

Access Transfer Request



Access Transfer Request

Please use this form to transfer your existing Plan to the Access pricing model.

Check list

Before sending the Request Form, please complete the checklist below. Providing complete information and the relevant documents is essential for prompt processing of your Request.

- You have fully completed all relevant sections of the Form.
- You have been provided with written information of all fees, expenses and running costs of your Plan and investments by your Professional Adviser.
- You have signed a copy of the Access Fee Schedule.
- You have obtained certified copies of suitable client identification and address verification.

Please send your signed Request, signed Access fee schedule, identification and address verification to:
Overseas Trust and Pension, 2nd Floor, Elizabeth House, Les Ruettes Brayes, St Peter Port, Guernsey, GY1 1EW

Relevant guidance and terms (available at: www.trustandpension.com)

- Client Application Guidance
- Private Client Investment Request Policy
- Private Client Cash Balance Policy
- OTAP Investment Platform: Platform Securities Client Terms and Conditions

Overseas Trust and Pension 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 Ltd is an authorised financial services provider in terms of the South African Financial Advisory and Intermediary Services Act with FSP number 47261.

The Companies do not offer financial, investment or tax advice, any information provided should not be considered as such. The Companies accept 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.

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.

Section 1 - Personal Details

A. Personal Details

Title (e.g. Mr/Mrs/Miss/Ms/Dr/Other)	Forenames
Surname	Date of Birth (dd mm yy)
Permanent residential address	
Post Code	Country
E-mail Address	Contact Telephone
Plan Ref.	

B. Self-Certification for Individuals

For the purposes of FATCA and the Guernsey Intergovernmental Agreements (IGAs) and the Common Reporting Standard (CRS)

Please confirm if you are a US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide your Tax Identification Number in the table below.	
Please confirm if you are a UK resident <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide your National Insurance Number in the table below.	
Jurisdiction (s) of tax residence if not US/UK	Tax Identification Number/Social Security Number/National Insurance Number
If you are not a resident in any jurisdiction for tax purposes, please tick here <input type="checkbox"/>	
If you have renounced any nationality please provide details below and provide a certified copy of any certificates of loss of nationality.	
Nationality/Country:	Date renunciation confirmed:
Do you have dual citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes please state the country.	Country:

C. Passport details

Please insert details of all your passports

Passport Issuer	Passport Number
Passport Issuer	Passport Number
Passport Issuer	Passport Number

Section 2 – Product Details

A. Nomination of reporting and benefit currency

The nominated currency will be the currency in which your Plan will be valued and 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 Plan fees are charged in £ Sterling or currency equivalent.

I wish to establish my Plan in:

- Sterling £ US Dollars US\$ Euro €

B. 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 withdrawal and/or income 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

Section 2 - Product Details continued

C. Investment Adviser Appointment

Confirmations by the Member

By signing this declaration, I confirm that:

I agree and elect an investment Adviser as required for the purposes of the 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 your Plan may only be taken by your 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 request will be in writing to OTAP.

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

Details

Name of Adviser	
Name of Advisory Firm	
Address of Advisory Firm	
Post Code	Country
Telephone Number	
Email Address	
Regulator	Reference number

Under exceptional circumstances which may include death or diminished capacity where you are unable to appoint a new Investment Adviser, the Trustee will assume the investment powers over the assets in your Plan.

Investment Charges

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. 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.)

Applicant to Sign and Date

Signature of Applicant	Print Name
	Date

Section 3 - Beneficiaries

In the following section please provide details of the Beneficiaries that you wish to receive benefits from your pension Plan after your death. The Trustee and Plan Administrator will give due consideration to these wishes.

Please ensure when completing this section that your nominations add up to 100%

1. Title (e.g. Mr/Mrs/Miss/Ms/Dr/Other)	Forenames
Surname	
Residential address	
Post Code	Country
Home Telephone	Mobile Telephone
Email	Date of birth (dd mm yy)
Beneficiary's relationship to Member	Percentage of distribution %
Passport Number	Passport Issuer

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2. Title (e.g. Mr/Mrs/Miss/Ms/Dr/Other)	Forenames
Surname	
Residential address	
Post Code	Country
Home Telephone	Mobile Telephone
Email	Date of birth (dd mm yy)
Beneficiary's relationship to Member	Percentage of distribution %
Passport Number	Passport Issuer

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3. Title (e.g. Mr/Mrs/Miss/Ms/Dr/Other)	Forenames
Surname	
Residential address	
Post Code	Country
Home Telephone	Mobile Telephone
Email	Date of birth (dd mm yy)
Beneficiary's relationship to Member	Percentage of distribution %
Passport Number	Passport Issuer

Notes

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

Section 4 - Dealing Instructions

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

Investment Request Guidance

Completing the Investment Request Form

By completing the form you will be requesting a change to investments to which the value of your Plan is linked. All investment requests should be made in writing and sent to Overseas Trust and Pension by post, fax or email.

