

# QROPS APPLICATION FORM

## Application Checklist

- |  |   |                                     |
|--|---|-------------------------------------|
| 1. Please complete the application form:   | a. Applicant must sign the declaration in section 9                           | <input checked="" type="checkbox"/> |
|  | b. If no transfer advice received, applicant to sign declaration in section 7 | <input checked="" type="checkbox"/> |
|  | c. 'Self invest' applicants to sign declaration in section 8                  | <input checked="" type="checkbox"/> |
| 2. Please complete and enclose the supplementary 'Transfer Application Form' (1 form per pension scheme):                        |   |                                     |
|  | a. Applicant to sign declaration in section 1.2                               | <input type="checkbox"/>            |
| 3. Please enclose certified verification of identity documents (see notes in section 10).  |   | <input checked="" type="checkbox"/> |
| 4. If any payments are to be made to a joint account, verification of identity and address is required for both account holders. |   | <input checked="" type="checkbox"/> |
| 5. Please enclose signed discharge forms from the ceding pension scheme(s). For protected rights, sign HMRC form CA1881.         |   | <input checked="" type="checkbox"/> |
| 6. Please enclose the relevant investment account / platform / bond opening forms.   |   | <input checked="" type="checkbox"/> |

**Please return form to:**

The Overseas Pension, Fairbairn Trust Company Limited, Fairbairn House, PO Box 192 Rohais, St Peter Port, Guernsey GY1 3LT



**1.0 Personal Details**

Title	Surname
Forenames	
Previous or Alternative names (please state reason for change)	
Occupation (or former occupation if retired)	
Date of birth	Place of birth
Gender	Nationality
NI Number	Marital status
Principal Residential Address	Tax residence
	Home telephone
	Work telephone
	Mobile telephone
	Fax number
How long have you lived at this address? <input type="text"/> Years	Email
Please provide previous address(es) if lived at the above address for less than 3 years.	

**1.1 Residency**

Are you a Guernsey resident?  If **yes** what is your Guernsey tax no.?

Are you a UK resident?

If **no** on what date did you become non UK resident?

If **yes** when do you intend on becoming non UK resident?

**1.2 Verification of Identity**

**Please provide:**

Included	Included
Two certified true copies of your passport <input type="text" value="✓"/>	Two copies of address verification (original or certified true copy) <input type="text" value="✓"/>

See page 8 for notes on completion.

**1.3 Source of Wealth**

Personal assets: £0-£500k  £500k-£1m  £1-£5m  £5m+

How was your pension funded?

Occupation at that time?

What were your average earnings (£ pa)

Were you employed?  Please state name of employer

or self employed?  Dates of employment From:  To:

## 2.0 Expression of Wishes (Nomination of Beneficiaries)

I would like the Trustees to consider the following beneficiaries in the event of my death:

### Beneficiary 1

Full name	
Date of birth	
Address	Telephone
	Email
	Relationship
	Percentage of total pension fund value

### Beneficiary 2

Full name	
Date of birth	
Address	Telephone
	Email
	Relationship
	Percentage of total pension fund value

### Beneficiary 3

Full name	
Date of birth	
Address	Telephone
	Email
	Relationship
	Percentage of total pension fund value

### Important Notes:

If there is insufficient space on this form please provide details of any additional beneficiaries in the additional information section at the end of this form.

The Member may change the Beneficiaries at any time by writing to the Trustees.

### 3.0 Professional Adviser

Name of firm	
Address of firm	Adviser name
	Telephone (inc country code)
	Fax (inc country code)
	Email
Name of Regulator (where appropriate)	License number

### 3.1 Adviser Fee (to be completed by professional adviser)

Please state the agreed fee payable:

Initial (between 0%-5%)	<input type="text"/>	Annual (between 0%-1%)	<input type="text"/>
Payable by:	The Overseas Pension <input checked="" type="checkbox"/>	Investment provider	<input checked="" type="checkbox"/>

**We may seek clarity on any fees stated.**

### 4.0 Investment Instructions

Is the firm in section 3 providing ongoing investment advice/management?  Y/N

On what basis? Advisory  **or** Discretionary

If **yes** please provide further details: (which investment platform, insurance bond will be used)

If the firm in section 3.0 is **NOT** providing ongoing investment advice/management please select either:

Discretionary Investment Manager  **or** Self invest

Please provide full details (contact us for the current list of approved self investment options):

Name of firm	
Address of firm	Contact name (if applicable)
	Telephone (inc country code)
	Fax (inc country code)
	Email
Name of Regulator (where appropriate)	

**Please provide all relevant account opening forms.**

### 4.1 Base Currency

Select: £ Sterling  \$ US  € Euro  Other (please specify)

### 4.2 Risk profile (discretionary and advisory only)

Briefly describe your risk profile and investment mandate that you have agreed with your Investment Adviser:

### 5.0 Pension Benefit Instructions

Are benefits already in payment?

