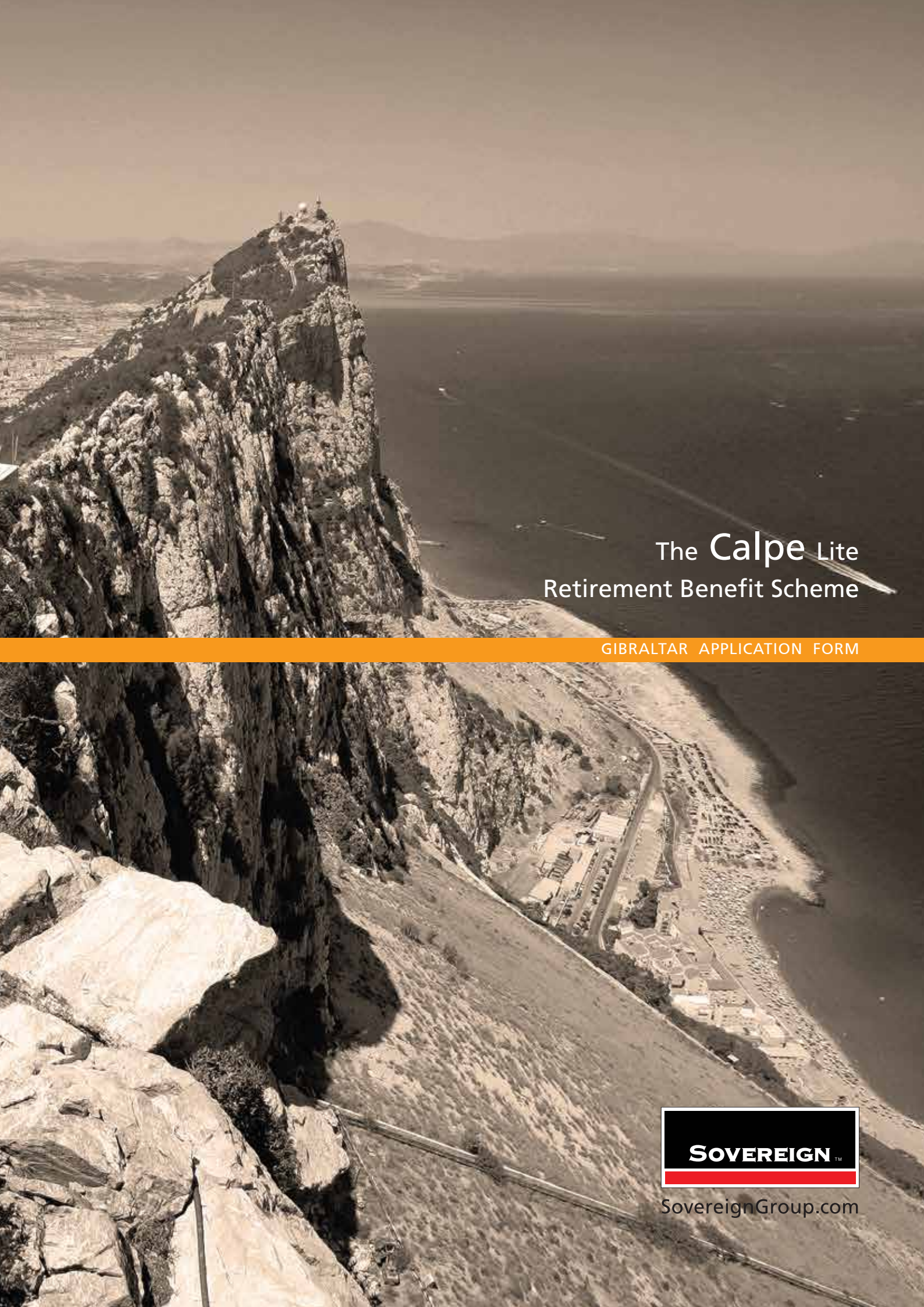


An aerial photograph of the Rock of Gibraltar, showing the steep, rocky cliffs on the left and the city of Gibraltar nestled at the base of the rock and along the coast. The sea is visible to the right, with a few boats and a ship's wake. The sky is clear and blue.

The Calpe Lite Retirement Benefit Scheme

GIBRALTAR APPLICATION FORM

SOVEREIGN™

SovereignGroup.com

PLEASE COMPLETE THIS APPLICATION FORM IN CAPITAL LETTERS AND USING BALL POINT PEN.