How to complete the investment request form

Action						Amount (choose one)	
Buy	Sell	ISIN Number	Investment name (inc. currency, unit type)	Share Class	Currency and cash amount	Units	
✓		LU0830633946	Goldman Sachs Euro Fixed Income Portfolio. EUR. Distribution	R	£10,000		
	✓	GB00BK6MB174	M&G Global Basics Fund USD. Inc	C	£5,000		

Action – Tick to indicate whether you want us to sell or buy an investment.

ISIN – Please provide us with the ISIN code for your chosen investment. Generally, the ISIN code can be found on the fact sheet appropriate to your chosen investment.

Investment name – Please tell us the name of your chosen investment including its currency, and the type of units you require ('Accumulation' or 'Income'). Please note that any income from distributing funds/shares will be paid back to the policy cash account. Income cannot be reinvested.

Share Class – Alphabetic designation applied to the investment e.g. 'A', 'D', 'R' etc.

Amount – The amount to sell or to buy of an investment. You can choose a cash amount (including the currency) or a number of units. Please note that some fund managers may impose a minimum deal amount and/or there may be a regulatory minimum that must be met.

Section 5 - 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
Telephone Number	Contact Fax
Email	
Broker Code (Internal Use Only)	
Regulator	Reference number

Professional Adviser - Fees and Charges

Please state the agreed fee payable:

Initial	Annual
Fixed amount or	Fixed amount or
Percentage (max 5%)	Percentage (max 1%)

Fees are deducted from your investments held on the OTAP Investment Platform.

Professional Adviser Declaration

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

I/We confirm that I/we have provided appropriate financial, pension transfer and tax advice with regards to the suitability of the Access product option, together with the implications of becoming a Member, for the named applicant.

I/We confirm that I/we hold Terms of Business with OTAP and I/we are regulated and/or qualified and confirm the Plan and investments are suitable for the applicant.

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

I/We confirm that I/we 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/We confirm that I/we 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/We 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.

Signature	Name of Professional Adviser
	Date

Section 6 - Declaration

Applicant Declaration

This section is to be completed and signed by you.

I, the undersigned, hereby request that Overseas Trust and Pension consider adopting the Access pricing option for my existing Plan;

- a. I agree to be bound by the rules in the Deed establishing the Plan and agree that such rules shall be the basis of the contract between me and Overseas Trust and Pension Limited (“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 recommends that I should take appropriate advice regarding the Plan and the underlying investments. Advice should be obtained by me from a suitably regulated and/ or qualified and experienced financial or Investment Adviser (“Adviser”). It is my Adviser and my own responsibility to determine the suitability of the Plan and any investments held therein and carry out regular reviews of suitability and performance. OTAP is not responsible for reviewing the suitability and performance of the Plan and investments. It is the Adviser’s responsibility to provide the Member with written details about investment features, terms, risks, penalties (including establishment periods), charges, fees, commissions payable, etc. By requesting an investment personally or through your Adviser you are confirming receipt, understanding and acceptance of all such information. OTAP shall not be liable to review the appropriateness, credit worthiness, investment risk, issuer risk or any other aspect or part of any selected investment or counterparty, this responsibility remains solely that of the Adviser. I agree that I am solely responsible for managing the nature of the relationship, be it discretionary or advisory, between my Adviser and myself and should the relationship change in any way I will notify OTAP in writing.
- d. If the Member is suitably qualified by profession and/ or experience and the Plan so permits, OTAP may allow Member investment direction.
- e. I understand and agree that if I fail to appoint an Adviser OTAP may, at its sole discretion, invest the Plan's assets in a range of investment funds or appoint an Adviser and/ or engage a suitably qualified firm to provide regular investment reviews.
- f. I confirm that I am aware that my investment is held on the OTAP Investment Platform and 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. OTAP does not approve, endorse or recommend any investments that are chosen by me and/ or my Adviser. OTAP accepts no responsibility for losses, damages and/or costs that may be incurred as a consequence of investing, acquiring, holding, selling or disposing of an interest or investment on behalf of a Plan. Nor does OTAP approve, endorse, recommend or review the services of any investment Adviser chosen by me.
- 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/avoidance, bribery and corruption, not to 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 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.
- m. 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.

Section 6 - Declaration continued

Applicant Declaration

- n. 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.
- o. I declare that all information provided by myself in this form is to the best of my knowledge and belief, accurate and complete.
- p. 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.

Applicant to Sign and Date

Signature of Applicant

Print Name

Date

November 2017

Overseas Trust and Pension
2nd Floor, Elizabeth House, Les Ruettes Brayes,
St Peter Port, Guernsey, GY1 1EW

Telephone: +44 (0) 1481 723030
E-mail: enquiries@trustandpension.com
Visit: www.trustandpension.com



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