

INTERNATIONAL
OPEN
PENSION

APPLICATION FORM

Take control of your pension



Powered by the London & Colonial...



This application form can be used to establish your International Open Pension by the payment of a contribution and / or a transfer of benefits from any pension scheme:

To London & Colonial (Trustee Services) Limited:

I hereby apply for a London & Colonial International Open Pension contract on the basis of the following information.

References to "London & Colonial" means the relevant company within the London & Colonial group of companies involved in your application. The declarations in this application explain which London & Colonial company is involved at each stage of your application.

1. Your Personal Details

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
	Other (please specify) <input type="text"/>			
First name(s) (in full)	<input type="text"/>			
Surname	<input type="text"/>			
Previous name(s)	<input type="text"/>			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Date of birth	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Marital status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Civil Partner <input type="checkbox"/>	
	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>	
Address line one	<input type="text"/>			
Address line two	<input type="text"/>			
Town / County	<input type="text"/>	<input type="text"/>		
Country / Postcode	<input type="text"/>	<input type="text"/>		
Passport Number	<input type="text"/>			
What country are you currently a tax resident in?	<input type="text"/>			
Have you been a UK tax resident in the current tax year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Have you been a UK tax resident in the five tax years immediately preceding the current tax year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
I completed 5 tax years of non-UK residency on 5th April	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(If applicable)		
Are you resident in the US for tax purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Are you a US citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Intended retirement age (years)	<input type="text"/> <input type="text"/>			
Occupation / Retired	<input type="text"/>	OR Retired <input type="checkbox"/>		
Contact telephone number	<input type="text"/>			
E-mail address	<input type="text"/>			

2. Professional Adviser Details

(Company stamp if available)

Full name of Firm:	
Main business address:	
Telephone:	
Email:	
Authorisation Body (eg FCA):	
Authorisation No:	

Advice given at point of sale to client that takes account of the intended underlying investment strategy

Advice given at point of sale to client but does NOT take account of the intended underlying investment strategy

Advice not given at point of sale to client

I/We certify that the evidence obtained to verify the identity of the customer meets the standard evidence set out within the guidance issued by the Financial Action Task Force. Upon request I/we will supply evidence of the same to London & Colonial.

Signed (on behalf of the Intermediary)

3. Remuneration Basis

Please state the level of remuneration that you wish us to pay to your Professional Adviser. Please state gross amounts and include VAT where applicable.

Initial: % OR £/€/\$

(Based on the payments initially received and payable at outset)

Annual: % OR £/€/\$

(Payable annually in advance on each anniversary based on the fund value at the time)

Additional Transfers: % OR £/€/\$

(if applicable)

Additional Single Contributions: % OR £/€/\$

(if applicable)

4. Investments

Until the instructions on the investments of your scheme take effect, contributions and any cash transfers will be held in the scheme bank account.

All investment payments will be made by BACS transfer. If you require same day payment by CHAPS, please tick the following box *Please note, additional charges may apply if you select payment by CHAPS or an overseas payment is made.*

A) Do you wish to manage the fund yourself? Yes No

If you tick 'Yes' we will contact you for all investment and disinvestment instructions. Please provide initial investment instructions on Form C in the appendix.

B) Do you want us to act on instructions from your Professional Adviser? Yes No

If you tick 'Yes' we will contact your adviser for all investment and disinvestment instructions.

C) Do you also want to appoint an investment manager? Yes No

If 'Yes', please indicate the name and address of the investment manager you wish us to appoint in the following box.

The appointment of the investment manager will be subject to the agreement of the Scheme Administrator. If the initial agreement will be on an execution only basis and the desired initial investments are known then please provide details using Form C in the appendix.

D) Do you want us to act on instructions from your investment manager? Yes No

If you tick 'Yes' we will contact your investment manager for all investment and disinvestment instructions.

