

# Pension Fund Account Application Form



## Guidance Notes for Completion

Please complete all sections of the Application Form using BLOCK CAPITALS. Text in *italics* gives you information to help you complete this form. If you need further assistance, please contact us. Please ensure that you have read the Data

Protection Notice in Section 7 of this Application Form before completing your details and signing.

## Verification of Identity

When you open an account, we may ask for additional information to confirm your identity. Bank of Scotland plc, in common with other financial services providers, has account opening procedures which reflect current legal and regulatory requirements (and best practice industry guidance) aimed at preventing money laundering and terrorist financing. In the event that these

requirements are not satisfied but, nevertheless, money is paid into your account, Bank of Scotland plc may suspend operations on the account until identity is established. This is for your protection as well as ours, and is not intended to cause you inconvenience.

## Suitability of Account

Bank of Scotland plc does not give advice to any person regarding the suitability of any Account for investment purposes in connection with the Scheme. It is the sole responsibility of the trustee(s) to obtain suitable

professional advice that the Account is suitable for the Scheme's purposes. Bank of Scotland plc will not be liable in any circumstances where it is subsequently discovered that the Scheme could not open or operate any Account.

## 1 About the Scheme

Name of Account(s)

Please enter the name in which you want us to open the Account(s) (must be less than 40 characters).

C N PENSION FUND

Please continue on a separate sheet where necessary.

Name of your Scheme

C N PENSION FUND

(the "Scheme")

Date your Scheme was set up (DD/MM/YY)

23/01/2013

Is the Scheme registered with (or approved by) HM Revenue & Customs and eligible to receive interest gross?

Yes No  
X

If 'yes', we must have received a copy of the confirmation of registration of the Scheme with HM Revenue & Customs and have been provided with the Pension Scheme Tax Reference before we pay interest gross.

Scheme Registration Number

00790433RR

If 'no', or if we do not receive this supporting evidence, we will pay interest net.

Contact E-mail address

Contact Telephone number

Statement Address Details

Mailing Name

Pension Practitioner .Com

Salutation

Address (include postcode)

Daws House  
33-35 Daws Lane  
London  
NW7 4SD

Country

United Kingdom

You can give us additional contact names and addresses if you wish. Please use a separate sheet.

Please insert details of all the trustees of the Scheme in the space provided below (including any "Additional Trustees" or "Reserve Trustees" appointed under the rules of the Scheme, who become trustees on the death of any trustee who is an individual). Please also provide details of the Authorised Signatories. If a trustee is a limited company the bank may request further information.

Please continue on a separate sheet where necessary.

## Trustee/signatory 1

Title Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other (please specify)

Your last name

Johnson

Your first names

NICHOLAS DEAN

Gender

Male

Date of Birth (DD/MM/YY)

22/02/1964

Nationality

English

Dual Nationality (if applicable)

Permanent address (include postcode)

345 Sandwell Road  
Kingswood  
Bristol  
BS15 1BN

Please also provide the date the individual moved to this address - if less than 3 years ago, please also complete the previous address section (DD/MM/YY)

Country

UK

Previous address

Date moved to this previous address (DD/MM/YY)

A complete 3 year address history must be provided (use separate sheet if necessary)

Date (DD/MM/YY)

Position(s) (e.g. Trustee, Professional Trustee, Member Trustee, Authorised Signatory etc)

Member Trustee

If more than one position is held (e.g. Member Trustee and Authorised Signatory), please note each position here

Member Trustee and Authorised Signatory

## Trustee/signatory 2

Title Mr ☐ Mrs ☒ Miss ☐ Ms ☐ Other (please specify)

Your last name

Johnson

Your first names

Catherine Maureen

Gender

Female

Date of Birth (DD/MM/YY)

16/12/1962

Nationality

English

Dual Nationality (if applicable)

Permanent address (include postcode)

345 Sandwell Road  
Kingswood  
Bristol  
BS15 1BN

Please also provide the date the individual moved to this address - if less than 3 years ago, please also complete the previous address section (DD/MM/YY)

Country

UK

Previous address

Date moved to this previous address (DD/MM/YY)

A complete 3 year address history must be provided (use separate sheet if necessary)

Date (DD/MM/YY)

Position(s) (e.g. Trustee, Professional Trustee, Member Trustee, Authorised Signatory etc)

Member Trustee

If more than one position is held (e.g. Member Trustee and Authorised Signatory), please note each position here

Member Trustee and Authorised Signatory



Please tick one box below to indicate how frequently you expect there to be transactions on the Account(s) (i.e., deposits and withdrawals).

