

Freedom Application

PERSONAL DETAILS

Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other (please state): <input style="width: 100%;" type="text"/>	Date of Birth <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Forename(s) <input style="width: 100%;" type="text"/>	Surname <input style="width: 100%;" type="text"/>
Have you been known by any other names?^ <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your address changed in the past five years?^ <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address <input style="width: 100%; height: 20px;" type="text"/>	
Home/Main Address <input style="width: 100%; height: 20px;" type="text"/>	
Nationality <input style="width: 100%;" type="text"/>	If dual, please confirm other nationality <input style="width: 100%;" type="text"/>
Phone Number (including country code) <input style="width: 100%;" type="text"/>	Mobile Number (including country code) <input style="width: 100%;" type="text"/>
Country and Place of Birth <input style="width: 100%;" type="text"/>	Marital Status <input style="width: 100%;" type="text"/>

^Please detail any previous names and addresses on the Continuation Page (p8).

Are you a US Tax Payer?* <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a US Citizen?* <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 currently deemed to be resident for tax purposes and your tax reference number(s)

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

PERSONAL DETAILS CONTINUED

If you were previously a UK resident, when did you become non-UK resident? <input type="checkbox"/> <input type="checkbox"/>	Intended Benefit Commencement Age (Min Age 50) <input type="text"/>
Occupation <input type="text"/>	Nature of Business/Employment <input type="text"/>
Current Employer Name and Address <input type="text"/>	
Please advise of significant employment history including salary details (a copy of your CV for example) <input type="text"/>	
What is your rationale for applying for membership of Freedom? <input type="text"/>	

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"/>	

INVESTMENT MANAGER DETAILS

Same as Financial Adviser? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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"/>

INVESTMENT MANAGER DETAILS CONTINUED

Address

Email Address

INVESTMENT PLATFORM(S)*

Investment Platform 1	Investment Platform 2
Investment Platform 3	Investment Platform 4

* Please submit the relevant account opening forms with this application.

PROFESSIONAL ADVISER FEES

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

Initial fee	To be paid from scheme, prior to investment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ongoing Fee
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CONTRIBUTIONS - PAYMENT DETAILS

Expected Amount	Type of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> In-Specie
Currency <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> USD Other (please specify):	Frequency of Contributions: <input type="checkbox"/> Single <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Annually
If regular contributions, please provide details of personal or employer contributions split:	

CONTRIBUTIONS - SOURCES OF WEALTH

<input type="checkbox"/> Income/Savings from Salary (basic and/or bonus)	<input type="checkbox"/> Employer Paying Contributions	<input type="checkbox"/> Maturity or Surrender of Life Policy
<input type="checkbox"/> Sale of Investments/Liquidation of Investment Portfolio	<input type="checkbox"/> Company Profits	<input type="checkbox"/> Sale of Property
<input type="checkbox"/> Company Sale	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Fixed Deposit - Savings
<input type="checkbox"/> Divorce Settlement	<input type="checkbox"/> Compensation	<input type="checkbox"/> Gift
<input type="checkbox"/> Lottery/Betting/Casino Win	<input type="checkbox"/> Other.	

Please provide a more comprehensive description of the source of wealth on page 8 (Continuation Page) including any key details. (Please refer to our Source of Contributions Evidence Requirements Overleaf).

Further documentary evidence requirements may be requested following a review of the information provided.

SOURCE OF CONTRIBUTIONS EVIDENCE REQUIREMENTS

Description Source of Wealth	Details Required for All Cases
1. Income/Savings from salary (basic and/or bonus) If the client owns or part owns the company where they are employed, then please follow the guidance for "Company profits".	<ul style="list-style-type: none"> • Salary per annum and/or bonus amount • Employer's name • Employer's address • Nature of Business
2. Employer paying contributions	<ul style="list-style-type: none"> • Employer letter confirming that applicant is an employee of the company, and stating the level of employer contribution payable and over what time period (or until further notice). • A suitably certified copy of the Certificate of Incorporation, and Memorandum & Articles of Association of the company, including details of the registered office • Evidence of the registered office of the company i.e. certified copy of some form of proof of address document • A list of all Directors of the company • Formal Confirmation that the company has not been, or is not in the process of being, dissolved, struck off, wound up or terminated • Verification of the identity of all shareholders holding 25 percent or more of the issued share capital of the company • A certified copy of the latest set of company accounts and also a certified copy of a recent bank statement for the company bank account from which the regular contributions will be made.
3. Maturity or surrender of life policy	<ul style="list-style-type: none"> • Amount received • Policy provider • Policy number/reference • Length of time held • Date of maturity/surrender
4. Sale of investments/liquidation of investment portfolio	<ul style="list-style-type: none"> • Description of shares/units/deposits • Name of seller • Length of time held • Sale amount • Date funds received
5. Company profits	<ul style="list-style-type: none"> • Name and address of company • Nature of company • Amount of annual profit
6. Sale of property	<ul style="list-style-type: none"> • Address of property sold • Date of sale • Total sale amount
7. Company sale	<ul style="list-style-type: none"> • Name and nature of company or partnership • Date of sale • Total amount • Applicant's share
8. Inheritance	<ul style="list-style-type: none"> • Name of deceased • Date of death • Relationship to applicant • Date received • Total amount • Solicitor's details

