

Application form

A QUALIFYING NON-UK PENSION SCHEME
(QNUPS)

Abacus Pension
Trustees Limited

WWW.ABACUS.GI



1. Personal information

1. Title: Mr / Mrs / Mrs / Miss / Other	<input type="text"/>	2. Gender	<input type="text"/>
3. First name	<input type="text"/>		
4. Surname	<input type="text"/>		
5. Previous name	<input type="text"/>		
6. Date of birth	<input type="text"/>	7. Marital Status	<input type="text"/>
8. Residential address	<input type="text"/>		
9. Correspondence address	<input type="text"/>		
10. Previous UK address	<input type="text"/>		
11. Telephone number	<input type="text"/>		
12. Email address	<input type="text"/>		
13. Nationality	<input type="text"/>		
14. Place of Birth	<input type="text"/>		
15. US connections			
i) Are you a US citizen	Yes	No	
ii) Were you born in the US	Yes	No	
iii) Will a US residential address or US correspondence address be used	Yes	No	
iv) Will there be a power of attorney or signatory authority granted to a person with a US address	Yes	No	
16. Country of residence for tax purposes	<input type="text"/>		
17. UK National Insurance number	<input type="text"/>		
18. Tax reference number	<input type="text"/>		
19. Anticipated retirement age	<input type="text"/>		
20. Are you over age 55 and require an immediate pension income from this QNUPS?	Yes	No	

2. Background information

Have you:

1. Ever been convicted of a criminal offence	Yes	No
2. Ever been subject to a tax investigation by any authority	Yes	No
3. Any present or future creditors who may legally have a claim against your assets	Yes	No
4. Ever entered into an individual voluntary arrangement (IVA)	Yes	No
5. Ever been declared bankrupt or been a Director concerned in the management of a company that has been subject to an insolvent liquidation that has resulted in disqualification or been subject to a judicial enquiry	Yes	No

If the answer is yes to any of the above please provide details below and attach copies of any relevant documentation.

3. Details of Assets to be transferred to QNUPS Plan

Please confirm if transfers are "in specie".

Please indicate the estimated total value to be transferred into the QNUPS		£
Cash	£	approximate value
Commercial property	£	approximate value
Residential property	£	approximate value
Equities/bonds/gifts	£	approximate value
Other (incl. antiques, classic cars/yachts/fine wines)	£	approximate value

Please provide as much information as possible on the assets being transferred into the QNUPS

4. Source of Wealth

Please provide details of how you generated the wealth to obtain the above mentioned assets and provide evidence to support this, such as a CV, inheritance, sale of property, shares, bonus, business ventures

Additional comments

5. Details of Transferring Pension Scheme

NOTE ONLY COMPLETE IF YOU ARE TRANSFERRING IN YOUR EXISTING PENSION FROM ANOTHER PROVIDER.

Details of Transferring Pension Scheme 1

1. Name of pension scheme provider	<input type="text"/>	
2. Jurisdiction of current pension scheme	<input type="text"/>	
3. Pension policy number	<input type="text"/>	
4. Pension provider address	<input type="text"/>	
5. Telephone number	<input type="text"/>	
6. Email address	<input type="text"/>	
7. Approximate transfer value expected	<input type="text"/>	
8. Currency	<input type="text"/>	
9. Pension sharing/court order in place re pension	Yes	No
(If yes please provide details here)	<input type="text"/>	
10. How will your pension assets be transferred?		
i) cash	Yes	No
ii) "in specie" <small>An in specie transfer is a transfer of the existing investments in their current form without the need to convert them to cash</small>	Yes	No
iii) both	Yes	No
II. Status of current pension:		
i) I receive income from an annuity	Yes	No
ii) I have commenced income drawdown	Yes	No
iii) I have already taken a pension commencement lump sum	Yes	No
iv) I have not yet received any form of pension benefits from this scheme	Yes	No