Either:

In line with regulated pension scheme parameters as defined by HM Revenue & Customs



Or: (tick one box)

Fewer than 200 transactions per year

200 to 999 transactions per year

1,000 to 9,999 transactions per year

10,000 transactions per year or more

What is the actual/anticipated annual income of the Scheme? (tick one box)

Less than £100,000



£100,000 to £249,999

£250,000 to £999,999

£1,000,000 to £9,999,999

£10,000,000 or more

Please tick one box below to indicate how frequently you wish to receive statements. If you do not tick any box, statements will be provided or made available monthly.

Monthly

Quarterly



Annually

I/We, the trustee(s) named in Section 2 above, request and authorise Bank of Scotland plc to open the Account(s) indicated in Section 1 in my/our name(s) as trustee(s) of the Scheme detailed in Section 1.2 above.

(Where relevant) I/We appoint each person named in Section 2 as an Authorised Signatory in relation to the Account(s). We confirm that their signing powers are as stated in the Signing Authority Mandate. We confirm that the specimen signatures set out in Section 2 are the signatures of the Authorised Signatories. We confirm that the trust deed and/or rules of the Scheme permit us to delegate authority to operate the Account(s) in the manner set out in the Signing Authority Mandate and we agree to pay Bank of Scotland plc for any losses suffered by it as a result of any operation of the Account(s) in accordance with our mandate to Bank of Scotland plc which is in breach of the trust deed and/or rules of the Scheme.

I/we agree that I/we will be jointly and severally liable as trustee(s) for all liabilities created pursuant to my/our agreement with Bank of Scotland plc for the Account(s), provided that the liability of the "Professional Trustee" or "Corporate Trustee" will be limited to the value of the assets of the Scheme but without prejudice to the full liability of the Member Trustee (if any).

I/We authorise and request Bank of Scotland plc to provide the Scheme auditors with such information as the Scheme auditors request in relation to the Account(s) until I/we withdraw this authorisation by notifying the Bank in writing.

I/We have received a copy of the following documents which contain terms comprising the "Agreement", as that term is defined in the Terms and Conditions for the Account(s) (please tick):

Application Form (to be completed, signed and returned by the applicant(s))



Terms and Conditions (to be retained by the applicant(s))



Mandate



Information to Support Your Account Leaflet (to be retained by the applicant(s))



Information about the current interest rate(s) applicable to the Account(s)



I/We agree to be bound by the terms of the Agreement.

I/We confirm that all of the information provided in or accompanying this form is true, accurate and complete.

I/We acknowledge that Bank of Scotland plc may pay commission to an introducer in consideration of the introducer introducing me/us to Bank of Scotland plc for the Account(s) and that further information about this commission is available from the introducer.

Where Bank of Scotland plc is the provider of the Scheme and where the trust deed and/or rules of the Scheme expressly permit this, I/we agree that Bank of Scotland plc can deduct from the Account(s):

- all pension scheme related costs, fees and expenses that are payable to Bank of Scotland plc as provider and/or to any "Professional Trustee", "Corporate Trustee" or administrator of the Scheme; and/or
- any tax liability of the Scheme incurred by Bank of Scotland plc and/or any "Professional Trustee" or "Corporate Trustee".

I/We agree that Bank of Scotland plc can deduct these sums without seeking further consent or authority from me/us. I/We understand that Bank of Scotland plc will give me/us fourteen days' prior written notice before it does this.

