

Fund and Share Application - Pension Scheme

Please use this form to apply for a SIPP/SSAS/other pension scheme ('Scheme') Investment Account within our range of services. This form is intended for applications from pension administrators/trustees, to use the Investment Account to hold the assets underlying a registered pension scheme. This form cannot be used to set up a pension scheme of any sort.

This application is subject to the Online Investment Service, Investment Advisory Service or Managed Portfolio Service Terms of Business (as directed by your selection in question 5), which you should read carefully and ensure you understand fully before completing and signing this form. Please talk to us if there is anything in the Terms or this application which you do not understand or about which you require further clarification.

1. Scheme details

Important:

All correspondence will be sent to the address specified, for the Named Contact or Primary Member as selected in the Declaration at Section 7.

Please enclose a copy of the Scheme Administrator/Trustee Company's current signatory list, and where appropriate a certified copy of either the Trust Deed used to set up the Scheme or correspondence from HMRC confirming that the scheme is formally approved.

Full Name of Scheme

Type of Scheme

☐ SIPP ☐ SSAS ☐ Other PSO/ Please specify

PSTR Number (if applicable)

Name of Scheme Administrator/Trustee Company

Registered Office Address

Postcode

Company Registration Number

FCA Registration Number (if applicable)

Named Contact of Scheme Administrator (Trustee Company)

Title (Mr/Mrs/Miss/Ms/Other) Surname

First Names (in full)

Correspondence Address

Postcode

Email

Contact Telephone Number

Date of Birth

2. Primary member details

Title (Mr/Mrs/Miss/Ms/Other)	Surname		
<input type="text"/>	<input type="text"/>		
First Names (in full)			
<input type="text"/>			
Permanent Residential Address			
<input type="text"/>			
<input type="text"/>			Postcode
<input type="text"/>			<input type="text"/>
Date of Birth	Email		
<input type="text"/>	<input type="text"/>		
Daytime Telephone Number	Country of Birth	Citizenship	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Evening Telephone Number	Additional Citizenship (if applicable)	Additional Citizenship (if applicable)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Client Number (existing Bestinvest clients only)	National Insurance Number		
<input type="text"/>	<input type="text"/>		
Are you tax resident in a country other than the UK? If you have ticked 'Yes' which country?		If you have ticked 'Yes' please provide your Tax Identification Number (TIN)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>		<input type="text"/>	
If you do not have a TIN please explain why			
<input type="text"/>			

3. Co-trustee

If the Scheme has trustees in addition to the Scheme Administrator/Trustee Company and the Member, please provide details here. If there is more than one additional co-trustee, please provide their details on a copy of this page.

Title (Mr/Mrs/Miss/Ms/Other)	Surname		
<input type="text"/>	<input type="text"/>		
First Names (in full)			
<input type="text"/>			
Permanent Residential Address			
<input type="text"/>			
<input type="text"/>			Postcode
<input type="text"/>			<input type="text"/>
Date of Birth	Email		
<input type="text"/>	<input type="text"/>		
Daytime Telephone Number	Country of Birth	Citizenship	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Evening Telephone Number	Additional Citizenship (if applicable)	Additional Citizenship (if applicable)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Client Number (existing Bestinvest clients only)	National Insurance Number		
<input type="text"/>	<input type="text"/>		

3. Co-trustee (continued)

Are you tax resident in a country other than the UK? If you have ticked 'Yes' which country?

☐

Yes

☐

No

If you have ticked 'Yes' please provide your Tax Identification Number (TIN)

If you do not have a TIN please explain why

4. Principal employer (SSAS only)

Full Name of Principal Employer

Registered Office Address

Postcode

Company Registration Number

Names of Directors

1.

2.

3.

4.

5.

Names of Shareholders (25% or greater holding)

1.

2.

3.

4.

5. Investment details

I would like to fund my account using debit card or invest by monthly savings, which I will set up myself online once this form has been processed.

- Please do not attempt to process any payments until your activation email has been received. If you require any further assistance in relation to payments please do not hesitate to contact a member of the New Business Team on 020 7189 2400.

Service to be used:

☐

Online Investment Service
(execution only)

☐

Managed Portfolio Service

☐

Investment Advisory Service

6. Your documentation

As a Bestinvest client you have a choice about how you receive your contract notes and statements.