Client Due Diligence

In order to comply with prevention of money laundering and funding of terrorism regulations the scheme administrator is required to verify the identity, address and source of wealth for each applicant. Failure to provide complete information may delay your application.

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.

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, 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 certification 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.

3. Source of Wealth

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 i.e. the origin of the pension funds to be transferred. To satisfy this requirement please provide an up to date copy of your curriculum vitae ("CV") or complete the Employment History section of this form.

Please complete all sections of the form. Incomplete or inaccurate application forms may delay your application and acceptance as a member of The Calpe Lite Retirement Benefit Scheme.

Personal Details

Title: _____ Surname: _____

Full Forenames: _____ Marital Status: _____

Previous Name: _____

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

Residential Address: _____

Correspondence Address (if different): _____

Tel: _____ Fax: _____

Mobile Tel: _____ E-mail: _____

Occupation: _____

Nationality: _____

Previous UK Address: _____

Financial Adviser

Name: _____ E-mail: _____

Company: _____

Tel: _____ Fax: _____

Please apply your Financial Adviser's stamp here:

Nominated Beneficiaries

1. Full Name: _____
Relationship: _____ Date of Birth: ____ / ____ / ____
Tel: _____ Email: _____
Residential Address: _____

Total percentage of benefit: _____ %
2. Full Name: _____
Relationship: _____ Date of Birth: ____ / ____ / ____
Tel: _____ Email: _____
Residential Address: _____

Total percentage of benefit: _____ %
3. Full Name: _____
Relationship: _____ Date of Birth: ____ / ____ / ____
Tel: _____ Email: _____
Residential Address: _____

Total percentage of benefit: _____ %
4. Full Name: _____
Relationship: _____ Date of Birth: ____ / ____ / ____
Tel: _____ Email: _____
Residential Address: _____

Total percentage of benefit: _____ %
5. Full Name: _____
Relationship: _____ Date of Birth: ____ / ____ / ____
Tel: _____ Email: _____
Residential Address: _____

Total percentage of benefit: _____ %

Address Verification Letter

Sovereign Trust International Limited
Suite 2B
143 Main Street
Gibraltar

Date: _____

Dear Sirs

Re: Name of Member: _____ ("the Member")

I have visited the member at their residential address and can confirm that the below captioned details are correct. I further confirm that I have been unable to obtain standard address verification due to insufficient postal services in this locality.

Residential address of Member: _____

Yours faithfully

Signature of IFA: _____

Name of IFA: _____

Company: _____

FSA/FCA Approval No.: _____

If the firm's regulation is with another regulatory body, please provide these details or a copy of your current certificate.

Signature of Suitable Certifier: _____

Date: _____

Employment History

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 i.e. the origin of the pension funds to be transferred. To satisfy this requirement please provide an up to date copy of your CV or complete the Employment History section below. Please continue on a separate piece of paper if necessary.

Date of Employment From: To:		Position Held:	Employer Name and Address:

Contributions (Only to be completed if additional voluntary contributions are required)

If a member wishes to make contributions either personally or via their employer the trustee will always require relevant source of wealth details (together with the pertinent supporting documentation) on how the funds were accumulated (e.g. inheritance, sale of property, divorce, personal savings, employment bonus or remuneration).

Type of Contribution: Personal ☐ Employer ☐

Single Contribution: Currency: _____ Amount: _____

Regular Contributions: Currency: _____ Amount: _____

Frequency: _____

Please advise how the above contribution has been accumulated: _____

Please advise what supporting material you have provided for the above contribution:

Any contributions that are received will be held in the trustee's account (non-interest bearing) and accumulated until such time an amount is reached that can be invested and transferred to your existing investment.

The trustee will not accept contributions until due diligence procedures have been completed and the trustee is in receipt of certified supporting documentation.