Details of Transferring Pension Scheme 2

1. Name of pension scheme provider	<input type="text"/>	
2. Jurisdiction of current pension scheme	<input type="text"/>	
3. Pension policy number	<input type="text"/>	
4. Pension provider address	<input type="text"/>	
5. Telephone number	<input type="text"/>	
6. Email address	<input type="text"/>	
7. Approximate transfer value expected	<input type="text"/>	
8. Currency	<input type="text"/>	
9. Pension sharing/court order in place re pension	Yes	No
(If yes please provide details here)	<input type="text"/>	

10. How will your pension assets be transferred?

- | | | |
|---|-----|----|
| i) cash | Yes | No |
| ii) "in specie" <small>An in specie transfer is a transfer of the existing investments in their current form without the need to convert them to cash</small> | Yes | No |
| iii) both | Yes | No |

11. Status of current pension:

- | | | |
|---|-----|----|
| i) I receive income from an annuity | Yes | No |
| ii) I have commenced income drawdown | Yes | No |
| iii) I have already taken a pension commencement lump sum | Yes | No |
| iv) I have not yet received any form of pension benefits from this scheme | Yes | No |

Details of Transferring Pension Scheme 3

1. Name of pension scheme provider	<input type="text"/>
2. Jurisdiction of current pension scheme	<input type="text"/>
3. Pension policy number	<input type="text"/>
4. Pension provider address	<input type="text"/>
5. Telephone number	<input type="text"/>
6. Email address	<input type="text"/>
7. Approximate transfer value expected	<input type="text"/>
8. Currency	<input type="text"/>
9. Pension sharing/court order in place re pension	Yes No
(If yes please provide details here)	<input type="text"/>

10. How will your pension assets be transferred?

- | | | |
|---|-----|----|
| i) cash | Yes | No |
| ii) "in specie" <small>An in specie transfer is a transfer of the existing investments in their current form without the need to convert them to cash</small> | Yes | No |
| iii) both | Yes | No |

11. Status of current pension:

- | | | |
|---|-----|----|
| i) I receive income from an annuity | Yes | No |
| ii) I have commenced income drawdown | Yes | No |
| iii) I have already taken a pension commencement lump sum | Yes | No |
| iv) I have not yet received any form of pension benefits from this scheme | Yes | No |

6. Tax Adviser

1. Name	
2. Company name	
3. Company address	
4. Email address	
5. Professional body	
6. Reference/Membership Number	

7. Financial Adviser

1. Name	
2. Company name	
3. Company address	
4. Email address	
5. Telephone number	
6. Licensed by/regulating by	
7. License number	

8. IFA fees for advice provided to be deducted from pension funds, prior to investment Yes No

I have not appointed a financial advisor as I have applied in section 8 below to be treated as a professional client

8. Professional client

I have completed the application form in Appendix IV to be treated as a professional client

9. Investment Advice

Only to be completed if the assets will include an investment portfolio.

1. Attitude to risk: Following an assessment of your risk profile, please indicate your preferred level of risk.

A risk profile is an assessment of your attitude, capacity and tolerance for investment risk personal to yourself, according to your personal and financial circumstances. It should take into account your understanding of investment products and experience in this area, the length of time until your selected retirement date, your investment objectives and your overall wealth, including your degree of reliance on this pension investment, to support you financially in retirement.

Capital preservation - cash based strategy

No market risk to your capital, but may be affected by inflation and interest rate risk, and very low returns expected

Low risk - Designed for the cautious investor

A small amount of risk to achieve relatively stable and modest returns over the long term

Medium risk – balanced risk to your capital

Designed for investors who are prepared to accept fluctuations to their capital in exchange for potentially better returns over the long term.

High risk – designed for investors who are very comfortable taking risks

High risk and significant fluctuation to the value of your capital in exchange for potentially higher returns.

