
Application Form

-
- OPES International Retirement and Savings Plan
 - COPIA (QNUPS) Pension Plan
 - SENTINEL Preservation Fund
-

CHECKLIST

Before sending us this Application Form, please complete the checklist below. Providing complete information is essential for us to proceed with prompt processing of your Application Form.

- You have fully completed all relevant sections of the Application Form.
- Your Professional Adviser has completed all relevant sections of the Application Form.
- You have been provided with written information of all fees, expenses and running costs of your Plan by your Professional Adviser.
- You have signed and attached a copy of the relevant Fee Schedule.

The following documents must be included with the Application Form, without these (where applicable) your application will not be processed:

- Investment Application Forms (for investment co., life company, Fund Platform).
 - Pension transfer documentation including signed discharge form(s), if applicable.
 - A statement of investment principles from your Investment Manager detailing the kinds of investments to be held, the balance between types of investments, level of investment risk. Expected return on investments and the liquidity and realisation of investments.
-

IMPORTANT INFORMATION

This form serves as an application for membership to the OPES International Retirement and Savings Plan (OPES), COPIA (QNUPS) Pension Plan (COPIA) and the SENTINEL Preservation Fund (SENTINEL), (the Plan). All products are subject to and interpreted in accordance with the laws and regulations of the island of Guernsey and the constitutional documents of the selected Plan. If there is any conflict or inconsistency between any statement in this form and the respective Plan, its constitutional documentation and or its rules will prevail.

These Plans are offered by Overseas Trust and Pension Ltd (OTAP). The Plans are all subject to the Pension Licensees (Conduct of Business) & Domestic and International Pension Scheme and Gratuity Scheme Rules (No.2) 2017.

Overseas Trust and Pension (OTAP) is the brand name of Overseas Trust and Pension Ltd, Overseas Pensions and Benefits Ltd and Overseas Pensions Administration Ltd, (the Companies) are licensed by the Guernsey Financial Services Commission under the regulation of Fiduciaries, Administration Businesses and company Directors, etc (Bailiwick of Guernsey) law, 2000. Overseas Trust and Pension Ltd and Overseas Pensions and Benefits Ltd are registered in Guernsey numbers: 55506 and 39935 respectively. Their registered office is 2nd Floor Elizabeth House, Les Ruettes Brayes, St Peter Port, Guernsey, GY1 1EW. Overseas Pensions Administration Ltd is registered in Alderney number: 1427 and its registered office is Millennium House, Ollivier Street, St Anne, Alderney, GY9 3TD.

Overseas Trust and Pension Limited is an authorised financial services provider with the Financial Sector Conduct Authority ("FSCA") – FSP number 47261.

OTAP does not offer financial, investment or tax advice, any information provided should not be considered as such. OTAP accepts no legal liability for losses, damages or expenses which you may incur or suffer directly or indirectly by using this information.

We endeavour to make sure the information is accurate and up-to-date however, no warranty is given as to the accuracy or completeness of any information and no liability is accepted for any errors or omissions in such information, products or services provided to you.

We strongly recommend that clients take regulated financial and investment advice relevant to their individual circumstances. It is the responsibility of clients and their advisers to review the advice and investments at least annually. The product terms, risks and charges (including: initial, annual and exit) should be considered, understood and agreed with your Financial/Investment Adviser.

Past performance is not a reliable indicator of future results. Investment values and the income from them can go down as well as up and may be affected by changes in rates of exchange. An investor may not receive back the amount initially invested.

Data Privacy Statement: Please refer to our Data Privacy Policy published on the Overseas Trust and Pension website: www.trustandpension.com/legal-and-regulatory



Section 1 – Personal Details

Title (e.g. Mr/Mrs/Miss/Ms/Dr/Other)

First name

Middle Names

Surname

Section 2 – Product Details

Please select the appropriate product by ticking the relevant box/s.

A. PRODUCT DETAILS

Before selecting a product, OTAP strongly recommends that you take independent, professional advice to ensure product suitability.

