

| Introducer Contact Details | |
|-----------------------------------|--|
| Date | |
| Advisor Name / Contact | |
| Administrator Name / Contact | |

| SECTION 1: SSAS INFORMATION & BENEFICIAL OWNER | |
|---|--|
| Name of SSAS | |
| Number of SSAS Beneficiaries | |
| SSAS Set Up Date | |
| Settlor Name/Sponsor Company | |
| PSTR Number | |
| PRIMARY CONTACT | |
| Primary Contact Name (Title, Forename, Surname) | |

| SECTION 2: SCHEME ADMINISTRATOR (IF APPLICABLE) | |
|---|---|
| Administrator will be copied into all correspondence with regard to the Insignis account. | |
| Type of Administrator | <input type="checkbox"/> Statutory <input type="checkbox"/> Third Party |
| Name (Title, Forename, Surname) | |
| Contact Details | |
| Contact Number | |
| Email Address | |
| Company Name | |
| Address Line 1 | |
| Address Line 2 | |
| Address Line 3 | |
| Postcode | |

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.

Bank or Building Society Name

Name on the Account

Account Number

Sort Code

Payment Reference (optional)

Note to Client: Interest will be paid to your Insignis hub account for reinvestment or withdrawal and not directly to the linked account

SECTION 4: NAMED INDIVIDUALS

NAMED INDIVIDUAL ONE

NAMED INDIVIDUAL TWO

Please review the terms of the scheme documents to ensure you have identified below all the signatories who must be account holders under the terms of the SSAS. Duplicate this page as necessary, if you are filling this page in as a pdf please save another copy and fill in the below as another document.

Please note that ALL Insignis signatories will need to sign when a signature is required.

| Administrative Role | Beneficiary | Signatory | Beneficiary | Signatory |
|--|-------------|----------------------|-------------|----------------------|
| | Trustee | Professional Trustee | Trustee | Professional Trustee |
| Name (Title, Forename, Surname) | | | | |
| Known as (if different from above) | | | | |
| Date of Birth (dd/mm/yyyy) | | | | |
| Place of Birth (as stated on the Named Individual's passport, e.g. London) | | | | |
| Nationality (please state any dual nationalities) | | | | |
| National Insurance Number | | | | |

Contact Details

If the beneficial owner will not be the primary contact and one of the signatories will be the primary contact please fill in the below details

| | | | | | | |
|--|-----------|-------|------|-----------|-------|------|
| Contact Telephone Number | | | | | | |
| Email Address | | | | | | |
| Preferred Contact Method (please tick) | Telephone | Email | Post | Telephone | Email | Post |

Current Address

| | | |
|----------------|--|--|
| Address Line 1 | | |
| Address Line 2 | | |
| Address Line 3 | | |
| Post Code | | |
| Date From | | |

We require address history for a total of 3 years, extra address details can be stated in section 8 (additional information) if necessary. This information is regularly required when opening deposit accounts

SECTION 5: ENGAGEMENT LETTER FOR SSAS CLIENTS

I/We confirm:

- I/We hereby apply to Insignis Cash Solutions 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 Solutions 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 Solutions) 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 Solutions Privacy Policy and give consent to my/our personal data being used in respect to the Insignis Cash Solutions Service

I/We would like to be added to the Insignis Cash Solutions regular mailing list

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 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 | | |
| Receive notifications on account | | |
| Execute account* | OR | |

*Please note that only one individual can have the execute function. The person with the execution function instructs all fund movements on the account.

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 ⁴ |
|------------------------|--------------------------------|--|
| Named Individual One | | |
| Named Individual Two | | |
| 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 Solutions immediately if any of this information changes in the future.

By signing this application you are agreeing to the following:

[Terms and Conditions](#) [Privacy Policy](#) [FSCS Awareness-Leaflet](#)

| | NAMED INDIVIDUAL ONE | NAMED INDIVIDUAL TWO |
|--------------|----------------------|----------------------|
| Trustee Name | | |
| Signature | | |
| Date | | |

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 Advisor.

- [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 INFORMATION