NOTE IT IS IMPORTANT TO REMEMBER THAT WHEN INVESTING, YOUR CAPITAL IS AT RISK, AND THE VALUE OF YOUR PENSION FUND MAY GO UP AS WELL AS DOWN. IF YOU ARE PROCEEDING TO INVEST IN THE MODEL PORTFOLIOS WITHOUT HAVING TAKEN PROFESSIONAL FINANCIAL ADVICE, YOU NEED TO UNDERSTAND THAT YOU ARE MAKING YOUR OWN INVESTMENT SELECTION DECISIONS. APTL HAS PROVIDED GENERIC INFORMATION ON THE DIFFERENT RISK LEVELS, BUT HAS NOT PROVIDED ANY GUIDANCE OR FINANCIAL ADVICE.

2. Any investments restrictions

I enclose a copy of an investment suitability report with applicable investment recommendations signed by my regulated advisor.

Investment suitability report enclosed

IFA to provide in due course

10. Anticipated Age of Receipt of your Pension Benefits

1. Please indicate anticipated age for commencement of pension income withdrawal

If you are age 55 or above at the time of application, please refer to Appendix III of this application.

11. Nominated Beneficiaries

Nominated beneficiary (1)

1. Name

2. Date of birth

3. Relationship

4. Percentage of your pension fund to paid to beneficiary

5. Contact details

Nominated beneficiary (2)

1. Name

2. Date of birth

3. Relationship

4. Percentage of your pension fund to paid to beneficiary

5. Contact details

Nominated beneficiary (3)

1. Name

2. Date of birth

3. Relationship

4. Percentage of your pension fund to paid to beneficiary

5. Contact details

If you have more nominated beneficiaries please use a separate sheet

12. Client Due Diligence (“CDD”)

This section is required in order to comply with legislation in place for the prevention of financial crime, including money laundering and terrorist financing and includes important details concerning the information and documentation that must be provided when completing this application.

PEP (Politically Exposed Person) Connection

Yes No

A PEP connection includes the applicant, family members or close associates (including anyone with a close business relationship, e.g. joint ownership of a company, a partnership, or anyone benefiting from any company/other entity owned by the applicant) please specify if you currently hold or have held the position of:

✔ A head of state / government	Yes	No
✔ Member of parliament / government	Yes	No
✔ Minister or deputy minister	Yes	No
✔ Senior government official, politician or political party official	Yes	No
✔ Senior judicial official	Yes	No
✔ Member of the board or senior executive of a central bank or state owned enterprise	Yes	No
✔ An ambassador, charge d'affaires or other high-ranking officer in a diplomatic service	Yes	No
✔ High ranking officer in the armed forces	Yes	No
✔ Senior member of management of, or a member of, the governing body of an international entity or organisation	Yes	No
✔ Honorary consul	Yes	No

Please provide the following CDD:

Personal Identification

We require an original certified copy of one of the documents below:

- ✔ Current valid passport
- ✔ Current valid full european driving licence
- ✔ EU national identity card

The copy must be legible and show a clear photo of the holder. The copy must be certified by an accepted certifier as detailed in section 13.1 and use the appropriate certification wording as detailed in 13.2.

Residential Address

To verify your address we need to obtain an original or original certified copy of one of the following:

- ✔ Bank/credit card statement (not more than 3 months old)
- ✔ Utility bill (gas / electricity / water / landline telephone) (not more than 3 months old)
- ✔ Council tax bill - this must be the most recent and must cover the current year
- ✔ Driving licence - this must clearly show the name and residential address (only acceptable if not already used as personal identity document)
- ✔ EU National Identity Card must show the residential address and be current (only acceptable if not already used as personal identity document)

Please note that the IFA may verify the address of a client by recording a home visit via a site letter (appendix iv) of the application form if required.

Mobile phone bills and store card bills are not acceptable.

The original certified copy must be legible and must be certified by an accepted certifier as detailed in section 13.1 and use the appropriate certification wording as detailed in 13.2.

