

PANTHEON QROPS

APPLICATION FORM

Please complete all sections of the form. Incomplete or inaccurate application forms may delay your application and acceptance as a member of the Pantheon QROPS.

Personal Details

Title: Surname:

Full Forenames: Marital Status:

Previous Name:

Date of Birth: / / Sex: Male: Female:

Residential Address:

Correspondence Address (if different):

Tel: NI Number:

Mobile: Email:

Occupation: Nationality:

Previous UK Address (non-UK residents only):

Tax Residency Declaration

I am currently tax resident in (name of country)

UK residents Tick the box that applies and provide a date if relevant.

I plan to become non-UK resident by (date) / /

There is currently no specific date by which I expect to become non-UK resident.

Non-UK residents Provide dates where relevant and tick the boxes that apply.

I have been non-UK resident for tax purposes since (date) / /

I plan to become UK-resident again by (date) / /

I have no plans to become UK-resident again in the foreseeable future.

Pension Review Waiver Form

It is recommended that an independent review of the applicant's pension requirements be carried out by a suitable qualified pensions adviser before any transfer is requested. Applicants should supply a signed copy of any advice obtained. If no such advice is available applicants must sign the waiver form below. For a transfer from a defined benefit scheme transfer advice should be received, the waiver is not sufficient.

Pantheon Pension Trustees Limited
186 Main Street
PO Box 453
Gibraltar

Date: / /

Dear Sirs

I refer to my application to transfer my current pension to the Pantheon QROPS. Having been advised that an independent pension review is recommended prior to the transfer, and having considered all of my options, I hereby waive my option to obtain an independent pension review relating to the said transfer.

Furthermore, I hereby indemnify and release the trustee from any potential liability resulting from my decision not to obtain an independent review.

Yours faithfully

Applicant Signature:

Applicant Name:

If a pension review has been carried out please provide Adviser details and provide a copy of the advice.

Financial Adviser

Name: Email:

Company:

Tel: Fax:

Please apply your company stamp here:

It is recommended the you take financial advice in relation to the investment of the plan. Should an adviser not be appointed please confirm your investment preference in writing.
A disclaimer may be required.

Investment Objectives

The investment objective of the Pantheon QROPS is to produce a pension fund which will provide benefits for the member throughout their retirement. The trustees are ultimately responsible for safeguarding the assets of the fund and to ensure that the assets are properly invested to give both income and capital growth. The trustees are not regulated to give investment advice and will use the services of a regulated financial advisor to determine the best investment strategy for each member's pension fund.

There is the option for members to direct a trustee with regard to the investment of their fund and the trustee will consider those investments based on members profile but may take external advice. Where a financial advisor has recommended investments for a particular member, the trustees will require sight of this advice and the client fact find. In order to ensure that this advice is compatible with the members risk profile please complete the following questionnaire:

Risk Profile

Please tick the box that applies to you:

1. Lower Risk

People in this category are conservative with their investments. They prefer taking a small amount of risk to achieve modest or relatively stable returns. They accept that there may be some short term periods of fluctuation in value.

2. Lower to Medium Risk

People in this category are relatively cautious with their investments. They want to try to achieve a reasonable return, and are prepared to accept some risk in doing so. Typically these portfolios will exhibit relatively modest fluctuations in value.

3. Medium Risk

People in this category are balanced in their attitude towards risk. They don't seek risky investments but don't avoid them either. They are prepared to accept fluctuations in the value of their investments to try and achieve better long term returns. These portfolios will be subject to frequent and at times significant fluctuations in value.

4. Medium to High Risk

People in this category are relatively comfortable with investment risk. They aim for higher long term returns and understand that this can also mean some sustained periods of poorer performance. They are prepared to accept significant fluctuation in value to try and achieve better long term returns.

5. High Risk

People in this category are very comfortable with investment risk. They aim for high long term investment returns and do not overly worry about periods of poorer performance in the short to medium term. Ordinarily these portfolios can be subject to the full extent and frequency of fluctuations in stock market and other asset values.

Members are reminded that past performance shall not necessarily be a guide to future performance and that the value of investments can go down as well as up. The value of investments denominated in foreign currencies may be influenced by changes in exchange rates.