OPES International Retirement and Savings Plan

OPES International Retirement and Savings Plan is a multi-member personal retirement plan. The Plan is afforded income tax exemption in Guernsey by way of Section 40 ee of the Income Tax (Guernsey) Law 1975, as amended.

International Retirement Option

South African Retirement Option

This option is intended for members who are or intend being a permanent tax resident in South Africa.

Spanish Retirement Option

This option is intended for members who are or intend being a permanent tax resident in Spain. Investments should be UCITS compliant.

Portuguese Retirement Option

This option is intended for members who are or intend being a permanent tax resident in Portugal.

SENTINEL Preservation Fund

SENTINEL Preservation Fund is a multi-member preservation fund. The Plan is afforded income tax exemption in Guernsey by way of Section 40 ee of the Income Tax (Guernsey) Law 1975, as amended.

COPIA (QNUPS) Pension Plan

COPIA (QNUPS) Pension Plan is a multi-member personal retirement plan. The Plan meets the approvals afforded by Section 157A subsection (4) of the Income Tax (Guernsey) Law 1975, as amended and meets the HMRC requirements of a qualifying non-UK pension schemes (QNUPS).



B. RETIREMENT AGE

For OPES and COPIA the minimum age from which retirement benefit can be taken is 50 and 55 respectively. SENTINEL provides access prior to 50. Certain age limits apply by which time benefit must be taken. Please consult your financial adviser in respect of these.

If you wish to take immediate benefit from your Plan, please complete a Benefit Application Form and submit it along with this Application Form.

I wish to take benefit from my Plan at age: _____ (please insert appropriate retirement age)

I wish to take immediate benefits from my Plan Yes No

C. INVESTMENT SELECTION

Investment Direction

OTAP requires the appointment of an independent investment manager to manage the investments within your selected Plan. It is the responsibility of the investment manager to select investments appropriate to your investment objectives and risk appetite, to monitor the performance of these investments and make adjustments as necessary. The investment manager must also provide regular reporting on the investments. This is referred to as a 3rd Party Directed Plan. The investment manager should be a regulated financial services firm licensed to provide investment management services.

Should you wish to manage the investments yourself, you will need to contact us, as certain regulatory requirements and conditions need to be met before this option can be considered.

Please select the investment choice you wish to operate within your Plan.

Access

Investing via the Overseas Trust & Pension Investment Platform. Our investment platform is provided by Platform Securities Limited.

Please continue with this Section before completing Sections 3, 6, 7 & 8

Advanced

Investing in a wide range of funds via a life company bond.

Please continue with this Section before completing Sections 4, 6, 7 & 8

Advanced Plus

Investing via a choice of deposit/term accounts, discretionary investment management, investment platforms, listed/unlisted equity, investment property, life company bonds and collective investment funds.

Please continue with this Section before completing Sections 5, 6, 7 & 8



D. CONTRIBUTION INFORMATION

Please provide details of your contribution and/or asset transfer below.

Frequency of Contribution

Single Regular Contribution (restrictions apply)

Please select the appropriate contribution option(s).

Nature of contribution or transfer	Amount/Value
<input type="checkbox"/> Cash contribution	£ / € / US\$ _____
<input type="checkbox"/> Investment transfer	£ / € / US\$ _____
<input type="checkbox"/> Life Bond assignment	£ / € / US\$ _____
<input type="checkbox"/> Pension transfer	£ / € / US\$ _____
Total Value of Expected Contribution	£ / € / US\$ _____

Where a currency exchange is required, the applicable rate will be the rate at the date the transaction took place.

We provide access to a Foreign Exchange (FX) service for payments, contributions and investments. We can offer competitive FX rates, due to our institutional scale. As a client, you will automatically benefit from these savings where currency transactions are undertaken by us. Please let us know if we can assist with any FX requirements including forward pricing.

FX required?