Please state which currency you wish to make your investments in. GBP Sterling (£)

Please ensure the figures you enter throughout this application Euros (€)

correspond accordingly with the currency you have selected here. Dollars (\$)

(If neither box is ticked we will assume all amounts to be in GBP Sterling)

Signed

Date (dd/mm/yyyy)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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5. London & Colonial International Open Pension Declarations

If my application is accepted, I undertake to be bound in all respects by trust deed(s) and rules of the London & Colonial EU QROPS scheme (known as the London & Colonial International Open Pension) in force from time to time.

I understand that London & Colonial (Trustee Services) Limited is the trustee and that L&C (Administration Services 3) Limited is the scheme administrator of the London & Colonial International Open Pension.

I hereby request London & Colonial to accept instructions from my professional adviser indicated in Section 4B or from the investment manager indicated in Section 4D.

I consent to London & Colonial obtaining details from the Scheme Administrator/Scheme Trustee or insurance company or other pension provider of any scheme, arrangement or contract of which I am or have been a member and authorise the giving of such details to London & Colonial.

I understand that L&C (Administration Service 3) Limited will store and process my personal information in accordance with the Gibraltar Data Protection Act 2004, wherever the information is held and processed.

I consent to London & Colonial using any personal information supplied on this application or obtained from any third party to be used for the administration of my London & Colonial International Open Pension.

I authorise London & Colonial to pass my personal information to:

- i. Any professional financial or investment adviser(s) which I have appointed on this application form or in any associated correspondence; and
- ii. Any necessary third party in connection with administering my London & Colonial International Open Pension.
- iii. Any regulatory authorities or to any other third parties under pensions regulations and/or to comply with any other legal requirements.

I consent to London & Colonial obtaining any relevant pensions or related details from any source. This includes any professional financial or investment adviser, scheme practitioner, administrator, trustee, insurance company or any other pension provider of any scheme, arrangement or contract in which I have ever had any benefit entitlement.

I consent to London & Colonial providing any relevant information related to my London & Colonial International Open Pension to any other pension scheme trustees, administrators, practitioners, insurers or pension providers when required to do so.

I understand that London & Colonial will perform electronic searches on me to verify my identity for Anti Money Laundering purposes as and when may be required.

I understand that these statements apply to the details contained in this form, to any other information provided in association with this Application and to any data which London & Colonial creates, receives or processes in future in relation to my London & Colonial International Open Pension.

I hereby agree to be responsible for any claims, losses, costs, charges or expenses which may be raised against London & Colonial or incurred by London & Colonial in consequence of London & Colonial acting on instructions received by facsimile or email from the address stated on this application form and/or that I have provided to you. I understand that email is not a secure method of communication and confidential or sensitive information will not be transmitted in this format by London & Colonial unless I agree otherwise.

I request and consent to the payment of the transfer value(s) from my previous scheme(s), as indicated on Form F to the London & Colonial International Open Pension. I understand that after such payment neither I nor my spouse, civil partner or dependants will have any entitlement to benefits under the scheme(s) indicated on Form F to which the transfer payment relates.

I acknowledge that the Receiving Scheme may not be regulated in any way by the law of the United Kingdom and that as a consequence there may be no obligation under the law on the Receiving Scheme or its trustees to provide any particular value or benefit in return for the assets.

I understand that the value of the assets shown in this document is not guaranteed and may fluctuate and that the exact value will not be known until the transfer date. The value of the assets will represent the value of my interest and my dependant's interests in the transferring scheme which are being transferred to the receiving scheme.

I undertake to be bound in all respects by the rules of the London & Colonial International Open Pension in force from time to time.

I hereby agree that this application shall be the basis of the proposed contract to provide benefits under each of the schemes.

I declare that to the best of my knowledge and belief, the statements made in this application are true and complete.

I consent to the trustee settling any tax liability levied by HMRC in the UK.

I will, upon request, make full disclosure in writing of any benefits I have received, may receive, or may be entitled to receive from any other pension fund or employer.

