Trireme
A Praxis Group company

International Retirement Plan

PERSONAL SCHEME MEMBER - APPLICATION

> Introduction

To apply to purchase an International Retirement Plan, please complete, sign and return this application form along with the below requested certified documents and necessary supporting applications for any underlying appointments or investments and evidence of source of wealth and funds to PES.newbusiness@praxisgroup.com

Client due diligence documentation

☐ Certified copy of the applicant's current passport

☐ Original or certified copy of the applicant's bank statement or utility bill showing their home address which is dated within the past three months.

Please note that certified copies of documents can only be accepted if they are certified by one of the following: A regulated and qualified financial adviser, a lawyer or notary public, an actuary, an accountant holding a recognised professional qualification or a director or manager of a regulated financial services business operating in an "equivalent jurisdiction" to Guernsey. The Certifier must write the following words on the photocopy:

1. "Certified as a true copy of the original [document name] of [bearer's full name], which I have seen." And;
2. Where the document bears a photograph of the holder: "The photograph contained therein is a true likeness of the holder, who I have met."
3. Where the document is written in a language other than English, the document must be translated and the certifier must state "I hereby certify that the English text herein is an accurate translation of the original text."

The Certifier must sign and record, in block capitals, his/her full name, the capacity in which he/she is signing, date of certification and their full contact details.

Please also note that all documents must be clear and easily legible and certified within the last three months. Identity documents containing photographs must include all four corners of the document and it is recommended for such documents to be sent in colour. Praxis will not accept any documents which are deemed by it to fall short of its internal policies and its regulatory obligations.

Relevant information and glossary for an International Retirement Plan:

Contract administrator	Trireme Pension Services (Guernsey) Limited ("Praxis")
Scheme administrator	Praxis PES Malta Limited
Postal address	PO Box 296, Regency Court, Glategny Esplanade, St Peter Port, Guernsey, GY1 4NA
Contact number	+44 1481 755 595

Trireme Pension Services and Praxis PES Malta are both part of the Praxis Group. Praxis is committed to protecting the privacy and security of your personal information and complies with the Data Protection (Bailiwick of Guernsey) Law, 2017, as amended. For further details on how we process your data please follow the link to our Fair Processing (or Privacy) Notice. We recommend that you periodically check our website for updates.

Section 1: Personal details

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other *(please specify)*

Forename/s

Surname

Any previous names

Gender

Date of birth *(DD/MM/YYYY)*

Nationality(ies)

Domicile

Marital status

Passport number

Passport place of issue

Passport expiry date *(MM/YYYY)*

Tax residency

Country/countries of tax residency	Tax Identification Number* ("TIN")	If a TIN is unavailable, tick A, B or C
		☐ A ☐ B ☐ C
		☐ A ☐ B ☐ C

*If a TIN is unavailable please provide appropriate reason A, B or C:

A. The country/jurisdiction where you are resident does not issue TIN's to its residents

B. I am unable to obtain a TIN and provide an explanation below

C. No TIN is required as the domestic law of the relevant jurisdiction does not require the collection of a TIN issued by such jurisdiction

Please note

If you are tax resident in more than two jurisdictions, please provide the information requested above for each jurisdiction in a covering note with the application form. Should you change your tax residency, you are required by law to inform Praxis immediately and no later than 60 days of the change occurring.

Please confirm if you are a US-connected individual – or intend to become one *(i.e. a US citizen, US resident or a green card holder)* ☐ Yes ☐ No

If yes, please provide your social security number

PEP status

Do you consider yourself to be a politically exposed person? ☐ Yes ☐ No

Politically Exposed Person ("PEP") Definition

A PEP is defined as a natural person who is or has been entrusted with prominent public functions and includes his/her immediate family members or persons known to be close associates of such persons, but shall not include middle ranking or more junior officials. For further information, or if you are unsure if you or your family meet this definition, please contact Praxis directly or via your adviser.

Residential contact details

Current residential address *(PO Box address is not sufficient)*

Postcode

Country

Mobile number

Email address

Secondary contact number

Current correspondence address *(If different to residential address)*

Postcode

Country

Employment details

Occupation

☐ Employed ☐ Self-employed ☐ Retired ☐ Other *(please specify)*

Name of employer

Nature of business

Section 2: Plan selection and fees

Please select which part of the Plan you wish to apply for. Trireme cannot provide advice on which part of the Plan you should apply for, if you are not sure, please speak with your professional advisers. Please refer to scheme particulars for further information.

Please tick the part of the Plan you wish to join

☐ **Personal Pension Scheme Member – 40(ee)**

☐ **Personal Pension Scheme Member – 157(a)**

Please note

Transferring between the two parts of the Plan will only be considered under exceptional circumstances.