Details of Transferring Pension Fund 1

Name of Transferring Scheme: _____

Individual Pension Fund or Policy Number: _____

Pension Fund Address: _____

Tel: _____ E-mail: _____

Approximate transfer value: _____ Guarantee Date (if applicable): ____ / ____ / ____

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: _____ E-mail: _____

Approximate transfer value: _____ Guarantee Date (if applicable): ____ / ____ / ____

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: _____ E-mail: _____

Approximate transfer value: _____ Guarantee Date (if applicable): _____ / _____ / _____

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: _____ E-mail: _____

Approximate transfer value: _____ Guarantee Date (if applicable): _____ / _____ / _____

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

If Yes please provide details: _____

Fee Schedule

Initial establishment fee	£300*
Trustee's annual fee – flat fee payable annually in advance	£500

Additional Fees:

Change of beneficiaries after first year	£100
Additional Contribution	£150

Termination Fees:

Transfer to another Sovereign Group scheme	Nil
Transfer to another retirement benefit scheme provider or closure (including but not limited to death)	
Within one year of establishment	£ 1,500
Within two years of establishment	£ 1,000
Within three years of establishment, and thereafter	£ 500

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 £100 per hour.

*Fee includes up to four pension transfers, each additional pension will then be charged at £200.

Pension Commencement Lump Sum (PCLS) and Capped Drawdown Charges (CDD)

Set up of PCLS	If requested in the first year, no charge. £50 thereafter
Setup of CDD	If requested in the first year, no charge. £50 thereafter
On-going CDD fees	Annual payments are free, all other frequencies are £50 per payment
Interim Government Actuary's Department (GAD) calculation	£75 is charged only if the new calculation is used
Over 75 years old	£50 for each calculation

Fees are correct at the time of printing, April 2016.

Investment Objectives

The investment objective of The Calpe Lite Retirement Benefit Scheme is to accumulate a trust fund from which to provide benefits in retirement. Members are entitled to direct the trustee on investments. However the trustee is required to ensure the assets invested are properly diversified and invested in such a manner to ensure security, quality, liquidity and profitably. The following information is required to assist the trustee in determining the preferred investment strategy. Please tick relevant box:

- ☐ I am very uncomfortable with any risk and accept that my capital may be eroded by inflation.
- ☐ I am prepared to take a small amount of risk to provide for the potential for growth over the medium to longer term.
- ☐ I am comfortable with risk and prepared to take a longer term view. This may mean the overall portfolio value fluctuates over the medium term however provides for the potential for growth over the portfolio over the long term.
- ☐ I am very comfortable with risk and willing to accept volatility in the portfolio value in order to provide for the potential for higher returns over the long term.

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.

Risk Profile

Please tick the box that applies to you:

Risk Category Typical Characteristics

- ☐ **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 yet frequent 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 investment 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 stock market fluctuations.

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

Investment Preferences

Trustee approved investment options only.

Please indicate your investment preferences:

The Calpe Lite Retirement Benefit Scheme ("the Scheme") is a retirement benefit scheme operated according to regulations and conditions imposed under the Income Tax Act 2010 ("the Act"). The investment objective of the Scheme is to accumulate a fund from which to provide retirement annuities and other benefits.

Members are entitled to direct the trustee on investments and may nominate an investment manager to instruct the trustee on the member's investment preferences. However, the trustee is required to comply with any restrictions imposed under the Act and to ensure that it does not lose sight of the principal objective of the Scheme. The trustee has therefore prepared the following investment guidelines to assist members and their advisers.

- Investment may be made into a range of trustee approved product wrappers or investment platforms.
- Investments may be made via recognised exchanges in stocks, funds, bonds, shares and other securities, cash, money market instruments, commodities and structured notes.
- Not more than 66% of funds may be invested in structured notes and not more than 33% may be invested in structured notes with one issuer.
- Please note that 5% of the initial funds transferred will be retained in cash from which the trustee's fees and other agreed fees will be paid.
- Loans to members or connected parties are not permitted.
- The purchase of residential property is not permitted.
- Options, futures, swaps, forward rate agreements and other derivative contracts will not be permitted except for risk hedging purposes.
- Investments in private equity and contracts for differences will not be permitted.

