

Member Trustee Application Form



1	Scheme Name:	APTUS PENSION SCHEME (the "Scheme")		
2	Member Trustee Name:	CAVIN ARCHIBALD BRYCE		
	Date of Birth:	09-09-1990		
	NI Number:	JS 14 27 83 D		
	Unique Tax Reference Number (UTR):			
	Residential Address:	FLAT 4 41 TRYST PARK		
		KINNAIRD VILLAGE		
		LARBERT		
		FALKIRK	Postcode:	FK5 4FN
	Telephone:	07769260134	Email Address:	CAVINBRYCE@HOTMAIL.CO.UK

Please provide details below of any existing pensions that you wish to transfer into the SSAS.
{It will speed the process up if you contact your provider personally to obtain a copy of any necessary Transfer Discharge Forms}

Transferring Assets

3	Plan Number:	
	Policy Number:	
	Scheme Name:	
	Provider Name & Address:	
	Estimated Transfer Value:	

Please provide a breakdown below of any assets to transfer in-specie.

Asset Type	Asset Name	Value

Member Trustee Application Form



Plan Number:	
Policy Number:	
Scheme Name:	
Provider Name & Address:	
Estimated Transfer Value:	

Please provide a breakdown below of any assets to transfer in-specie.

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Policy Number:	
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Declaration

I declare that:	Yes	No
To the best of my knowledge and belief, the details I have provided on this form are correct and complete.	✓	
I consent to the lawful use of my personal information by those individuals, companies and other relevant parties, for the sole purpose of the administration and management of the Scheme.	✓	
I wish you to accept my invitation to join the Scheme.	✓	
I wish to be appointed as a Trustee of the Scheme and agree to be bound by the rules of the Scheme, as defined in the current governing Trust Deed and Scheme Rules.	✓	
I understand that as a Trustee of the Scheme I may, through the course of my duties, handle other parties' personal information and I agree to do so lawfully.	✓	
I have not been removed or forbidden from acting as a Trustee by either; The Pensions Regulator or a Court of Law.	✓	
I am not an undischarged bankrupt. (please answer Yes, if not)	✓	
I have the ability to contract.	✓	
I undertake to inform you in writing immediately if: <ul style="list-style-type: none"> - I change my permanent residential address; or - I change my residency status; or - I am made bankrupt 	✓	

Member Trustee Signature:	
Date:	24/07/19

Member Trustee Application Form



1	Scheme Name:	APTUS PENSION SCHEME			(the "Scheme")
2	Member Trustee Name:	BIANCA LYNSEY BRYCE			
	Date of Birth:	18/10/1994			
	NI Number:	JZ 61 43 81 B			
	Unique Tax Reference Number (UTR):				
	Residential Address:	2 LYNESSE COURT			
		MILLFIELD DRIVE			
		POLMONT			
		FALKIRK	Postcode:	FK2 0SQ	
	Telephone:	07702197081	Email Address:	bianca_b1810@hotmail.com	

Please provide details below of any existing pensions that you wish to transfer into the SSAS.
{It will speed the process up if you contact your provider personally to obtain a copy of any necessary Transfer Discharge Forms}

Transferring Assets

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I consent to the lawful use of my personal information by those individuals, companies and other relevant parties, for the sole purpose of the administration and management of the Scheme.	✓	
I wish you to accept my invitation to join the Scheme.	✓	
I wish to be appointed as a Trustee of the Scheme and agree to be bound by the rules of the Scheme, as defined in the current governing Trust Deed and Scheme Rules.	✓	
I understand that as a Trustee of the Scheme I may, through the course of my duties, handle other parties' personal information and I agree to do so lawfully.	✓	
I have not been removed or forbidden from acting as a Trustee by either; The Pensions Regulator or a Court of Law.	✓	
I am not an undischarged bankrupt. (please answer Yes, if not)	✓	
I have the ability to contract.	✓	
I undertake to inform you in writing immediately if: <ul style="list-style-type: none"> - I change my permanent residential address; or - I change my residency status; or - I am made bankrupt 	✓	

Member Trustee Signature:	B. Baya
Date:	25/07/2019