



Application form

PERSONAL PENSION PLAN

Abacus Pension
Trustees Limited

WWW.ABACUS.GI

 **ABACUS**
FINANCIAL SERVICES • EST. 1974

1. Personal information

| | | | |
|--|-----|------------------|--|
| Title: Mr / Mrs / Mrs / Miss / Other | | | |
| 1. First name | | | |
| 2. Surname | | Previous Surname | |
| 3. Date of birth | | | |
| 4. Residential address | | | |
| 5. Correspondence address | | | |
| 6. Telephone number | | | |
| 7. Email address | | | |
| 8. Nationality | | | |
| 9. Place of Birth | | | |
| 10. 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 | |
| 11. Country of residence for tax purposes | | | |
| 12. Tax payer reference number | | | |

NOTE THIS SHOULD BE FOUND EITHER IN YOUR TAX CODE NOTICE FORM OR YOUR SALARY SLIP

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. Present Employment

| | |
|--------------------------------|--|
| 1. Employment status | |
| 2. Occupation | |
| 3. Date of expected retirement | |
| 4. Name of employer | |
| 5. Address of employer | |
| 6. Gross annual salary | |

NOTE SALARY IS ONLY REQUIRED IF REGULAR OR SINGLE PREMIUM CONTRIBUTIONS ARE TO BE MADE. CONFIRMATION OF EARNINGS MAY ALSO BE REQUIRED.

4. Prosperity Personal Pension Plan (PPPP)

Contribution details

NOTE PLEASE ONLY COMPLETE THE RELEVANT SECTION FOR YOUR CIRCUMSTANCES.

Personal Contributions: Regular

| | | | |
|---------------------|---------|-----------|---------------------------|
| 1. Amount | | Currency | |
| 2. Frequency | Monthly | Quarterly | Half-yearly Annually |
| 3. Source of wealth | | | |

Personal Contributions: Single premium

| | | | |
|---------------------|--|----------|--|
| 1. Amount | | Currency | |
| 3. Source of wealth | | | |

Employer Contributions: Regular

| | | | |
|--------------|---------|-----------|---------------------------|
| 1. Amount | | Currency | |
| 2. Frequency | Monthly | Quarterly | Half-yearly Annually |

Employer Contributions: Single premium

| | | | |
|-----------|--|----------|--|
| 1. Amount | | Currency | |
|-----------|--|----------|--|

5. Proposed Transfers

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

Details of Transferring Pension Scheme I

| | | | | |
|---|----------------------|----------|-------------|-----------|
| 1. Name of pension scheme provider | <input type="text"/> | | | |
| 2. Jurisdiction of current pension scheme | Jersey | Guernsey | Isle of Man | Gibraltar |
| 2. Pension policy number | <input type="text"/> | | | |
| 3. Pension provider address | <input type="text"/> | | | |
| 4. Telephone number | <input type="text"/> | | | |
| 5. Email address | <input type="text"/> | | | |
| 6. Approximate transfer value expected | <input type="text"/> | | | |
| 7. Currency | <input type="text"/> | | | |
| 8. Guaranteed date of cash equivalent transfer value (CETV) | <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 received any form of pension benefits from this scheme | | | Yes | No |

Source of wealth

Please provide details of your employment history relating to the pension contributions you have made in relation to this pension transfer.

| | | | |
|---------------------|----------------------|----------------------|----------------|
| Dates of employment | <input type="text"/> | | |
| Position held | <input type="text"/> | | |
| Employer details | Name | <input type="text"/> | |
| | Address | <input type="text"/> | |
| | Business activity | <input type="text"/> | |
| Salary | Under £50,000 | £50,001 –£ 100,000 | Over £ 100,000 |

NOTE APTL MAY SEEK VERIFICATION OF YOUR SOURCE OF WEALTH IN ACCORDANCE WITH ANTI-MONEY LAUNDERING PROCEDURES ISSUED BY THE GIBRALTAR FINANCIAL SERVICES COMMISSION.