For further details on risk profiling please consult your professional adviser.

Details of Transferring Pension Fund 1

Name of Transferring Scheme:

Individual Pension Fund or Policy Number:

Pension Fund Address:

Tel: Email:

Approximate transfer value:

Guarantee Date (if applicable): / /

Have any benefits been taken from this Fund: Yes: No: lump sum: %

Pension Sharing/Court Order in respect of Pension Fund: Yes: No:

If Yes please provide details:

Details of Transferring Pension Fund 2

Name of Transferring Scheme:

Individual Pension Fund or Policy Number:

Pension Fund Address:

Tel: Email:

Approximate transfer value:

Guarantee Date (if applicable): / /

Have any benefits been taken from this Fund: Yes: No: lump sum: %

Pension Sharing/Court Order in respect of Pension Fund: Yes: No:

If Yes please provide details:

Details of Transferring Pension Fund 3

Name of Transferring Scheme:

Individual Pension Fund or Policy Number:

Pension Fund Address:

Tel: Email:

Approximate transfer value:

Guarantee Date (if applicable): / /

Have any benefits been taken from this Fund: Yes: No: lump sum: %

Pension Sharing/Court Order in respect of Pension Fund: Yes: No:

If Yes please provide details:

Details of Transferring Pension Fund 4

Name of Transferring Scheme:

Individual Pension Fund or Policy Number:

Pension Fund Address:

Tel: Email:

Approximate transfer value:

Guarantee Date (if applicable): / /

Have any benefits been taken from this Fund: Yes: No: lump sum: %

Pension Sharing/Court Order in respect of Pension Fund: Yes: No:

If Yes please provide details:

Nominated Beneficiaries (in the event of your death)

1. Full Name:
- Relationship: Date of Birth: / /
- Tel: Email:
- Residential Address:
- Total percentage of benefit: % If 100% entered and if beneficiary predeceases member distribute as follows:
2. Full Name:
- Relationship: Date of Birth: / /
- Tel: Email:
- Residential Address:
- Total percentage of benefit: % If 100% entered and if beneficiary predeceases member distribute as follows:
3. Full Name:
- Relationship: Date of Birth: / /
- Tel: Email:
- Residential Address:
- Total percentage of benefit: % If 100% entered and if beneficiary predeceases member distribute as follows:
4. Full Name:
- Relationship: Date of Birth: / /
- Tel: Email:
- Residential Address:
- Total percentage of benefit: %

Authority Letter

Name of Pension Provider:

Address of Pension Provider:

Name of Transferring Scheme:

Member Name: Fax:

Date of Birth: / / National Insurance Number:

Policy / Plan Number:

Date: / /

Dear Sirs

I hereby authorise you to provide such information as may be requested on the above retirement plan or scheme by:

- Pantheon Pension Trustees Limited
- Centurion Administration Limited

186 Main Street, PO Box 453, Gibraltar.

Yours faithfully,

Member Signature:

Member Address:

Note: This letter authorises the above companies to request information on the above pension scheme and does not constitute any authority to make changes to said scheme nor an application to move the scheme to another provider.

Authority Letter

Name of Pension Provider:

Address of Pension Provider:

Name of Transferring Scheme:

Member Name: Fax:

Date of Birth: / / National Insurance Number:

Policy / Plan Number:

Date: / /

Dear Sirs

I hereby authorise you to provide such information as may be requested on the above retirement plan or scheme by:

- Pantheon Pension Trustees Limited
- Centurion Administration Limited

186 Main Street, PO Box 453, Gibraltar.

Yours faithfully,

Member Signature:

Member Address:

Note: This letter authorises the above companies to request information on the above pension scheme and does not constitute any authority to make changes to said scheme nor an application to move the scheme to another provider.

Benefit Election Form (Only to be completed if you require immediate benefits from your pension on transfer)

Title: Surname:

Full Forenames:

Date of Birth: / / Plan membership number (if known)

Pension Commencement Lump Sum (“PCLS”)

Please select the level of PCLS benefit you wish to receive from the Plan.

Specified amount £ or %

The maximum* available:

* For members who have been non-UK tax resident for five full complete and consecutive UK tax years, the maximum PCLS shall be 30% of the fund value at the time of transfer.