Declaration

I hereby declare and acknowledge as follows:

1. Upon being accepted as a member of The Calpe Lite Retirement Benefit Scheme ('the Scheme') I will be bound by the rules and the terms and conditions of the trust deed governing the Scheme.
2. I have been informed that the trustee of the scheme is Sovereign Trust International Limited and the administrator of the scheme is Sovereign Pensions Services (Gibraltar) Limited both of Suite 2B, 143 Main Street, Gibraltar. I consent to the transfer of my pension fund described above to the trustee for it to be administered under the Scheme. 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 Scheme and I am happy to proceed on that basis.
3. I understand that the trustee may utilise the services of its associated companies within the Sovereign Group to collate information and documentation relating to my participation in the Scheme 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 Scheme if and when necessary or required for regulatory purposes.
4. 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.
5. I am aware that the trustee may at any time disclose any information concerning the Scheme, any member or any benefits payable under the Scheme to any tax authority, regulatory or governmental body for any purposes, including for the purposes of maintaining recognition or the Scheme's status as a "Qualifying Recognised Overseas Pension Scheme" under the Finance Act 2004, and may also provide any tax authority, regulatory or governmental body with such undertakings as the trustee considers necessary for the purposes of the Scheme.
6. I accept responsibility for the payment 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.
7. I hereby request that the funds transferred be invested in accordance with my preferences indicated above. I or my financial adviser 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 or in any code of practice or guidelines affecting the Scheme. 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 and/or advisory fees payable by the bond issuer or investment house from charges to be deducted from my pension fund and I confirm that my financial adviser has fully explained to me the extent and nature of his fees.
8. 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 (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 bond provider or other investment house will have any responsibility or liability for any loss to the value of my pension fund arising from the directions or decisions of my financial adviser and I authorise the trustee to indemnify the bond provider or investment house against all claims, demands and actions relating to any such loss, to include all costs and expenses including the cost of defending any claim.

Signed: _____ Member's Signature

Name: _____ Member's Name

Date: ____ / ____ / ____

Deed of Adherence

THIS DEED OF ADHERENCE is made the _____ day of _____ 20 _____
BETWEEN:

(1) Sovereign Trust International Limited
of Suite 2B, 143 Main Street, Gibraltar ("the Trustee"); and

(2) _____ of _____
(Member's name) (Member's address)

("the Member")

WHEREAS:

- (A) The Trustee is the current trustee of The Calpe Lite Retirement Benefit Scheme ("the Scheme") established by deed dated 30th July 2012 ("the Scheme Deed").
- (B) The Member wishes to be admitted to the Scheme by the payment of contributions and / or the transfer to the Trustee of assets comprising his or her accrued pension benefits.

NOW THIS DEED WITNESSETH:

1. By this Deed of Adherence the Member hereby applies to become a member of the Scheme and the Trustee accepts the Member as a member of the Scheme subject to and on the terms and conditions hereinafter appearing.
2. The Trustee agrees that upon receipt by the Trustee or representatives of the Trustee of the assets comprising the Member's accrued pension benefits, the Trustee shall hold those assets on the trusts of the Scheme and administer the same in accordance with the terms of the Scheme Deed and the Rules of the Scheme as set out in First Schedule of the Scheme Deed, a copy of which has been supplied to the Member and to which this Deed of Adherence shall be supplemental.
3. The Member agrees and acknowledges that by executing this Deed of Adherence that he or she consents to the Member's plan being administered in accordance with the terms of the Scheme Deed and the Rules set out therein as may be modified from time to time.
4. The Member agrees to execute any documents which may be required by any tax authority in order to retain the compliant status of the Scheme.
5. The Member agrees and acknowledges that a true copy of the Scheme Deed has been duly disclosed and shall be binding on the Member unless the Member notifies the Trustee of his or her written opposition thereto within two months of receipt of the Scheme Deed.
6. This Deed of Adherence may be executed in any number of counterparts each of which when executed and delivered is an original and all the counterparts together constitute the same document.

IN WITNESS WHEREOF the parties have executed the Deed of Adherence the day and year first above written.

Member: _____ Member's Signature

Witness: _____ Witness' Signature

Name: _____ Witness' Name

Address: _____

Witness' Address

The common seal of the Trustee was
affixed in the presence of:

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

In order to guard against fraud and even though it may be some years before benefits are taken applicants are encouraged to include their bank account details in the Benefit Election Form.

Title: _____ Surname: _____

Full Forenames: _____

Date of Birth: ____/____/____

Pension Commencement Lump Sum ("PCLS")

Please select the level of PCLS benefit you wish to receive from your pension. There are restrictions on how PCLS is paid. Please contact your Financial Adviser for further details. Note should be taken of the restrictions with PCLS in the Member Benefit Declaration.

Specified amount €/GBP/US\$** _____ (or) _____ %**

OR

I wish to be paid the maximum PCLS available ☐

* Please indicate the currency in which you require benefit to be paid.

