## INSIGNISCASH

# APPLICATION FORM SSAS CLIENTS

Introducer Contact Details		
Date	16/10/2023	
Adviser Name / Contact	Retirement.Capital, David Nicklin	
Administrator Name / Contact	Retirement. Capital, David Nicklin	

SECTION 1: SSAS INFORMATION & BENEFICIAL OWNER		
Name of SSAS	6Bells Trust	
Number of SSAS Beneficiaries	2	
SSAS Set Up Date	12-02-2021	
Settler Name/Sponsor Company	Duplo Developments Ltd	
PSTR Number	20003808RY	
PRIMARY CONTACT		
Primary Contact Name (Title, Forenames, Surname)	Mrs. Anna Bell	
Estimated Deposit (Into the Insignis Cash Platform	120000	

SECTION 2: SCHEME ADMINISTRATOR (IF APPLICABLE) Administrator will be copied into all correspondence with regard to the Insignis Cash account.		
Type of Administrator	☐ Statutory ✓ Third Party	
Name (Title, Forename, Surname)	Retirement.Capital	
Contact Details		
Contact Number	0330 311 0088	
Email Address	georginam@retirement.capital	
Company Name	Retirement.Capital	
Address Line 1	Office 12 Venture Wales Building	
Address Line 2	Pentrebach	
Address Line 3	Merthyr Tydfil	
Postcode	CF48 4DR	

SECTION 3: LINKED ACCOUNT				
Client's existing bank account to be linked to our cash service (the "Linked" account). Please note that in specific circumstances deposits to the "Hub" account can be made from other accounts in addition to this one.				
Currency	<b></b> € \$ <b></b> •			
Bank or Building Society Name	Metro Bank			
Name on the Account	6Bells Trust			
Account Number	45213501			
Sort Code	23-05-80			
Payment Reference (optional)	Insignis Cash			
lf Euro/Dollar, please supply:	IBAN:			
	SWIFT:			
	will be paid to your Insignis Cash Hub account for adrawal and not directly to the Linked account			

SECTION 4: NAMED INDIVIDUALS	NAMED INDIVIDUAL ONE	NAMED INDIVIDUAL TWO
Please review the terms of the scheme document holders under the terms of the SSAS. Duplicate to copy and fill in the below as another document. Prequired.	his page as necessary, if you are filling thi	s page in as a pdf please save another
Administrative Role	✓ Beneficiary ✓ Signatory	Beneficiary Signatory
	✓ Trustee Professional Trustee	✓ Trustee Professional Trustee
Name (Title, Forename, Surname)	Mrs Anna Bell	Mr Jamie Bell
Known as (if different from above)		
Date of Birth (dd/mm/yyyy)	06-06-1975	22-06-1972
Place of Birth (as stated on the Named Individual's passport, e.g. London)	Vereeniging	Worksop
Nationality (please state dual nationalities)	British	British
National Insurance Number	SC000955D	NY272789A
Contact Details		
If the beneficial owner will not be the primary corbelow details.	ntact, and one of the signatories will be th	e primary contact, please fill in the
Contact Telephone Number	07476999662	07476945599
Email Address	ankiebell@gmail.com	jamie.bell22@yahoo.co.uk
Preferred Contact Method (please tick)	☐ Telephone ✓ Email ☐ Post	☐ Telephone ✓ Email ☐ Post
Current Address		
Address Line 1	Crescent Mount	Crescent Mount
Address Line 2	The Crescent	The Crescent
Address Line 3	Retford	Retford
Post Code	DN22 7BX	DN22 7BX
Date From	16 July 2016	16 July 2016
We require address history for a total o information) if necessary. This int	f 3 years, extra address details can be s ormation is regularly required when op	

#### SECTION 5: ENGAGEMENT LETTER FOR SSAS CLIENTS

#### I/We confirm:

- I/We hereby apply to Insignis Cash to manage my/our initial deposit and subsequent deposits using the service as described in the Insignis Cash Solutions Customer Terms and Conditions.
- I/We have read, understood and accept the terms of the Insignis Cash Customer Terms and Conditions.
- I/We have received information on the Financial Services Compensation Scheme (FSCS) and confirm I/we have understood the requirements for eligibility for FSCS protection.
- I/We understand that by transferring funds into my/our Hub account (to be set up with Barclays Bank by Insignis Cash) I/we will be deemed to have agreed to Insignis Cash Solutions implementing the Service on the funds transferred.
- I/We have read and understood the Insignis Cash Privacy Policy and give consent to my/our personal data being used in respect to the Insignis Cash Service

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We will never share your data with any other third parties. Please see our privacy notice for more information.

SECTION 6: ONLINE PLATFORM OPTIONS		
When opening an Insignis Cash Account, there are different management features available for the account. Please tick the boxes to define who will have access to which account features:	CLIENT	INTRODUCER
View account	$\checkmark$	✓
Receive notifications on account	✓	<b>√</b>
Authority to Transact*	<b>✓</b> C	R
*Please note, only one person can be responsible to place or withdraw on the platform		

### SECTION 7: TAX RESIDENCY DECLARATION

Tax regulations¹ require us to collect information about each investor's tax residency². In certain circumstances (including if we do not receive a valid self-certification from you) we will be obliged to share information about your account(s) with Her Majesty's Revenue & Customs (HMRC) who may in turn share this information with any or all participating tax jurisdictions.³

Please indicate all countries in which you are resident for tax purposes and your associated Tax Identification Number(s) in the table below. If you are also a US citizen, you must include United States in this table along with your US Tax Identification Number. If you have any questions about your tax residency, please contact your tax adviser.

	COUNTRY/COUNTRIES OF RESIDENCE	tax identification number <sup>4</sup>
Named Individual One	United Kingdom	9292398088
Named Individual Two	United Kingdom	3138761318
Named Individual Three		
Named Individual Four		

I declare that the information provided on this form is, to the best of my knowledge and belief, accurate and complete. I agree to notify Insignis Cash immediately if any of this information changes in the future.

By signing this application you are agreeing to the following:

<u>Terms and Conditions</u>

<u>Privacy Policy</u>

<u>FSCS Awareness-Leaflet</u>

	NAMED INDIVIDUAL ONE	NAMED INDIVIDUAL TWO
Trustee Name	Mrs Anna Bell	Mr Jamie Bell
Signature	DocuSigned by:  5FF29BB331FC413	DocuSigned by:  B7E229E87C9E4E7
Date	16/10/2023	16/10/2023

This application must be accompanied by a certified SSAS Trust Deed & Rules, a certified copy of the most recent bank statement and a copy of the PSTR number. Please ensure each page of the documents are certified as a true copy of the original document by a Solicitor or Financial Adviser.

- [1] The term "tax regulations" refers to the International Tax Compliance Regulations 2015 which implements the Foreign Account Tax Compliance Act (FATCA) and the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information (CRS).
- [2] In general, you are tax resident where you are liable to taxes, based on where you live and work permanently although different jurisdictions have different rules in relation to tax residency. If in doubt, please contact your tax adviser.
- [3] Those countries that have agreed to exchange information under FATCA and the CRS
- [4] If you are a UK Tax resident and not a tax resident anywhere else and also not a US citizen, you are not required to provide details of your 'Tax Identification Number' or 'Date of Birth', or if you are not resident in a jurisdiction that is reportable under CRS or FATCA and also not a US citizen, you are not required to provide your 'Tax Identification Number' or 'Date of Birth'.

SECTION 8: ADDITIONAL II	NFORMATION