For members who have been non-UK tax resident for less than five full complete UK tax years, the maximum PCLS shall be 25% of the fund value at the time of transfer.

Note should be taken of the restrictions with PCLS in the Member Benefit Declaration.

Capped Drawdown

Please select the level of income you wish to receive from the Plan:

No income at this stage: The Maximum available:

Specified amount £ or % of UK GAD limits

Frequency Monthly: Quarterly: Annually:

In advance: In arrears:

Note should be taken of the restrictions with Capped Drawdown in the Member Declaration. A charge may apply for frequencies greater than annually.

Bank account details

Details of the account you wish your benefits to be paid to. The account must be in your personal name. (A joint account can be used).

Bank Name and Address:

Account Name: Account Currency:

Account No: IBAN No:

Sort code: (if applicable) Swift Code: (if applicable)

Benefit Declaration (Only to be completed if you require immediate benefits from your pension on transfer)

1. I hereby request that the benefits indicated in this form are paid to me. I understand and agree that the level of Capped Drawdown within limits may be amended although if I elect to amend the level at any time other than the normal review date an additional fee may be levied.
2. If I elect now or at any time in the future to take Capped Drawdown in preference to a Pension Commencement Lump Sum ("PCLS"), or I elect to take a reduced PCLS which is less than the maximum calculated at the determination, I waive the right to any further PCLS at a future date.
3. I understand that if I have been non-UK tax resident for more than five full complete and consecutive UK tax years I may elect to receive a PCLS of 30% of the Fund value of the date of determination. I understand that this level of PCLS may be considered as an unauthorised payment under UK legislation. I confirm that if return to the UK, I will indemnify the trustee against any penalties and interest which is payable by the trustee as a result.
4. I understand that it is my sole responsibility to declare any income I may receive from the Scheme in the country in which I am tax resident. I hereby provide a full and unconditional indemnity to Pantheon Pension Trustees Limited for any tax liability, interest or charges which may occur and be levied on the trustee as the result of any false or incorrect declaration I have made which ultimately results in such a liability imposed by any tax authority in any country.

I hereby make this Benefit Election subject to and in accordance with the rules and terms and conditions of the Scheme.

Signed: Member Signature

Printed Name: Member Name

Date: / /

Disclaimer

I hereby acknowledge as follows:

1. Upon being accepted as a member of The Pantheon QROPS Plan I will be bound by the rules and the terms and conditions of the trust deed governing the plan.
2. I have been informed that the trustee is Pantheon Pension Trustees Limited and administrator is Centurion Administration Limited of 186 Main Street, Gibraltar. I consent to my transfer of my pension Fund described above to the trustee for it to be administered under the plan. I acknowledge that all Guaranteed Minimum Pensions (GMP) and Protected Rights that I may be entitled to in respect of my current pensions will be forfeited on transfer to the Plan and I am happy to proceed on that basis.
3. I understand that the trustee may utilise the service of associated companies to collate information and documentation relating to my participation in the Plan and I consent to my personal information and data being supplied to associated companies for such purposes and to third parties in connection with investments under the plan if and when necessary or required for regulatory purposes.
4. I hereby request that the funds transferred be invested in accordance with my preferences. My financial adviser or I may contact the trustee from time to time and provide directions as to how I would like my Pension Fund to be invested. I understand that the investment objective is to accumulate a Pension Fund from which to provide benefits in retirement and that any directions will need to comply with restrictions contained in the trust deed rules or in any code of practice or guidelines affecting the Plan. I confirm that the trustee will be entitled to rely on my financial adviser's directions without reference to me until such time as I indicate otherwise in writing. I understand that my financial adviser may be remunerated by commission and/or trail fees payable by the bond issuer and the adviser has fully explained to me the extent and nature of his fees.
5. I understand that the trustee is entitled to be indemnified out of the trust fund to the extent permitted by law against any actions, claims or demands arising out of anything done or caused to be done or omitted by the trustee or administrator (whether by way of investment or otherwise) in connection with the Scheme unless the same shall involve or arise from any fraud, wilful misconduct or negligence on the part of the trustee. I acknowledge that neither the trustee nor the administrator bond provider or other investment house will have any responsibility or liability for any loss to the value of my pension fund raising from the directions or decisions of my financial adviser.
6. 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.
7. I am aware that the trustee may at any time disclose any information concerning the Plan, any member or any benefits payable under the Plan to any tax authority, regulatory or governmental body for any purposes, including for the purposes of maintaining recognition of the Plan's status as a "Qualifying recognised Overseas Pension Plan" under the Finance Act 2004, and may also provide any tax authority, regulatory or government body with such an undertaking as the trustee considers necessary for the purposes of the Plan.
8. I accept responsibility for the payments of any fees due (both initial and recurring) in accordance with the trustee's published scale of fees (as amended from time to time). I am aware that the trustee or its associates may receive additional fees from the bond providers. These fees, if paid, are included in any charges deducted by the bond providers and do not affect amounts invested. The Trustees retain the right to amend the fees at any time.