I/We confirm that the signatures set out in Section 6 below are those of all the validly appointed trustees under the Trust Deed(s) governing the Scheme.

I/We will indemnify Bank of Scotland plc for all losses, costs, claims, damages and expenses that Bank of Scotland plc suffers or incurs as a result of acting on any instructions (including instructions sent by fax provided such instructions are submitted in accordance with the Terms and Conditions of the Account(s)) given by me/us or on my/our behalf in accordance with the Agreement except in circumstances where any losses are as a result of the fraudulent actions of an unrelated third party.



## On behalf of the Trustee and its Authorised Signatory 3

Title Mr Mrs Miss Ms Other (please specify)

Your last name

Your first names

Registered Number (if applicable)

Registered Office (include postcode)

Country

Date of incorporation (DD/MM/YY)

Country of incorporation

Position(s) (e.g. Trustee, Professional Trustee, Member Trustee, Authorised Signatory etc)

If more than one position is held (e.g. Member Trustee and Authorised Signatory), please note each position here

## On behalf of the Trustee and its Authorised Signatory 4

Title Mr Mrs Miss Ms Other (please specify)

Your last name

Your first names

Registered Number (if applicable)

Registered Office (include postcode)

Country

Date of incorporation (DD/MM/YY)

Country of incorporation

Position(s) (e.g. Trustee, Professional Trustee, Member Trustee, Authorised Signatory etc)

If more than one position is held (e.g. Member Trustee and Authorised Signatory), please note each position here

Please tick the relevant boxes below to indicate where the initial funds deposited into an Account are expected to come from.

Investment maturity <input type="checkbox"/>	Annual income <input type="checkbox"/>	Inheritance <input type="checkbox"/>	Retirement Capital <input type="checkbox"/>
VAT Reclaims <input type="checkbox"/>	HMRC Payments <input type="checkbox"/>	Rental Income <input type="checkbox"/>	Savings <input type="checkbox"/>
Sale of Asset <input type="checkbox"/>	Existing Pension Fund <input checked="" type="checkbox"/>	Redundancy Payment <input type="checkbox"/>	Employment Contributions <input type="checkbox"/>
Dividends <input type="checkbox"/>			

Please tick the relevant boxes below to indicate where subsequent funds deposited into an Account are expected to come from.

Investment maturity <input type="checkbox"/>	Annual income <input type="checkbox"/>	Inheritance <input type="checkbox"/>	Retirement Capital <input type="checkbox"/>
VAT Reclaims <input type="checkbox"/>	HMRC Payments <input type="checkbox"/>	Rental Income <input type="checkbox"/>	Savings <input type="checkbox"/>
Sale of Asset <input type="checkbox"/>	Existing Pension Fund <input type="checkbox"/>	Redundancy Payment <input type="checkbox"/>	Employment Contributions <input checked="" type="checkbox"/>
Dividends <input type="checkbox"/>			

## On behalf of the Trustee and its Authorised Signatory 1

Title Mr Mrs Miss Ms Other (please specify)

Your last name

Your first names

Registered Number (if applicable)

Registered Office (include postcode)

Country

Date of incorporation (DD/MM/YY)

Country of incorporation

Position(s) (e.g. Trustee, Professional Trustee, Member Trustee, Authorised Signatory etc)

If more than one position is held (e.g. Member Trustee and Authorised Signatory), please note each position here

## On behalf of the Trustee and its Authorised Signatory 2

Title Mr Mrs Miss Ms Other (please specify)

Your last name

Your first names

Registered Number (if applicable)

Registered Office (include postcode)

Country

Date of incorporation (DD/MM/YY)

Country of incorporation

Position(s) (e.g. Trustee, Professional Trustee, Member Trustee, Authorised Signatory etc)

If more than one position is held (e.g. Member Trustee and Authorised Signatory), please note each position here



## Trustee/signatory 3

Title Mr Mrs Miss Ms Other (please specify)

Your last name

Your first names

Gender

Date of Birth (DD/MM/YY)

Nationality

Dual Nationality (if applicable)