Yes No

Details _____

If a non-Guernsey tax or pension authority has approved the transfer of a domestic pension, under their authority, to your selected Plan then you will need to observe any local contribution limits and levels, which they may impose on you as part of the authority to transfer. Adhering to such requirements is the responsibility of the member and advice should be obtained in this regard from your Professional Adviser.

E. NOMINATION OF REPORTING AND BENEFIT CURRENCY

Please nominate the base currency of your Plan. The nominated currency will be the currency in which you receive your annual Plan valuation, the currency in which fees will be deducted and your lifetime benefits will be paid. If your investment currency differs from your Plan currency, OTAP will not be responsible for any exchange rate difference that may apply. All trustee Plan fees are charged in Sterling or currency equivalent.

I wish to establish my Plan in:

Sterling £ US Dollars US\$ Euro €



F. INVESTOR RISK PROFILE

This section must be completed to assist both you and your Professional Adviser in identifying your investor risk profile.

I am looking to take a lump sum/income withdrawal from my Plan:

- Within the next 3 years Within the next 3 to 7 years Only after 7 years

I consider my attitude towards investment risk as:

- Low Low – Medium Medium – Low Medium Medium – High

G. INVESTMENT ADVISER APPOINTMENT

I hereby appoint the following as my Investment Adviser.

Details

Name of Adviser

Name of Advisory Firm

Address of Advisory Firm

Post Code

Country

Telephone Number

Email Address

Regulator

Reference number

Confirmations by the member

By signing the declaration in Section 8, I confirm that:

I agree and elect an Investment Adviser as required for the purposes of the relevant trust deed. It is the appointed Investment Adviser's responsibility to select, manage and provide regular reviews of the suitability and performance of the investments in my Plan. All investment decisions within my Plan may only be taken by my appointed Investment Adviser who will provide investment instructions to OTAP.

I understand that OTAP reserves the right to refuse the appointment of an Investment Adviser at its absolute discretion. The Investment Adviser must be approved by OTAP before the Plan may take effect. Such an approval is not and should not be seen as any confirmation of the appointed Investment Adviser's capability, suitability or otherwise.

I understand that I can change the appointed Investment Adviser at any point in time subject to approval and that any change will be in writing to OTAP.

I understand that in the event of my appointed Investment Adviser retiring or ceasing to perform the role or being acceptable to OTAP, that it is my responsibility to appoint an alternative Investment Adviser.

Under exceptional circumstances which may include death or diminished capacity where you are unable to appoint a new Investment Adviser, the Trustee may appoint an Investment Adviser to the Plan.

Sections 3, 4 and 5 need to be completed by the Financial Adviser. Full disclosure on all fees in relation to the underlying investments, commissions and any initial and or ongoing advice fees must be provided. We may need to seek clarity on the fees stated.



Section 3 – Access

This section needs to be completed by the Financial Adviser in respect of advice/servicing fees. All platform and trustee fees are disclosed on the Access Fee Schedule. Please complete the following table in respect of your client's Plan.

Financial Adviser's Fees

Initial advice _____% Or £ / € / US\$ _____

On-going advice _____% Or £ / € / US\$ _____

Commissions Receivable _____% Or £ / € / US\$ _____

Other fees, such as investment platform, custodian and transaction fees are disclosed in the Access Fee Schedule.

Initial Investment Dealing Instructions

Action					Amount (choose one)	
Buy	Sell	ISIN Number	Investment name (include currency, unit type)	Share Class	Currency and cash amount	Units

Please refer to the Overseas Trust & Pension Selected Investment Platform Client Terms and Conditions which can be found at: www.trustandpension.com/documents/additionalforms

IMPORTANT NOTE:

It is the responsibility of your investment Adviser to provide you with separate key investor information documents and make relevant disclosures for your chosen investments, and to confirm the suitability of the investment products for your particular circumstances. Your Investment Adviser will agree a fee structure with you in relation to any underlying investment that is recommended and provide relevant fee disclosures to you. You will need to discuss your retirement plan investment objectives and investment strategy with your appointed Investment Adviser.

Section 4 – Advanced

Investing in a wide range of funds via a life company bond.