Please indicate your choice by ticking one of the following options:

☐

Online only (free of charge)

☐

Online and by post (a charge of £37.50 plus VAT per quarter will be made, which covers all Bestinvest accounts held by the Company. This charge is separate and additional to any similar charges paid by any of the signatories, directors or shareholders in relation to their own personal accounts)

7. Marketing communications

We would like to contact you about investment guides, news, events and other ways we can help you. We usually do this by email, but may occasionally send you information through the post or by phone.

These communications are **OPTIONAL** and separate to any service based messages required under regulations relating to products or services that you may hold.

Please tick the box if you would like to stay informed by email

☐

Please tick the box if you would also be happy to receive marketing communications by:

Post

☐

Telephone

☐

You can unsubscribe using the links in the messages that we send or choose what you receive from us at any time. Full details of how we use and secure your personal information is documented in our privacy notice www.bestinvest.co.uk/help/privacy-notice; if you have any questions about how we handle your personal information, you can email us at dataprotection@evelyn.com

8. Declaration & signature

We, the undersigned Signatories/Trustees of the Scheme detailed in Section 1, 2 and 3 (section 4 for SSAs) declare that:

- The information given in this application is, to the best of my knowledge, correct and we will inform Evelyn Partners Investment Management Services Limited immediately of any changes to these details
- We confirm that we have received the Evelyn Partners Terms of Business applicable to the service selected in section 5; we also confirm that we have been given the opportunity to read the Terms and the Key Facts, and that we have had any questions arising answered satisfactorily. We declare that this form has been completed to the best of our knowledge
- We are all 18 years of age or over
- **We wish online access to be given to, and (where appropriate) correspondence to be sent to:**

☐

The Named Contact detailed in Section 1

or

☐

The Primary Member detailed in section 2 (SIPP only)

We understand that:

- Any fees or charges arising in connection with our Evelyn Partners Online Investment Service Accounts (e.g. paper contract notes) may be deducted from the Scheme Investment Account
- Any rebates will be paid into the Scheme Investment Account
- The information we provide on this application form will be processed in accordance with Bestinvest's data protection statement contained in the Evelyn Partners Online Investment Service Terms of Business
- I confirm that I/we have declared all my/our citizenships and/or tax residence(s) to Evelyn Partners on this application form. I/we understand this is required for Evelyn Partners to comply with UK and international tax legislation
- In order to comply with Money Laundering Regulations, Evelyn Partners will use the information we have provided to verify the company/scheme and check our identities and may undertake a search with a credit reference agency (who will record that an enquiry has been made) for the purposes of verifying our identities. We also understand that the credit reference agency may check the details we have supplied and that Evelyn Partners may request additional evidence of identity from us before this application is processed
- In order to comply with relevant tax regulations, where required, Evelyn Partners will share information about my/our financial account(s) with the relevant tax authorities. It is my/our responsibility to be aware of any tax requirements in my/our country of permanent or tax residence and in the country in which I/we intend to open a financial account and to take any independent tax or legal advice where required.
- The Primary Member/Named Contact will be granted, as an Authorised User, online access to the Online Investment Service, in order to enter dealing instructions on behalf of all trustees of the Scheme
- Instructions for withdrawals must be made in writing, signed by all trustees (specifically, the Primary Member/Named Contact will not be able to make withdrawals online). Payments will only be made to a company/members bank account in the name of the Scheme detailed in Section 1.
- Instructions may be delayed or rejected if this application form is not fully completed

8. Declaration & signature (Continued)

Name (on behalf of Scheme Administrator/Trustee Company):

X

PLEASE SIGN HERE

X

Date

D

D

M

M

Y

Y

Y

Y

Name (on behalf of Scheme Administrator/Trustee Company):

X

PLEASE SIGN HERE

X

Date

D

D

M

M

Y

Y

Y

Y

Name (Primary Member):

X

PLEASE SIGN HERE

X

Date

D

D

M

M

Y

Y

Y

Y

Name (Co-Trustee):

X

PLEASE SIGN HERE

X

Date

D

D

M

M

Y

Y

Y

Y

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Once completed, please return this form to: **Online Investment Service, Bestinvest, Royal Liver Building, Pier Head, Liverpool, L3 1NY**