Permanent address (include postcode)

Please also provide the date the individual moved to this address - if less than 3 years ago, please also complete the previous address section (DD/MM/YY)

Country

Previous address

Date moved to this previous address (DD/MM/YY)

A complete 3 year address history must be provided (use separate sheet if necessary)

Date (DD/MM/YY)

Position(s) (e.g. Trustee, Professional Trustee, Member Trustee, Authorised Signatory etc)

If more than one position is held (e.g. Member Trustee and Authorised Signatory), please note each position here

## Trustee/signatory 4

Title Mr Mrs Miss Ms Other (please specify)

Your last name

Your first names

Gender

Date of Birth (DD/MM/YY)

Nationality

Dual Nationality (if applicable)

Permanent address (include postcode)

Please also provide the date the individual moved to this address - if less than 3 years ago, please also complete the previous address section (DD/MM/YY)

Country

Previous address

Date moved to this previous address (DD/MM/YY)

A complete 3 year address history must be provided (use separate sheet if necessary)

Date (DD/MM/YY)

Position(s) (e.g. Trustee, Professional Trustee, Member Trustee, Authorised Signatory etc)

If more than one position is held (e.g. Member Trustee and Authorised Signatory), please note each position here



- Your information will be held by Bank of Scotland plc which trades as Bank of Scotland, part of the Lloyds Banking Group.
- The Lloyds Banking Group includes us and a number of other companies using brands including Lloyds TSB, Halifax and Bank of Scotland, and their associated companies. More information on the Group can be found at [www.lloydsbankinggroup.com](http://www.lloydsbankinggroup.com).
- Your personal information will be shared within the Lloyds Banking Group so that we and any other companies in our Group can look after your relationship with us. By sharing this information it enables us to better understand your needs, run your accounts, and provide products in the efficient way that you expect.
- We may ask you to provide physical forms of identity verification when you open your account. Alternatively, we may search credit reference agency files in assessing your application. The agency also gives us other details and information from the Electoral Register to verify your identity.
- The agency keeps a record of our search, whether or not your application proceeds. Our search is not seen or used by lenders to assess your ability to obtain credit.
- Under the Data Protection Act you have the right of access to your personal data. The Act allows us to charge a fee of £10 for this service. If anything is inaccurate or incorrect, please let us know and we will correct it.
- It is important that you understand how the personal information you give us will be used. Therefore, we strongly advise that you read our Privacy Statement, which you can find at <http://www.lloydsbankwholesale.com/Privacy-Statement/> or you can ask us for a copy.
- By signing this application, you agree to your personal information being used in the ways we describe in our Privacy Statement. Please let us know if you have any questions about the use of your personal information.

**Before signing below, please check all the information provided in this form and make sure you have received and read the documents forming your agreement with us for the account(s).**

**ALL Trustees must sign (not Authorised Signatories who are not Trustees)**

We certify that we are entitled, under the terms of the Trust Deed(s) governing the Scheme, to sign this form and to operate the Account(s) in accordance with the Signing Authority Mandate and in accordance with the Account terms and conditions. We agree to indemnify Bank of Scotland plc against any loss

suffered as a result of any operation of the Account(s) in accordance with this form and/or the Account terms and conditions which is in breach of the terms of the Trust Deed(s).

**Trustee 1**

Name

NICHOLAS DEAN JOHNSON

Signature

Date (DD/MM/YY)

22-02-1964

For and on behalf of the Professional / Corporate Trustee before this witness

N/A

Witness' signature

Print Witness' Name

A.M. VEALE

Witness' Address

27, WOODLAND WAY  
KINGSWOOD,  
BS15 1QH.

**Trustee 2**

Name

CATHARINE MARIE JOHNSON

Signature

Date (DD/MM/YY)

16.12.1962

For and on behalf of the Professional / Corporate Trustee before this witness

Witness' signature

Print Witness' Name

A.M. VEALE

Witness' Address

27, WOODLAND WAY  
KINGSWOOD  
BS15 1QH.



