
Change of Investment Provider Application Form

NOTES

This form is for use by Members of Plans administrated by OTAP (please see important information), who want to change the Investment Provider held by the Plan.

You should seek professional advice regarding this change and the implications in respect of tax, security, additional costs, benefit options and all other relevant factors.

Please provide a completed Application Form for the new investment and send to OTAP, along with the appropriate Illustration, KIID or equivalent prospectus for the new investment signed by the Member.

OTAP will normally establish the new investment before starting the process to encash, surrender or sell any existing investments. Investments and investment providers are set-up at the discretion of OTAP, please check with OTAP if you are unsure that the investment is currently available.

IMPORTANT INFORMATION

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 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.

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

A. MEMBER DETAILS

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

First name

Middle Names

Surname

B. FINANCIAL ADVISER DETAILS

This is the person providing advice in respect of the proposed change of Investment Provider.

Name of Professional Advisory Firm

Name of Professional Adviser

Full Address for Correspondence

Country

Post Code

Contact Fax

Contact Telephone

Email Address

Or Member Directed Yes No

C. PLAN DETAILS

Please provide details of your Plan.

Plan Reference

Plan Name

D. REASON FOR CHANGE OF INVESTMENT PROVIDER

Please provide details of the reasons why you wish to change your Investment Provider.

Section 2 – Investment Details

A. CURRENT INVESTMENT PROVIDER DETAILS

Name of Provider _____

Reference number _____

Domicile _____

Type of Investment _____

B. NEW INVESTMENT PROVIDER

Name of Provider _____

Type of Investment _____

Domicile of Investment _____

Regulatory Status _____

Please complete the new Investment Provider's Application Form and send to OTAP, along with the appropriate Illustration/KIID for the new investment signed by the Member.

C. INVESTMENT CHARGES

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 being charged 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 3 - Investment Transfer Details

Please select the way in which you would like your funds to be transferred by ticking box A, B or C below.

A. **Cash - Liquidate all assets and transfer cash**

B. **Cash - Transfer a specific cash amount**

Amount to be transferred: £ / € / \$ _____

If required, please provide sell instructions using the Investment Transaction Form.

Please confirm the currency in which you would like us to transfer:

£ € US\$ Other _____

C. **In specie transfer of assets**

This option is not always possible and requires consent from the transferring custodian/investment provider as well as the receiving investment provider. Transfers of this nature are complex, and this can result in a prolonged transfer time, suspension of trading in the asset and additional costs.

STATEMENT OF CONFIRMATION: I confirm that:

The receiving Investment Provider has confirmed that they can take a transfer of the specific securities held in my member's account either directly or through their custodian.

I understand and accept the additional costs, time and potential suspension of trading that may be incurred as part of an in-specie transfer whether completed or not.

Member to sign:

Section 4 - Member Declaration

This section is to be signed by the Member.

- 4.1. I hereby request that Overseas Trust and Pension Ltd / Overseas Pensions and Benefits Ltd (OTAP) as Trustee change the Investment Provider as indicated in this Application Form.
- 4.2. I understand the implications of the change including any tax implications and have sought relevant tax and financial advice from a suitably qualified Adviser. 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.
- 4.3. I confirm that I have been provided with information regarding all fees, expenses and costs of this change, including but not limited to establishment, annual, dealing and surrender fees.
- 4.4. Where the change requires the sale of any assets, such liquidation will be done at the discretion of the Trustees who cannot be held liable for any loss or decrease in value in relation to the sale of the assets. Whether this loss or decrease is a result of market movements, delays, exit penalties or any other cost, charge or fee pertaining to the liquidation. I acknowledge that the funds will be held in cash for a period of time from the date of investment redemption until the date the funds are received and invested by the new Investment Provider and that OTAP is not liable for any market movements during the period the members account is held in cash.
- 4.5. I understand that the amount of the investment is not guaranteed and may fluctuate and that the exact Value will only be confirmed on the Transfer Date.
- 4.6. 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.
- 4.7. I declare that all information provided by myself in this form is to the best of my knowledge and belief, accurate and complete.
- 4.8. I confirm that I am of legal age and capacity. I have willingly entered into this agreement. I have taken financial advice and understand the implications of signing this declaration or have freely declined to do so.

Member to Sign and Date

Signature of Applicant

Print Name

Date