

Corporate Open Pension Takeover application form

Take control of your pension



The information on this form and any other information provided by you and/or your nominated advisers either now/or in the future will be used to takeover, maintain and administer your Corporate Open Pension.

By signing and completing this application and a Member application in respect of each Member you agree to appoint L&C Pensions to be the new Professional Trustee and Scheme Administrator.

You understand that we will assume responsibility on your behalf for the operation of your Corporate Open Pension on the basis of the information in this application including;

1. Preparing suitable documentation as may be required from time to time (other than documents relating to the acquisition or disposal of assets, e.g. property)
2. Maintaining suitable records of the Corporate Open Pension including investment details and individual Member's details
3. Either *(Please tick as appropriate)*
 - i. prepare annual financial statements for the Corporate Open Pension

Or

 - ii. supply information to the appointed Scheme Accountant for the production of audited scheme accounts

if (ii) is selected please complete the Scheme Accountant section on page 6
4. Provide appropriate information regarding the Corporate Open Pension to the Members or others having a justifiable interest and ensure compliance with the regulations on the disclosure of information and registration of pension schemes
5. Transfer, open and monitor suitable bank accounts in the names of the Scheme Trustees
6. Carry out the duties of Scheme Administrator as defined in the UK Finance Act 2004

If you have any ongoing queries, you should contact the Scheme Administrator, who is the person responsible for the day-to-day administration of your Corporate Open Pension. The Declaration of Trust and the Scheme Rules govern the Scheme.

It is a serious offence to give false statements and it could lead to prosecution. The penalties are severe. You must disclose all 'material' facts (i.e. facts which may affect the acceptance of your application).

I. Corporate Open Pension details

Name of scheme	<input type="text"/>
Current number of Member Trustees <i>(Each Member will be appointed a Member Trustee)</i>	<input type="text"/>

Please complete a Member application for each Member

2. Principal Employer details

Employer's full registered name	
Registered address line one	
Registered address line two	
Town	
County	
Country	
Postcode	
Telephone number	
Facsimile number	
Person to contact	
Email address	
Correspondence address (<i>if different</i>)	
Address line one	
Address line two	
Town	
County	
Country	
Postcode	
Telephone number	
Facsimile number	
Employer status	<p>Limited <input type="checkbox"/> Unlimited <input type="checkbox"/></p> <p>Limited by guarantee <input type="checkbox"/> Limited by liability <input type="checkbox"/></p> <p>Partnership <input type="checkbox"/> Other <input type="checkbox"/></p> <p>If other please give details _____</p>
Employer's trade	
Employer's year end	
Registration number	
Corporation tax district	Ref <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PAYE district	Ref <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Is any employer, other than the Principal Employer currently participating in the Scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If No, please proceed to question 4

3. Additional Participating Employer details

Employer's full registered name	<hr/>
Registered address line one	<hr/>
Registered address line two	<hr/>
Town	<hr/>
County	<hr/>
Country	<hr/>
Postcode	<hr/>
Telephone number	<hr/>
Facsimile number	<hr/>
Person to contact	<hr/>
Email address	<hr/>
Correspondence address (<i>if different</i>)	<hr/>
Address line one	<hr/>
Address line two	<hr/>
Town	<hr/>
County	<hr/>
Country	<hr/>
Postcode	<hr/>
Telephone number	<hr/>
Facsimile number	<hr/>
Employer status	<p>Limited <input type="checkbox"/> Unlimited <input type="checkbox"/></p> <p>Limited by guarantee <input type="checkbox"/> Limited by liability <input type="checkbox"/></p> <p>Partnership <input type="checkbox"/> Other <input type="checkbox"/></p> <p>If other please give details <hr/></p>
Employer's trade	<hr/>
Employer's year end	<hr/>
Registration number	<hr/>
Corporation tax district	Ref <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PAYE district	Ref <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

4. Corporate Open Pension advisers

Principal Employer Accountant details

Name of Accountant	<input type="text"/>
Correspondence address line one	<input type="text"/>
Correspondence address line two	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Country	<input type="text"/>
Postcode	<input type="text"/>
Telephone number	<input type="text"/>
Facsimile number	<input type="text"/>
Person to contact	<input type="text"/>
Email address	<input type="text"/>

Investment Manager details

Do the Member Trustees manage the investments themselves?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, please proceed to question 5
Name of Investment Manager	<input type="text"/>
Correspondence address line one	<input type="text"/>
Correspondence address line two	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Country	<input type="text"/>
Postcode	<input type="text"/>
Telephone number	<input type="text"/>
Facsimile number	<input type="text"/>
Person to contact	<input type="text"/>
Email address	<input type="text"/>
Nature of agreement	Discretionary <input type="checkbox"/> Advisory <input type="checkbox"/> Execution only <input type="checkbox"/>
Regulatory body	<input type="text"/>
Authorisation number	<input type="text"/>

Note: The appointment of the Investment Manager will be subject to the agreement of the Scheme Administrator. All investment requests must be made in accordance with our current practice details of which are available on request.

