

Redmayne-Bentley's Pension Dealing Account Form

This form is to be completed by the Members and Trustees of the pension scheme. It should be read in conjunction with Redmayne-Bentley's *Terms and Conditions* (available at www.redmayne.co.uk/terms) and *Guide to Services and Charges* (available at www.redmayne.co.uk/charges).

Name of Pension Leo 1929 SSAS

Type of Pension (please select as appropriate) ☐ SIPP ☒ SSAS

PRIMARY CONTACT

Your role within the scheme (Tick all that apply)

☒ Member ☒ Trustee* ☐ Authorised Dealer†

Title (eg. Mr. Mrs. Dr.) Dr Surname Altmann

First Names (in full) Rosalind

Address 9 Fairholme Close
London

Postcode N3 3EE

E-mail ros@rosaltmann.com

Tel No. (Day) _____

Tel No. (Evening) _____

Tel No. (Mobile) _____

Date of Birth 08 / 04 / 1956

Country and Place of Birth‡ UK

Country(ies) where taxed‡ UK

National Insurance No.‡ WA-14-45-40-C

Occupation Consultant

Employer Self-Employed

Residential Status: ☐ With Parents ☒ Home Owner ☐ Tenant ☐ Other

*If there are more than two Trustees, please photocopy this form to add details of the additional Trustees.

†A person authorised to give dealing instructions on the account.

‡Mandatory for Members and Authorised Dealers.

Plan/Policy Number (if applicable) Leo 1929 SSAS

Further addresses for copy contract notes:

Position: ☐ Member ☐ Employer ☒ IFA ☐ Other

Title (eg. Mr. Mrs. Dr.) Mr Surname Thompson

First Names (in full) David

Company Name TAG Wealth Management

Address Riverdale
89 Grahama Road

Sheffield Postcode S10 3GP

E-mail info@tag.uk.com

Tel No. (Day) 0114 263 0888

☐ QROPS ☐ Other (please specify) _____

SECONDARY CONTACT

Your role within the scheme (Tick all that apply)

☒ Member ☒ Trustee* ☐ Authorised Dealer†

Title (eg. Mr. Mrs. Dr.) Mr Surname Richer

First Names (in full) Paul

Address 9 Fairholme Close
London

Postcode N3 3EE

E-mail paul.richer@genesys.net

Tel No. (Day) _____

Tel No. (Evening) _____

Tel No. (Mobile) _____

Date of Birth 15 / 04 / 1952

Country and Place of Birth‡ UK

Country(ies) where taxed‡ UK

National Insurance No.‡ YS359865B

Occupation Consultant

Employer Self-employed

Residential Status: ☐ With Parents ☒ Home Owner ☐ Tenant ☐ Other

Position: ☐ Member ☐ Employer ☐ IFA ☒ Other

Title (eg. Mr. Mrs. Dr.) Miss Surname DANE

First Names (in full) EMMA

Company Name PENSION PRACTITIONER

Address 48 CHORLEY NEW ROAD
BOLTON

Postcode BL1 4AP

E-mail emmad@pensionpractitioner.com

Tel No. (Day) 01204 328529

CLIENT WEB ACCESS (CWA)

If you have provided an e-mail address as part of this application, you will be given secure access to view your account through our CWA service. A CWA username will be sent to you via e-mail, with your CWA password to be sent by post. E-mail notifications will advise you when any future contract notes and statements are available to view within your CWA account. You have the option to switch to receiving paper contract notes and statements at any time within the 'Preferences' section of your CWA account or by checking the boxes below.

