Pension Scheme Agreement Form for a Stockbroking Account



This form is required to complete the opening of your execution-only stockbroking account. For further details please contact your local office. Please ensure you have read our *Stockbroking Services: Schedule of Charges* and *Stockbroking and Dealing with Advice Terms of Business* (available at www.redmayne.co.uk/terms).

Please complete all details in CAPITALS.	
PENSION SCHEME DETAILS	
Full Pension Scheme Name	Pension Scheme Tax Reference Number
Country of Establishment	Legal Entity Identifier (LEI)*
Type of Pension Scheme: DB (Defined Benefit)	SSAS (Small Self-Administered Scheme)
☐ QROPS (Qualifying Recognise	ed Overseas Pension Scheme)
*If the Pension Scheme does not have an LEI please provide eviden Please note that single-member QROPS do not require an LEI.	ace that this has been applied for, or please contact us for further information.
PENSION SCHEME DOCUMENTS	
The following documents have been provided to Redmayne Bo	entley:
☐ A certified** copy of the Pension Scheme Trust Deed and	Scheme Rules, as well as any Trustee appointments/removals.
☐ A certified** copy of letter/evidence of the relevant tax autl	hority registration (in the UK, this is HMRC).
	rrked "Original Seen" and where there is a photograph, also confirm that ted, include a name, signature, address, a contact telephone number of the
Examples of who can certify:	
 Director, officer or manager of a regulated financial services Official of an Embassy, Consulate or High Commission of the Member of the Judiciary Serving Police or Customs Officer Lawyer or Notary Public Actuary Accountant with a recognised professional qualification Senior Civil Servant 	
PROFESSIONAL / CORPORATE TRUSTEE	
☐ Yes ☐ No If yes, please complete below.	
Company Name	Address
Tel (Eve)	
Corporate Registration Number	
Country of Registration	Postcode
Is the Trustee a regulated entity? Yes No	
If yes, please state their regulator	Tel Email
and provide a certified copy of their authorised signatory list.	
If no, we will require additional verification documents.	

TRUSTEE/MEMBER VERIFICATION

Nationality(ies) ___

National Identifier[†]

In order to verify individuals linked to the Pension Scheme, please complete for all Trustees/Members who are authorised to give instructions on behalf of the Scheme. AUTHORISED INDIVIDUAL I **AUTHORISED INDIVIDUAL 2** ☐ TRUSTEE ☐ MEMBER ☐ TRUSTEE ☐ MEMBER Title _____ Surname ____ Title _____ Surname ____ First Name(s) (In full) First Name(s) (In full) Date of Birth _____ Date of Birth _____ Residential Address ___ Residential Address ____ ____ Postcode ___ _____ Postcode ___ Country _____ Country _____ Tel ___ Tel ____ Email ___ Email _ PRIMARY CONTACT Please confirm who you wish to be the primary contact for the Scheme: ☐ Professional / Corporate Trustee ☐ Authorised Individual 1 ☐ Authorised Individual 2 If further Trustees/Members are authorised to give instructions on behalf of the Scheme, please copy this page, complete and attach to the form. In order to identify all Trustees of the Scheme, please complete for all remaining Trustees. Title _____ Surname __ Title _____ Surname __ First Name(s) (In full) ___ First Name(s) (In full) ____ Country of Residence ___ Country of Residence _ Title _____ Surname _____ Title _____ Surname ____ First Name(s) (In full) First Name(s) (In full) Country of Residence ___ _ Country of Residence ___ _____ Surname ______ Title _____ Surname _____ First Name(s) (In full) _____ First Name(s) (In full) ____ _____ Country of Residence _____ Country of Residence ___ **QROPS-ONLY INFORMATION** If your Pension Scheme is a single-member QROPS, please also complete these details as the Member:

† If your Nationality is British, this is your National Insurance Number; if you have a different Nationality, or if you have Dual Nationality, please see www.redmayne.co.uk/NID for further information on the details you need to provide for the National Identifier, which may be different to your Tax Identification Number.

