the Scheme Administrator will not incur any liability in connection with the Scheme's investments, except where this arises as a result of fraud, wilful misconduct or gross negligence by the Trustee or Scheme Administrator.
- j. I confirm that either I have received independent pension transfer, financial, legal and tax advice with regards to the suitability of this Scheme for me and my individual circumstances and the implications to me of entering into this Scheme, OR I have chosen not to take such advice as I am sufficiently knowledgeable and experienced to make these decisions on my own. I acknowledge that the Scheme Administrator or Trustee has not provided and cannot provide any such advice and cannot be held responsible for any advice obtained or advice not sought by myself or any related persons party to the affairs of the Scheme.
- k. I confirm that I have received advice on my investments with regards to their suitability and appropriateness to my personal circumstances and for the purpose of the Scheme.
- l. I confirm and acknowledge that neither the Trustee nor the Scheme Administrator owes me any duty or obligation to provide investment advice whether initially or on an ongoing basis and I hereby agree to hold the Trustee and Scheme Administrator harmless in respect of any loss caused directly or indirectly by an investment choice, investment decision or consequence thereof.
- m. I confirm that I have reviewed the investment guidelines that Boal & Co have set out for the Scheme, and I agree to adhere to these and any future revisions to these investment guidelines.
- n. I consent to the Trustee and Scheme Administrator providing correspondence and information in relation to my Arrangements under the Scheme to my appointed Financial Adviser.
- o. I consent to the Scheme Administrator deducting fees from my fund as agreed in this application.
- p. I understand that the value of my Arrangements may only be used to provide benefits at retirement or upon my death.
- q. I understand that by transferring benefits to the Scheme I may be giving up any guarantees, bonuses, annuity protection or loss of future service benefit accrual that may have been available from the transferring scheme.
- r. I confirm that the source and origin of any further assets transferred will be explained to the Scheme Administrator prior to receipt, and where requested by the Scheme Administrator, suitable evidence provided.
- s. I acknowledge that the Scheme Administrator or Trustee can, at their discretion, decline acceptance of any asset transferred to them without notice or reason.
- t. I understand that the level of pension taken by way of drawdown in retirement from this Scheme is not guaranteed and will depend on the performance of the underlying investments.
- u. I consent to the Trustee and Scheme Administrator using the information supplied on the Application Form to administer my Arrangements and acknowledge that the information may be held in any form for the purpose of administering my Arrangements. I agree to the Trustee and Scheme Administrator disclosing in confidence any information required by HMRC (as may be required under the UK Finance Act 2004) or any other relevant regulatory body or professional adviser as required.
- v. I confirm that the information contained in this form, including information regarding my Scheme, may be reported to the tax authorities in the country in which this Scheme is maintained, and may be exchanged with the tax authorities of another country or countries in which I am tax resident.
- w. I confirm that none of the funds transferred into this Scheme are subject to any court order, nor is any court order currently being applied for to the best of my knowledge.

APPLICANT DECLARATIONS CONTINUED

- x. I consent to the holding and processing of my personal data by the Scheme Administrator. I also note that copies of correspondence may be confidentially retained in administration offices outside of Gibraltar.
- y. I confirm that to the best of my knowledge the particulars provided on the Application Form are correct and complete.
- z. I understand that it is an offence to make false statements, and that any false statement could invalidate membership of the Scheme and lead to prosecution.

APPLICANT AGREEMENT

This represents the Agreement between Boal & Co and the Applicant and is executed under hand the day and year first below written. Please read this application carefully before signing.

Signed by (Full Applicant Name)

Signed by the Applicant

Dated

Signed by (Boal & Co (Gibraltar) Director Name)

Signed by Boal & Co (Gibraltar) Director

Dated

TRAFAGLAR NEW APPLICANT CDD CHECKLIST

Application Form	
Permanent residential address given (not PO Box or temporary address)	<input type="checkbox"/>
Source of funds to be transferred/added	<input type="checkbox"/>
Occupation stated	<input type="checkbox"/>
Application signed	<input type="checkbox"/>
Additional contributions source of wealth form (if required)	<input type="checkbox"/>

Customer Due Diligence - Proof of Identity	
Certified as true copy and good likeness by suitable certifier (see Certification Requirements)	<input type="checkbox"/>
If certified by regulated IFA, web address of Regulator provided	<input type="checkbox"/>
Copy passport or ID card current, shows good and clear photographic likeness	<input type="checkbox"/>
Information on copy passport or ID card clearly readable showing country and place of issue, date and place of birth, nationality, signature of holder, date of issue, expiry date and a unique personal identification number (e.g. passport number)	<input type="checkbox"/>
Documents in a foreign language require a certified true translation to be provided	<input type="checkbox"/>
Details of any former name (e.g. maiden name) and any other names used by the applicant	<input type="checkbox"/>

Customer Due Diligence - Proof of Residential Address	
Utility bill, bank statement or similar document (cannot be a mobile phone bill) dated within the last 3 months	<input type="checkbox"/>
Certified as true copy by suitable certifier (see below)	<input type="checkbox"/>
If certified by regulated IFA, web address of Regulator provided	<input type="checkbox"/>
If utility bill or similar documentation showing street address is not available, letter from employer confirming permanent residential address (not PO Box or temporary accommodation) or letter from suitable certifier (see below) stating that he/she has visited the applicant at the address given and that it is the applicant's permanent residential address	<input type="checkbox"/>
Documents in a foreign language require a certified true translation to be provided	<input type="checkbox"/>

Nominated Bank Account for Payments	
If contributions are to be received or benefit payments made, a certified copy of a bank statement of the nominated bank account dated within the last 3 months	<input type="checkbox"/>

TRAFAGLAR NEW APPLICANT CDD CHECKLIST CONTINUED

Suitable Certifier

A suitable certifier will be a bank official, government official (including member of the judiciary, a senior civil servant or serving police or customs officer), an officer of an embassy, consulate or high commission of the jurisdiction of issue of documentary evidence of identity, lawyer, notary public, accountant, doctor, actuary, religious minister or similar professionally-qualified person or a senior officer of a financial services firm that is regulated in a FATF member country.

Certification Requirements

The certifier should sign and date the copy document (printing their name clearly in capitals underneath) and clearly indicate their position or capacity on it and provide contact details. If the document contains a photograph, the certifier should check the photograph represents a good likeness of the customer and should also state that it is a true copy of the original. *e.g. I certify that this document is a true and correct copy of the original that I have seen / I confirm that this document is a true and correct copy of the original that I have seen and that it is a good likeness of the individual.*

LETTER OF AUTHORITY

Pension Provider's Name and Address**Member's Name and Address****Employed from (date):****Employed to (date):****Plan Number****Member Name****Passport Number**

Please accept this letter as your authorisation for Boal & Co to act on my behalf to obtain information relating to my deferred pension in the above mentioned scheme.

This information is to include details in relation to transfer procedures to transfer to another Gibraltar approved pension scheme.

I trust you find this in order, but should you require any further information, please do not hesitate to contact me.

Yours faithfully

Signature**Date**



Retirement
Benefit
Solutions

Pension Trustee Services
Pension Administration
Actuarial Services

General (+350) 200 68022

Email gibmail@boalco.com

Post PO Box 1250, Gibraltar, GX11 1AA

Registered Office Suite 1.2.08, Eurotowers, Europort Road,
Gibraltar

ISLE OF MAN | JERSEY | MALTA | GIBRALTAR

Our focus; your financial future.

boalco.com |   

For further information on the regulatory status of our businesses please visit boalco.com/regulatory