Attention	Investec Bank		
Date			
Fax	020 7597 4139		



Application form for SIPP/SSAS Accounts

Guidance note for completing this form

- Complete all relevant sections fully.
- If this form does not provide you with sufficient space to complete all details, please photocopy the relevant section of this form and complete for each additional person then attach all relevant pages to this form.

3. All trustees of the Pension Scheme must complete and sign this form. If any trustee is an incorporated body such as a company, it must send us a separate mandate setting out the parties who are authorised to act on behalf of that trustee. 1. Scheme details THE IDEAL WINDOW SOLUTIONS SSAS Contact address 12 BLACKBROOK BUSINESS PARK, BLACKBROOK ROAD, FAREHAM POISSOR CHRIS PALMER 01329 238399 Scheme tax reference (if applicable) Beneficiary(ies) details (only list beneficiaries with an interest in at least 20% of the value of the Pension Scheme) CHRISTOPHER Beneficiary 1 Name MEYSHOTT GARDENS, CLANGELD Current residential address Date of birth AMANDA PARMER Beneficiary 2 Name MEYSMOTT GARDENS, CLANKIELD Current residential address 5 06081969 Date of birth 2. Introducer/IFA/Agent/Broker details Name of company | Pension Practitioner .Com **Brad Davis** Name of contact person Address Daws House, 33-35 Daws Lane, London Postcode NW7 4SD 0800 634 4862 Contact number Email address bradd@pensionpractitioner.com

3. Account information							
Please select (by ticking below) the Account(s) that you	wish to apply for and	d complete the req	juired info	rmation to	r the Accoun	it(s).	
Pension and Trust Reserve		Int	erest paic	ı 🔲	Monthly		Annually
Amount to invest (minimum deposit £25,000)	£						
Pension and Trust Cheque (interest paid month	nly)						
Amount to invest	£						
Fixed Term Deposit (minimum investment £50,0	000 or the equivalent	in US dollars or E	uro)				
Currency Sterling U	IS dollars	Euro Amour	it to inves	£/€/5	5		
Term of deposit 6 Months 1	Year	2 Years	Othe	r (specify)			
Investec Income Account (interest paid month)	y) Amount to inves	t (minimum deposi	t £25,000	£ (
Investec Income Account Regular quarterly w	ithdrawal instruction	n: In order to give	the Bank	a Regular	Withdrawal I	nstructio	n, please
complete the information below. Please see the S	Special Terms and Co	anditions of the Inv	estec Inc	ome Acco	unt for more	informat	ion about
regular withdrawals.							
Amount of regular withdrawal							
Date of first withdrawal DDMM	Y Y Y (nust be at least th	ree month	s in the fu	ture) and qua	arterly th	ereafter
Bank account details for quarterly withdrawals (thi	is account must be in	your name and he	ld by you	for the ber	efit of the sa	me bene	ficiary(ies)
named above).							
Name of bank/building society					· · · · · · · · · · · · · · · · · · ·		
Account number		So	rt code		·		
Other account		int	erest paid		Monthly		Annually
Currency Sterling U	IS dollars	Euro Amour	it to inves	£/€/\$	5		
Method of deposit							
Cheque payable to the Scheme Account							
Electronic transfer							
Interest paid away							
Accounts in Sterling: Unless stated otherwise in the Account Specific Terms, you can elect at any time to have interest on the Account paid to							
another account held by you, for the benefit of the same beneficiary(ies) named above, with Invested Bank plc (the "Bank") or another UK bank/building society. In the case of a Notice, Fixed Term Deposit or Structured Deposit Account, interest can only be paid to an account in your name.							
If you would like the interest to be paid away to another account, please complete the following section.							
Name of bank/building society							
Account number		So	rt code				