I wish to receive paper: ☐ Statements ☐ Contract Notes

CUSTODY AND PAYMENTS (Please complete in BLOCK CAPITALS)

All stock will be administered using the Redmayne-Bentley Nominee and cash deposit facilities. If you wish to appoint your own custodian, please tick this box ☐ and indicate the custodian's CREST participant ID _____

All interest, dividends, sale and corporate action proceeds will accrue to a designated deposit account held by Redmayne-Bentley. If you wish to hold all funds yourself and remit funds to us on receipt of a contract note, please tick this box ☐

Please provide details of the Trustee Bank account to which funds should be transferred for payment of eg. fees, income withdrawal etc. We require evidence of your Bank or Building Society account; please provide a hard copy document sent from your Bank or Building Society detailing your name, account number and sort code, such as a statement with full headers, recent correspondence or a spoiled cheque.

Name of Bank/Building Society ALLIED IRISH BANK

Bank Address _____

Postcode _____

Bank Account Holder's Name(s) _____

Sort Code 23 / 83 / 96

Bank Account Number 04919088

DECLARATION (Please complete)

1. I am a member of an authorised pension scheme or QROPS (member(s) only).
2. I/We have been supplied with a copy of Redmayne-Bentley's *Terms and Conditions* and *Guide to Services and Charges*.
3. If I am named as the Primary point of contact, I agree to pass on details of all corporate actions to the member(s) in a timely manner.
4. I/We give Redmayne-Bentley the authorisation to administer my/our* account(s) using the Redmayne-Bentley Nominee and cash deposit facilities.
5. I/We agree that in certain circumstances, investment restrictions may be placed upon Redmayne-Bentley by professional Trustees which may restrict any trading I/We may undertake.
6. Whilst most orders undertaken will be in accordance with our published *Best Execution Policy*, please note that Redmayne-Bentley may execute orders outside of a recognised market or Multilateral Trading Facility (MTF). You agree that we may do this as we see fit in order to achieve a similar or better result. Please contact us if you do not understand this or require further information.
7. This is our standard agreement, upon which we intend to rely, for allowing Trustees to undertake transactions on behalf of a pension scheme or QROPS. For your own benefit and protection you should read Redmayne-Bentley's *Terms and Conditions* and *Guide to Services and Charges* carefully. If you do not understand any point please ask for further information.
8. I/We declare that this application form has been completed to the best of my/our knowledge.

Please sign here

X 

(Signatory One)

Date

21, 05, 18

X 

(Signatory Two (if applicable))

Date

21, 05, 18

Members of the London Stock Exchange · Authorised and Regulated by the Financial Conduct Authority

Redmayne-Bentley LLP is a Limited Liability Partnership · Registered in England and Wales No: OC344361

Registered Office: 9 Bond Court, Leeds LS1 2JZ · LEI: 213800S3IRIPK1R3JQ58

Telephone: 0113 200 6584 · E-mail: info@redmayne.co.uk · VAT No: GB 165 8810 81

Branches throughout the UK and in the Republic of Ireland, for details visit www.redmayne.co.uk

**REDMAYNE
BENTLEY**
STOCKBROKERS

PENSION 06/16/009 BBB7972

Redmayne-Bentley's Legal Entity Identifier (LEI) Application Authorisation Form

Office Use Only

Branch No:

Exec:

A/C No:

The information requested in this form is required so that we can apply for an LEI on behalf of the named entity and continue to provide our services to you beyond 3rd January 2018. Please note that we cannot guarantee that an LEI will be issued before 3rd January 2018, therefore, there may be a period during which we cannot undertake transactions on your account. Please complete ALL fields and return it to your **usual Redmayne-Bentley branch** or send it to: **Data Management, Redmayne-Bentley, 9 Bond Court, Leeds LS1 2JZ.**

Account name _____

Account number _____

Account Address _____

Postcode _____

E-mail address (Please complete if blank): _____

Please select one of the following options

☐ I/we confirm that the LEI should be registered to the account name (if this is the Official Entity Name)

☒ I/we confirm that the LEI should be registered to the Official Entity Name (as per supporting documentation or public register):

Legal Formation Country UK

If there is a parent entity, please give their LEI here: _____

☒ I/we give authority to Redmayne-Bentley to obtain an LEI on our behalf. I/we understand the LEI will be valid for 12 months and that I/we will be responsible for renewal prior to the renewal date.

