

# Benefit Application Form



# Benefit Application Form

## Check list

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

- You have fully completed all relevant sections of the Form.
- You have been provided with appropriate advice with regards to the chosen benefit option(s) by your professional Adviser.
- You have obtained certified copies of suitable identification and address verification (not older than 3 months).
- You have obtained suitable verification of your bank account.

**Please send the completed form and associated documents to:**

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

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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.

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](http://www.trustandpension.com/legal-and-regulatory)

# Benefit Application Form

Please use **BLOCK CAPITALS**. All information provided will be treated as strictly private and confidential.

## 1. Personal details

Title (e.g. Mr/Mrs/Miss/Ms/Dr/Other)	Surname
Forenames	
Permanent residential address	
Post Code	Country
Membership Number	Date of Birth (dd mm yy)
Telephone Number	
Email Address	
Selected Benefit Date (dd mm yy)	

## 2. 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 UK tax resident <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide your Tax Identification Number in the table below	
On what date did you become non-UK tax resident? (dd mm yy) (if applicable)	
Please confirm if you are a US tax resident <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide your Tax Identification 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:

## Benefit Application Form continued

### 3. Benefit Choices

Do you require a single lump sum payment?  Yes  No

If yes, please indicate % (restrictions may apply) or amount currency

### And/Or

Annuity for Life  Annuity Certain (please indicate number of years from 3-10) years  Income Drawdown

Frequency of payment  Quarterly  Six monthly  Annually

Amount of annual income currency

Note: A lifetime Annuity is paid from the assets of the members plan for the members lifetime and will cease if these assets are exhausted.

### Incapacity

If you are under the age of 50/55 as applicable, please indicate that you are applying for some, or all, of your benefits on the grounds of incapacity.  Yes  No

You are required to provide written evidence from your Registered Medical Practitioner of your incapacity and therefore, your entitlement to draw your benefit.

### 4. Purpose of Benefit

Please confirm the purpose for which the requested benefit is required. For example: provide income for retirement, to make a capital purchase such as a car or property, or to meet expenses such as university fees for children or grandchildren etc. This information is required by regulations to help prevent financial crime.

**Reason/s for requested benefit:**

## Benefit Application Form continued

### 5. Payment Details

Payments can only be made into an account that is in your name.

Bank	
Address	
Post Code	Country
Sort Code (if applicable) <input type="text"/> <input type="text"/> <input type="text"/>	SWIFT Code (if known) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
IBAN Code (if known) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Account Name	
Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Reference	

### 6. Signature

Signature	Member's Name
	Date (dd mm yy)

### 7. Professional Adviser Acknowledgement and Declaration

(This section is to be completed and signed by your Professional Adviser.) I confirm that I have arranged or provided appropriate professional advice with regards to the chosen benefit option(s) of the named Member.

Signature	Name of Professional Adviser	
	Date (dd mm yy)	
Name of Advisory Firm (If appropriate)	Address	
Post Code	Country	Broker Code (if appropriate)

July 2018

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

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