

# APPLICATION FORM SSAS CLIENTS

Introducer Contact Details	
Date	
Adviser Name / Contact	
Administrator Name / Contact	

SECTION 1: SSAS INFORMATION & BENEFICIAL OWNER	
Name of SSAS	
Number of SSAS Beneficiaries	
SSAS Set Up Date	
Settler Name/Sponsor Company	
PSTR Number	
PRIMARY CONTACT	
Primary Contact Name (Title, Forenames, Surname)	
Estimated Deposit (Into the Insignis Cash Platform)	

SECTION 2: SCHEME ADMINISTRATOR (IF APPLICABLE)	
Administrator will be copied into all correspondence with regard to the Insignis Cash account.	
Type of Administrator	Statutory      Third Party
Name (Title, Forename, Surname)	
Contact Details	
Contact Number	
Email Address	
Company Name	
Address Line 1	
Address Line 2	
Address Line 3	
Postcode	

### SECTION 3: LINKED ACCOUNT

*Client's existing bank account to be linked to our cash service (the "Linked" account). Please note that in specific circumstances deposits to the "Hub" account can be made from other accounts in addition to this one.*

Currency	£      \$      €
Bank or Building Society Name	
Name on the Account	
Account Number	
Sort Code	
Payment Reference (optional)	
If Euro/Dollar, please supply:	IBAN:
	SWIFT:
Note to Client: Interest will be paid to your Insignis Cash Hub account for reinvestment or withdrawal and not directly to the Linked account	

### SECTION 4: NAMED INDIVIDUALS

#### NAMED INDIVIDUAL ONE

#### NAMED INDIVIDUAL TWO

*Please review the terms of the scheme documents to ensure you have identified below all the signatories who must be account holders under the terms of the SSAS. Duplicate this page as necessary, if you are filling this page in as a pdf please save another copy and fill in the below as another document. Please note that ALL Insignis signatories will need to sign when a signature is required.*

Administrative Role	Beneficiary Trustee	Signatory Professional Trustee	Beneficiary Trustee	Signatory Professional Trustee
Name (Title, Forename, Surname)				
Known as (if different from above)				
Date of Birth (dd/mm/yyyy)				
Place of Birth (as stated on the Named Individual's passport, e.g. London)				
Nationality (please state dual nationalities)				
National Insurance Number				
Contact Details				
<i>If the beneficial owner will not be the primary contact, and one of the signatories will be the primary contact, please fill in the below details.</i>				
Contact Telephone Number				
Email Address				
Preferred Contact Method (please tick)	Telephone	Email	Post	Telephone    Email    Post
Current Address				
Address Line 1				
Address Line 2				
Address Line 3				
Post Code				
Date From				
<i>We require address history for a total of 3 years, extra address details can be stated in Section 8 (additional information) if necessary. This information is regularly required when opening deposit accounts</i>				

### SECTION 3: LINKED ACCOUNT

Client's existing bank account to be linked to our cash service (the "Linked" account). Please note that in specific circumstances deposits to the "Hub" account can be made from other accounts in addition to this one.

Currency	<input checked="" type="checkbox"/> £ <input type="checkbox"/> \$ <input type="checkbox"/> €
Bank or Building Society Name	Metro Bank
Name on the Account	Reflexoak Limited Executive Pension Scheme
Account Number	48857280
Sort Code	23-05-80
Payment Reference (optional)	Insignis Cash
If Euro/Dollar, please supply:	IBAN:
	SWIFT:

Note to Client: Interest will be paid to your Insignis Cash Hub account for reinvestment or withdrawal and not directly to the Linked account

### SECTION 4: NAMED INDIVIDUALS

#### NAMED INDIVIDUAL ONE

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Administrative Role	<input checked="" type="checkbox"/> Beneficiary <input checked="" type="checkbox"/> Signatory <input checked="" type="checkbox"/> Trustee <input type="checkbox"/> Professional Trustee	<input checked="" type="checkbox"/> Beneficiary <input checked="" type="checkbox"/> Signatory <input checked="" type="checkbox"/> Trustee <input type="checkbox"/> Professional Trustee
Name (Title, Forename, Surname)	Mrs Georgia Savva	Ms Maria Andrea Savva
Known as (if different from above)		
Date of Birth (dd/mm/yyyy)	25-05-1953	20-10-1973
Place of Birth (as stated on the Named Individual's passport, e.g. London)	Kalopsita	London
Nationality (please state dual nationalities)	British	British
National Insurance Number		NZ900916C

#### Contact Details

If the beneficial owner will not be the primary contact, and one of the signatories will be the primary contact, please fill in the below details.

Contact Telephone Number		
Email Address	nikkis@whitehartassociates.com	nikkis@whitehartassociates.com
Preferred Contact Method (please tick)	<input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Email <input checked="" type="checkbox"/> Post	<input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Email <input checked="" type="checkbox"/> Post

#### Current Address

Address Line 1	60 The Woodlands	13 Old Farm Avenue
Address Line 2	London	London
Address Line 3		
Post Code	N14 5RX	N14 5QR
Date From		

We require address history for a total of 3 years, extra address details can be stated in Section 8 (additional information) if necessary. This information is regularly required when opening deposit accounts

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Currency	<input checked="" type="checkbox"/> £ <input type="checkbox"/> \$ <input type="checkbox"/> €
Bank or Building Society Name	Metro Bank
Name on the Account	Reflexoak Limited Executive Pension Scheme
Account Number	48857280
Sort Code	23-05-80
Payment Reference (optional)	Insignis Cash
If Euro/Dollar, please supply:	IBAN:
	SWIFT:

