

# Pension Scheme Application

**How to complete this form:** Please complete section 1 to 4 of this form. All sections are mandatory

- Please use BLOCK CAPITALS and ensure each Trustee of the Scheme signs (x) in the section 3
- Please read the TD Waterhouse Customer Terms of Service before signing the application
- Should you require any help completing this form, please do not hesitate to call us on 0845 607 6001

## 1 Application

Name of Pension Scheme	BALLPARKENF PENSION SCHEME		
Registered Address	14 VIEWFIELD ROAD, SOUTHFIELDS, LONDON		Postcode SW18 1NA
Client Code (To be completed by TD Waterhouse)			
Registered Number of Company	3309305	Nature of Company's Business	ENGINEERING DESIGN CONSULTANTS

## 2 Personal Details

Mr/Mrs/Miss/Ms	MR	Surname	EMANUEL	
First Names	ANDREW		Date of Birth	21/07/1948
Address	14 VIEWFIELD ROAD SOUTHFIELDS LONDON		Postcode	SW18 1NA
Tel No. (Home)	0208-874-7737		Previous Address (If you have lived at your present address for less than 3 years)	N/A
Position in Scheme	TRUSTEE		Tel No. (Business)	0208-874-7737
Signature	X A. Emanuel		Client Code	
			Date	28 01 2014

## 3 Administrator & Trustee Details

Mr/Mrs/Miss/Ms	MR	Surname	EMANUEL	
First Names	ANDREW		Date of Birth	21/07/1948
Address	14 VIEWFIELD ROAD SOUTHFIELDS LONDON		Postcode	SW18 1NA
Tel No. (Home)	0208-874-7737		Previous Address (If you have lived at your present address for less than 3 years)	N/A
Position in Scheme	TRUSTEE		Tel No. (Business)	0208-874-7737
Signature	X A. Emanuel		Client Code	
			Date	28 01 2014

Mr/Mrs/Miss/Ms	MS	Surname	DONZE	
First Names	COLETTE MARIE		Date of Birth	
Address	14 VIEWFIELD ROAD SOUTHFIELDS LONDON		Postcode	SW18 1NA
Tel No. (Home)	0208-874-7737		Previous Address (If you have lived at your present address for less than 3 years)	N/A
Position in Scheme			Tel No. (Business)	0208-874-7737
Signature	X C. Donze		Client Code	
			Date	28 01 2014

Mr/Mrs/Miss/Ms		Surname		
First Names			Date of Birth	
Address			Postcode	
Tel No. (Home)			Previous Address (If you have lived at your present address for less than 3 years)	
Position in Scheme			Tel No. (Business)	
Signature	X		Client Code	
			Date	

### 3 Continued

Mr/Mrs/Miss/Ms		Surname		
First Names			Date of Birth	
Address		Previous Address (if you have lived at your present address for less than 3 years)		
	Postcode		Postcode	
Tel No. (Home)		Tel No. (Business)		
Position in Scheme		Client Code		
Signature	X		Date	

  

Mr/Mrs/Miss/Ms		Surname		
First Names			Date of Birth	
Address		Previous Address (if you have lived at your present address for less than 3 years)		
	Postcode		Postcode	
Tel No. (Home)		Tel No. (Business)		
Position in Scheme		Client Code		
Signature	X		Date	

### 4 Authorisation to Deal

Please enter below the full names of the members who you wish to have authority to deal and transfer funds on the Pension Schemes behalf.

1	ANDREW EMANUEL	Signature:	X	A. Emanuel
2	COLETTE MARIE DONZE	Signature:	X	C. Donze
3		Signature:	X	

### 5 Declaration

- We wish to apply for a TD Waterhouse Share Dealing Account.
- We confirm that we have read and understood the TD Waterhouse Customer Terms of Service, and agree to be bound by their terms.
- We confirm we have read and consent to the use of our personal information as set out in clause 19 of the TD Waterhouse Customer Terms of Service.
- We understand that by submitting this form, we are indicating our consent to receiving marketing information as described in the "Keeping you informed" section as set out in Clause 19.2 of the TD Waterhouse Customer Terms of Service unless we have indicated an objection to receiving such information by ticking the following box ☐
- We understand that TD Waterhouse are not obliged to accept our application and do not have to give reasons for not proceeding with our application.
- Responsibility for ensuring that investments in the pension comply to Inland Revenue guidelines lies with the Trustee(s). TD Waterhouse cannot be held responsible or liable for rectifying any trades in non-compliant investments.
- We understand all withdrawals from the pension fund will be made in the name of the pension scheme.
- We confirm that our permanent address is not outside the United Kingdom.
- We confirm that we are over 18 years of age and that the information given is true and correct.
- We undertake to notify you promptly of any changes to the details supplied.

Signature X A. Emanuel Date 28 01 2014

### Checklist

Before you return the application form please ensure you have completed all the relevant sections and enclosed all necessary documentation to open the account. Please supply:

The Pension Trust deed either original\* or certified copy ☐ \*This document will be returned to you.

Note: We reserve the right to make such enquiries as we consider necessary to confirm the details provided, which may necessitate a credit reference search. In certain circumstances we will require verification of identity and address for beneficiaries/underlying clients in order to comply with Money Laundering Regulations.