SOURCE OF CONTRIBUTIONS EVIDENCE REQUIREMENTS CONTINUED

Description Source of Wealth	Details Required for All Cases
9. Fixed deposit - savings	<ul style="list-style-type: none"> • Name of institution where savings account is held • Date the account was established • Details of how the savings were acquired should be provided, using this source of wealth table as a guide.
10. Divorce settlement	<ul style="list-style-type: none"> • Date received • Total amount received • Name of divorced partner
11. Compensation	<ul style="list-style-type: none"> • Name of payee • Date received • Total amount received • Reason for payment
12. Gift	<ul style="list-style-type: none"> • Date received • Total amount • Letter from donor explaining reason for gift • Relationship to applicant • Certified identification for donor • Donor’s source of wealth - please follow standard requirements
13. Lottery/Betting/Casino win	<ul style="list-style-type: none"> • Details of organisation • Date of win • Total amount won

DETAILS OF TRANSFERRING PENSION SCHEME(S) - IF APPLICABLE

1. Insurer/Company <input type="text"/>	2. Insurer/Company <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"/>

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

(Cash contributions into Freedom or Benefit payments out of Freedom)

Name of Bank

Address of Bank

Sort Code

Swift Code

IBAN

Account Name

Account Number

Important Notes

1. Boal & Co (Pensions) Limited will report all benefit payments made from the Scheme to the Isle of Man Income Tax Division.
2. Boal & Co (Pensions) Limited are not responsible for any reporting to the tax authorities in your country of tax residence, and therefore you will be responsible for any such reporting that is due.
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).

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.