13. Certification Requirements

When providing a copy of an identity document, the copy must be certified in accordance with the requirements below:

13.1 Acceptable Certifier

The certification needs to be given by a suitable person, such as:

- ▶ A member of the judiciary, a senior civil servant or a serving police or customs officer
- ▶ An officer of an embassy, consulate or high commission of the country of issue of documentary verification of identity
- ▶ A lawyer or notary public who is a member of a recognised professional body
- ▶ An actuary who is a member of a recognised professional body
- ▶ An accountant who is a member of a recognised professional body
- ▶ A company secretary who is a member of a recognised professional body
- ▶ A director, company secretary, compliance officer or senior manager of a regulated business

13.2 Certification Wording

The certifier must state that the copy is a true copy of original document in the following format:

Personal Identification Document

"I, xxxxx, certify that I have seen the original document and that this a true copy of the document. The photograph bears a true likeness to the named holder."

The certifier must clearly provide the following information:

- ▶ Name
- ▶ Position/capacity
- ▶ Company/contact details
- ▶ Membership of any professional body including registration number (if applicable)
- ▶ Signature and Date

Address Verification

"I, xxxxxx, certify that I have seen the original of this document and that this is a true copy of the original"

The certifier must clearly provide the following information:

- ▶ Name
- ▶ Position/capacity
- ▶ Company/contact details
- ▶ Membership of any professional body including registration number (if applicable)
- ▶ Signature and Date

14. Fee Schedule

Fees will be quoted on a case by case basis upon application and will depend on the complexity of the QNUPS.

Termination Fee

There is a termination fee of £1,000 which APTL reserves the right to amend from time to time. This termination fee will not be applicable should the member be eligible to take advantage of APTL's multi-jurisdictional offering that may be available at the relevant time subject to receipt of suitable financial advice.

The fees shall be dependent on the complexity of:

- i) The establishment of the QNUPS and
- ii) The assets held under the QNUPS

The applicable fees will be discussed and agreed and shall be set out in a Service Contract.

15. General Declaration and Agreement

I declare that:

To the best of my knowledge and belief the information contained in this Application is true and complete and this declaration and any other declaration made in connection with this Application shall form the basis of the contract with Abacus Pension Trustees Limited ("APTL").

I have read, understood and accept the Terms of Business and Fee Schedule for the Prosperity QNUPS (The "Scheme") and Information Pack included with the Application Form.

My "Source of Wealth/Funds" as mentioned in the foregoing has been generated solely from legal activities and/or sources and is entirely attributable to me.

I will advise APTL of any change in my residency status (or change in my name) or permanent residential address within 30 days of the change and will provide all further proof of identity as requested by APTL. I shall hold APTL harmless in respect of any liability that may arise as a result of my failure to notify APTL accordingly, including, for the avoidance of doubt, the failure by APTL to make any necessary reporting or taking any other action to comply with the requirements of any relevant tax authority.

I will not require the withdrawal of trust funds, or income held by the Trustee except for the payment of benefits from the Scheme permitted by the governing Trust Deed and Rules of the Scheme. In the event that an unauthorised payment is made, I agree that, in order to pay the charge, the Trustee may deduct the amount of any Scheme sanction or other charge levied by the HMRC and/or Gibraltar Tax Authority on the Trustee from the funds held on my behalf under the Scheme. Should there be insufficient funds in my individual pension fund under the Scheme, I agree to pay APTL the difference between the charge and the value of my individual pension fund at the time.

I will not hold APTL responsible in any way for any delays in the purchase or sale of any investments that have been suggested for consideration by my professional advisers.

I confirm that I have not been convicted of any criminal offence (excluding motor offences which carry a non-custodial sentence). I confirm that I have not been subject to a tax investigation by any tax authority. I confirm that I have no knowledge of any present or future creditors who may legally have a claim or entitlement to any assets to be administered by APTL with the exception of any nominated beneficiary in the event of my death. I confirm I have never entered into an Individual Voluntary Arrangement (IVA). I confirm I have never been declared bankrupt in any country or ever been a director or otherwise concerned in the management of a company that has been subject to insolvent liquidation that has resulted in disqualification or been subjected to a judicial enquiry.

