Boal & Co

Retirement Benefit Solutions | Pension Trustee Services, Pension Administration, Actuarial Services

Gateway Multi-Employer Pension Scheme Member Application

PERSONAL DETAILS

Title
☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Mx
☐ Other (please state):

Gender
☐ Male ☐ Female
☐ Other (please state):

Forename(s)

Surname

Date of Birth

Have you been known by any other names?^
☐ Yes ☐ No

Has your address changed in the past five years?^
☐ Yes ☐ No

^Please detail any previous names and addresses (and relevant dates) on the Continuation Page (p5).

Personal Email Address

Home/Main Address

Nationality

If dual, please confirm other nationality

Phone Number (including country code)

Mobile Number (including country code)

Country and Place of Birth

Marital Status

Are you a US Tax Payer?*
☐ Yes ☐ No

Are you a US Citizen?*
☐ Yes ☐ No

* This means you are a citizen, Green Card holder, US visa holder residing in the US, resident or tax resident of the United States of America. (This includes persons born in the US and US Commonwealth, those who have US parents, and naturalised US citizens).

PERSONAL DETAILS (CONTINUED)

Please state all countries where you are deemed resident for tax purposes & your tax reference number(s). Please use the continuation page (p13) if required.

Country of Tax Residence	Tax Reference Number†

Intended Benefit Commencement Age (Min Age 55)

Are you, or have you ever been, considered to be a politically exposed person? (PEP)*

Yes ☐ No ☐

If the answer is yes, then please provide details below:

If the answer is no, should you become considered a Politically Exposed Person in the future, please advise us as soon as possible.

*Definition of PEP: An individual who is, or has been, entrusted with prominent public functions or is an immediate family member, or a known close associate, of such a person.

TRANSFERS IN

Do you intend to transfer in any pensions from another provider?[1]

☐ Yes ☐ No

[1]If yes, please complete the section below and the transfer letter of authority on page 9..

I hereby confirm my agreement to transfer the pension value from my current personal pension plan set up with

by

to be invested on my behalf into the Gateway Multi-employer Pension Scheme.

CONTRIBUTIONS

☐ Please tick this box to confirm that you have received detailed information about the deductions that will be taken from your salary and agree that these can be deducted on a monthly basis and paid to Gateway.

Employer Name

Employer Address

Occupation

Salary

Personal Contribution: Please indicate the percentage of salary that you authorise to be deducted on a monthly basis %	**Commencement Date**
Employer Contribution: Please indicate the percentage of salary that your employer will contribute on a monthly basis %	**Commencement Date**
Personal Contribution: Please indicate the amount to be paid in as a single payment £	**Date**
Employer Contribution: Please indicate the amount to be paid in as a single payment £	**Date**

INVESTMENT CHOICE

Please refer to the investment options flyer that details all the Blackrock funds available and confirm below how you would like your pension contributions to be invested. The selection must be based on your attitude to risk. You may select more than one fund. Please ensure the total allocation adds up to 100%. If you are unsure of your risk profile, please speak to a regulated financial adviser.

BlackRock Consensus Fund Range

Fund	Description	% Allocation
BlackRock Consensus 35	Between 0% and 35% in Equities	%
BlackRock Consensus 60	Between 20% and 60% in Equities	%
BlackRock Consensus 70	Between 30% and 70% in Equities	%
BlackRock Consensus 85	Between 40% and 85% in Equities	%
BlackRock Consensus 100	Between 70% and 100% in Equities	%

BlackRock Passive & Active Fund Range

Fund	% Allocation
	%
	%
	%
	%
	%
	%
	%

Disclaimer:

☐ I confirm, by ticking this box, I have read and understood the Fund Factsheets and Key Investor Information Document (KIID) for each of the funds I have selected.

Please note that you may amend the above investment selections at any time by submitting new investment instructions to Boal & Co.

EXPRESSION OF WISHES

Full Name of Applicant

I understand under the Scheme Rules benefits may be payable if I die and the Trustee has discretionary power to pay such benefits to one or more of my relatives, dependants or to my legal personal representatives as they shall decide.

☐ I **do** wish to nominate a person or persons to receive benefits on my death. (Please provide nominations below)

☐ I **do not** wish to nominate a person or persons to receive benefits on my death and request that benefits are paid to my personal legal representatives. (Please sign signature box below and continue)

For the guidance of the Trustee in such circumstances I would like to nominate the following to receive the benefits in the proportions shown.