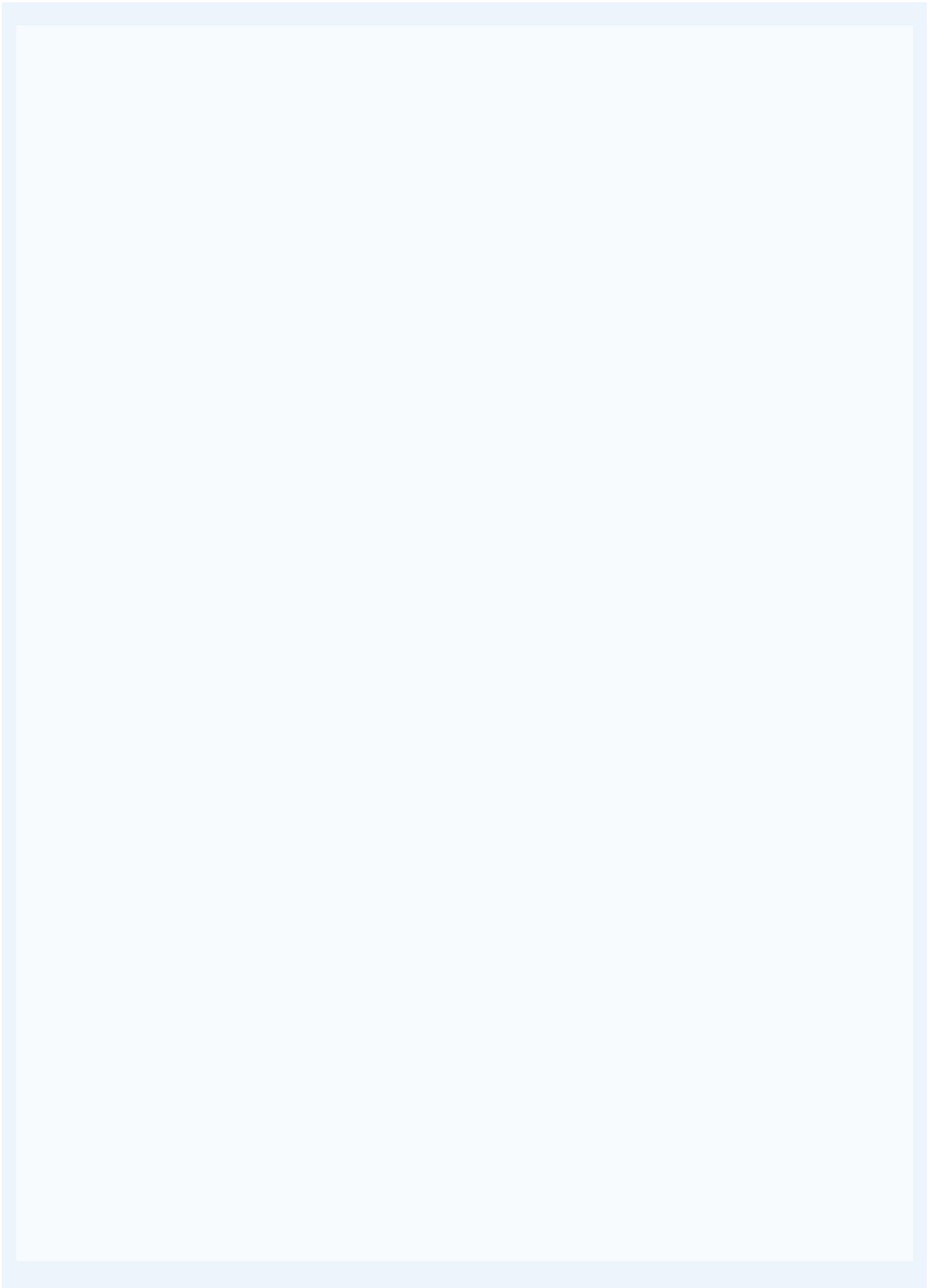
Signature

Date

- Your 'legal representatives' are, if you leave a will, your Executors; if not, the administrators of your estate.
- 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 freedom@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 (Pensions) Limited (a company incorporated in the Isle of Man with company number 104242C and registered office at Marquis House, Isle of Man Business Park, Douglas, Isle of Man, IM2 2QZ) 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.
Freedom	means Freedom International Personal Pension Plan.
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 Limited (company number 061825C) and Boal & Co Holdings Limited (company number 116997C).
HMRC	means the United Kingdom's HM Revenue & Customs.
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.
Registered Schemes Administrator	means Boal & Co (Pensions) Limited or otherwise the registered schemes administrator (as defined in the Retirement Benefits Schemes Act 2000) of the Scheme from time to time.
Rules	means the rules of the Scheme as annexed to the Trust Deed, as amended from time to time.
Scheme	means the Freedom International Personal Pension Plan.
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.
Trustee	means Boal & Co (Pensions) 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 16th July 2010 and as amended from time to time.

APPLICANT DECLARATIONS CONTINUED

- a. I apply for membership of the Scheme and have full capacity to instruct Boal & Co to provide the Services.
- b. I agree to be bound by the Rules of the Scheme.
- c. I acknowledge, accept and understand 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. I understand that the Trustee will notify me of any amendment that directly affects my membership terms within 30 days of the change being formally signed off.
- e. I will undertake to notify the Registered Schemes Administrator of any changes to my residence status, name or permanent address in writing as soon as possible but within a maximum of 30 days.
- f. I confirm that I have been provided with a Fee Schedule (as defined in section 1 of the Terms and Conditions) relating to my application. I confirm that I understand that an initial fee will be deducted from any transfer or lump sum 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 contribution/transfer is received to the following 30th June, and collected in advance. 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, Isle of Man 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, but I will be notified in advance that additional fees are going to be charged.
- h. I confirm that I have read and understood the Fee Schedule included with this Application Form and agree to the fees that will be charged as may be varied from time to time. This includes any fees agreed with my financial adviser and/or investment adviser/manager, who are named in the Application Form.
- i. I request the Trustee and Registered Schemes Administrator to appoint the financial adviser and investment adviser/manager detailed in the Application Form, and will not hold the Trustee or Registered Schemes Administrator responsible for any delays in the purchase or sale of any investments. I agree that the Trustee and the Registered Schemes 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 Registered Schemes Administrator.
- j. I confirm that either I have received independent pension transfer, financial, investment, 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 Registered Schemes 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 Registered Schemes 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 Registered Schemes 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 authorise Boal & Co to provide information to and accept instructions from any Authorised Person (as defined in section 1 of the Terms and Conditions) in relation to my Arrangements under the Scheme.
- o. I consent to the Registered Schemes Administrator deducting fees from my fund as agreed in this Application Form and associated Fee Schedule.
- 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 Registered Schemes Administrator prior to receipt, and where requested by the Registered Schemes Administrator, suitable evidence provided.
- s. I acknowledge that the Registered Schemes 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 Registered Schemes Administrator using the information supplied on this 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 Registered Schemes 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.

APPLICANT DECLARATIONS CONTINUED

- v. I confirm that the information contained in this Application 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 the Scheme are subject to any court order, nor is any court order currently being applied for to the best of my knowledge and that I have no creditors and/or claims outstanding against me and that there are no pending or anticipated actions or claims that I am aware of.
- x. I consent to the holding and processing of my personal data by the Registered Schemes Administrator. I also note that copies of correspondence may be confidentially retained in administration offices outside of the Isle of Man.
- y. I confirm that to the best of my knowledge the particulars provided on this Application Form are correct and complete. I understand that it is an offence to make false statements. I understand that intentional and material false statements will lead to membership being invalidated and may lead to prosecution.
- z. I understand that other inaccurate statements may lead to benefits being adjusted depending on the extent of the variance between the inaccurate statement and the true facts.

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

FREEDOM 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"/>

FREEDOM 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.*



Retirement
Benefit
Solutions

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Pension Administration
Actuarial Services

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Our focus; your financial future.

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