**IF YES**, please indicate:

Any previous lump sum payments  % of fund  
 Income required  per annum  
 Payment frequency  Quarterly, half yearly, annually (no charge) or, monthly (subject to additional charge)  
 Next income payment date

**IF NO**, please indicate when you require benefits to commence:

Immediately  or at age (between 55 - 75)   
 Lump sum required (immediate benefits only)  Max. 25% of fund (less than 5 years non UK resident).  
 Max. 30% of fund (more than 5 years non UK resident).  
 Income required (immediate benefits only)  per annum  
 Payment frequency (immediate benefits only)  Quarterly, half yearly, annually (no charge) or, monthly (subject to additional charge)

### 5.1 Bank Details

Bank details are required for payments to commence:

Name of bank	
Address	Sort code
	Account number
	Account name
	SWIFT/BIC code
	IBAN

*If payment is made to a joint account verification of identity will be needed for both account holders.*

### 6.0 Pension Transfer Details

Please list the pensions that you wish to transfer. Full details will need to be entered on the Pension Transfer Form

	Name of Scheme	Approximate Transfer Value
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>

*If you are not taking advice on your pension transfer(s) and/or managing the investments yourself (self invest), please complete section(s) 7.0 and/or 8.0 as appropriate, as well as section 9.0.*

## 7.0 Declaration – Transfer No Professional Adviser

Pension transfers are a complex area of financial planning, particularly when considering QROPS. We strongly recommend that individuals take professional advice before applying to our scheme. It is not too late for you to take advice. We can put you in touch with a specialist adviser if you wish.

However we recognise that some individuals do not wish to take advice and therefore we are able to accept “non advised” transfers from UK personal pension plans.

If you have chosen not to take professional advice, please be aware that you may be financially disadvantaged by transferring your pension(s) to a QROPS. You should check the terms of your current pension(s) as you could be giving up preferential terms and guarantees that would be lost on transfer. There may be additional financial implications to be considered.

### Declaration

I confirm that I understand and accept the risks of not taking advice on my pension transfer. I confirm that I have not requested or received advice on the suitability of the pension transfer from Fairbairn Trust Company Ltd or any of its representatives. I agree that Fairbairn Trust Company Ltd or any of its representatives are in no way responsible or liable for any financial loss that I may incur by transferring my pension(s), or any damage that may arise from any delay or inability to access my pension fund due to any legal encumbrance.

Print name

Applicant signature

Date

## 8.0 Declaration – Self Investment (Execution Only)

You do not have an investment adviser and have chosen to proceed on a self invested basis.

Proceeding on a self invested basis means that you are solely responsible for your investment decisions and we cannot provide any advice or comment on the suitability of your actions now or in the future.

We will not be responsible in any way for any losses that you may incur. Please be aware that it is possible to appoint an investment adviser on a discretionary or advisory basis at any time.

If Fairbairn Trust Company Ltd place deals additional charges will be incurred.

### Declaration

I confirm that I understand and accept the risks of self-investing. I confirm that I have not requested or received advice on the suitability of the investments from Fairbairn Trust Company Ltd or any of its representatives. I agree that Fairbairn Trust Company Ltd or any of its representatives are in no way responsible or liable for any financial loss that I may incur by self-investing.

Print name

Applicant signature

Date

## 9.0 Declaration

I confirm that I have read and understood the terms and conditions of Fairbairn Trust Company Limited (FTC) which are published on [www.overseaspension.com](http://www.overseaspension.com) and agree to be bound by them. I agree to be bound by the Trust Deed and rules of the pension scheme which are available on request and to any future amendments that may or may not be made.

I agree to FTC acting as Trustee and Administrator of the Pension and paying any tax liability or charges if applied by HMRC.

I agree to the fees as detailed in the fee schedule and future amendments. I agree that commission can be paid to a third party as agreed by me in the application and/or by separate agreement. The Trustees may deduct such fees and commissions from my pension. I understand that the fees may change in future and I will receive at least 28 days notice of any material changes.

I consent to the Trustee and Administrator of the pension fund and/or their representatives obtaining from me or any other person or body to whom a duly authorised payment under the provisions of the scheme is to be made, such evidence and information as it may need for the purpose.

FTC may require references and/or additional information regarding individuals and/or funds.

FTC reserves the right to decline acceptance of the trusteeship by notice in writing as soon as practical and without giving reason.

Neither FTC nor its Directors or employees can be held responsible for any loss or liability, financial or otherwise arising to any person as a result of changing trustee or jurisdiction. In particular, but not in limitation, no responsibility for legal or tax declarations required to be made by the Member(s) and/or the Beneficiaries as a result of the creation of or ongoing interests in the Pension(s) can be accepted.

FTC is subject to The Data Protection (Bailiwick of Guernsey) Law, 2001 details of which can be found at [www.dpcommission.gov.gg](http://www.dpcommission.gov.gg). In signing this application you consent to the Trustee releasing information if need be to other jurisdictions that do not have equivalent legislation for the purpose of the ongoing administration of the scheme. I understand that in order to invest or open accounts with certain institutions personal data covered under this Law may need to be provided. I hereby consent to the release of this information.