5. Current scheme advisers

Current Scheme Provider details

Name of Scheme Provider	
Correspondence address line one	
Correspondence address line two	
Town	
County	
Country	
Postcode	
Telephone number	
Facsimile number	
Person to contact	
Email address	

Current Scheme Administrator details

Name of Scheme Administrator	
Correspondence address line one	
Correspondence address line two	
Town	
County	
Country	
Postcode	
Telephone number	
Facsimile number	
Person to contact	
Email address	
Has the scheme been registered online with HMRC?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pension scheme tax reference	REF <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Current Scheme Actuary details (if applicable)

Name of Scheme Actuary	
Correspondence address line one	
Correspondence address line two	
Town	
County	
Country	
Postcode	
Telephone number	
Facsimile number	
Person to contact	
Email address	

Current Scheme Accountant details (if any)

Name of Accountant	
Correspondence address line one	
Correspondence address line two	
Town	
County	
Country	
Postcode	
Telephone number	
Facsimile number	
Person to contact	
Email address	

6. Transfer Trustee bank account

By applying for a Corporate Open Pension you agree to close your existing Trustee bank account and open a new Trustee bank account with our nominated bankers.

Please therefore provide details of your existing Trustee bank account(s) and sign the instruction below

To:

Name of bank	
Account name	
Account number(s)	
Correspondence address line one	
Correspondence address line two	
Town	
County	
Country	
Postcode	
Telephone number	
Facsimile number	
Person to contact	
Email address	

Please accept this as formal instruction for you to close the above account(s) and send a cheque/CHAPS payment* for the closing balance to:

Payment by cheque*:

Payee	L&C Pensions
Address	38-42 Perrymount Road, Haywards Heath, West Sussex RH16 3DN

Payment by CHAPS*: The following instructions must be given:

Bank	HSBC
Address	38-42 South Road, Haywards Heath, West Sussex RH16 4LA
Sort code	40-23-27
Account number	21273671 (Sterling)
Account name	L&C Pensions <i>Please quote the Trustees' account name on all payments</i>

Signed

Name

Dated (dd/mm/yy)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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7. Principal Employer declarations

If this application is accepted, L&C Pensions as Scheme Administrator agrees to administer your Corporate Open Pension on behalf of the Scheme Trustees as required by the Scheme Rules.

Your Declaration

- 7.1. If this application is accepted we undertake to be bound in all respects by the rules of our Corporate Open Pension in force from time to time
- 7.2. We declare that to the best of our knowledge and belief, the statements made in this application are true and complete
- 7.3. We hereby request L&C Pensions to accept instructions from the Investment Manager indicated in section 4 (if any)
- 7.4. We agree to pay your professional fees for your services as agreed between us separately in writing
- 7.5. We understand that you reserve the right to alter your charges or to withdraw your services subject in either case to not less than one month's written notice
- 7.6. We understand that whenever we no longer require your services we may notify you in writing to this effect and we shall be under no obligation for any work undertaken after receipt of such notice
- 7.7. We understand that your services may include the maintenance of suitable records of our Corporate Open Pension's investments or technical advice but your services do not include advice on investment strategy or individual investment selection
- 7.8. This declaration is, to the best of our knowledge, correct
- 7.9. We hereby agree that this declaration shall be the basis of the proposed contract to provide benefits under our Corporate Open Pension

To be signed by two directors/partners or a director and company secretary of the Principal Employer if they are limited.

Signed

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Position

Dated (dd/mm/yy)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signed

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Position

Dated (dd/mm/yy)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account Opening form

To	HSBC Bank Plc, 38-42 South Road, Haywards Heath, West Sussex RH16 4LA
Account name: Trustees of	<hr/> <hr/>
Account(s) required	Current <input type="checkbox"/> Client Money Manager Account <input type="checkbox"/>
Account number	21273671
Special instructions	Unless advised to the contrary please maintain a nil balance in the current account by automatic transfers to or from the Client Money Manager Account in our name
Type of cheque book	Small – 25 cheques
Type of paying in book	Small
Statement circulation	Monthly, whether active or not to L&C Pensions
Duplicate statement address	
Name of company	<hr/>
Correspondence address line one	<hr/>
Correspondence address line two	<hr/>
Town	<hr/>
County	<hr/>
Country	<hr/>
Postcode	<hr/>
Telephone number	<hr/>
Facsimile number	<hr/>
Person to contact	<hr/>
Email address	<hr/>

We confirm that the information given in this form is true and complete.