This section needs to be completed by the Financial Adviser in respect of all member borne charges. All OTAP fees are disclosed in the Advanced Fee Schedule.

Please complete the following table in respect of the bond being used within the Plan.

Please arrange for the contributions to be invested as follows:

Name of product _____

Name of Life Company _____

Address of Life Company _____

Post Code _____

Country _____

Your underlying investment selection should be confirmed with the life company bond provider on their application form.

Investment Bond

Policy Charge _____ % Administration Charge £ / € / US\$ _____ P.Q.

Period _____

The above Policy Charge includes any commissions which may be payable to your Financial Adviser and represent the total member borne charge in respect of the Policy Charge.

If an additional Platform is to be used within the Bond, please detail the fees below.

Please name the platform or custodian to be used _____

Custody charge _____ % Or £ / € / US\$ _____

Dealing charge _____ % Or £ / € / US\$ _____

If you are charging for advice and these charges are not already covered in the above section, please provide details below.

Initial advice _____ % Or £ / € / US\$ _____

On-going advice _____ % Or £ / € / US\$ _____

IMPORTANT NOTE:

It is the responsibility of your Investment Adviser to provide you with separate key investor information documents and make relevant disclosures for your chosen investments, and to confirm the suitability of the investment products for your particular circumstances. Your Investment Adviser will agree a fee structure with you in relation to any underlying investment that is recommended and provide relevant fee disclosures to you. You will need to discuss your retirement plan investment objectives and investment strategy with your appointed Investment Adviser.



Section 5 – Advanced Plus

Investing via a choice of discretionary investment management accounts, investment platforms, listed/unlisted equity, investment property, life company bonds, and collective investment funds.

This section needs to be completed by the Financial Adviser in respect of all member borne charges. All OTAP fees are disclosed in the Advanced Plus Fee Schedule.

Please complete the following table in respect of the bond being used within the Plan.

Investment Bond

Policy Charge _____ % Administration Charge £ / € / US\$ _____ P.Q.

Period _____

Discretionary Asset Manager

Name of investment management firm _____

Investment Management Charge – If applicable please complete the below

Management charge _____ % Or £ / € / US\$ _____

Custody charge _____ % Or £ / € / US\$ _____

Dealing charge _____ % Or £ / € / US\$ _____

If a Platform or Custodian is to be used either separately or as part of the either a Bond or Discretionary Asset Management arrangement, please detail the charges as applicable below.

Please name the Platform or Custodian to be used _____

Custody charge _____ % Or £ / € / US\$ _____

Dealing charge _____ % Or £ / € / US\$ _____

If you are charging for advice and these charges are not already covered in the above section, please provide details below.

Initial advice _____ % Or £ / € / US\$ _____

On-going advice _____ % Or £ / € / US\$ _____



Section 6 – Beneficiaries

Letter of Wishes – Nomination of your Beneficiaries

You can name beneficiaries who you wish to receive benefits from your Plan after your death.

OTAP will give due consideration to these wishes.

Please ensure when completing this section that your nominations add up to a total of 100%.

1. Title (e.g. Mr/Mrs/Miss/Ms/Dr/Other)	First name
Surname	
Residential address	
Post Code	Country
Home Telephone	Mobile Telephone
Email	Date of birth
Beneficiary's relationship to Member	Percentage of distribution %
Passport Number	Passport Issuer
Nationality	National ID No
2. Title (e.g. Mr/Mrs/Miss/Ms/Dr/Other)	First name
Surname	
Residential address	
Post Code	Country
Home Telephone	Mobile Telephone
Email	Date of birth
Beneficiary's relationship to Member	Percentage of distribution %
Passport Number	Passport Issuer
Nationality	National ID No
3. Title (e.g. Mr/Mrs/Miss/Ms/Dr/Other)	First name
Surname	
Residential address	
Post Code	Country
Home Telephone	Mobile Telephone
Email	Date of birth
Beneficiary's relationship to Member	Percentage of distribution %
Passport Number	Passport Issuer
Nationality	National ID No

NOTES

1. If there is insufficient space on the Application Form to detail all your named Beneficiaries, please detail additional named Beneficiaries on a separate page, then sign and attach to this Application Form.
2. You may change your named Beneficiaries at any time by submitting a written request to the trustee and Plan Administrator.
3. Any specific instructions should be provided under separate written cover in the form of a 'Letter of Wishes' addressed to the trustee and Plan Administrator.