Signed: Member Signature

Printed Name: Member Name

Date: / /

Application Form Mandatory Documentation Checklist:

Fully completed application form.

Deed of Adherence signed by the member in the presence of a witness.

Nomination of Beneficiaries.

Copy of pension advice or signed waiver letter.

Signed declaration.

Signed authority letter / letters.

Include the relevant HMRC Forms with this application.

APSS 263 (One per scheme transferred.)

Additional Personal Documents Checklist:

3 x original certified copy passport.

3 x certified proof of residential address not older than three months.

3 x verification of residential address letter completed by your financial adviser if required.

Additional identity documents required by the transferring scheme or schemes.

CV (for contributions to scheme).

Client Acceptance

In order to comply the scheme administrator is required to verify the identity, address and source of wealth (for contributions only) for each applicant. Failure to provide complete information may delay your application.

Documents may be certified by a lawyer, notary public, member of the judiciary, senior civil servant, serving police officer or customs officer, an officer of an embassy, an officer of the Post Office, consulate or high commission, an accountant, an actuary or a director, company secretary or manager of a financial services provider recognised by a regulatory body.

- The certificate should be evidenced by a written statement stating that:
- The document is a true copy of the original document;
- The document has been seen and verified by the certifier; and
- The photo is a true likeness of the applicant.

All certifications should be signed by the certifier, dated and contain the certifier's stamp, position, identity of the relevant regulatory authority and any approval number.

1. Verification of Identity

Please provide a certified copy of your passport clearly showing your name, passport number, picture, nationality, date of birth, country of issue and date of issue.

2. Verification of Address

Evidence of your residential address is also required. This should be in the form of a certified copy of a bank statement or utility bill (not including mobile telephone bills) no more than three months old.

3. Source of Wealth (for contributions only)

The scheme administrator requires a full history of employment (with an explanation of any gaps) and/or business activities in order to establish source of wealth for any contributions that are being made. To satisfy this requirement please provide an up to date copy of your curriculum vitae ("CV").

Fee Structure

Initial establishment fee (Includes 2 transfers, additional transfers at £150 each)	£650
Administration annual fee – flat fee payable annually in advance	£850
Additional Fees:	
Calculation/re-calculation of benefits	£150
Payment of Pension (per payment)	£30
Payment of Lump Sum	£150
Transfer to another retirement benefit scheme provider:	Year 1 - £1,000 Year 2 - £1,000 Year 3 - £1,000 Year 4 - £Nil
Dealing with pension sharing orders	£500
Interim valuation (one valuation per year free of charge)	£100
Bank account	£150
Standard investments	£200
Non standard investments	£250
Investment through a single platform or life office bond	No charge

Notes: Out of pocket expenses will be passed on to the member. Time charges for work undertaken which are not covered by the fee schedule will be charged at £150 per hour, for director/specialist technical advise and £80 per hour for technician/administrator.

