

Belvedere
QROPS | GUERNSEY

securing your future today



Application Form

Personal Details

Title: _____ Surname: _____

Full Forename/s _____

Any Former Names: _____

Date of Birth: _____ Place of Birth: _____

Marital Status: _____

Address: _____ Previous UK Address: _____

(Please note that unless otherwise instructed all communications will be sent to the Member at the address given above)

Telephone Number: (Home) _____

(Mobile) _____

E-mail address: _____

Occupation: _____

UK National Insurance No: _____

Approximate date you left the UK: _____

Residential Status: _____

Is the Applicant a serving or a prior member of any Government, a Senior Civil Servant, a Military officer, a high profile individual or a close relative of such an individual? **Yes or No**

If the answer is Yes refer to CDD Checklist (page 6) for additional CDD requirement

Has the Applicant:

a) ever been convicted of a criminal offence anywhere in the world? **Yes or No**

b) ever been subject to a tax investigation by any authority in the world? **Yes or No**

c) known present of future creditors who may legally have a claim against their estate? **Yes or No**

d) ever been declared bankrupt in any country or ever been a director or otherwise concerned in the management of a company that has been subject to an insolvent liquidation that has resulted in disqualification or been subject to a Judicial Enquiry? **Yes or No**

If the answer is yes to any of the above briefly describe details and attach copies of any relevant documentation.

Details of Transferring Pension Fund

Name of Pension Fund: _____

Individual Pension Fund No: _____

Pension Fund Address: _____

Telephone: _____

E-mail: _____

Transfer value: _____

Normal retirement Age: _____

Court Order in respect of Pension Fund: YES / NO If YES please provide details:

Is Pension already in drawdown: YES / NO If YES please provide details:

If more than one pension being transferred provide additional page 3 and additional Authority Letters for each pension

Independent Pension Review

Name of advising firm: _____

Address of advising firm: _____

Name of Adviser: _____

Tel / E-mail address _____

If Independent Pension Review has not been obtained please take careful note of point 7 in Declaration.

I have chosen not to obtain an Independent Pension Review

Investment Adviser to the member

Name of advising firm: _____

Address of advising firm: _____

Tel / E-mail address: _____

Guernsey Residents Only

Guernsey Tax Number: _____

Guernsey Social Insurance Number: _____

Nominated Beneficiaries

This means those who are to receive the benefit of the Plan in the event that funds remain in the Plan at the time of the death of the Member and will normally be the Member's spouse, their Dependents and Relations.

Beneficiary 1

Full Name: _____

Date of Birth: _____

Relationship to member: _____ Percentage Share: _____

Beneficiary 2

Full Name: _____

Date of Birth: _____

Relationship to member: _____ Percentage Share: _____

Beneficiary 3

Full Name: _____

Date of Birth: _____

Relationship to member: _____ Percentage Share: _____

Declaration

Full Name: _____

I hereby declare that:-

1. I accept and agree to abide by the trust deed governing the Belvedere International Pension Plan (hereinafter referred to as 'the Plan'), the trustee of which is Willow Trustees Limited (hereinafter referred to as the Trustee)
2. I consent to the transfer of my pension funds being paid to the Trustee on my behalf;
3. 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 plan or employer.

4. I accept responsibility for the payment of any fees due (both initial and recurring) in accordance with the published fee scales as amended from time to time (with the current Fee Schedule detailed on page 6 below). I understand and agree that fees will be drawn from my Sub Fund.
5. I certify that the information supplied by me and contained herein is true and accurate.
6. I confirm that the source or origin of any further assets that may be introduced to you will be explained prior to transfer.
7. I acknowledge that the Trustee recommends that professional, legal and tax advice should be expressly obtained concerning my financial affairs and that the Trustees cannot provide any such advice and cannot be held responsible for any advice expressly obtained. Where I have chosen not to take such advice I hereby indemnify and release the Trustees from any potential liability resulting from my decision not to obtain the independent pension review recommended. I further confirm that the Trustees have not provided any advice to me regarding the suitability or otherwise of the Plan for my pension needs.
8. *I wish the Trustees to appoint me as the Investment Manager of my Sub Fund under the terms of Clause 5.2 of the Trust Deed.*
9. *I will arrange for the Trustees to be provided with an investment plan and instructions in due course.*

**In the event that the applicant does not wish to act as Investment Manager the Letter of Nomination on page 8 should be completed and clauses 8 and 9 above crossed out.*

I hereby apply for membership of the Belvedere International Pension Plan and confirm that by executing this Application Form as a Deed I agree to be bound by the Trust Deed and Rules of the Plan as prevailing from time to time.