5. Proposed Transfers

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

Details of Transferring Pension Scheme 2

| | | | | |
|---|----------------------|----------|-------------|-----------|
| 1. Name of pension scheme provider | <input type="text"/> | | | |
| 2. Jurisdiction of current pension scheme | Jersey | Guernsey | Isle of Man | Gibraltar |
| 2. Pension policy number | <input type="text"/> | | | |
| 3. Pension provider address | <input type="text"/> | | | |
| 4. Telephone number | <input type="text"/> | | | |
| 5. Email address | <input type="text"/> | | | |
| 6. Approximate transfer value expected | <input type="text"/> | | | |
| 7. Currency | <input type="text"/> | | | |
| 8. Guaranteed date of cash equivalent transfer value (CETV) | <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 received any form of pension benefits from this scheme | | | Yes | No |

Source of wealth

Please provide details of your employment history relating to the pension contributions you have made in relation to this pension transfer.

| | | | |
|---------------------|----------------------|----------------------|----------------|
| Dates of employment | <input type="text"/> | | |
| Position held | <input type="text"/> | | |
| Employer details | Name | <input type="text"/> | |
| | Address | <input type="text"/> | |
| | Business activity | <input type="text"/> | |
| Salary | Under £50,000 | £50,001 –£ 100,000 | Over £ 100,000 |

NOTE APTL MAY SEEK VERIFICATION OF YOUR SOURCE OF WEALTH IN ACCORDANCE WITH ANTI-MONEY LAUNDERING PROCEDURES ISSUED BY THE GIBRALTAR FINANCIAL SERVICES COMMISSION.

5. Proposed Transfers

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

Details of Transferring Pension Scheme 3

| | | | | |
|---|----------------------|----------|-------------|-----------|
| 1. Name of pension scheme provider | <input type="text"/> | | | |
| 2. Jurisdiction of current pension scheme | Jersey | Guernsey | Isle of Man | Gibraltar |
| 2. Pension policy number | <input type="text"/> | | | |
| 3. Pension provider address | <input type="text"/> | | | |
| 4. Telephone number | <input type="text"/> | | | |
| 5. Email address | <input type="text"/> | | | |
| 6. Approximate transfer value expected | <input type="text"/> | | | |
| 7. Currency | <input type="text"/> | | | |
| 8. Guaranteed date of cash equivalent transfer value (CETV) | <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 received any form of pension benefits from this scheme | | | Yes | No |

Source of wealth

Please provide details of your employment history relating to the pension contributions you have made in relation to this pension transfer.

| | | | |
|---------------------|----------------------|----------------------|----------------|
| Dates of employment | <input type="text"/> | | |
| Position held | <input type="text"/> | | |
| Employer details | Name | <input type="text"/> | |
| | Address | <input type="text"/> | |
| | Business activity | <input type="text"/> | |
| Salary | Under £50,000 | £50,001 –£ 100,000 | Over £ 100,000 |

NOTE APTL MAY SEEK VERIFICATION OF YOUR SOURCE OF WEALTH IN ACCORDANCE WITH ANTI-MONEY LAUNDERING PROCEDURES ISSUED BY THE GIBRALTAR FINANCIAL SERVICES COMMISSION.

6. Financial Adviser

Have you appointed a financial adviser to advise you on:

| | | |
|--|-----|----|
| ✔ This New Prosperity Personal Pension Plan application? | Yes | No |
| ✔ The transfer in of an existing pension? | Yes | No |
| ✔ The underlining pension investment? | Yes | No |
| ✔ Determining your risk profile via a risk assesment? | Yes | No |

If you have answered yes to the question above, please complete the following section with the details of your financial adviser

| | |
|--|----------------------|
| 1. Name | <input type="text"/> |
| 2. Company name | <input type="text"/> |
| 3. Company address | <input type="text"/> |
| 4. Email address | <input type="text"/> |
| 5. Telephone number | <input type="text"/> |
| 6. Licenced by/regulated by | <input type="text"/> |
| 7. Licence number | <input type="text"/> |
| 8. IFA fees for advice provided to be deducted from pension funds, prior to investment | Yes No |

7. Investments

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

8. Investment Strategy

Please indicate which one of the investment options you have selected:

- 1. The Bespoke Service
- 2. The Model Portfolios

The model portfolios can be selected on a non-advised basis. They do not constitute financial advice. Should you feel you do not possess sufficient understanding and knowledge of investment risk we recommend you discuss this with a financial adviser who will help you conduct your risk profile assessment.

It is very important that you review your overall situation and investment needs with a Financial Adviser prior to making an investment.