If future tax becomes payable because the information I have provided is incorrect, then I understand I will be wholly and personally liable for any tax charge due and any resultant penalty as may be imposed by HMRC.

In some circumstances a transfer of funds, or a future payment made, or treated as made by a QROPS might not be an HMRC recognised transfer and may be treated as an unauthorised payment giving rise to liability to pay tax in the UK.

I agree that I will contact London & Colonial within 30 days in writing if

- 1) There is a change in my residency status
- 2) There is any change in my name or permanent residential address

To be signed by the Member or the Member's attorney

(if being signed by an attorney please enclose the appropriate power of attorney):

Signed

Date (dd/mm/yyyy)

The information in this document is based on our interpretation and understanding of UK, and Gibraltar, law at the time of publication. As this information may be subject to change, the contents of this document should not be regarded, nor relied upon, as a statement of law.

6. Client Due Diligence

Documents to be submitted *(please tick box to indicate that each document is attached)*

Certified copy of passport

Please provide an original certified copy of your passport. The copy must be certified by an appropriately authorised person e.g. Doctor, Solicitor or other Legal Professional, Accountant or Police Officer.

Certified copy of passport attached

Address verification

If you appear on the UK electoral roll, it is possible for us to verify your address from our systems. If you are on the UK electoral roll please tick the box

If you do not appear on the UK electoral roll then we will require a utility bill to verify your address. This must be no more than three months old and must be either an original utility bill or a copy of an original appropriately certified as detailed above.

Utility bill attached or Certified copy of utility bill attached

7. Intermediary Checklist

What signatures are required?

Please tick

Professional Adviser signatures Section 2,

Client signatures Section 4+5, and Forms B, E and F as appropriate

8. Index of Appendix

Form A	Applicant's death benefit nomination form <i>(not required to effect the International Open Pension)</i>
Form B	Contribution form <i>(if applicable)</i> <i>(please also complete Form E for regular contributions)</i>
Form C	Initial investment instructions <i>(not required to effect the International Open Pension)</i>
Form D	Benefit payment form <i>(if applicable)</i> <i>(If already receiving or about to commence pension payments)</i> Enclose P45 <i>(if appropriate)</i>
Form E	Standing order instruction <i>(for regular contributions)</i> <i>(please photocopy for each payment as required)</i>
Form F	Transfer request form <i>(please photocopy for additional sources as required)</i>

FORM A - Nomination of Death Beneficiaries

You may request that any of your pension fund remaining on your death is divided between two or more persons. Please state each person's name and address in the first column and the desired percentage proportion of your available fund in the third column. This nomination can be changed by submitting a replacement nomination form to us at any time.

In the event of my death I would like any sums payable under my International Open Pension to be paid to the following person or persons in the manner shown below.

I understand that in exercising your discretion in the disposal of the benefits you will not be bound by my nominations but you will bear them in mind.

Full name and address of beneficiary	Relationship to you	%
My Estate (can be 0%)		%
	Total: Must add up to 100%	100 %

We recommend that you review your nomination(s) regularly, particularly if either your circumstances, or those of your beneficiaries, change. Upon notification of your death, we will refer to the most recent signed nomination received by us.

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FORM B - Contribution Form

1. Regular contributions (if applicable) - Please complete a standing order instruction (Form E)

	Name	Amount	Frequency (<i>please circle</i>)	
Personal (<i>from your account</i>)		£/€/\$	Monthly Half-yearly	Quarterly Annually
Personal (<i>deducted from salary</i>) (<i>complete section 4</i>)		£/€/\$	Monthly Half-yearly	Quarterly Annually
Employer (<i>complete section 4</i>)		£/€/\$	Monthly Half-yearly	Quarterly Annually
Third party (<i>complete section 5</i>)		£/€/\$	Monthly Half-yearly	Quarterly Annually