If there is a failure to provide information requested by APTL in order to administer my benefits in an accurate manner, APTL reserves the right to make further charges.

I accept responsibility for the payment of fees due in accordance with APTL'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 third parties such as bond providers and investment houses.

I can confirm that APTL will be entitled to rely on my financial adviser's directions without reference to me until such time as I indicate otherwise in writing. I understand that my financial adviser and/or third parties may be remunerated by commission and or trail fees payable by third parties and that my financial adviser has fully explained to me the extent and nature of his fees.

I am in receipt of and accept the fees and charges as detailed in the Fee Schedule, as may be amended from time to time, and acknowledge that these will be deducted from my pension funds held in the Scheme.

I will hold APTL fully indemnified against any claim in respect of such investment decisions or directions.

I consent:

To APTL settling any tax liability levied by HM Revenue & Customs or the Gibraltar Tax Authority from my arrangements under the Scheme;

To the fact that contributions or other payments made under the Scheme will not be invested until the Trustee has received cleared funds. In return for services to be provided by APTL, APTL shall deduct from the designated pension funds held in the relevant Client account, the charges set out in the Service Contract.

I understand that:

APTL will conduct all administrative functions of the Prosperity QNUPS.

APTL is not authorised by the Gibraltar Financial Services Commission to provide financial or investment advice, or to act as an investment manager, and are not authorised to provide tax advice. APTL does not accept any liability under any circumstances for the performance or choice of investments or investment manager for which I accept full and exclusive responsibility.

By nominating the person(s) listed in the section headed 'Nominated Beneficiaries' in this application to receive any benefit payable from my arrangements under the Scheme on my death, this nomination will not bind the Scheme Trustee and, may be changed at any time by means of a replacement, written 'Expression of Wishes'.

Following the application for the transfer value, neither I nor my spouse nor dependants will have any further entitlement under the transferring plan(s).

I will make full disclosure in writing of any benefits I have received, may receive or may be entitled to receive from any other personal or occupational pension scheme.

I accept that any deliberate, or careless failure to answer any questions correctly and fully or to the best of my knowledge and belief, may result in benefits not being payable to me.

I agree that the provision of benefits in respect of any transfer value payment cannot commence until APTL has accepted this Application and any initial fees have been settled.

These Declarations, Key Features, Terms of Business and Membership of the Scheme shall be governed and construed in accordance with Gibraltar legislation, tax regulation and trust law and any dispute arising in respect thereof shall be subject to the exclusive jurisdiction of the Gibraltar Courts and I hereby agree to submit to the jurisdiction of the aforesaid Gibraltar Courts.

I authorise:

The Trustee to realise investments under the Scheme attributable to me in order to pay its fees as required. In particular, I agree that any third party fees incurred by the Trustee in relation to any action taken by the Trustee on my behalf under the Scheme will be paid from my arrangements under the Scheme.

The administrator of the transferring plan(s) to apply the whole of my available transfer value from that arrangement.

The trustee, administrator or insurers of the transferring plan to provide APTL with any information it may request in relation to any benefits provided to me.

APTL, or their agents, to submit any tax returns or other documents to the Gibraltar Income Tax Office to comply with any requirements as laid down by legislation or regulations issued by the Gibraltar Income Tax Office.

General declaration in relation to drawdown

I understand that I will be able to review the amount of income withdrawals, within the limits set down by the Rules of the Scheme, and that for this service an extra charge may be levied from my scheme funds.

I understand that, if at any time in the future my selected amount falls outside the limits, the scheme administrator will pay an income equal to the appropriate limit.

Data Protection

I understand that as part of the initial ongoing screening process, APTL will carry out electronic identity checks. I acknowledge that the information contained in these checks is lawfully available in the public domain and that the checks do not affect my individual privacy rights nor do they create a credit footprint.