** For Members who have been non-UK tax resident for five complete and consecutive UK tax years, the maximum PCLS is 30% of the fund value at the time of determination. For Members who have been non-UK tax resident for less than five complete and consecutive UK tax years, the maximum PCLS is 25% of the fund value at the time of determination.

Capped Drawdown

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

No income at this stage: ☐ The maximum available: ☐

Specified amount €/GBP/US\$* _____ (or) _____ % of UK GAD limits

* Please indicate the currency in which you require benefit to be paid.

Frequency Quarterly: ☐ Annually: ☐

Note should be taken of the restrictions with Capped Drawdown in the Member Declaration.

Bank account details

Details of the account you wish your benefits to be paid. 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 Continued (Only to be completed if you require immediate benefits from your pension on transfer)

I hereby request that the benefits indicated in this form are paid to me. I understand and agree that the level of Capped Drawdown (income) 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.

1. 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.
2. 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 at 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 I return to the UK, I will indemnify the trustee against any penalties and interest which is payable by the trustee as a result.
3. 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 Sovereign Trust International 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 the terms and conditions of the Scheme.

Signed: _____ Member's Signature

Printed Name: _____ Member's Name

Date: ____ / ____ / ____

Tax Residency Declaration (To be completed by all applicants)

Complete the appropriate section.

Have you ever been resident or ordinarily resident in the United Kingdom? Yes ☐ No ☐

If yes, on what date did you become non-resident in the United Kingdom? dd/mm/yyyy _____

Have you provided HMRC with a completed Form P85? Yes ☐ No ☐

If 'yes' please supply a copy with the application.

The trustee may require proof of tax residency (e.g. an identity card or tax assessment) before benefits can be paid.

I hereby confirm that I am not UK resident for tax purposes and have been non-UK tax resident for (enter number of years) _____ full complete and consecutive UK tax years**. I also confirm that it is not my intention to return to the UK in the foreseeable future.

I am currently tax resident in (insert name of country) _____.

My current tax reference number is _____.

** UK tax years run from 6th April to 5th April.

UK tax resident

I confirm that I am treated as a UK tax resident. ☐

Signed: _____ Member's Signature

Printed Name: _____ Member's Name

Date: ____ / ____ / ____

Pension Review Waiver Form

It is recommended that an independent review of the applicant's pension arrangements be carried out by a suitably qualified adviser before any transfer is requested. In the case of transfers from UK Defined ('safeguarded') Benefit Schemes with a Cash Equivalent Transfer Value (CETV) above £30,000, 'Appropriate Independent Advice' (AIA) from a UK FCA regulated and appropriately authorised adviser is required before the transfer can take place.

Applicants should ensure that AIA is received and an AIAS (Compliance Statement) accompanies the existing scheme's transfer documentation. For transfers from UK Defined ('safeguarded') Benefit Schemes with a CETV below £30,000 or for transfers from other types of schemes and where advice has not been taken, applicants must agree to and sign the waiver form below.

Authority Letter

Name of Pension Scheme: **The Calpe Lite Retirement Benefit Scheme**

Name of transferring scheme: _____ Fax: _____

Member's Name: _____

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 to Sovereign Trust International Limited and Sovereign Pension Services (Gibraltar) Limited.

Yours faithfully

Member's Signature: _____

Note: This letter only authorises Sovereign Trust International 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.

Authority Letter

Name of Pension Scheme: **The Calpe Lite Retirement Benefit Scheme**

Name of transferring scheme: _____ Fax: _____

Member Name: _____

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 to Sovereign Trust International Limited and Sovereign Pension Services (Gibraltar) Limited.