2. Single contributions

	Name	Amount
Personal (<i>from your account</i>)		£/€/\$
Personal (<i>deducted from salary</i>) (<i>complete section 4</i>)		£/€/\$
Employer (<i>complete section 4</i>)		£/€/\$
Third party (<i>complete section 5</i>)		£/€/\$

3. Source of Wealth

Occupation / nature of business

Annual earnings / net annual turnover

Source of funds for the investments

(*e.g. a UK bank account*)

4. Employer's Declaration (*if applicable*)

I/We confirm that:

- I/We will deduct the necessary employee contributions from the Applicant's salary after tax and National Insurance have been deducted as they become due and send this to London & Colonial.
- I/We agree to pay the contributions detailed above until further notice and will inform London & Colonial of any changes to the amounts due.
- I/We agree to advise London & Colonial immediately if any member is to leave our employment. Unless otherwise agreed in writing, we confirm that employer contributions will only be paid in respect of people currently employed and will cease if the member leaves employment.
- I/We understand that London & Colonial will aim to verify the identity of the company electronically to satisfy anti-money laundering regulations. In the event that London & Colonial are unable to do this, they will request documentary evidence as an alternative. London & Colonial will delay applications until sufficient identification has been provided.

Signed Position

Name (*block capitals*) Employer

5. Third Party Declaration – for Third Party Contributions ONLY

I/We confirm that:

- I/We agree to pay the contributions detailed above until further notice and will inform London & Colonial of any changes to the amounts due.
- I/We understand that London & Colonial will aim to verify the identity of the third party electronically to satisfy anti-money laundering regulations. In the event that London & Colonial are unable to do this, they will request documentary evidence as an alternative. London & Colonial will delay applications until sufficient identification has been provided.

Signed	<input type="text"/>
Full name (<i>block capitals</i>)	<input type="text"/>
Capacity	<input type="text"/>
Date of birth (<i>if individual</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of company (<i>if applicable</i>)	<input type="text"/>
Address line one	<input type="text"/>
Address line two	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Country / Postcode	<input type="text"/> <input type="text"/>

6. Payment Method

Single contribution

- Electronic Transfer
 Cheque
 Contribution In Specie

(please provide asset details separately)

Regular contributions

- Electronic Transfer
 Standing Order instruction (*Form E*)

7. Start date for regular contributions

With immediate effect

OR

Date

Please complete a Standing Order instruction (Form E) for each regular payment.

FORM C - Initial Investment Instructions

For property, loans or unquoted share purchases, please complete the associated application form available from our website or on request.

How would you like us to purchase your initial investments?

L&C default execution only stockbroker *(terms & conditions and a dealing charge will apply)*

Your stockbroker - Please provide contact details below:

An investment platform such as Platform One / Ascentric etc *(please indicate which platform below)*

Directly with the Fund providers or Unit Trust / OEIC companies. *

** If you select this option, then please let us have the application forms for the specific funds you have selected. Please only complete the fund information on the forms and arrange for your professional adviser to complete their details in the relevant section. Please ensure you leave the account holder and address details blank as we will purchase and hold these investments on your behalf.*

Amount to be invested

Please either enter the individual amounts below or if you have entered % amounts below then let us know the total monetary amount you wish us to invest:

£/€/\$

Fund / asset to be purchased	% or £/€/\$
1	
2	
3	
4	
5	
6	
7	
	Total:

Investment Payments

All payments will be made by BACS transfer. If you require same day payment by CHAPS, please tick the following box *Please note an additional charge will apply if you select this option.*

Trustee cash deposits

Unless you instruct us otherwise we will hold all cash received in a designated account with the scheme bankers. We are happy to place your funds on deposit with other institutions as an investment and would ask that you let us have the contact details of the institution and the basis and amount of the deposit. Banks often have different types of accounts and we would ask that you be specific. Please note we apply an annual administration fee for each account not held with our nominated scheme bankers. Please see our fee basis for further details.