Beneficiary 1

Full Name of Nominated Beneficiary

Relationship

Benefit

% Lump Sum ☐ OR Pension ☐

Address

Email Address

Beneficiary 2

Full Name of Nominated Beneficiary

Relationship

Benefit

% Lump Sum ☐ OR Pension ☐

Address

Email Address

Beneficiary 3

Full Name of Nominated Beneficiary

Relationship

Benefit

% Lump Sum ☐ OR Pension ☐

Address

Email Address

I understand that this expression of wishes does not in any way bind the Trustee or fetter the exercise of their discretionary powers.

Signature

Date

1. Your 'legal representatives' are, if you leave a will, your Executors; if not, the administrators of your estate.
2. If your personal circumstances change and you wish to alter this expression of wishes, you should complete a further form in its place. If you need an additional form to nominate additional beneficiaries, please email gateway@boalco.com.

CONTINUATION PAGE

Please add any additional information here indicating which section of the application it is relevant to.

APPLICANT DECLARATIONS

Please read the following carefully before signing to confirm the Agreement on page 8.

Definitions	
Agreement	means the agreement between us and you which is contained in the Terms & Conditions, the completed Application Form and the Fees Schedule.
Applicant	means the individual who by completing this form is applying for membership of the Scheme.
Application Form	means this Application Form.
Arrangement	means an arrangement made by a Member with the Trustee to provide benefits under the Scheme.
Boal & Co	means Boal & Co (Gibraltar) Limited (a company incorporated in Gibraltar with company number 109157 and registered office at Suite 1.2.08, Eurotowers, Europort Road, Gibraltar, GX11 1AA or where the context requires or permits, to any Group Company. Where the context so admits or requires, the term Boal & Co shall include any Group Company and each of the employees, directors, officers, servants, or agents of any such company and their respective successors, assigns, transferees and estates.
Fees Schedule	means the “Fees Schedule” as defined in section 1 of the Terms and Conditions.
Gateway	means the Gateway Multi-Employer Pension Scheme.
Group Company	means Boal & Co, its subsidiaries, its parent and any subsidiaries of its parent and its associated companies including but not limited to Boal & Co (Gibraltar) Limited (company number 109157).
Member	means the person or persons admitted to membership of the Scheme or otherwise as determined by the Trustee and shall include the heirs, legatees, successors, estates, personal representatives and assignees of such persons.
Registered Schemes Administrator	means Boal & Co (Gibraltar) Limited
Rules	means the rules of the Scheme as annexed to the Trust Deed, as amended from time to time.
Scheme	means Gateway.
Services	means the services provided by Boal & Co as listed in the Fees Schedule to this Application Form or otherwise as issued to you as the same may be amended, varied, extended or reduced from time to time.
Terms and Conditions	means the Boal & Co terms and conditions provided with this Application Form.
Trustee	means Boal & Co (Gibraltar) Limited or otherwise the trustee or trustees of the Scheme from time to time.
Trust Deed	means the definitive Trust Deed constituting the Scheme dated 12 June 2023 and as amended from time to time.

APPLICANT DECLARATIONS CONTINUED

a. I apply for membership of the Scheme and have full capacity to instruct Boal & Co to provide the Services.

b. I agree to be bound by the Rules of the Scheme.

c. I acknowledge, accept and understand the Terms and Conditions of the Scheme.

d. I understand that the Trust Deed and Rules and the Terms and Conditions may be amended by the Trustee as required from time to time. I understand that the Trustee will notify me of any amendment that directly affects my membership terms within 30 days of the change being formally signed off.

e. I will undertake to notify the Scheme Administrator of any changes to my residence status, name or permanent address in writing as soon as possible but within a maximum of 30 days.

f. I confirm that I have been provided with a Fees Schedule (as defined in section 1 of the Terms and Conditions) relating to my application. I confirm that the initial and annual fixed fee will be deducted from any transfer, lump sum or regular contribution prior to being invested. I understand that the annual administration fee will be calculated and deducted monthly on the value of my Scheme fund and that the annual fixed fee will be taken in annually in advance during the month of my Scheme membership anniversary or on such basis as notified to me by the Scheme Administrator, in advance. I understand that the transfer charge, benefit payment and/or transaction fees as disclosed in the Fees Schedule will be applied at the time of such transfer/transaction/payment.