The below fee scales will be applied and deducted against the pension assets. The establishment fee and first year annual ongoing fee is deducted upon completion of the transfer to the Plan and pro-rated to the following 1 January from the date the application is accepted. All fees are non-refundable and Trireme reserves the right to amend these fees in line with our Terms & Conditions.

	Fees
Establishment fee	£795*
Annual ongoing fee	£995*

	Fees
Transfer of another Plan or additional contributions	£150
Calculation and payment of a pension commencement lump sum	£150
Payment of pension income *(per annum)*	£150
Plan closure/ transfer to another pension	£2,500

**Special introductory offer*

Items not listed in this schedule will be charged on a time-cost basis or as a disbursement.

All annual fees, including disbursements, are chargeable annually in advance on 1 January.

Non-standard requests may incur additional charges, which wherever possible, will be agreed in advance.

Note

Praxis reserves the right to amend the annual ongoing fee by giving three months' notice in writing. This fee sheet is to be read in conjunction with the Key Features, our standard terms and conditions and Fair Processing Notice which can be found at https://www.praxisgroup.com/company-information/ and https://www.praxisgroup.com/fair-processing-notice/

Please select a currency option. This will be the reporting currency of the contract and the currency in which all fees are taken and annuity payments made *(please tick one box only)*. ☐ GBP ☐ USD ☐ EUR

If a currency other than GBP is selected, the annual fees will be taken in the currency equivalent at the time of calculation. If no currency is selected then GBP will be the default.

Section 3: Professional adviser appointment - if requested

Please refer to the Key Features document for an explanation of Investment Direction in order to make the correct selection from the below options on which approach you wish to take.

☐ **Member Directed – Advised**
Please complete the table below detailing the financial adviser you wish to appoint.

☐ **Member Directed – Discretionary Managed**
Please complete the table below detailing the discretionary manager you wish to appoint.

☐ **Member Directed – Self Managed**
Please leave the below section blank and move to Section 6.

I request that Praxis considers appointing the below named individual and firm as the appointed adviser/discretionary manager to my Member Account, subject to the noted firm holding Terms of Business with Praxis. I authorise the below named individual and/or any other representative of the below named firm to provide advice and/or trade the assets of the Member Account, and request that Praxis disclose information about my Member Account to them until I provide further notice.

Adviser details

Adviser's name

Company name

Company address

Postcode

Telephone number

Email address

Name of regulator

Regulatory reference no.

Is your adviser to be paid any fee directly from the Member Account assets? ☐ Yes ☐ No

If yes, please note the amount stipulating if this is a one-off fee or annually ongoing

Praxis will require a copy of the fee agreement signed by the member which sets out the exact details of financial adviser remuneration and be provided with an invoice from the adviser when fees are to be paid.

Section 4: Declaration of wishes

Please indicate your wishes for the distribution of any residual assets in your Member Account in the event of your death. We strongly recommend that you obtain legal advice before completing your declaration of wishes. If more than 4 beneficiaries are to be named or if you wish to submit a more detailed request, please submit a supplementary letter to Praxis outlining these wishes.

I acknowledge that Praxis is the Trustee of the International Retirement Plan and understand that Praxis is bound by the deed and rules and any applicable legislation and regulations. Furthermore, I acknowledge that Praxis is not obliged to meet any request I hereby give; nevertheless, I would like to provide the following guidance which I would wish Praxis to take into consideration for any assets remaining in my Member Account after my death. I also understand that if my circumstances change, I may provide a separate declaration, updating my wishes. This declaration replaces any earlier declaration of wishes that Praxis may hold.

Beneficiary 1

Forename/Name of Trust

Surname

Percentage of benefits

Relationship to member

Current residential address *(PO Box address is not sufficient)*

Postcode

Date of birth *(DD/MM/YYYY)*

Place of birth

Beneficiary 2

Forename/Name of Trust

Surname

Percentage of benefits

%

Relationship to member

Current residential address *(PO Box address is not sufficient)*

Postcode

Date of birth *(DD/MM/YYYY)*

Place of birth

Beneficiary 3

Forename/Name of Trust

Surname

Percentage of benefits

%

Relationship to member

Current residential address *(PO Box address is not sufficient)*

Postcode

Date of birth *(DD/MM/YYYY)*

Place of birth

Beneficiary 4

Forename/Name of Trust

Surname

Percentage of benefits

%

Relationship to member

Current residential address *(PO Box address is not sufficient)*

Postcode

Date of birth *(DD/MM/YYYY)*

Place of birth

Section 5: Retirement scheme transfer details

Please complete a separate form for each retirement scheme transfer. You must also include partially completed transfer forms for each retirement scheme you wish to transfer. This section can be left blank if the contribution(s) is being made from personal assets. If you are not transferring assets from another retirement plan, please leave this section blank and move to section 6.