Advisers fees:

Name of advisers:

Initial: % or Fixed:

Ongoing: % or Fixed:

Signed: Member Signature

Printed Name: Member Name

THIS DEED OF ADHERENCE is made this day of 20

BETWEEN

(1) PANTHEON PENSION TRUSTEES LIMITED a company incorporated in Gibraltar and whose registered office is situate at 186 Main Street, Gibraltar (“the Trustees”)

(2) of
(Full name)
.....(the "Member").
(Full address)

WHEREAS: -

- A. The Member wishes to establish a Personal Pension Plan (the Plan) to provide pension benefits for himself
- B. The Member wishes to establish the Plan by way of joining an existing pension Plan, the Pantheon QROPS which was established by a Trust Deed on 4th April 2013 the provisions of which are contained in a definitive deed and rules (“the Deed and Rules”) as amended by the Deed of Appointment/Retirement dated 3rd February 2015 and the Deed of Amendment dated 4th February 2015.
- C. This Deed of Adherence is executed in order to adopt and to be bound by the provisions contained in the Deed and the Rules shall govern the administration of the Plan.

NOW THIS DEED WITNESSETH as follows: -

- 1. With effect from the date of this deed the Member is adhering to the Plan and the Trustees hereby hold any contributions paid or transfer payments received for the benefit of the Member.
- 2. The Plan is hereby established for the Member.
- 3. The Trustees hereby agree to ensure that the Plan is to be bound by and to observe the rules and provisions contained in the Deed and the Rules (and any subsequent amendments thereto).

IN WITNESS whereof the parties have hereunder set their hands and seals the day and year first above written

THE COMMON SEAL of **PANTHEON PENSION TRUSTEES LIMITED**
hereunto affixed in the presence of:-

Director

Director/Secretary

Signed as a Deed by the said Member

Witness Name & Address:

Signature:

About this form

Use this form to give your scheme administrator the information they need to transfer sums or assets held within a registered pension scheme to a Qualifying Recognised Overseas Pension Scheme (QROPS). The scheme administrator will need this information before proceeding with your transfer request and HM Revenue & Customs may ask to see this.

Please read the APSS263 Notes, they will help you fill in this form.

Tax charges

There are circumstances in which you may have to pay UK tax on this transfer or later payment out of the overseas scheme even if you are not resident in the UK.

To find out what you can expect from us and what we expect from you go to www.hmrc.gov.uk/charter and have a look at *Your Charter*.

About you

<p>1 Your full name</p> <p><i>Title</i></p> <input type="text"/> <p><i>Last name</i></p> <input type="text"/> <p><i>First name(s)</i></p> <input type="text"/>	<p>5 If the address given in the previous question is not in the UK, please give your last principal address in the UK</p> <input type="text"/> <input type="text"/> <input type="text"/> <p><i>Postcode</i></p> <input type="text"/> <p><i>Country</i></p> <input type="text"/>
<p>2 National Insurance number</p> <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"/> <p>If you have contacted Jobcentre Plus and are not entitled to a National Insurance number, please state the reasons and give any HMRC reference number that you have received</p> <input type="text"/> <input type="text"/> <input type="text"/>	<p>6 If your principal residential address is outside the UK, please give the date you left the UK DD MM YYYY</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>If you don't have a previous UK address, please tick this box</p> <input type="checkbox"/>
<p>3 Your date of birth DD MM YYYY</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>4 Your principal residential address <i>This must not be c/o the scheme manager and must not be a PO Box number unless this is necessary due to the country of residence</i></p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p><i>Country</i></p> <input type="text"/>	<p>7 Your contact phone number</p> <input type="text"/>

About the QROPS receiving the transfer

8 HMRC reference number <i>This is the QROPS reference number, allocated to the scheme by HMRC, when the notification that it met the requirements to be a recognised overseas pension scheme was acknowledged</i>	10 Address of QROPS
QROPS <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/>
9 Name of QROPS	11 Country in which QROPS is established and regulated
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	12 QROPS scheme manager ID
	OSM <input type="text"/>

Acknowledgement

13 I am aware that:	To the best of my knowledge and belief the information given in this form is correct and complete.
<input type="checkbox"/> In some circumstances a transfer of funds might not be a recognised transfer and may be treated as an unauthorised payment giving rise to a liability to pay tax in the UK	Signature
<input type="checkbox"/> In some circumstances a future payment made or treated as made by a QROPS may be treated as an unauthorised payment giving rise to a liability to pay tax in the UK	<input type="text"/>
	Date DD MM YYYY
	<input type="text"/>