I confirm that I understand that APTL or any other company or third party acting on their behalf, will process and hold on computer or otherwise, information obtained about me as a result of this Application.

I hereby give my consent to APTL or any other company or third party acting on their behalf, obtaining, recording, and holding

this information and other such personal data as is reasonably required to administer the Scheme and my own benefits.

I also give consent to APTL or any other company or third party acting on their behalf, to disclose to a third party, such basic information about me as may be required by that third party to enable them to trace my whereabouts in the future, should APTL be unable to do so and requires external assistance.

I also give consent to APTL disclosing to any tax authority, regulatory or governmental body such information as is required for their purposes. I understand that I have the right to ask for a copy of my personal data held in return for the payment of a fee and to require the correction of any inaccuracies in that data.

Where I have disclosed the personal data relating to other living individuals, I am also deemed as agent, on behalf of those individuals, to have given consent on their behalf and informed them of the identity of the data controllers and the purposes for which their personal data will be processed.

16. Declaration – Investment Disclaimer

I hereby request that Abacus Pension Trustees Limited (the “Trustee”) as Trustee of the Prosperity QNUPS (the “Scheme”) invest my pension fund in accordance with the professional advice received, this advice must be provided in writing.

In consideration of the Trustee making the Investment:

I hereby confirm and acknowledge that I agree that the investment diversification recommended by my professional adviser meets my retirement planning requirements.

I confirm that I have been advised by APTL to take independent financial, legal and taxation advice on the proposed pension transfer and that I have obtained tax advice and investment advice relating to the investment selection. I confirm and fully understand that elements of the investment may involve medium to high risk and have limited diversification. I confirm the investment(s) match(es) my risk profile and that the value of the investments may fluctuate. I confirm, acknowledge, and accept that the investment may lose up to 100% of its value and may provide no returns. I acknowledge that APTL have not given me any tax or financial advice regarding the pension transfer or the implications of the proposed transfer and associated investments.

I acknowledge that the Investment is medium to long term in nature and confirm a full understanding of the risks involved. I confirm that at all times I will fully and effectually indemnify the Trustee and its successors in title against and in respect of all liabilities, actions and proceedings whatsoever arising from the Trustee making and holding the investment.

I confirm that, with the exception of claims arising as a result of fraud by the Trustee, I and my successors in title hereby waive any and all actions, demands and claims which we may have against the Trustee, its successors and assigns now or at any time in the future in connection with the Trustee making and holding the Investment.

17. Confirmation

I confirm receipt of and have read, understood and agree to the Prosperity Trust Deed and Scheme Rules, Terms of Business and Fee Schedule of the Prosperity QNUPS.

I confirm that the information provided in the Application form is true and accurate.

Member to Sign

Member's name

Date

Financial Adviser Declaration

I/we confirm that I/we

Please tick as appropriate

have discussed and agreed with the Applicant a pension transfer.

have discussed and agreed with the Applicant an associated investment plan and the suitability and appropriateness of the of the selected product(s).

am/are qualified to provide the above advice and that I/we meet the licencing and regulatory requirements of the jurisdiction in which discussions with the Applicant have been held.

have conducted, or procured, where a transfer is a scheme which includes any form of guarantee, protected rights or defined benefits, suitable analysis required to ensure that the Applicant is aware of and has been advised of any guarantees, protected rights or defined benefits that will be lost as part of the agreed transfer. I/We confirm that suitable advice from a suitably qualified and regulated pension adviser has been sought by the Applicant should this be required by law.

IFA name

Company

Signature

Date

Company stamp:

Appendices

- i) Letter of Authority
- ii) Deed of Adherence
- iii) Pension Withdrawal Election Request for members who have reached the age of 55
- iv) Professional client

Appendix I

AUTHORITY LETTER

(An Authority Letter will need to be completed for each individual pension plan to be transferred)

Name of pension scheme	Prosperity Qualifying Non UK Pension Scheme
Name of transferring scheme	
Member's full name	
Date of birth	
National Insurance number	
Policy reference number	
Member's address	
Member's previous address	

Dear Sirs

I hereby authorise you to provide Abacus Pension Trustees Limited of 5-9 Main Street, Gibraltar GX II 1AA with such information as may be required on the above mentioned policy plan or scheme.