Note to Client: Interest will be paid to your Insignis Cash Hub account for reinvestment or withdrawal and not directly to the Linked account

### SECTION 4: NAMED INDIVIDUALS

#### NAMED INDIVIDUAL ONE

#### NAMED INDIVIDUAL TWO

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Administrative Role	<input checked="" type="checkbox"/> Beneficiary <input checked="" type="checkbox"/> Signatory <input checked="" type="checkbox"/> Trustee <input type="checkbox"/> Professional Trustee	<input checked="" type="checkbox"/> Beneficiary <input checked="" type="checkbox"/> Signatory <input checked="" type="checkbox"/> Trustee <input type="checkbox"/> Professional Trustee
Name (Title, Forename, Surname)	Ms Joanna Savva	
Known as (if different from above)		
Date of Birth (dd/mm/yyyy)	16-04-1978	
Place of Birth (as stated on the Named Individual's passport, e.g. London)	London	
Nationality (please state dual nationalities)	British	
National Insurance Number		

#### Contact Details

If the beneficial owner will not be the primary contact, and one of the signatories will be the primary contact, please fill in the below details.

Contact Telephone Number		
Email Address	joanna_savva@hotmail.com	
Preferred Contact Method (please tick)	<input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Email <input checked="" type="checkbox"/> Post	<input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Post

#### Current Address

Address Line 1	60 The Woodlands	
Address Line 2	London	
Address Line 3		
Post Code	N14 5RX	
Date From		

We require address history for a total of 3 years, extra address details can be stated in Section 8 (additional information) if necessary. This information is regularly required when opening deposit accounts

## SECTION 5: ENGAGEMENT LETTER FOR SSAS CLIENTS

I/We confirm:

- I/We hereby apply to Insignis Cash to manage my/our initial deposit and subsequent deposits using the service as described in the Insignis Cash Solutions Customer Terms and Conditions.
- I/We have read, understood and accept the terms of the Insignis Cash Customer Terms and Conditions.
- I/We have received information on the Financial Services Compensation Scheme (FSCS) and confirm I/we have understood the requirements for eligibility for FSCS protection.
- I/We understand that by transferring funds into my/our Hub account (to be set up with Barclays Bank by Insignis Cash) I/we will be deemed to have agreed to Insignis Cash Solutions implementing the Service on the funds transferred.
- I/We have read and understood the Insignis Cash Privacy Policy and give consent to my/our personal data being used in respect to the Insignis Cash Service

I/We would like to be added to the Insignis Cash regular mailing list

We will never share your data with any other third parties. Please see our privacy notice for more information.

## SECTION 6: ONLINE PLATFORM OPTIONS

When opening an Insignis Cash Account, there are different management features available for the account. Please tick the boxes to define who will have access to which account features:

	CLIENT	INTRODUCER
View account		
Receive notifications on account		
Authority to Transact*	OR	

\*Please note, only one person can be responsible to place or withdraw on the platform

## SECTION 7: TAX RESIDENCY DECLARATION

Tax regulations<sup>1</sup> require us to collect information about each investor's tax residency<sup>2</sup>. In certain circumstances (including if we do not receive a valid self-certification from you) we will be obliged to share information about your account(s) with Her Majesty's Revenue & Customs (HMRC) who may in turn share this information with any or all participating tax jurisdictions.<sup>3</sup>

Please indicate all countries in which you are resident for tax purposes and your associated Tax Identification Number(s) in the table below. If you are also a US citizen, you must include United States in this table along with your US Tax Identification Number. If you have any questions about your tax residency, please contact your tax adviser.

	COUNTRY/COUNTRIES OF RESIDENCE	TAX IDENTIFICATION NUMBER <sup>4</sup>
Named Individual One		
Named Individual Two		
Named Individual Three		
Named Individual Four		

I declare that the information provided on this form is, to the best of my knowledge and belief, accurate and complete. I agree to notify Insignis Cash immediately if any of this information changes in the future.

By signing this application you are agreeing to the following:

[Terms and Conditions](#) [Privacy Policy](#) [FSCS Awareness-Leaflet](#)

	NAMED INDIVIDUAL ONE	NAMED INDIVIDUAL TWO
Trustee Name		
Signature		
Date		

This application must be accompanied by a certified SSAS Trust Deed & Rules, a certified copy of the most recent bank statement and a copy of the PSTR number. Please ensure each page of the documents are certified as a true copy of the original document by a Solicitor or Financial Adviser.

- [1] The term "tax regulations" refers to the International Tax Compliance Regulations 2015 which implements the Foreign Account Tax Compliance Act (FATCA) and the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information (CRS).
- [2] In general, you are tax resident where you are liable to taxes, based on where you live and work permanently although different jurisdictions have different rules in relation to tax residency. If in doubt, please contact your tax adviser.
- [3] Those countries that have agreed to exchange information under FATCA and the CRS
- [4] If you are a UK Tax resident and not a tax resident anywhere else and also not a US citizen, you are not required to provide details of your 'Tax Identification Number' or 'Date of Birth', or if you are not resident in a jurisdiction that is reportable under CRS or FATCA and also not a US citizen, you are not required to provide your 'Tax Identification Number' or 'Date of Birth'.

I declare that the information provided on this form is, to the best of my knowledge and belief, accurate and complete. I agree to notify Insignis Cash immediately if any of this information changes in the future.

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	NAMED INDIVIDUAL ONE	NAMED INDIVIDUAL TWO
Trustee Name	Mrs Georgia Savva	Ms Maria Andrea Savva
Signature		
Date		

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	NAMED INDIVIDUAL ONE	NAMED INDIVIDUAL TWO
Trustee Name	Ms Joanna Savva	
Signature		
Date		

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