ACCOUNT FUNDING Please indicate the expected average monthly value of payments or funding into the account \Box £,5,001 - £20,000 per month on average \Box £,0 - £,5,000 per month on average $f_{1}(20,001 - f_{1}(50,000))$ per month on average > £,50,000 per month on average Sale of shares only Please indicate the main origin of the initial and ongoing funds or existing assets (if transfer or sale) for the account (please tick all that apply and select at least one) Accumulated investments ☐ Sale of property/business Sponsor contributions: Approx. value £_____ Other:____ _____ Approx. value £____ CLIENT WEB ACCESS (CWA) INCLUDING ELECTRONIC CONTRACT NOTES AND STATEMENTS If you have provided an email address, we will register the Scheme for our Client Web Access (CWA) service, enabling you to view online your portfolio valuation, balances, contract notes and statements and also make secure payments to the Scheme's account(s). We will issue an email notification when a new document is available for you to view in CWA, unless you have already advised us that you wish to receive documents by post. Please note, certificated transactions are not detailed in CWA portfolio valuations or statements. Please not also, there can only be one set of login credentials per account. PRIVACY POLICY Our Privacy Policy contains information on how we will store and use your personal information and your rights in relation to this. You can view the full policy online at www.redmayne.co.uk/privacy or in hard copy on request. MARKETING COMMUNICATIONS We would like permission to contact the Scheme by email with relevant marketing information about the Scheme's account and the services we provide. Please note that if you have already provided your consent then we will use this unless you inform us that you wish to withdraw your consent. If you have not already provided your consent for us to contact you with relevant marketing information, and have provided an email address, please indicate which type of communications you would be happy to receive from us by ticking the boxes below. Please note that if you tick any of the boxes below, email communications will be sent to the person named as the primary contact on page one of this form. Services and products that may be of interest to you Stock market investment news and investment opportunities

We may use personal data based on legitimate interest to contact the Scheme occasionally for marketing purposes by post. If we do so we will aim to ensure the content is relevant to the Scheme. If the Scheme does not wish to receive such messages by post, please contact your Redmayne Bentley office or executive.

Details of investment seminars and events

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PAYMENTS Unless advised otherwise, a deposit account will be opened for you with Redmayne Bentley and all monies credited to this. Please pay settlements to deposit account ☐ bank/building society Please pay dividends to deposit account bank/building society We require details of the Scheme's bank/building society so that we can make a BACS payment when a withdrawal is requested. If this information is not received within seven working days of your account opening, we will require proof of the account when you make your withdrawal request, which may lead to a delay in you receiving the funds. Name of Bank or Building Society Branch Address _ Postcode _ Bank Account Holder's Name(s) Bank Sort Code ______ Bank Account Number ______ Roll Number ____ **DECLARATION** • I/We understand that this is Redmayne Bentley's standard agreement for Stockbroking services and this agreement form, along with the Stockbroking and Dealing with Advice Terms of Business and Stockbroking Services Schedule of Charges, constitute a legally binding agreement in English law. • I/we authorise Redmayne Bentley to administer my/our account using the Redmayne Bentley Nominee and cash deposit facilities. • I/We understand that Redmayne Bentley will execute orders in line with the Order Execution Policy (available at www.redmayne.co.uk/orderexecution). • I/We confirm that I am/we are not a United States 'person' as defined by FATCA, or a Canadian resident. • I/We declare that this agreement form has been completed to the best of my/our knowledge. ALL AUTHORISED INDIVIDUALS TO SIGN AUTHORISED INDIVIDUAL I PRINT NAME DATE

If further Trustees/Members are authorised to give instructions on behalf of the Scheme, please copy this page, complete and attach to the form.

PRINT NAME

Please ensure you have completed ALL FIELDS and return to: Transfers, Redmayne Bentley, 9 Bond Court, Leeds LS1 2JZ

AUTHORISED INDIVIDUAL 2

DATE