I will upon request provide information on any other pensions or pension benefits that I am entitled to.

I understand that if there is any failure to provide information needed by the Trustees/Administrator of the pension fund in order to administer my retirement and/or death benefits correctly, the administrator has the right to make further administrative charges.

I understand and agree that the Trustees will allocate the transfer value to the named Investment Manager as soon as practicable providing the investment manager is willing to accept the account and the appropriate documentation can be completed. I appreciate that there may be rare occasions where the investment manager of choice may not be utilised. I understand that the transfer value will be held in a bank account until such time as a suitable investment manager is appointed.

I understand that FTC strongly recommend that appropriate financial, taxation and legal advice should be obtained.

FTC cannot be held responsible for my financial, taxation or legal affairs nor that of my beneficiaries.

I understand that if I am transferring benefits from an existing pension scheme valuable guarantees and/or benefits may apply that will be lost on transfer.

I consent to the transfer payment from the Transferring Scheme(s) being paid to FTC in their capacity as Trustees and Administrators of the pension fund to provide benefits for me. I request that the administrators of the transferring scheme(s) provide any relevant information as may be requested by FTC.

The provision of benefits in respect of the pension fund will commence when this application has been accepted and the contribution and/or transfer payment is received by FTC.

Where the transfer payment is subject to a court order the member accepts that the Trustees and Administrators of the pension fund will follow that order.

Whilst FTC can accommodate a request for a self invested/execution only account, we strongly recommend that you appoint a professional adviser/fund manager to manage your pension fund.

FTC does not permit the use of any type of investment that may result in losses exceeding the value of your pension fund. (Even in a self-invested/execution only account).

I declare that the information on this application as supplied by me is both true and complete to the best of my knowledge.

### ***I do hereby:***

1. Confirm that I have taken appropriate professional advice or chosen not to do so regarding the taxation and legal implications of the proposed agreement and that neither FTC, its officers, representatives nor employees have provided me with any such advice. If no advice has been taken please complete the additional declaration in section 7.
2. Acknowledge that whilst The Overseas Pension Company Limited (Company No 06559829) provides communication and administration services to FTC, it is not party to the Terms & Conditions of Business and therefore bears no liability or obligation under my agreement with FTC.
3. Confirm that the assets transferred to FTC and/or the pension fund are not, and any further assets so transferred will not be, or represent the proceeds of criminal activity.

Print Name

Applicant signature

Date

### ***Please return form to:***

The Overseas Pension, Fairbairn Trust Company Ltd, Fairbairn House, P O Box 192, Rohais, St Peter Port, Guernsey GY1 3LT

## 10.0 Verification of Identity

- a) Please provide two certified true copies of your passport.
- b) Evidence of residential address (dated within the last 3 months) either in original format, or a certified true copy. FTC appreciates that in some areas of the world it is difficult to provide utility bills bearing the residential address. PO Box addressed documents will not be accepted. The following documents may fulfil the requirements.
- A bank/ credit card statement
  - Correspondence from an independent source such as a central or local government department or agency, for example a tax document or rates bill.
  - A letter from a director or officer of a Financial Services Business who states that he/ she has visited the residential address and confirms the member resides there.
  - A certified leasehold agreement or rent book or official document
  - An affidavit sworn by the member before a notary public stating where the member resides.

FTC appreciates that in some cases clients cannot receive utility bills or other post in their own name. If this is the case, you may consider the following.

- For a spouse, where the head of the household receives utility bills in his/ her name, a Cohabitee form may be signed by both parties accompanied by a recent utility bill in the householder's name.
- A letter from a residential home or care home confirming the residence of the member.

***FTC reserves the right to request any additional information or documentation it deems necessary to establish identity, proof of residence or source of wealth or funds.***

## 10.1 Certification of Identity documents and Proof of Residence documents

### Example:

"I have seen the original document and this copy at the same time and certify that it is a true copy".

Signed ..... Dated.....

Name printed in CAPITALS

Stamp of Office or position/qualification showing address of offices and contact details.

### Who can certify?

A member of the Judiciary, a Lawyer, Notary Public, Commissioner of Oaths, a senior Civil Servant, a serving Police or Customs Officer, an Actuary, an Accountant, a member of the Institute of Chartered Secretaries and Administrators, a Bank Manager, an Officer of Issuing Embassy, a director or officer of a Financial Services Business subject to group/parent policy where the head office is situated in a country or territory designated by the Guernsey Financial Services Commission as conforming to FATF recommendations.

**IMPORTANT NOTE:** Fairbairn Trust Company Limited must receive the originally certified copy of the document and cannot accept faxed or e-mail scanned copies.

Additional Information:

THE  OVERSEAS  
PENSION |  QROPS

SERVICE SECURITY SUPPORT