Yours faithfully

Member's Signature: _____

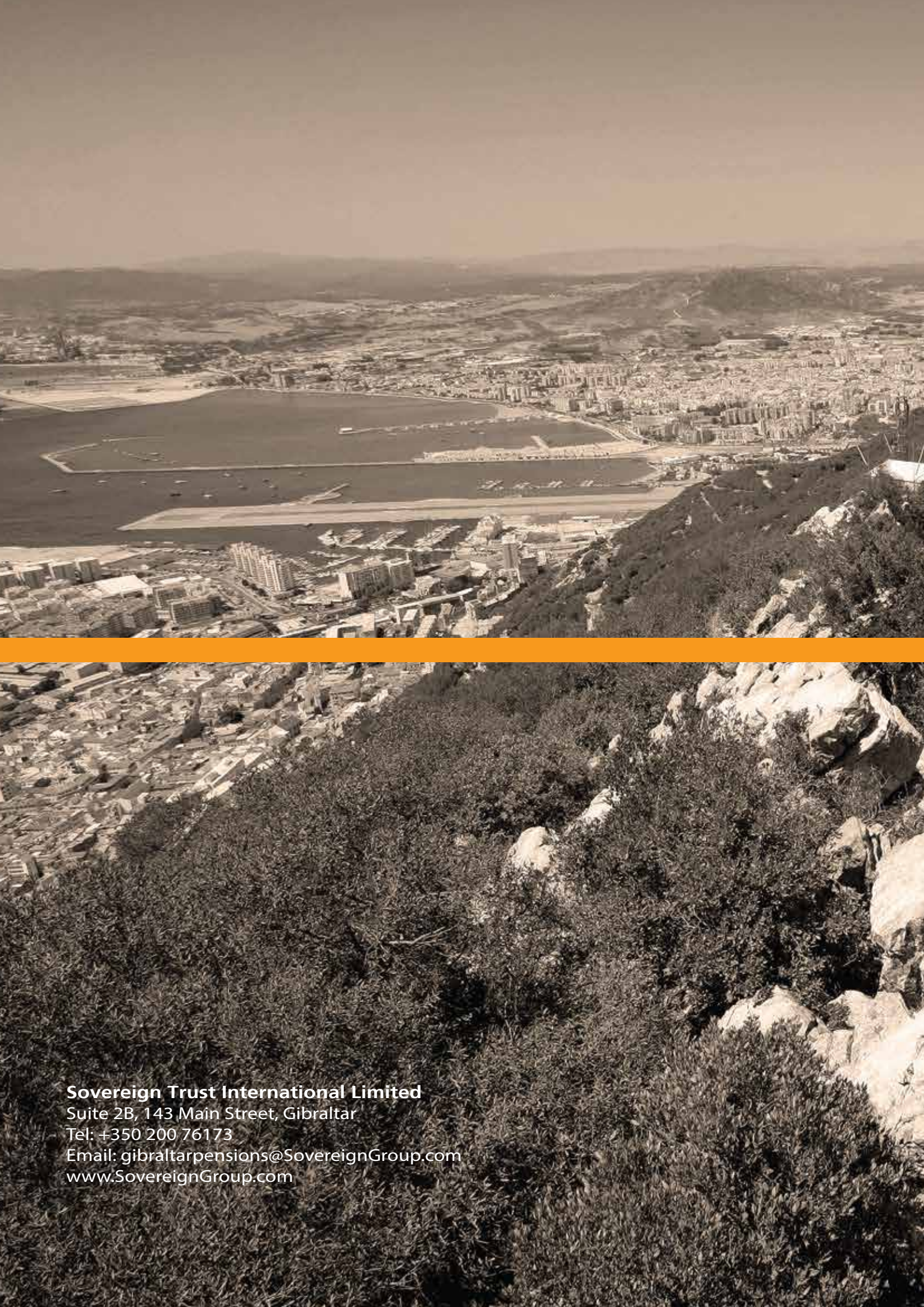
Note: This letter only authorises Sovereign Trust International Limited to request information on the above pension scheme and does not constitute an authority to make changes to said scheme nor an application to move the scheme to another provider.

Application Form Mandatory Documentation Checklist:

- ☐ Deed of Adherence signed by the Member in the presence of a witness.
- ☐ Copy of pension advice or signed Pension Review Waiver Form.
- ☐ Signed declaration.
- ☐ Signed authority letter / letters.
- ☐ Include the relevant HMRC CA/APSS Forms with this application.
- ☐ Include the relevant Gibraltar Government Form.

Additional Personal Documents Checklist:

- ☐ Original certified copy passport.
- ☐ Certified proof of residential address not older than three months.
- ☐ Verification of residential address letter completed by your financial adviser if required.
- ☐ Additional identity documents required by the transferring scheme or schemes.
- ☐ CV or employment history.



Sovereign Trust International Limited

Suite 2B, 143 Main Street, Gibraltar

Tel: +350 200 76173

Email: gibraltarpensions@SovereignGroup.com

www.SovereignGroup.com