If you have selected the **Bespoke Service**, please complete the section below to indicate who will design and manage your investment strategy:

- 1. APTL to recommend an investment adviser
- 2. IFA appointed to make investment selection
- 3. Professional Client (Experienced Investor)
- 4. Own preferred investment manager selected

(if **option 4** is selected please complete your investment manager details below):

| | |
|----------------------|----------------------|
| i) Name | <input type="text"/> |
| ii) Company name | <input type="text"/> |
| iii) Company address | <input type="text"/> |
| iv) Telephone number | <input type="text"/> |
| v) Email | <input type="text"/> |

If you have selected the **Model Portfolios**, please complete the section below to indicate which of our portfolios you would like your contributions to be invested in:

NOTE THE TOTAL OF ALL PERCENTAGES SELECTED MUST ADD UP TO 100%. IF YOU WOULD LIKE YOUR FULL CONTRIBUTION TO BE INVESTED IN ONE OF OUR MODEL PORTFOLIOS, PLEASE WRITE 100% IN THE CORRESPONDING FIELD. IT IS POSSIBLE TO SELECT MORE THAN ONE PORTFOLIO.

| | | |
|--------------------------|----------------------|---|
| 1. Liquidity Portfolio | <input type="text"/> | % |
| 2. Low Risk Portfolio | <input type="text"/> | % |
| 3. Medium Risk Portfolio | <input type="text"/> | % |
| 4. High Risk Portfolio | <input type="text"/> | % |

Automatic Lifestyle Switching

The Model Portfolios include an automatic lifestyle switching facility that allow you to select at the outset whether you would like the trustee to automatically switch your entire pension fund into the Low Risk Model Portfolio as you approach retirement age.

Please select one of the following options:

- 1. Yes, I would like my lifestyle switch 5 years before retirement at age
- 2. Yes, I would like my lifestyle switch 10 years before retirement at age
- 3. No, I do not wish to participate in the automatic lifestyle option and I will advise the trustee myself at a later date should I wish to switch to a different portfolio

9. Pension withdrawals

- 1. Please indicate if you wish to start to take benefits from this plan with immediate effect Yes No

NOTE WITHDRAWALS WILL ONLY BE PERMITTED FROM THE AGE OF 55. PLEASE COMPLETE WITHDRAWAL ELECTION REQUEST FORM ON PAGES 21

10. 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

11. 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:

| | |
|---|---|
| <ul style="list-style-type: none"> ✔ A head of state / government ✔ Member of parliament / government ✔ Minister or deputy minister ✔ Senior government official, politician or political party official ✔ Senior judicial official ✔ Member of the board or senior executive of a central bank or state owned enterprise ✔ An ambassador, charge d’affaires or other high-ranking officer in a diplomatic service ✔ High ranking officer in the armed forces ✔ Senior member of management of, or a member of, the governing body of an international entity or organisation ✔ Honorary consul | <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> |
|---|---|

Please provide the following CDD:

Personal Identification

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

- ✔ Current identity card
- ✔ Current valid passport
- ✔ Current valid full European driving licence

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 12.1 and use the appropriate certification wording as detailed in 12.2.

Acceptable documents:

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

- ✔ Utility bill for a fixed utility showing the name and residential address of the applicant(s) e.g. electricity, water or landline telephone dated within the last three months.
- ✔ Bank or credit card statement showing the name and residential address of the applicant(s) dated within the last three months.
- ✔ ID card must show the name and residential address and be current. (only to be accepted if not provided as proof of identity)
- ✔ Full driving licence showing name and residential address. (only to be accepted if not provided as proof of identity)

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 12.1 and use the appropriate certification wording as detailed in 12.2.

12. Certification Requirements

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

12.1 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

12.2 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 is 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

13. Fee Schedule

| | |
|--------------------------|----------------------------------|
| Set up fee £70.00 | Annual trustee fee £70.00 |
|--------------------------|----------------------------------|

ANCILLARY FEES

The following additional fees may apply:

Bank transfers **£60** UK courier fees **£25** Courier fee for outside UK **£45** Lump sum/income withdrawals **£200**

TRANSFER IN FEE (IF APPLICABLE)

Transfers In will be charged at a one off fee of 0.75% of the transfer value (capped at £1500.00)