## Trustee 3

Name

Signature

Date (DD/MM/YY)

For and on behalf of the Professional / Corporate Trustee before this witness

N/A

Witness' signature

Print Witness' Name

Witness' Address

## Trustee 4

Name

Signature

Date (DD/MM/YY)

For and on behalf of the Professional / Corporate Trustee before this witness

Witness' signature

Print Witness' Name

Witness' Address

Please continue signing on a separate sheet and attach if necessary

Please contact us if you'd like this in Braille, large print or on audio tape.

[www.lloydsbankwholesale.com](http://www.lloydsbankwholesale.com)

We accept calls via text relay. Please remember we cannot guarantee security of messages sent by e-mail.

We may monitor or record phone calls with you in case we need to check we have carried out your instructions correctly and to help improve our quality of service.

Bank of Scotland plc. Registered Office: The Mound, Edinburgh EH1 1YZ. Registered in Scotland no. 327000. Telephone: 0870 600 5000 Authorised and regulated by the Financial Services Authority under registration number 169628.

#### Important information about compensation arrangements

We are covered by the Financial Services Compensation Scheme (FSCS). The FSCS can pay compensation to depositors if a bank is unable to meet its financial obligations.

Most depositors - including most individuals and small businesses - are covered by the scheme.

In respect of deposits, an eligible depositor is entitled to claim up to £85,000. For joint accounts each account holder is treated as having a claim in respect of their share so, for a joint account held by two eligible depositors, the maximum amount that could be claimed would be £85,000 each (making a total of £170,000). The £85,000 limit relates to the **combined** amount in all the eligible depositor's accounts with the bank including their share of any joint account, and not to each separate account.

For further information about the scheme (including the amounts covered and eligibility to claim) please ask at your local branch, refer to the FSCS website [www.FSCS.org.uk](http://www.FSCS.org.uk) or call 020 7892 7300 or 0800 678 1100.

Deposits with us are held with Bank of Scotland plc. Accounts with Bank of Scotland plc include accounts with its divisions and trading names: Halifax, Intelligent Finance (IF), Birmingham Midshires (BM Savings), Bank of Scotland, Bank of Scotland Private Banking, Bank of Scotland Germany, Bank of Scotland The Netherlands, Bank of Scotland Treasury, Lloyds Bank, Lloyds Bank Corporate Markets, Lloyds TSB Corporate Markets, St James's Place Bank and St James's Place Private Bank. Some savings accounts under the AA Savings, Saga and Charities Aid Foundation brand names are also deposits with Bank of Scotland plc. An eligible depositor's £85,000 limit relates to the combined amount in accounts under all of these names.

If you are unsure whether your account is held with Bank of Scotland plc please check your account literature.

#### Service Promise

We aim to provide the highest level of customer service possible. If you do experience a problem, we will always seek to resolve this as quickly and efficiently as possible.

If you would like a copy of our complaint procedures, please contact your relationship manager or any of our offices. You can also find details on our website, at

<http://www.lloydsbankwholesale.com/contactus/>



## IFA confirmation

(Tick here if this section is not applicable)

☐

(Tick here if the following declaration is applicable)

☐

I/We confirm that I/we supplied the applicant(s) with each of the following documents prior to their signing this Application Form:

- All Sections of this Application Form
- Terms and Conditions of the Account
- Mandate
- Information to Support Your Account Leaflet
- Information about the current interest rate(s) applicable to the Account(s)

Name of IFA

N/A

Signed

Address (include postcode)

Date (DD/MM/YY)

### Internal use only

CMD ID

SIC CODE

### Relationship Manager approval:

Form Complete

☐

Additional standard diligence process complete (where shaded section of table applies)

☐

Name

OU Code

### Bank Use Only - Account details

Account name

Your account number

Sort Code

Date (DD/MM/YY)

Name

Authority held checked by RM/Originator  
Signed

The Sort Code and Account Number details of the new Account opened today must be inserted in the above boxes e.g. Account Name, Sort Code and Account No.