Headquarters Address

(this should be the entity's correspondence address, if different to the address given above)

Address 1 Granfords c/o PENSION PRACTITIONER

Address 2 48 Chorley New Road

Town/City Bolton

County/State Lancashire

Country UK

Postcode/Zip BL1 4AP

Legal Formation Address

(This should be the address recorded in the public register or HMRC correspondence, if different to the Account or Headquarters Address)

Address 1 _____

Address 2 _____

Town/City _____

County/State _____

Country _____

Postcode/Zip _____

Country of Business Registry (Country where the public registry is established) _____

Official Business Registry Add: (eg. Companies House, Charity Commission) _____

Official Business Registry Reference _____

Once the LEI has been received from the LEI-issuing organisation, which is the London Stock Exchange, Redmayne-Bentley will pass it on to the contact person(s) for the entity account and transfer ownership of the LEI so that the entity can maintain and renew the LEI itself. In accordance with the agreement made with the Global Legal Entity Identifier Foundation, there is an obligation for each legal entity to review and renew its status annually. Redmayne-Bentley will be acting as a "Registration Agent" and liaising with the London Stock Exchange.

The cost for this is £115 + VAT (£138.00 inc VAT) (Please note this is subject to change in the future. Payment must be by cheque or from monies held on account. Redmayne-Bentley will absorb any administration costs.)

☐ I/we enclose a cheque for £115+VAT (£138.00 inc VAT) made payable to Redmayne-Bentley.

☒ I/we authorise Redmayne-Bentley to take payment of £115+VAT (£138.00 inc VAT) from our account (please complete with the account number you wish to use) (ACCOUNT THAT IS BEING SET UP NOW)

I/we confirm that we have included evidence of formation (only required if the named entity is a Trust or Investment Club).

☒ For a Trust: copy of a Trust Deed which includes the full name and address of the Trust or most recent HMRC correspondence.

☐ For an Investment Club: Most recent HMRC correspondence

Please continue overleaf...

DECLARATION (Please complete)


I/we declare that on behalf of the entity named overleaf:

1. The information provided in this form is to the best of my/our knowledge and belief, accurate and complete.
2. I/We understand that if the information provided in this form is incorrect or incomplete, Redmayne-Bentley may not be able to carry out any transactions, or otherwise provide its services to the above-named entity.
3. I/We will notify Redmayne-Bentley promptly in writing if any of the information provided in this form becomes incorrect.
4. Redmayne-Bentley shall not be responsible for the consequences of any incorrect or incomplete information being provided in this form, or if I/we do not notify Redmayne-Bentley of any such information subsequently becoming incorrect.
5. I/We understand that, in certain circumstances, Redmayne-Bentley will be obliged to share the information provided in this form with the relevant tax authorities, who may pass it on to other tax authorities. By signing below, I/we provide my/our consent on behalf of the above-named entity to such information sharing.
6. Where applicable, I/we accept the charges (detailed above) for application of an LEI.

Before signing below please make sure that you have carefully read the above declaration. If there is anything in this form that you do not understand, or if you have any questions, please contact your usual Redmayne-Bentley branch and seek clarification before signing. By signing below, you agree on behalf of the above-named entity to both the declaration and consent.

Please sign here (Authorised Signatory 1)

Date

X  21, 05, 18

Trustee

Position

Rosalind Altmann

Print name

If required:

Please sign here (Authorised Signatory 2)

Date

X  21, 05, 18

Trustee

Position

Paul Richer

Print name

This form must be signed by an authorised signatory of the entity and accompanied by a list of authorised signatories, if such a list has not previously been provided to Redmayne-Bentley or if the list is not the current list..

☐ I/we confirm that a list of authorised signatories is enclosed.

☐ I/we confirm that we have previously provided a list of authorised signatories to Redmayne-Bentley and that list is current.