PLUS

OR

| | |
|---|---|
| <p>MODEL PORTFOLIOS</p> <p>Annual administration fee: 1.5%</p> <p>Investment funds fee:</p> <p>From 0.09% to 0.4% depending on chosen portfolio These investment management fees may vary from time to time</p> <p>Switch between portfolios: 1 per annum no charge, additional switches up to a maximum of 1 per quarter £40.</p> | <p>BESPOKE</p> <p>Annual administration fee: 0.5%</p> <p>Investment fee:</p> <p>You will need to consult fees with your financial adviser who will be able to inform you of the fees applicable to your selected investment strategy</p> |
|---|---|

The administration fee for model portfolios covers the routine administration of the plan; the allocation and investment of the contributions; accounting and auditing fees; the provision of annual statements; the custody of the funds under an investment platform at Turicum Private Bank; and the ongoing professional management of the model portfolios by an independent financial adviser. The investment funds fee is a disbursement that has to be paid to the investment manager of the individual holdings, and is subject to change as the portfolios may be rebalanced. The range between 0.09% and 0.4% is dependent on the model portfolio selected.

The administration fee is lower for the Bespoke Service because the financial advisory fees and the associated costs of investment are agreed between your financial advisor and yourself and are not included in our administration fee.

One switch per annum is allowed between low, medium and high risk portfolios, free of charge. A fee may be charged for any additional switching requests within a twelve month period. After the free switch has been used, one switch per quarter will be permitted at a cost of £40.

The life style switch, if selected, is included at no additional cost.

One valuation per tax year is provided annually on the anniversary of each pension transferred at no extra cost. Any additional valuations requested will be charged at £100 per valuation.

We reserve the right to charge for any additional work undertaken that is not covered by the fees above. This will be charged on a time spent basis, at charge-out rates applicable at the time to the relevant staff grades. This may include, although not limited to; additional pension contributions and pension transfers; changes to named beneficiaries; amendments/additions to existing investments and interim Government Actuarial Department (GAD) calculations.

The Directors reserve the right to review and amend the fees and charges as may be required from time to time.

Termination Fee

There is a termination fee of £500. This is subject to the Directors’ discretion and may be increased/decreased from time to time.

NOTE ALL OUR FEES WILL BE DEDUCTED FROM THE VALUE OF YOUR PENSION FUND UNLESS OTHERWISE INSTRUCTED.

14. 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 acknowledge and accept the Terms of Business for the Prosperity Personal Pension Plan (PPP) (The "Scheme") and have read and understood the Scheme Particulars and key features 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 as permitted by the governing Trust Deed and Rules of the Scheme.

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 adviser(s).

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 am aware that the Trustee or its associates may receive additional fees from third parties in relation to this pension product.

I can confirm that APTL will be entitled to rely on my directions/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 the financial adviser fees.

I have received a copy of the published Fee Schedule herein, and accept the responsibility for the fees and charges, as may be amended from time to time, and acknowledge that these will be deducted from my pension funds held in the Scheme, unless otherwise instructed by myself in writing.

I consent:

To APTL settling any tax liability levied by 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 Fee Schedule issued to me.

To the fact that if I have selected to invest in the Model Portfolios, my contributions will be invested quarterly on a predetermined date, known as the 'investment period date'.

I understand that:

APTL are 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 or financial advice received 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'.

Where an application for a transfer is applicable, 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.

Declaration – Investment Disclaimer

I hereby request that Abacus Pension Trustees Limited (the “Trustee”) as Trustee of the Prosperity PPP (the “Scheme”) invest my pension fund in accordance with the professional advice received or my investment instructions on this application form. This advice must be provided in writing.

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

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 contributions or pension transfer and that I have obtained tax advice and investment advice relating to the investment selection. In the event that I may decide to proceed with an investment strategy without taking professional financial advice, I confirm that I am aware of the consequences of not doing so, and I cannot hold APTL accountable for any underperformance, lack of investment suitability or any other consequence of having self-selected my investment strategy. I confirm and fully understand that elements of the investment may involve medium to high risk and have limited diversification. I also confirm the investment(s) match(es) my risk profile. I accept that the value of the investments may fluctuate, and may lose up to 100% of their 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 I 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.

15. Confirmation

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

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

Member to Sign

Member's name

Date

Financial Adviser Declaration (if applicable)

I/we confirm that I/we

Please tick as appropriate

have discussed and agreed with the Applicant a pension transfer or a personal pension plan.