4. Declarations by the Trustee(s)

- 4.1 We apply for the Account(s) specified in Section 3 (each account being an "Account" as defined in the Invested Bank plc General Terms and Conditions) to be opened in our name(s) as trustee(s) of the Scheme named in Section 1.
- 4.2 The Account(s) will be held by us for the benefit of the beneficiary(ies) named in Section 1 and we confirm that all sums deposited on the Account(s) will be held by us for the benefit of the beneficiary(ies).
- 4.3 We acknowledge receipt of and confirm that we accept the terms of the Agreement, as defined in the Invested Bank pld General Terms and Conditions.
- 4.4 We declare that all of the information provided in this form and the supporting documents we have given to the Bank is true and complete and confirm our understanding that the Bank, in making its decision to open the Account(s), will be relying on such information.
- 4.5. We understand that the Bank will only be bound by the Agreement in relation to the Account(s), once we have completed, signed and returned this application form with all supporting documentation and the Bank has completed its final checks and has agreed to open the Account(s) for us.
- 4.6. We understand that the personal information provided on this application form and other information relating to the Account(s) may only be used in accordance with the purposes and disclosures under the current data protection legislation. By signing this application form, we confirm that we have read and understood the data protection policy as disclosed in the Investec Bank plc General Terms and Conditions and we consent to the activities described therein.
- 4.7. We agree that the Bank may in its discretion perform independent checks to verify our identity and/or address and/or to validate certified documents that we have provided to the Bank. We further agree that these recognised independent checks may include documented checks of electronic phone directory, electoral register and/or credit bureau records, and/or confirmation from a solicitor or accountant. We also confirm that the beneficiary(ies), settlor(s) and protector(s) of the Scheme have agreed that the Bank may in its discretion perform such checks in relation to them.

4.8. We declare that:

- 4.8.1 the Scheme to which this form relates is registered by HM Revenue & Customs or has been submitted to HM Revenue & Customs for registration under the Finance Act 2004; and
- 4.8.2 we or our successors shall notify the Bank if at any time the Scheme (or arrangements under the Scheme in respect of which benefits are to be secured under the Scheme) cease(s) to be registered under the Finance Act 2004.

We authorise HM Revenue & Customs to tell the Bank if the Scheme is not registered or if that registration is withdrawn.

- 4.9 We authorise the Bank to disclose information about us and our Account(s) to any IFA/agent/broker/introducer who has introduced us to the Bank for the Account(s) and/or whose details we provide to the Bank from time to time. This includes any IFA/agent/broker/introducer named in Section 2 of this form.
- 4.10 We acknowledge that the Bank may pay commission to any IFA/agent/broker/introducer who has introduced us to the Bank for the Account(s) and that further information is available on request from the IFA/agent/broker/introducer.

4.11 Rules for written instructions

We instruct the Bank to act on instructions of (please insert number of trustees and preferred signing instructions)

ANY	206	THE 4	TRUSTEES	 	
				 	
L				 	

If left blank, the Bank will be entitled to rely on the signed instructions of any two trustees. We confirm that the Scheme Rules/Trust Deed permits us to delegate authority to operate the Account(s) in the manner set out above.

4.12 We certify that we are entitled, under the terms of the Scheme Rules/Trust Deed, to apply for the Account(s), accept the terms of the Agreement and to operate the Account(s) in accordance with the Agreement.

All Trustees must complete the information below and sign and date this form

Trustee 1		Trustee 2	
Full name	CHLISTOPHER NICHOLAS PALMEL	Full name	THOM EUCKSN
Signature	C-X12001.	Signature	Musson.
Date	27-11-12	Date	27-11-12
Trustee 3		Trustee 4	
Full name	AMANDA PALMER	Full name	BRADIEY WHELAN
Signature	N. Valm.	Signature	Fresh of M
Date	27-11-12.	Date	27-11-12.
Two Aut	horised Signatories of the Professional/Corporate T	rustee must :	sign below, for and on behalf of the Professional/
Corporat	te Trustee		
Authorise	ed Signatory 1	Authorised	Signatory 2
Full name	N/A	Full name	N/A
Signature		Signature	
		l	
Date		Date	
5.1 We we the	eclarations by the Introducer/Admir confirm that we are aware that the trustee(s) of the Scheme na confirm that we have carried out anti-money laundering check Scheme. will provide to the Bank, on demand, certified copies of all ettor(s), beneficiary(ies) and protector(s).	med in Section ks in relation to	1 above are applying for the Account(s) specified above and the trustee(s), settlor(s), beneficiary(ies) and protector(s) of
	confirm that the signatures above are those of all the validly a		
5.4 The	ese declarations by us shall be governed and construed in acc	ordance with th	ne laws of England and Wales.
Signed fo	or and on behalf of (insert Introducer/Administrator/Truste	e name and F	SA number)
Name	Pension Practitioner .Com		
FSA numb	per N/A		
To be sign	ed by the Introducer/Administrator/Trustee in accordance with	their signing o	onditions confirmed to the Bank
Authorise	d Signatory 1	Authorised	Signatory 2
Full name		Full name	
Signature		Signature	
Date		Date	