Boal & Co

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

Trafalgar Application

Application Type (please tick one option)

☐ Standard ☐ Special ☐ Lite

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 on the Continuation Page (p10).

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 (p14) if required.

Country of Tax Residence	Tax Reference Number†

†If you are currently tax resident in the United Kingdom, please also provide your National Insurance number.

If you were previously a UK resident, when did you become non-UK resident?

Intended Benefit Commencement Age (Min Age 55)

Occupation

Nature of Business/Employment

Current Employer Name and Address

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

Yes ☐ No ☐

If the answer to either 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.

FINANCIAL ADVISER DETAILS

Company Name	Country

Contact Name	Phone Number

Regulated by	Regulatory Reference

Address

Email Address

WARNING:

1. All financial advisers must have a valid terms of business agreement signed with Boal & Co (Gibraltar) Ltd as Scheme Administrator.
2. Each application must be accompanied by evidence from the adviser (and signed by the client) that the following has been verified and supplied.
    - Attitude to risk
    - Confirmation the investment is in line with the client's attitude to risk
    - Investment advice

WARNING: Where bespoke investments are chosen, all investments must be pre-approved by the Retirement Scheme Administrators. Investment managers must conclude a due diligence process and receive approval before any investment can be made.

Would you like to be considered as a professional client (experienced investor?)* Yes ☐ No ☐

*If yes, please complete the Professional Investor Client Status letter.

INVESTMENT MANAGER DETAILS

Same as Financial Adviser? ☐ Yes ☐ No

Company Name	Country

Contact Name	Phone Number

Regulated by	Regulatory Reference

Address

Email Address

INVESTMENT PLATFORM

Name of Investment Platform	Address of Investment Platform

PROFESSIONAL ADVISER FEES

Please detail all fees payable to professional adviser(s).

Initial fee	To be paid from scheme, prior to investment?	Ongoing Fee
	☐ Yes ☐ No	

INVESTMENT MANAGER DETAILS

Same as Financial Adviser? ☐ Yes ☐ No

Company Name	Country

Contact Name	Phone Number

Regulated by	Regulatory Reference

Address

Email Address

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Please detail all fees payable to professional adviser(s).

Initial fee	To be paid from scheme, prior to investment?	Ongoing Fee
	☐ Yes ☐ No	

DETAILS OF TRANSFERRING PENSION SCHEME(S) - IF APPLICABLE

1. Existing Pension Provider	**1. Existing Pension Provider**
2. Pension Scheme Name	**2. Pension Scheme Name**
3. Pension Scheme Reference Number	**3. Pension Scheme Reference Number**
Type of Scheme: ☐ Personal ☐ Occupational ☐ Defined Benefit ☐ Defined Contribution	**Type of Scheme:** ☐ Personal ☐ Occupational ☐ Defined Benefit ☐ Defined Contribution
Current Value (Approximate)	**Current Value** (Approximate)
Transfer Method ☐ Cash ☐ In-Specie	**Transfer Method** ☐ Cash ☐ In-Specie
Benefits in Drawdown? ☐ Yes ☐ No	**Benefits in Drawdown?** ☐ Yes ☐ No
Over what period were Benefits built up and from what source?	**Over what period were Benefits built up and from what source?**
Average Salary	**Average Salary**

CONTRIBUTIONS

Contributions will not attract local tax relief.
If you intend to contribute, please speak to your Financial Adviser.

Do you intend to make any future contributions?* Yes ☐ No ☐

*If Yes, please complete the Additional Contributions - Source of Wealth Form provided separately.

RETIREMENT BENEFITS

Do you intend to start taking benefits immediately?

☐ Yes ☐ No

If yes, please complete the rest of this section

Lump sum required?

☐ Yes ☐ No

If yes, please specify amount:

Regular Pension Income Required?

☐ Yes ☐ No

Pension Frequency

☐ Annually ☐ Half-Yearly ☐ Quarterly

Annual Pension Amount

Specified Amount OR ☐ Actuarially Calculated Amount*

* We will be in touch to discuss your benefit options.

NOMINATED BANK ACCOUNT FOR PAYMENTS

(Benefit payments out of Trafalgar)

Name of Bank

Address of Bank

Sort Code

Swift Code

IBAN

Account Name

Account Number

Important Notes

1. Boal & Co (Gibraltar) Limited will report all benefit payments made from the Scheme to the revelvant tax authorities.

2. Boal & Co (Gibraltar) Limited is not responsible for any reporting to tax authorities outside of HMRC and the Gibraltar Tax Office.

3. We will fulfill all obligatory reporting under the OECD's Automatic Exchange of Information (AEOI) being the Common Reporting Standard (CRS) and the United States Foreign Account Tax Compliance Act (FATCA).