Bank name	<input type="text"/>	Bank contact name	<input type="text"/>
Bank address	<input type="text"/>	Bank telephone no.	<input type="text"/>
	<input type="text"/>	Interest rate	<input type="text"/>
	<input type="text"/>	Term of deposit	<input type="text"/>
Deposit Amount	<input type="text"/> £/€/\$		

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FORM D - Benefit Payment Form

Payment Requirements from the International Open Pension

Please state below the percentage of the available fund that you wish to take benefits from
(The available fund is any part of the fund from which you have not previously taken benefits)

Fund 100% OR %

Please state below your income requirements

Tax Free Lump Sum Maximum available OR
 Specified amount £/€/\$

Income Maximum available OR
 Minimum available OR
 Specified amount £/€/\$

Income payment (*please tick one*)

Please indicate how often you wish your income to be paid.

Start date of payments (*dd/mm/yyyy*)
OR on commencement of the plan (*tick*)

Monthly Quarterly
 6-monthly Annually

Please provide details of the bank account you would like us to credit your income payments to:

Bank Name
Address

Account Name
Sort Code / Account Number
Reference (*if any*)

This page is intentionally blank

FORM E - Standing Order Instruction

This form should be completed if you wish to make regular contributions to the International Open Pension.

1. Account details to debit

To The Manager

<input type="text"/>	Bank Name
<input type="text"/>	Address
<input type="text"/>	
Post Code: <input type="text"/>	Country: <input type="text"/>
<input type="text"/>	Account Name
<input type="text"/>	Sort Code / Account Number

2. Payment details

Amount of first payment	<input type="text" value="£/€\$"/>
Date of first payment (dd/mm/yyyy)	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Amount of regular payment	<input type="text" value="£/€\$"/>
Amount of regular payment in words	<input type="text"/>
Frequency (monthly, annually, etc.)	<input type="text"/>
Date of regular payment (1st, 2nd, etc.)	<input type="text"/>

3. Account details to credit (for internal use only)

Name of Organisation	London & Colonial
Bank Name	<input type="text"/>
Address	
Sort Code / Swift Number	
Account Number / IBAN	
Reference (if any)	

4. Account holder signature

Please accept this as formal instruction to debit my account in accordance with the instructions given above until further notice.

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

Please photocopy this page for additional regular payments

This page is intentionally blank

FORM F - Transfer Request Form

Please use this form to transfer benefits from a Recognised Overseas Pension Scheme (including QROPS and UK registered pension schemes)

To: The Administrator of the Transferring Scheme or Policy

1. Transferring Scheme or Policy details

Name of transferring scheme or policy	<input type="text"/>
Policy number(s)	<input type="text"/>
Estimated total transfer value	<input type="text" value="£/€\$"/>
⁽¹⁾ Amount of total transfer value previously relieved of UK tax	<input type="text" value="£/€\$"/>
Administrators name	<input type="text"/>
Address line one	<input type="text"/>
Address line two	<input type="text"/>
Town	<input type="text"/>
Country / Postcode	<input type="text"/> <input type="text"/>
Telephone number	<input type="text"/>

2. Policyholder / Scheme Member

Full name	<input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
National Insurance no.	<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"/>
Transfer In Specie?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
*Please provide a list of assets separately	
Is any part of the transfer payment subject to a court order in any jurisdiction (bankruptcy, divorce etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I authorise London & Colonial to obtain information on my pension. I wish to transfer my entitlement under the above scheme to the London & Colonial EU QROPS (known as the London & Colonial International Open Pension) HMRC QROPS Reference Number QROPS504563. I understand that after such payment neither I nor my spouse, civil partner or dependants will have any entitlement to benefits under your scheme to which this transfer relates.

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

Please photocopy this page for additional transfer payments

⁽¹⁾ For example, originally derived from a pension contribution that received UK income tax relief

For more information about any of our products please scan the QR code below or contact:

t: 0203 640 6840

f: 0203 479 5506

w: www.londoncolonial.com

e: IFASupport@londoncolonial.com



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