
Periodic Review Form

Please complete all the sections of this Form and kindly provide supporting certified documentation.

NOTE: Please see the specific guidance in relation to certification within this Form, as these rules need to be followed.

IMPORTANT INFORMATION

This Form has 7 Sections, please complete all sections listed below.

Section 1 - Personal Details

Section 2 - Proof of Identity

Section 3 - Verification of your Residential Address

Section 4 - Self-Certification for Individuals

Section 5 - Employment Details

Section 6 - Declaration

Section 7 - Appendix: Guide to Suitable Certifiers and Your Certifier's Checklist

On page 6 of this Form, we have provided a facility to capture a copy of your identity for certification.

Where to send your Form and Supporting Documentation:

You can send us a scanned copy of your Form and certified supporting documents to enquiries@trustandpension.com, and send the original documents to either our offices in Guernsey or South Africa. The full addresses are listed below:

Guernsey

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

South Africa

Overseas Trust and Pension Limited
First Floor
162 Main Road
Somerset West
Cape Town
7130

Section 1 – Personal Details

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

First name

Middle Names

Surname

Telephone

Email Address

Plan Reference

Section 2 – Proof of Identity

Please provide us with an updated copy of the identification pages of your current passport or National ID document.

Please refer to the Appendix for a Guide to Suitable Certifiers and Your Certifier's Checklist.

Please note, the information must include:

1. Name and Nationality
2. Document identification number
3. Photograph
4. Signature
5. Date and place of birth
6. Country of issue
7. Date of issue



Please note that the copy of the photograph must be clear and a true likeness.

Section 3 – Verification of your Residential Address

Please provide us with a certified copy of ONE of the following documents showing your permanent residential address (this cannot include a PO Box address):

- A utility bill (not more than three months old) or a bank / credit card statement
- Correspondence from an independent source such as a government department
- Personal tax assessment
- Valid driving licence

Please note that non-bank cards such as store cards, mobile telephone statements or addresses that feature 'care of' are NOT ACCEPTABLE as confirmation of your residential address, neither are statements printed from a website or those which do not feature your actual physical address.

Please refer to the Appendix for a Guide to Suitable Certifiers and Your Certifier's Checklist.

Section 4 – Self-Certification for Individuals

Kindly update your Self-Certification details below, paying particular attention to your Tax number or any updated Tax Number.

If you do not have a tax number, please state this.

Are you a US Citizen? Yes No If yes, please provide your Tax Identification Number:

Please confirm if you are a UK resident Yes No If yes, please provide your National Insurance Number:

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

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? Yes No If yes, please state the country:

Section 5 – Employment Details

 Employed Retired Unemployed

If retired or unemployed, please state your last employment details in the section below.

Occupation (e.g. engineer, banker, etc)

Date of commencement of occupation (dd mm yy)

Name of Business

Business Address

Post Code

Country

Nature of Business

Position Held

What share, if any, do you own of this business?

Please indicate your average annual income £ / € / US\$ (delete as applicable)

Section 6 - Declaration

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

Signature of Member

Print Name

Date (dd mm yy)

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7130

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Overseas Trust and Pension Limited is an authorised financial services provider in terms of the South African Financial Advisory and Intermediary Services Act ("FAIS") and is regulated by the Financial Sector Conduct Authority ("FSCA") of South Africa. 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.

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

Appendix

Guide to Suitable Certifiers

Copy documentation is acceptable provided it is certified as being a true copy of the original and any photograph submitted as proof of identity must be certified as a true likeness of the individual.

This may be done by any one of the following persons (MUST NOT BE A RELATIVE):

- A Member of the Judiciary
- A Senior Civil Servant
- A serving Police or Customs Officer
- A Lawyer or Notary Public who is a member of a recognised professional body
- Doctor
- An Actuary or Accountant who is a member of a recognised professional body
- A Director / Manager of a regulated financial services in a jurisdiction known to have equivalent AML/CFT legislation in place
- An officer of an Embassy, Consulate or High Commission of the country where ID documents are issued

Please note, where a certifier listed above is based in a high-risk jurisdiction, we will only accept their certification if they are employed and acting in their capacity as employee of a company/firm/partnership that has a head office based in an equivalent jurisdiction.

Your Certifier's Checklist

- Please take a photocopy of the original document.
- Please insert the following wording as shown on the document
- Please add your signature and the date.
- Please print your name and contact details underneath your signature in BLOCK CAPITALS.
- Please state the capacity in which you are certifying the document (i.e Accountant, Lawyer, etc).
- If you have an official corporate stamp, please place the stamp onto the copied document and ensure that your professional address is quoted.

The certified documents should carry the following wording and information:

Passport/ID documentation

I hereby certify that this is a true copy of the original document, which I have seen and that I have met the individual on _____ (insert date) and can confirm the photograph is a true likeness.

Address Verification/other documents

Certifiers Details

I hereby certify that this is a true copy of the original document, which I have seen.

- Signature of Certifier
- Name
- Date of Certification
- Position/Capacity
- Firm/Company
- Business/Contact address
- Telephone Number
- E-mail address

Certification of Identity – for use by Suitable Certifiers Only

For your ease, we have provided the following facility to capture a copy of the applicant's identity for certification.

1. Place the ID/Passport document on your scanner with the identity page facing down
2. Place this page over the ID/Passport document, taking care to ensure that it fits within the borders of the below box
3. Scan and print
4. Complete the certification and submit the scanned and printed page with your Form

Place ID / Passport here

I hereby certify that this is a true copy of the original document, which I have seen and that I have met the individual on _____ (insert date) and can confirm the photograph is a true likeness

Name

Firm/Company

Date

Telephone Number

Position/Capacity

Email Address

Signature

Business/Contact Address

Place official corporate stamp here