g. I accept that Boal & Co reserves the right to increase the fixed fees in line with Gibraltar inflation and that any other external or third party charges including banking and tax charges, will be charged directly to my Scheme fund. I accept that Boal & Co reserves the right to charge additional fees for unduly onerous tasks, but I will be notified in advance that additional fees are going to be charged.

h. I confirm that I have read and understood the Fees Schedule included with this Application Form and agree to the fees that will be charged as may be varied from time to time. This includes any fees agreed with my financial adviser named in the Application Form.

i. I will not hold the Trustee or Scheme Administrator responsible for any delays in the purchase or sale of any investments. I agree that the Trustee and the Scheme Administrator will not incur any liability in connection with the Scheme's investments, except where this arises as a result of fraud, wilful misconduct or gross negligence by the Trustee or Registered Scheme Administrator.

j. I confirm that either I have received independent pension transfer, financial, investment, legal and tax advice with regards to the suitability of this Scheme for me and my individual circumstances and the implications to me of entering into this Scheme, OR I have chosen not to take such advice as I am sufficiently knowledgeable and experienced to make these decisions on my own. I acknowledge that the Registered Schemes Administrator or Trustee has not provided and cannot provide any such advice and cannot be held responsible for any advice obtained or advice not sought by myself or any related persons party to the affairs of the Scheme.

k. I confirm and acknowledge that neither the Trustee nor the Registered Schemes Administrator owes me any duty or obligation to provide investment advice whether initially or on an ongoing basis and I hereby agree to hold the Trustee and Registered Schemes Administrator harmless in respect of any loss caused directly or indirectly by an investment choice, investment decision or consequence thereof.

l. I authorise Boal & Co to provide information to and accept instructions from any Authorised Person (as defined in section 1 of the Terms and Conditions) in relation to my Arrangements under the Scheme.

m. I consent to the Scheme Administrator deducting fees from my fund as agreed in this Application Form and associated Fees Schedule.

n. I understand that the value of my Arrangements may only be used to provide benefits at retirement or upon my death.

o. I understand that by transferring benefits to the Scheme I may be giving up any guarantees, bonuses, annuity protection or loss of future service benefit accrual that may have been available from the transferring scheme.

p. I confirm that the source and origin of any further assets transferred will be explained to the Scheme Administrator prior to receipt, and where requested by the Scheme Administrator, suitable evidence provided.

q. I acknowledge that the Scheme Administrator or Trustee can, at their discretion, decline acceptance of any asset transferred to them without notice or reason.

r. I understand that the level of pension taken by way of drawdown in retirement from this Scheme is not guaranteed and will depend on the performance of the underlying investments.

s. I consent to the Trustee and Scheme Administrator using the information supplied on this Application Form to administer my Arrangements and acknowledge that the information may be held in any form for the purpose of administering my Arrangements. I agree to the Trustee and Scheme Administrator disclosing in confidence any formation required by the Gibraltar Income Tax Office or any other relevant regulatory body or professional adviser as required.

t. I confirm that the information contained in this Application Form, including information regarding my Scheme, may be reported to the tax authorities in the country in which this Scheme is maintained, and may be exchanged with the tax authorities of another country or countries in which I am tax resident.

u. I confirm that none of the funds transferred into the Scheme are subject to any court order, nor is any court order currently being applied for to the best of my knowledge and that I have no creditors and/or claims outstanding against me and that there are no pending or anticipated actions or claims that I am aware of.

v. I consent to the holding and processing of my personal data by the Scheme Administrator. I also note that copies of correspondence may be confidentially retained in administration offices outside of Gibraltar.

APPLICANT DECLARATIONS CONTINUED

x. I confirm that to the best of my knowledge the particulars provided on this Application Form are correct and complete. I understand that it is an offence to make false statements. I understand that intentional and material false statements will lead to membership being invalidated and may lead to prosecution.

y. I understand that other inaccurate statements may lead to benefits being adjusted depending on the extent of the variance between the inaccurate statement and the true facts.

APPLICANT AGREEMENT

By signing below, I consent to the Agreement.

Full Applicant Name

Signed by the Applicant

Dated

Boal & Co (Gibraltar) Limited Director Name

Signed by Boal & Co (Gibraltar) Limited Director

Dated

Boal & Co

Retirement Benefit Solutions

Pension Trustee Services
Pension Administration
Actuarial Services

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Our focus; your financial future.

boalco.com |