Section 7 – Appointment of Professional Adviser

Professional Adviser Appointment

This is the person who is giving you financial planning/tax advice regarding your Plan. Please enter the details of your Professional Adviser. Please notify the trustee of any change to your appointed Professional Adviser in writing.

Name of Professional Advisory Firm	Name of Professional Adviser
Full Address for Correspondence	
Post Code	Country(ies) of operation
Contact Telephone	Contact Fax
Email	
Broker Code (Internal Use Only)	

Professional Adviser Declaration (This section is to be completed and signed by your Professional Adviser)

I confirm that I have arranged or provided appropriate financial, pension transfer and tax advice with regards to the suitability of the Plan, together with the implications of becoming a member, for the named applicant.

I confirm I am suitably qualified and regulated to give financial advice to the applicant in their country of residence and confirm that the Plan and investment options are appropriate to the applicant.

If the applicant is transferring funds out of an existing pension scheme into the Plan, I confirm that I have advised him/her on the advantages and disadvantages of such a transfer.

I confirm that I have carried out the required analysis of the applicant's circumstances, attitudes and objectives and have satisfied myself that the Plan is both cost effective and appropriate for the applicant.

I confirm that I have fully explained the key features, all costs and risks associated with the Plan and underlying investments to the applicant, and the applicant has confirmed his/her full understanding of the implications of entering into the Plan. I have also explained to the applicant (who has confirmed to me that he/she has understood) that any OTAP branded tax information sheets provided to the applicant are not to be relied upon by the applicant in deciding whether to become a member of the Plan and are of a generic nature only.

Professional Adviser to Sign and Date

Signature of Professional Adviser	
Print Name	Date

Section 8 – Declaration

Applicant Declaration

This section is to be completed and signed by you the applicant.

I hereby apply for membership of the Plan indicated above and in so doing confirm that:

- a. I agree to be bound by the Governing Documentation establishing the Plan and agree that such rules shall be the basis of the contract between me and OTAP as Trustee and Plan Administrator.
- b. I understand and accept the terms of the Plan and the benefits provided thereunder.
- c. I understand and accept that OTAP does not provide initial or ongoing investment advice and is not responsible for the investment selection. I understand and agree that appropriate professional advice regarding my Plan and investment selection should be obtained by me from a Financial and/or Professional and/or Investment Adviser (“Adviser”). I understand that an Adviser must be qualified to give investment advice where he/she is providing such advice. OTAP shall not incur liability for anything done, neglected or omitted to be done by, or in reliance upon the advice given by my Adviser.
- d. Investments should be chosen with the advice of an appropriate Adviser. If an Adviser is not appointed the Plan will be regarded as member directed. The selected investment is entirely at the risk of the member. It is the responsibility of the member and their Adviser to ensure that all available documentation has been read and understood in respect of any investment chosen. OTAP permits the use of structured products or equivalent investments within your Plan, however, OTAP does not approve or recommend any investment that is selected. OTAP accepts no responsibility for losses, damages and/or costs that may be incurred as a consequence of investing on the member’s behalf in any investment. Nor does OTAP take or accept any responsibility to review the appropriateness, credit worthiness, investment risk, issuer or any other aspect or part of any selected investment or counterparty and this responsibility remains solely that of the Adviser and member.
- e. I have received full and complete information and appropriate advice in connection with and understand the implications of my membership of the Plan and investment. This information included a description of the key features, benefits and provisions of the Plan including the rights and responsibilities of OTAP and any other service providers, myself and my nominated beneficiaries.
- f. I confirm that I am aware that if my investments are held on the OTAP’s Investment Platform they are bound by the terms and conditions of the platform. I confirm that I am aware that my investment is to be managed by an Adviser who is to be nominated and appointed by myself. I agree that all communications are to be directed through OTAP.
- g. I confirm that I am solely responsible for managing the nature of the relationship, be it discretionary or advisory, between myself and the appointed Adviser and that should this relationship change in any way that I will notify OTAP in writing.
- h. I hereby agree (so as to bind my estate, personal representative and heirs) to indemnify and keep indemnified OTAP, its delegates, successors and assigns (and each former or current director, officer, employee or affiliate of them) from and against any loss or liability arising from or in connection with the appointment of or any act or thing done neglected or omitted to be done by my Adviser, or in connection with the investment return or performance of the investments linked to my investment, any life policy and/or my membership of the Plan howsoever arising. OTAP shall not incur any liability howsoever arising in respect of handling investment instructions and does not undertake to handle investments, instructions within a set period of time.
- i. I confirm that OTAP are not involved in, or responsible for, my tax affairs, or those of any named Beneficiary, and that I accept that the named Beneficiaries concerned are responsible for, and will comply with, their personal tax responsibilities in any jurisdiction. I confirm that I understand that any OTAP branded tax information provided to me is not to be relied upon when deciding to become a member of the Plan.