ATTITUDE TO RISK

All investments carry an element of risk and everyone has their own 'attitude to risk'. Your attitude to risk will determine how your pension will be invested. As your attitude becomes more speculative it is likely that your portfolio will contain an increasing quantity of high risk assets, which, although exposing your pension fund to greater volatility, also offer far greater growth potential than low risk assets. Shown below are all of the attitudes to risk along with descriptions. Please tick the box that best describes your attitude to risk in relation to your pension funds:

1	**Very Cautious/ No risk to capital**	You prefer to take very little risk with your money. It is likely that less than 30% of your pension fund would be invested on the stock market, a very small proportion of which could be in fixed interest securities, bonds and property.	☐
2	**Cautious/ Low risk**	You prefer to take minimal risk with your money. It is likely that around 40% of your pension fund would be invested on the stock market, the balance could be in cash, fixed interest securities, bonds and property.	☐
3	**Moderate/ Medium risk**	You are prepared to take a moderate risk with your money. It is likely that around 60% of your pension fund would be invested on the stock market, the balance could be in cash, fixed interest securities, bonds and property.	☐
4	**Speculative/ High risk**	You are prepared to take a significant risk with your money. It is likely that around 70% of your pension fund would be invested on the global stock market, the balance could be in cash, fixed interest securities, bonds and property as well as emerging markets or private equity.	☐

Important Note: The value of an investment is not guaranteed and can go up as well as down depending on investment performance. You could get back less than you invested. The above is for illustrative purposes only. Boal & Co does not take responsibility for investment performance.

EMAIL INDEMNITY

This section should be completed if you want us to act on requests provided to us by you and your Financial Adviser (if you have appointed one and have indicated that you would like them to provide us with instructions) given by email or facsimile. Instructions can be given by telephone, but will not be acted upon until confirmation has been received confirming the instruction either in writing, or in accordance with the below.

I can confirm that this mandate now supersedes any previous mandate given by me.

I hereby authorise my appointed Financial Adviser to instruct you via email.

I hereby authorise Boal & Co (Gibraltar) Ltd and their appointed representatives to act on instructions provided by the following methods, this mandate remains in force until such time as it is cancelled by me.

I authorise you to accept requests from the following email addresses, purporting to come from me:

Personal Email Address 1:	
Personal Email Address 2:	

I authorise you to accept requests from the following email addresses, purporting to come from my Financial Adviser, which are received ONLY from the following email addresses and it must be through THE DOMAIN REGISTERED TO THE COMPANY.

Adviser Email Address 1:	
Adviser Email Address 2:	

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 gibmail@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 your agreement on page 11.

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 Giblratar 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.
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.
Rules	means the rules of the Scheme as annexed to the Trust Deed, as amended from time to time.
Scheme	means the Trafaglar Pension Scheme.
Scheme Administrator	means Boal & Co (Gibraltar) Limited or otherwise the administrator of the Scheme from time to time.
Services	means the services provided by Boal & Co as listed in the Fee 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.
Trafalgar	means the Trafalgar Pension Scheme.
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 8th March 2013 and as amended from time to time.

APPLICANT DECLARATIONS CONTINUED

a. I apply for membership of the Scheme.

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

c. I acknowledge and accept 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.

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

f. I confirm that I have been provided with a Fee Schedule relating to my application. I confirm that I understand that an initial fee will be deducted from any transfer or contribution prior to being invested, and that the first year fee will be calculated on a pro rata basis, from the date that the first transfer was received to 31st December of the year it was received. I understand that a transfer out charge may be applied for any transfer out of the scheme (other than to another Boal & Co product).

g. I accept that Boal & Co reserves the right to increase the fees in line with the UK Retail Price Index and that any other external or third party charges (including banking charges, Gibraltar income tax etc) will be charged directly to my Scheme fund. I accept that Boal & Co reserves the right to charge additional fees for unduly onerous tasks.

h. I confirm that I have read and understood the Fee Schedule and agree to the fees that will be charged. This includes any fees agreed with my Financial Adviser and/or Investment Manager, who are named in the Application Form.

i. I request the Trustee and Scheme Administrator to appoint the Financial Adviser and Investment Manager detailed in the Application Form, and 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 Scheme Administrator.

j. I confirm that either I have received independent pension transfer, financial, 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 Scheme 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 that I have received advice on my investments with regards to their suitability and appropriateness to my personal circumstances and for the purpose of the Scheme.

l. I confirm and acknowledge that neither the Trustee nor the Scheme 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 Scheme Administrator harmless in respect of any loss caused directly or indirectly by an investment choice, investment decision or consequence thereof.

m. I confirm that I have reviewed the investment guidelines that Boal & Co have set out for the Scheme, and I agree to adhere to these and any future revisions to these investment guidelines.

n. I consent to the Trustee and Scheme Administrator providing correspondence and information in relation to my Arrangements under the Scheme to my appointed Financial Adviser.

o. I consent to the Scheme Administrator deducting fees from my fund as agreed in this application.

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

q. 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.

r. 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.

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

t. 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.

u. I consent to the Trustee and Scheme Administrator using the information supplied on the 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 information required by HMRC (as may be required under the UK Finance Act 2004) or any other relevant regulatory body or professional adviser as required.

v. I confirm that the information contained in this 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.

w. I confirm that none of the funds transferred into this Scheme are subject to any court order, nor is any court order currently being applied for to the best of my knowledge.

