

Corporate International Pension Plan Individual Member



Section 1 - Personal Details

Information required to join a Corporate International Pension Plan.

A. Name of Plan

B. Personal Details

Title (e.g. Mr/Mrs/Miss/Ms/Dr/Other)	Forenames	
Surname	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality
Date of Birth (dd mm yy)	Marital Status	
Appointment Date (dd mm yy)	Date of joining the Plan (dd mm yy)	
Permanent residential address		
Post Code	Country	
Home Telephone	Work Telephone	
Mobile Telephone	Fax	
E-mail Address		

C. 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/obligation	Tax Identification Number/Social Security Number/National Insurance Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
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:
<input type="text"/>	<input type="text"/>
Do you have dual citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes please state the country.	Country:
<input type="text"/>	<input type="text"/>

Please provide certified copies for proof of address (bank statement, utility bill) and identification (passport, drivers licence). Further information can be found on our website www.trustandpension.com/documents/client-application-guidance.

Section 1 - Personal Details continued

D. Contributions

Company contribution

Amount

Currency

Frequency

Member contribution

Amount

Currency

Frequency

Note: Contributions relating to South African resident members are made under your personal annual discretionary allowance of ZAR 1 million (as at Feb 2017) and will reduce the amount available for foreign travel.

E. Transfer Information

Name of Employer/Sponsor

Name of Transferring Scheme

Value of Transferring Scheme Your Policy Number

Contact Details of Transferring Scheme

Name Telephone Number

Address

Post Code Country

Is the transferring scheme a defined benefit or a defined contribution scheme? Defined Benefit Defined Contribution

Section 2 - Investment Selection

A. 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

B. Investment Details

Section 3 - Beneficiaries

Letter of Wishes

Nomination of your Beneficiaries

You can name beneficiaries who you wish to receive benefits from your Osprey plan after your death. Please ensure when completing this section that your nominations add up to a total of 100%.

In the event of my death, I designate the following person(s) as beneficiary(ies) to whom all monies due to me shall be paid

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	
.....			
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	
.....			
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 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. If none of the beneficiaries survive the member, the total amount shall be paid to the member's estate or as indicated in the Plan.

Section 4 - Declaration

Applicant Declaration

This section is to be completed and signed by you.

I, the undersigned, apply for Membership of the Corporate International Pension Plan ("the 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 the Trustee and Plan Administrator of the Corporate International Pension Plan Deed.
- b. I understand and accept the terms of the Corporate International Pension 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 my 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 a 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 member will be regarded as self invested/self 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 other similar alternative investment product or funds 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 confirm that full and complete information and advice has been received and understood by me in connection with my membership of the Plan and the Investments held within the Plan.
- f. I confirm that I am aware that where my Investment is held via a policy issued by a life company policy or via a fund platform, OTAP are bound by the terms and conditions of that policy or 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 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 Beneficiary, and that I accept that the 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 any contributions made and assets transferred to the Plan do not represent the proceeds of criminal activity including but not limited to: avoidance/tax evasion, bribery and corruption and will not to be used to commit financial crime or fund 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 any fees associated with any life policy and/or fund 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. 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.
- m. I acknowledge that OTAP has the right to change its published Fee Schedules from time to time by giving one month's written notice.
- n. 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 4 - Declaration continued

Applicant Declaration

- o.** 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.
- p.** I declare that all information provided by myself in this application form is to the best of my knowledge and belief, accurate and complete.
- q.** For contributions relating to South African resident members: I understand and accept that contributions are made under my personal annual discretionary allowance of ZAR 1 million (as at Feb 2017) and will reduce the amount available for foreign travel.
- 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.

I have carefully read this form prior to completion and I am responsible for the accuracy of the information submitted.

Applicant to Sign and Date

Signature of Applicant	Print Name
	Date

Authorised Company Representative to Sign and Date

Signature of Authorised Company Representative	Print Name
	Position
	Date

April 2017

Overseas Trust and Pension
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 St Peter Port, Guernsey, GY1 1EW
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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.