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.

Company

Company stamp:

Signature

Date

PPP Checklist

Checklist and documentation to be submitted with application:

Completed and signed application form

Gibraltar Income Tax Office: Personal Pension Scheme Application Form

Standing order form(s) (for regular savings)

Identity verification

Address verification

Pension withdrawal election requested form signed by Scheme Member (if required) pg 2 I

Transferring Scheme (the below is only relevant if you are transferring your existing pension)

Letter of authority (one for each pension transfer)

Transferring scheme(s) transfer paperwork

CETV provided (within expiry date period)

Suitability report/TVAS/APTA report (If applicable)

Lifetime allowance letter from ceding scheme

Note For Financial Adviser Your marketing material must not refer to Abacus Pension Trustees Limited unless our express permission has been granted.

Appendices

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

Appendix I

AUTHORITY LETTER (Only applicable for Pension Transfer Ins)

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

| | |
|-----------------------------|----------------------------------|
| Name of pension scheme | Prosperity Personal Pension Plan |
| Name of transferring scheme | |
| Member's full name | |
| Date of birth | |
| 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.

Appendix I

AUTHORITY LETTER (Only applicable for Pension Transfer Ins)

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

| | |
|-----------------------------|----------------------------------|
| Name of pension scheme | Prosperity Personal Pension Plan |
| Name of transferring scheme | |
| Member's full name | |
| Date of birth | |
| 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.

Appendix I

AUTHORITY LETTER (Only applicable for Pension Transfer Ins)

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

| | |
|-----------------------------|----------------------------------|
| Name of pension scheme | Prosperity Personal Pension Plan |
| Name of transferring scheme | |
| Member's full name | |
| Date of birth | |
| 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.

Appendix II

Abacus Pension Trustees Limited Deed of Adherence

PROSPERITY PERSONAL PENSION PLAN

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 Personal Pension Plan Scheme (the “Scheme”) established by deed dated 21st October 2016 (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 (Gibraltar) Limited) []

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

Please indicate percentage or amount required as a lump sum payment from your pension:

| | | |
|---------------------|----------------------|---|
| Percentage | <input type="text"/> | % |
| Specified amount of | <input type="text"/> | £ |

ANNUAL PENSION INCOME WITHDRAWAL

Please select level of desired pension income

| | | |
|---------------------|----------------------|---|
| Specified amount of | <input type="text"/> | £ |
|---------------------|----------------------|---|

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: | <input type="text"/> |
| Bank name: | <input type="text"/> |
| Bank address: | <input type="text"/> |
| Account name: | <input type="text"/> |
| Account number: | <input type="text"/> |
| Sort code: | <input type="text"/> |
| IBAN: | <input type="text"/> |
| Currency: | <input type="text"/> |
| Reference: | <input type="text"/> |

| | |
|-----------------|----------------------|
| Member to sign: | <input type="text"/> |
| Date: | <input type="text"/> |

TRUSTED TO DELIVER VALUE

Expert Wealth Management & Financial Solutions

The Abacus Group

5-9 Main Street, Gibraltar GX11 1AA

T: +350 200 78777 Ext. 530

E: pension.services@abacus.gi

Contact Us



Joanne
Rodriguez

GIBRALTAR



Erica
Power

GIBRALTAR



WWW.ABACUS.GI

TRUSTS • COMPANY MANAGEMENT • FUNDS • PENSIONS • WEALTH MANAGEMENT • RESIDENCY SOLUTIONS • ACCOUNTING

Please note that the information in this document is intended for information purposes only and no reliance should be placed on it without specific legal, tax or financial advice. Every reasonable effort is made to ensure the information is accurate and up to date. Abacus Pension Trustees Limited will accept no responsibility for its accuracy and correctness. Abacus Financial Services Limited or its related group of companies do not provide financial, tax, or legal advice and it is your responsibility to procure this independently. Abacus Wealth Management Limited does provide financial advice and is authorised under the Gibraltar Financial Services Commission under separate licence.

Abacus Pension Trustees Limited is authorised by the Gibraltar Financial Services Commission Permission No. 21861
Abacus Financial Services Limited is authorised by the Gibraltar Financial Services Commission Permission No. 1275

ABACUS PENSION TRUSTEES LIMITED.