- j. I confirm that the assets transferred to the Plan do not represent the proceeds of criminal activity including but not limited to: tax evasion, bribery and corruption, nor have the funds been used, or will they be used to commit a financial crime or terrorist activity.
- k. I confirm that I have been provided with written information regarding all fees, expenses and running costs of my membership of the Plan and my investment together with fees associated with the investment platform associated with my membership of the Plan. All fees and expenses will be due for settlement out of the assets of my fund held within the Plan.
- l. I confirm that with reference to the selected investments within my Plan, my Investment Adviser has informed me of all charges, fees and potential early surrender penalties. Such disclosure of fees has covered fees and commissions to be charged by the adviser, investment manager, custodian, bond provider, as appropriate, and OTAP as trustee. I confirm that I have understood the advice provided and that it is not my intention to take benefits or encashments from the Plan which would incur an early surrender penalty charged by the investment provider. I further confirm that if such early surrender penalties are incurred that I agree to such penalties to be paid from my Plan. I understand that such penalties may be incurred if I take a loan from my Plan during any early surrender period. I have signed the duly completed Fee Schedule as my acceptance of these charges.
- m. Where my initial contribution is made from a transfer out of an existing pension scheme, I confirm that I understand and accept that I may be giving up guarantees and/or benefits that have applied to that scheme and which may not be available to me from the Plan.
- n. I acknowledge that OTAP has the right to change its published Fee Schedules from time to time by giving one month's written notice to me.
- o. I undertake to advise OTAP promptly of any circumstances which causes the information contained herein to become incorrect or incomplete and to provide OTAP with an updated declaration within 30 days of such a change in circumstances.
- p. I am aware that in certain circumstances OTAP will be obliged to share this information with the Guernsey tax authorities, who may pass it on to other tax authorities.
- q. I declare that all information provided by myself in this form is to the best of my knowledge and belief, accurate and complete.
- r. I confirm that I am of legal age and capacity. I have willingly entered into this agreement. I have taken legal advice and understand the implications of signing this declaration or have freely declined to do so.
- s. I consent to the electronic provision of information in respect of my membership of this Plan by way of electronic access, which may include corporate email, website or other online facilities.
- t. I confirm that I have read OTAP's complaints procedure as published, and updated from time to time, on their website.

Non-Completion:

Should you be approved as a member of this Plan but following notification of such, you choose i) not to proceed with the Plan or ii) have not funded the Plan within one month then OTAP will invoice you in accordance with the Fee Schedule. By signing this Declaration, you acknowledge and accept this condition and undertake to pay such fees on demand.

Applicant to Sign and Date

Signature of Applicant _____

Print Name _____

Date _____