Attention	Investec Bank	
Date		Out of the Ordinary™
Fax	020 7597 4139	[⊕] Investec
		Bank

Application form for SIPP/SSAS Accounts

Guidance note for completing this form

1. Complete all relevant sections fully.

London

Contact number | 0800 634 4862

- If this form does not provide you with sufficient space to complete all details, please photocopy the relevant section of this form and complete for each additional person then attach all relevant pages to this form.
- 3. All trustees of the Pension Scheme must complete and sign this form.
- If any trustee is an incorporated body such as a company, it must send us a separate mandate setting out the parties who are authorised to act on behalf of that trustee.

1. Scheme details EC CONSULTING LIMITED BREEDES PENSION SCHERY Scheme name 35 Mount EcHO DRIVE, LONDON E4 76A Contact address Contact name PETER BARNES Tel no 0208 5296176 Date of formation of Scheme D D M M Y Y Y Scheme tax reference (if applicable) Beneficiary(ies) details (only list beneficiaries with an interest in at least 20% of the value of the Pension Scheme) PETER JONATHAN BARNES 35 Mount Botto SRIVE, CHINGKORD Current residential address LONDON Postcode E4 764 Date of birth 20081951 Beneficiary 2 Name Current residential address Postcode Date of birth D D M M Y Y 2. Introducer/IFA/Agent/Broker details Name of company Pension Practitioner .Com Name of contact person Brad Davis Address Daws House, 33-35 Daws Lane.

Postcode NW7 4SD

Email address bradd@pensionpractitioner.com

Please select (by ticking below) the Account(s) that you	u wish to apply for and	complete the rea	quired inform	nation fo	the Accoun	nt/el		
Pension and Trust Reserve	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		terest paid		Monthly		Annually	
Amount to invest (minimum deposit £25,000)	£							
Pension and Trust Cheque (interest paid mont	hly)							
			ī					
Amount to invest	3							
Fixed Term Deposit (minimum investment £50,000 or the equivalent in US dollars or Euro)								
Currency Sterling L	JS dollars	Euro Amour	nt to invest	£/€/\$	5			
Term of deposit 6 Months 1	1 Year	2 Years	Other	(specify)				
Investec Income Account (interest paid month	ily) Amount to invest	(minimum depos	it £25,000)	£				
Invested Income Account Regular quarterly withdrawal instruction: In order to give the Bank a Regular Withdrawal Instruction, please complete the information below. Please see the Special Terms and Conditions of the Invested Income Account for more information about regular withdrawals.								
Amount of regular withdrawal								
Date of first withdrawal DDDMMMYYYYY (must be at least three months in the future) and quarterly thereafter Bank account details for quarterly withdrawals (this account must be in your name and held by you for the benefit of the same beneficiary(ies) named above).								
Name of bank/building society								
Account number		So	ort code					
Other account		Int	terest paid		Monthly		Annually	
Currency Sterling U	JS dollars	Euro Amour	nt to invest	£/€/\$				
Method of deposit								
Cheque payable to the Scheme Account								
Electronic transfer								
Interest paid away								
Accounts in Sterling: Unless stated otherwise in the Account Specific Terms, you can elect at any time to have interest on the Account paid to								
another account held by you, for the benefit of the same beneficiary(ies) named above, with Investec Bank plc (the "Bank") or another UK bank/								
building society. In the case of a Notice, Fixed Term Deposit or Structured Deposit Account, interest can only be paid to an account in your name.								
If you would like the interest to be paid away to another account, please complete the following section.								
Name of bank/building society								
Account number		So	ort code					

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4. Declarations by the Trustee(s)