We request that HSBC Bank Plc open and maintain account(s) on the basis of the information given in this form and in accordance with whatever mandate may from time to time be agreed to be in force.

Mandate

We request and authorise you until the receipt by you of notice in writing to the contrary from L&C Pensions and any one other of us:

1. To honour and debit any account(s) in the name of the Trustees of the Scheme whether in credit or overdrawn in consequence of such debit all cheques drafts and other orders or receipts for money signed by L&C Pensions and any one other of us and we will be jointly and severally liable for the repayment of any such overdraft with interest and of money advanced on any loan account with interest save that:
 - (i) such liability shall be only in respect of the account(s) in the name of the Trustees of the Scheme and to no other account in any other name and
 - (ii) the liability of L&C Pensions shall be limited to the extent of the assets of the Scheme but without prejudice to the joint and several liability of the other parties to the said account(s).
2. To accept and act upon the signature of L&C Pensions in any request or instructions to transfer moneys between any account(s) in the name of the Trustees of the Scheme whether a deposit account or a current account of a Designated Client Money Manager Account or such as the case may be and to debit or credit such account(s) as is necessary to comply with such request or order.
3. To act upon the signatures of L&C Pensions and any one other of us in any request or instructions to withdraw or deal with any securities, documents or other property which you may from time to time hold on our behalf whether for safe custody or otherwise.
4. We further request and authorise you to accept for credit of the above account(s) any remittances tendered to you in the name of the Trustees by any one of us.
5. Any money now or hereafter standing to the credit of any account(s) in the name of the Trustees of the Scheme shall be payable to or to the order of the survivors or survivor of us, or the executors or the administrators of such survivor.
6. We confirm that those persons from time to time authorised to sign/give instructions to you for and on behalf of L&C Pensions will be independently advised to you by that Company without reference to any other Trustee or party hereto and without requirement for you to obtain the confirmation, agreement or otherwise of such Trustee or party.

Signed

Dated (dd/mm/yy)

Name

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Signed for and on behalf of L&C Pensions

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Dated (dd/mm/yy)

Name

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Intermediary details

Title	MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/>
	Other please specify _____
First name (in full)	_____
Surname	_____
Name of firm	_____
FSA Authorisation number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Correspondence address line one	_____
Correspondence address line two	_____
Town	_____
County	_____
Country	_____
Postcode	_____
Signed (Intermediary signature) _____	
Dated (dd/mm/yy)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

Checklist of enclosures required

Please enclose the following documents with the application form

Application Documents	Enc	To follow
• Takeover application completed and signed by the Principal Employer	<input type="checkbox"/>	<input type="text"/>
• Member application completed and signed (one for each Member)	<input type="checkbox"/>	<input type="text"/>
• Trustee bank account transfer form completed and signed by the authorised signatories	<input type="checkbox"/>	<input type="text"/>
• Trustee bank account mandate and account opening form completed and signed by the Member Trustees	<input type="checkbox"/>	<input type="text"/>
• Copies of any transfer request forms as appropriate (one for each transfer) completed and signed by the Member	<input type="checkbox"/>	<input type="text"/>
Please send originals of all other documents to the Professional Trustee or Scheme Administrator		
Anti-Money Laundering Requirements		
• Adviser's own verification certificate enclosed (one for each Member)	<input type="checkbox"/>	<input type="text"/>
OR		
• Certified copy of Member's passport enclosed (one for each Member)	<input type="checkbox"/>	<input type="text"/>
• Certified copy of Member's utility bill enclosed (one for each Member)	<input type="checkbox"/>	<input type="text"/>
AND		
• Adviser's own verification certificate enclosed in respect of the Principal Employer	<input type="checkbox"/>	<input type="text"/>

Please: POST the original application and enclosures to
L&C Pensions, 38 – 42 Perrymount Road, Haywards Heath, West Sussex RH16 3DN.

**For more information about
L&C Pensions please contact:**

L&C Pensions
38 – 42 Perrymount Road
Haywards Heath
West Sussex
RH16 3DN

Tel: 0870 7566696

Fax: 0870 7566697

Email: info@lcpensions.com

Web: www.lcpensions.com