Retirement scheme details

Retirement scheme name

Retirement scheme type

Retirement scheme reference number

Details of any benefits already taken *(if applicable)*

Approximate transfer value *(and currency)*

Is any part of this transfer subject to a court order in any jurisdiction? ☐ Yes ☐ No

If yes please give details

Retirement scheme administrator

Company name

Contact name

Company address

Postcode

Telephone number

Email address

Section 6: Transferring assets

Please provide details of proposed contributions to be made to your Member Account.

Transferring assets

Assets *(e.g. bank account assets, investment portfolio, etc.)*

Value of assets *(including currency)*

Current custodian of assets

Assets *(e.g. bank account assets, investment portfolio, etc.)*

Value of assets *(including currency)*

Current custodian of assets

Assets *(e.g. bank account assets, investment portfolio, etc.)*

Value of assets *(including currency)*

Current custodian of assets

Assets *(e.g. bank account assets, investment portfolio, etc.)*

Value of assets *(including currency)*

Current custodian of assets

Assets *(e.g. bank account assets, investment portfolio, etc.)*

Value of assets *(including currency)*

Current custodian of assets

Section 7: Source of wealth

Please describe the activities which have generated your wealth and the assets you wish to contribute to the Member Account *(please provide more than one word answers).* This is a mandatory field and must be completed in all cases.

We may ask you to provide documentary evidence in support of your source of wealth.

Section 8: Ongoing contributions

Regular contributions

Will you be making ongoing contributions to your Scheme? ☐ Yes ☐ No
If Yes, please specify amounts below. If No, please go to Section 10.

Please insert the correct amounts in the appropriate fields including the currency in which such contributions will be made.

Contributions

Currency

Value

Frequency *(single one off, monthly, annually, ad hoc etc)*

If you intend to make ongoing contributions to the plan from your employment income, please complete the following fields.

Employment details

Name of employer

Nature of business

Employer's address

Postcode

Telephone number

Email address

Section 9: Benefit request

Pension benefits

When would you like to take a Pension Commencement Lump Sum? ☐ Immediately ☐ Other

If other, please specify at what age you wish to take benefits *(this can be changed at any time)*

Age

Month

What Pension Commencement Lump Sum would you like to take? ☐ Maximum ☐ Other

If other, please specify percentage or fixed amount below subject to a maximum of 30% *(this can be changed at any time)*

Specific percentage

Fixed amount

When would you like to commence taking pension income? ☐ Immediately ☐ Other

If other, please specify at what age you wish to take benefits *(this can be changed at any time)*

Age

Month

What Income would you like to draw from the pension? ☐ Maximum ☐ Other

If you would rather take a specific fixed amount please specify below *(this can be changed at any time and is subject to Trustee approval)*

Specific amount

Pension payment frequency? ☐ Annually ☐ 6 monthly ☐ Quarterly ☐ Monthly *(Additional fees will apply for monthly payments)*

Bank details

Please provide details of the account you wish pension benefits to be paid to. Please complete as many details as possible to avoid any delays in paying the pension benefits.

Name of bank

Bank address

Postcode

Account name

Account number

Sort code

Swift/BIC

IBAN

Section 10: Declaration and cash account consent

Praxis may use a pooled client account for the holding cash within your Member Account. Such accounts are reconciled back to each underlying member of the Plan on a regular basis. Under local fiduciary rules we are required to obtain your specific agreement to such arrangements. Please initial the box to indicate your agreement to use of a pooled cash account.

Initial here

If you answer yes to any of the following questions, please provide full details on a separate sheet.

Have you ever been subject to a tax investigation anywhere in the world?	☐ Yes	☐ No
Have you ever been convicted of a criminal offence? *(other than driving offences that do not carry a custodial sentence)*	☐ Yes	☐ No
Have you any known creditors who may legally have a claim to any assets being transferred to the Plan?	☐ Yes	☐ No

Section 11: Terms and conditions and declaration

I hereby declare that:

1. I am aware that my membership to the Plan will be granted on the basis of the information disclosed in this Application Pack. I confirm that I have, along with my own due diligence and advice that I have taken, read and understood all the sections of the Application Pack and the Key Features Document.
2. I acknowledge that Praxis may require additional documents and information before the application can be processed and that Praxis shall hereby be held harmless and/or be indemnified by the undersigned against any loss arising from a failure to process the application if such information has not been supplied.
3. To the best of my knowledge, all of the details disclosed are accurate and correct and are in no way misleading. I/We, agree to indemnify and hold harmless Praxis against any loss, liability, cost or expense (including without limitation attorneys' fees, taxes and penalties) which may result directly or indirectly, from any misrepresentation or breach of any warranty, condition, covenant or agreement set forth herein or in the application forms herewith or in any other document delivered by the undersigned to Praxis.
4. Subject to my acceptance into the Plan, I agree to be bound by the terms of the trust and Rules of the selected Plan.
5. I confirm that my source of wealth is derived from the sources described above and that the contributions to be paid into the Plan will be made from these same sources. Moreover, I confirm that all contributions made to the Plan originate from a legitimate source and that neither I nor any of my contributions are directly or indirectly related to any criminal activity in any way. I further understand that I am required to confirm the precise source of wealth on each occasion that new contributions are made to the Plan and acknowledge that you may need to obtain additional verification of any such contributions.
6. I undertake to inform Praxis about any material changes to any of the information disclosed, or other relevant matters as soon as is practicably possible.
7. I acknowledge that neither Praxis nor any associate is responsible for managing the investments within the Plan, my investment choices or the investment performance of the assets within the Plan. As such Praxis cannot provide any guarantee as to the performance of the investments of the Plan. I further acknowledge that Praxis accepts no liability for any fall in the value of the investments within my Plan, or for any loss of opportunity whereby the value of the Plan could have been increased, howsoever arising. Praxis will deal in good faith and with due diligence, and will seek to ensure that my Plan is administered efficiently, but they will not be responsible for any loss arising from errors of administration on their part, or on the part of any investment manager, financial adviser, bank or other agent or delegate dealing with the investments within my Plan, except where the loss is the result of Praxis' own negligence, fraud or wilful default. I/We indemnify Praxis against any losses or liabilities reasonably incurred by Praxis arising out of or in connection with, and any costs, charges and expenses incurred in connection with, Praxis providing services to the Plan, except to the extent of the Praxis's own negligence, fraud or wilful default. All indemnities given under this application shall survive my ceasing to be a member of the Plan. I have had the opportunity to receive independent tax advice and/or legal advice and/or investment advice from a qualified and appropriate source. I confirm that Praxis has not provided me with any form of advice in relation to my application for and membership of the Plan.

8. Praxis does not accept or assume any duty of care or responsibility or liability to any third party and you indemnify us and Praxis and its associates against all actions or claims from third parties that may arise in the course of the provision of the Services.
9. I understand that any fees due to third parties and/or to Praxis and any expenses incurred, in relation to the administration of my Plan, will be deducted from the assets representing my interest in the Plan. In the event that there is insufficient cash available to meet the fees, Praxis is authorised to raise such liquidity from the assets of the Plan.
10. Praxis is hereby authorised and instructed to accept and execute any instructions in respect of my membership of the Plan to which this application relates given by me/us in written form by mail or by email. If the instructions are given by me/us by email, I/we undertake to confirm them in writing should Praxis so request. I/We hereby agree to indemnify each of Praxis and the Plan and agree to keep each of them indemnified against any loss of any nature whatsoever arising to any of them as a result of any of them acting upon email instructions. Praxis and the Plan may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instruction or other instrument believed in good faith to be genuine or to be signed by properly authorised persons.
11. I consent to the collection, processing and storage of the information disclosed in the Application Pack as provided by the Data Protection (Bailiwick of Guernsey) Law, 2017, the Criminal Justice (Proceeds of Crime) (Bailiwick of Guernsey) Law, 1999, and any amendments, subsidiary legislation and/or related regulations of the said acts. Furthermore, I consent to the disclosure of such information, subject to the provisions of the afore-mentioned legislation, to relevant third parties including but not limited to my appointed adviser, HM Customs and Revenue and the Guernsey Financial Services Commission, and to the collection of additional information from such parties, when required.
12. Praxis may make changes to the Plan Trust Deed, Rules, Terms and Conditions, Fee Schedules and other relevant documentation (including introducing new charges or changes to the basis on which we charge for operating/providing product(s)/service(s)) by giving you at least 30 days' advance notice.
13. During the term of Praxis administration, where Praxis is requested to undertake significant additional tasks outside the scope of those listed in the Fee Schedule contained within this application form, I authorise Praxis to charge on a time-spent basis under prior agreement.
14. I request that Praxis considers the individual and Firm named in Section 3 as my duly appointed adviser. I authorise the adviser named and/or any other representative of the firm named to provide advice and/or recommendations to Praxis on the Plan investments on an ongoing basis and request that Praxis disclose information about the plan to my advisers until further notice.

Praxis forms a part of Praxis Group and these terms form part of Praxis Guernsey's terms and conditions of business. These are published on our website www.praxisgroup.com. We recommend that you periodically check our website for updates.

I confirm that the information above is correct to the best of my knowledge and belief. I also confirm that I am acting on my own behalf and not on behalf of any third party and I have read and understood the Terms & Conditions in Section 11 of this application pack and acknowledge the full Terms and Conditions can be found on Praxis Group website.

Applicant's name

Signature

Date *(DD/MM/YYYY)*

TRUSTEE

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