Yours faithfully

Member's signature

Date

NOTE THIS LETTER ONLY AUTHORISES ABACUS PENSION TRUSTEES LIMITED TO REQUEST INFORMATION ON THE ABOVE SCHEME AND DOES NOT CONSTITUTE AN AUTHORITY TO MAKE CHANGES TO SAID SCHEME NOR AN APPLICATION TO MOVE THE SCHEME TO ANOTHER PROVIDER.

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Abacus Pension Trustees Limited Deed of Adherence

PROSPERITY QNUPS

THIS DEED OF ADHERENCE is made this day of 20 (to be completed by last party to sign this deed).
 BETWEEN

(1) **ABACUS PENSION TRUSTEES LIMITED** a company incorporated in Gibraltar and the registered office is situate at 5-9 Main Street, Gibraltar GX II 1AA (“The Trustee”) and

(2) Scheme member’s name (“the Member”)

of

with date of birth on

WHEREAS:

(A) The Trustee is the current trustee of the Prosperity QNUPS Scheme (the “Scheme”) established by deed dated 27th November 2018 (the “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 /her accrued pension benefits.

NOW THIS DEED WITNESSES:

1. 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 the terms and conditions contained herein.
2. The Member agrees by executing this Deed of Adherence that he / she consents to his / her personal pension plan being administered in accordance with the terms and provisions of the Deed including the Rules of the Scheme and to which this Deed of Adherence shall be supplemental.
3. The Member agrees and acknowledges that true copies of the Deed and the Rules of the Scheme have been disclosed to the Member and that these shall be binding on the Member.
4. Upon receiving the assets comprising the Member’s accrued pension rights, the Trustee shall hold the same upon the trusts of the Scheme in accordance with the Deed including the Rules of the Scheme as may be modified from time to time.
5. This Deed of Adherence may be executed in any number of counterparts all of which, taken together and delivered, shall constitute one and the same Deed.

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

THE COMMON SEAL of ABACUS PENSION TRUSTEES LIMITED

was hereunto affixed in the presence of:

Director

Secretary (for and on behalf of Abacus Secretaries)

Signed as a Deed by the said Member

Member’s name

In the presence of witness:

Full name:

Address:

Signature:

Appendix III

Pension withdrawal election request for Members who have reached the age of 55

PENSION COMMENCEMENT LUMP SUM

i) Maximum Pension Commencement Lump Sum (PCLS) for Members who are UK tax residents:

Percentage

ii) Maximum Pension Commencement Lump Sum (PCLS) for Members who have been non-UK tax resident for:

Ten full complete and consecutive UK tax years, shall be 30% of the fund value at the time of determination. Consideration will be taken on any previous lump sum withdrawal taken within the tax year.

Less than ten full complete and consecutive UK tax years, shall be 25% of the fund value at the time of determination. Consideration will be taken on any previous lump sum withdrawal taken within the tax year.

Member's name

Date of birth

Please select from the following:

Percentage

Specified amount of within the authorised PCLS benefit withdrawal

ANNUAL PENSION WITHDRAWAL

Please select level of income

Specified amount of

Or

% of UK GAD limits %

Frequency

Monthly

Quarterly

Annually

Details of the account you wish the funds to be paid to.

The account must be in your personal name (joint account may be used)

Bank account details

Bank name:

Bank address:

Account name:

Account number:

Sort code:

IBAN:

Currency:

Reference:

I understand that if I have been non-UK tax resident for more than ten, full complete and consecutive UK tax years, I may choose to receive a PCLS payment of 30% of the fund value at the date of determination. I understand that this may be considered as an unauthorised payment under the UK legislation. I confirm that if I return to the UK, I will indemnify the Trustee against any penalties and interest which are or may be payable by the Trustee as a result.