Executed as a deed

Applicant's Signature Date:

Day	Month							Year	

Witness' Signature

Full Name of Witness:

Address of Witness

**For and on behalf of
Willow Trustees Limited
as Trustees of the
Belvedere International Pension Plan**

Director

Director

Date:

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CDD Checklist

Please ensure that the following documentation is provided with this application (tick as appropriate):

- Certified copy of Passport or National Identity Card (see CDD Requirements below).
- One original or Certified copy proof of residential address no older than 3 months (see CDD Requirements below).
- Copy of pension advice (if advice taken)
- If appropriate Letter of Nomination (page 8).
- P85 (if available).

Additional CDD requirement as referred to in Application form

- Two original professional references who have known the individual concerned for at least two years stating good standing and confirming the residential address information as provided above.

Fee Structure

Amount of Pension fund	ACCEPTANCE		ANNUAL	
	%	Min / Max	%	Minimum
UP TO £2.5m	0.25%	£1,000 / £2,500	0.25%	£1,250
Balance over £2.5m			Negotiable	
Charges include:	<ul style="list-style-type: none"> • Trustee and Administration Services (Acceptance and on-going). • Payment of any Pension Lump Sum. • First transfer in (this fee covers up to four pensions). • Annual valuations. • Payment of any Death Benefits. <p>Fees will be paid directly from your Plan's assets with the Annual charge typically paid in advance for the provision of specified services to include administration of the fund, annual accounts and the Trustee responsibility fee.</p>			
Additional charges:	<ul style="list-style-type: none"> • For certain complex schemes additional fees may be applied. (This will be done on a case-by-case basis with appropriate fees to be agreed in advance). • A fee of £250 will be charged for each additional pension scheme transfer. • Transfer/closing administration fee is £850. (The transfer/closing fees do not apply upon death of member.) 			

AUTHORITY LETTER

Name of Pension Scheme: _____

Members Full Name: _____

Date of Birth: _____

Policy/Plan Number: _____

National Insurance No: _____

Dear Sirs

I hereby authorise you to provide such information as may be requested on the above Pension Plan to Willow Trustees Limited.

This letter only authorises Willow Trustees Limited to request information on the above pension scheme and does not constitute an authority to make changes to said scheme, nor an application to move the scheme to another provider.

Yours faithfully

Signed: _____

Date: _____

LETTER OF NOMINATION TO TRUSTEES

The Trustees of The Belvedere International Pension Plan (“the Plan”)
Les Echelons Court
Les Echelons
St Peter Port
Guernsey
GY1 2JF

Date:

Dear Sirs

In accordance with Clause 5.2 of the Terms of the Plan I hereby nominate the following to act as Investment Manager in relation to the Sub-Fund to be set up for me: -

Investment Manager: _____

Address: _____

Contact details **Tel:** _____

E-mail: _____

Yours faithfully

Applicant Signature

The following people are permitted to certify the ID documentation:

- Lawyer
- Chartered Accountant
- Serving Police or Customs Officer
- Notary Public
- Member of Judiciary
- Senior Civil Servant
- Actuary
- An Embassy, Consulate or High Commissioner of the country of issue of the document
- Director, Officer or Manager of a regulated financial services business (e.g. Bank Manager) operating in an equivalent jurisdiction to Guernsey as follows:

Australia	Austria	Belgium	Canada	Denmark	Finland
France	Germany	Gibraltar	Hong Kong	Iceland	Ireland
Isle of Man	Italy	Japan	Jersey	Luxembourg	Netherlands
New Zealand	Norway	Portugal	Singapore	South Africa	Spain
Sweden	Switzerland	United Kingdom	United States		

References

Where references are required as provided for in the Application Form, these should be **two** professional references provided by such parties as are permitted to certify the ID documents as detailed above.

The references should state how long the individual has been known to them (at least two years) and is of good standing and should also confirm the residential address of the individual.

The references should be addressed to “Willow Trustees Limited” and be provided in original signed form on the relevant parties’ letterhead, dated and clearly indicating the name of the individual signing the reference.