- 4.1 We apply for the Account(s) specified in Section 3 (each account being an "Account" as defined in the Invested Bank pld General Terms and Conditions) to be opened in our name(s) as trustee(s) of the Scheme named in Section 1.
- 4.2 The Account(s) will be held by us for the benefit of the beneficiary(ies) named in Section 1 and we confirm that all sums deposited on the Account(s) will be held by us for the benefit of the beneficiary(ies).
- 4.3 We acknowledge receipt of and confirm that we accept the terms of the Agreement, as defined in the Invested Bank plc General Terms and Conditions.
- 4.4 We declare that all of the information provided in this form and the supporting documents we have given to the Bank is true and complete and confirm our understanding that the Bank, in making its decision to open the Account(s), will be relying on such information.
- 4.5. We understand that the Bank will only be bound by the Agreement in relation to the Account(s), once we have completed, signed and returned this application form with all supporting documentation and the Bank has completed its final checks and has agreed to open the Account(s) for us.
- 4.6. We understand that the personal information provided on this application form and other information relating to the Account(s) may only be used in accordance with the purposes and disclosures under the current data protection legislation. By signing this application form, we confirm that we have read and understood the data protection policy as disclosed in the Investec Bank plc General Terms and Conditions and we consent to the activities described therein.
- 4.7. We agree that the Bank may in its discretion perform independent checks to verify our identity and/or address and/or to validate certified documents that we have provided to the Bank. We further agree that these recognised independent checks may include documented checks of electronic phone directory, electoral register and/or credit bureau records, and/or confirmation from a solicitor or accountant. We also confirm that the beneficiary(ies), settlor(s) and protector(s) of the Scheme have agreed that the Bank may in its discretion perform such checks in relation to them.
- 4.8. We declare that:
 - 4.8.1 the Scheme to which this form relates is registered by HM Revenue & Customs or has been submitted to HM Revenue & Customs for registration under the Finance Act 2004; and
 - 4.8.2 we or our successors shall notify the Bank if at any time the Scheme (or arrangements under the Scheme in respect of which benefits are to be secured under the Scheme) cease(s) to be registered under the Finance Act 2004.

We authorise HM Revenue & Customs to tell the Bank if the Scheme is not registered or if that registration is withdrawn,

- 4.9 We authorise the Bank to disclose information about us and our Account(s) to any IFA/agent/broker/introducer who has introduced us to the Bank for the Account(s) and/or whose details we provide to the Bank from time to time. This includes any IFA/agent/broker/introducer named in Section 2 of this form.
- 4.10 We acknowledge that the Bank may pay commission to any IFA/agent/broker/introducer who has introduced us to the Bank for the Account(s) and that further information is available on request from the IFA/agent/broker/introducer.

4.11 Rules for written instructions

We instruct the Bank to act on instructions o	f (please insert	number of trustees	and preferred	signing	instructions)
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permits us to delegate authority to operate the Account(s) in the manner set out above.

4.12 We certify that we are entitled, under the terms of the Scheme Rules/Trust Deed, to apply for the Account(s), accept the terms of the Agreement and to operate the Account(s) in accordance with the Agreement.

All Trustees must complete the information below and sign and date this form

mustee i		Trustee 2	
Full name	PETER JONA HAN BARNE	Full name	SUSAN ANNE BARNES
Signature	Laboran	Signature	Susan ANNE BARNES S. A. Barnes.
Date	22/10/2011	Date	22/10/2011
Trustee 3	•	Trustee 4	
Full name		Full name	
Signature		Signature	
Date		Date	
Two Author	rised Signatories of the Professional/Corporate Tr	ustee must	sign below, for and on behalf of the Professional/
Corporate *	Trustee		
Authorised S	Signatory 1	Authorise	d Signatory 2
Full name	N/A	Full name	N/A
Signature		Signature	
Date [Date	
5.1 We co we co the Sc 5.2 We wi settlor 5.3 We co 5.4 These	onlime that we have carried out anti-money laundering check cheme. Ill provide to the Bank, on demand, certified copies of all ex- r(s), beneficiary(ies) and protector(s). In that the signatures above are those of all the validly ap- declarations by us shall be governed and construed in according	ned in Section to s in relation to vidence of our spointed truste ordance with t	n 1 above are applying for the Account(s) specified above and to the trustee(s), settlor(s), beneficiary(ies) and protector(s) of anti-money laundering checks in relation to the trustee(s), ee(s). the laws of England and Wales.
Signed for a	and on behalf of (insert Introducer/Administrator/Trustee	name and F	FSA number)
Name	Pension Practitioner .Com		
FSA number	N/A		
To be signed	by the Introducer/Administrator/Trustee in accordance with	their signing o	conditions confirmed to the Bank
Authorised S	Signatory 1	Authorised	d Signatory 2
Full name		Full name	
Signature		Signature	
Date		Date	