I hereby provide Abacus Pension Trustees Limited with an unconditional indemnity for any tax liability, interest or charges which may be incurred or levied on the Trustees as a result of any false or incorrect declaration I have made which results in a liability being issued by any tax authority in any country.

I confirm that at the time of payment:

I am not a UK tax resident

I am a UK tax resident

Please tick one of the following:

I have not been a UK tax resident earlier in the tax year or in any of the ten tax years immediately preceding that tax year

I have been UK tax resident earlier in the tax year or in any of the ten tax years immediately preceding that tax year

I left the UK on:

I further confirm that it is not my intention to return to the UK in the near future but should my circumstances change, I will immediately notify the Trustees of Prosperity QNUPS immediately

Signed

Printed name

Date

Request to be treated as a professional client

I certify that in signing this form I am confirming that I wish to be treated as a Professional Client as per the definition in the Financial Services (Personal Pensions) Regulations 2020 Regulation 19.1.b for the purpose of making my own investment decisions and selections, without obtaining independent professional financial advice, in relation to the suitability of the investment of my pension assets for the sole purpose of retirement provision.
The definition of investments also includes non-standard investments, such as commercial property.

Please complete section 1 **AND** 2 below.

SECTION 1

I confirm that, at the time of the investment and date of this letter, I fall into two or more of the following categories:

(Please tick relevant sections)

I have carried out transactions, in significant size, on the relevant market at an average frequency of 10 per quarter over the previous four quarters.

The size of my financial instrument portfolio, excluding my pension fund in question, including cash deposits and financial instruments, exceeds £500,000.

I work or have worked in the financial sector for at least one year in a professional position, which requires knowledge of the relevant type of investment.

SECTION 2

I confirm that I wish to self-direct the investment of my pension

As an experienced investor, I confirm that I am comfortable in my experience and ability to make my own investment selections and decisions. I understand the concept of financial risk, including market risk and the potential capital losses associated with investing.

INVESTMENT

I confirm that I have made my own decision to invest the initial proceeds of my pension transfer as follows:

Funds/assets to be invested in:	% of pension funds being invested: (apprx)

I declare that I take full responsibility for this/these and any ongoing investment decisions and that I will be reviewing this/these periodically to assess performance and I will inform the trustees to make changes to the investment selection as and when I feel it is required.

I am aware that you recommend that I take professional investment advice and, although I have chosen not to at present, the option to do so remains available to me at any point.

I have enclosed supporting information to assist the Trustee with evidence to confirm that I am well suited and have sufficient experience to make my own investment decisions. I understand that the Trustee reserves the right to request further information or decline the right to self-direct should it consider this necessary.

I understand that by being classed as a Professional Client I will be giving up the right to seek compensation as is available to Retail Clients and I accept this and hold you, your Directors, employees, or group companies harmless and keep you indemnified against all liabilities that may arise as a result of being classed as a Professional Client. I confirm I fully understand all the risks associated with making investment decisions and related investment performance. I take fully responsibility for selecting my own investments, and I understand that my entire pension fund may be at risk and I may lose all or part of my property and other assets as a result of the investment decisions I have undertaken.

I am also aware that it is open to me to seek professional financial and investment advice at any time and will inform the trustee should I decide to do so.

Client name

Client address

Client signature

Date

For internal approval

Abacus Pension Trustees Limited accept that this individual qualifies to be classed as a professional client.

Abacus Pension Trustees Limited has reviewed and approves the selected investment as follows:

Funds/assets to be invested in:	% of pension funds being invested: (apprx)

Trustee name

Signed on behalf of
Abacus Pension Trustees Limited

Date

TRUSTED TO DELIVER VALUE

Expert Wealth Management & Financial Solutions

The Abacus Group

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