APPLICANT DECLARATIONS CONTINUED

x. 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.

y. I confirm that to the best of my knowledge the particulars provided on the Application Form are correct and complete.

z. I understand that it is an offence to make false statements, and that any false statement could invalidate membership of the Scheme and lead to prosecution.

APPLICANT AGREEMENT

By signing below, I consent to the Agreement.

Signed by (Full Applicant Name)

Signed by the Applicant

Dated

TRAFAGLAR NEW APPLICANT CDD CHECKLIST

Application Form	
Permanent residential address given (not PO Box or temporary address)	☐
Source of funds to be transferred/added	☐
Occupation stated	☐
Application signed	☐
Additional contributions source of wealth form (if required)	☐

Customer Due Diligence – Proof of Identity	
Certified as true copy and good likeness by suitable certifier (see Certification Requirements)	☐
If certified by regulated IFA, web address of Regulator provided	☐
Copy passport or ID card current, shows good and clear photographic likeness	☐
Information on copy passport or ID card clearly readable showing country and place of issue, date and place of birth, nationality, signature of holder, date of issue, expiry date and a unique personal identification number (e.g. passport number)	☐
Documents in a foreign language require a certified true translation to be provided	
Details of any former name (e.g. maiden name) and any other names used by the applicant	☐

Customer Due Diligence – Proof of Residential Address	
Utility bill, bank statement or similar document (cannot be a mobile phone bill) dated within the last 3 months	☐
Certified as true copy by suitable certifier (see below)	☐
If certified by regulated IFA, web address of Regulator provided	☐
If utility bill or similar documentation showing street address is not available, letter from employer confirming permanent residential address (not PO Box or temporary accommodation) or letter from suitable certifier (see below) stating that he/she has visited the applicant at the address given and that it is the applicant's permanent residential address	☐
Documents in a foreign language require a certified true translation to be provided	☐

Nominated Bank Account for Payments	
If contributions are to be received or benefit payments made, a certified copy of a bank statement of the nominated bank account dated within the last 3 months	☐

TRAFALGAR PERSONAL NEW APPLICANT CDD CHECKLIST CONTINUED

Suitable Certifier

We will accept copies of documents certified by the following individuals; however, they should not be a member of the individual's immediate family

- A qualified lawyer or notary public who is a member of a recognised professional body
- A qualified accountant who is a member of a recognised professional body
- A qualified actuary who is a member of a recognised professional body
- A company secretary who is a member of a recognised professional body
- A member of the judiciary, a senior civil servant, a serving police or customs officer
- An officer of an embassy, consulate or high commission of the country of issue of documentary verification of identity
- A director, board member or authorised individual of a regulated financial business
- A senior officer or Manager (employee on the 'A' or 'AA' signature list) within Boal & Co (Pensions) Limited
- Any other suitable certifier, as approved by Boal & Co

*Members in the Isle of Man may wish to visit our offices with their original documents for us to certify

Certification Requirements

The certifier should include the following wording (or words to that affect):

"I have seen the original document and I certify this to be a true copy of the original". When certifying photographic documents, the certifier should check the photograph represents a good likeness to the individual and include the following "I confirm that the photograph bears a true likeness to the individual concerned".

They need to sign and date each copy and include:

- Their full name in capitals
- Their job title or capacity
- Their phone number
- Their full address (including the postcode)
- The professional body of which they are a member, including their accreditation or reference number

Please note - If the person certifying your photocopy is doing so on behalf of a company or organisation, they should add its official stamp to each page. We can accept PDF scanned copes of certified identity documentation by email subject to our in-house verification checks.

A certification on a separate sheet of paper is acceptable provided that one of the following is in place.

- The documents are received in original format and bound together
- The certification page references the name of the person, the document and the document number (if available). For address verifications the separate sheet must mention the issuer and date of the invoice and the addressee.
- The documents are certified by way of DocuSign (or equivalent) and the audit page is attached.

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LETTER OF AUTHORITY

Pension Provider's Name and Address

Member's Name and Address

Employed from (date):

Employed to (date):

Plan Number

DOB:

National Insurance Number:

Passport Number

Please accept this letter as your authorisation for Boal & Co to act on my behalf to obtain information relating to my deferred pension in the above mentioned scheme.

This information is to include details in relation to transfer procedures to transfer to another Gibraltar approved pension scheme.

I trust you find this in order, but should you require any further information, please do not hesitate to contact me.

Yours faithfully

Signature

Date

Boal & Co

Retirement Benefit Solutions

Pension Trustee Services
Pension Administration
Actuarial Services

General (+350) 200 68022
Email gibmail@boalco.com
Post PO Box 1250, Gibraltar, GX11 1AA
Registered Office Suite 1.2.08, Eurotowers, Europort Road, Gibraltar

ISLE OF MAN | JERSEY | MALTA | GIBRALTAR

Our focus; your financial future.

boalco.com |