# CONEX DATA COMMUNICATIONS LIMITED

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Attention	Investec Bank	
Date	7-3-11	Š
Fax	020 7597 4139	



### Application form for SIPP/SSAS Accounts

#### Guidance note for completing this form

- Complete all relevant sections fully.
- 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.
<ol> <li>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 of behalf of that trustee.</li> </ol>
1. Scheme details
Scheme name CONEX RETIREMENT BENEFIT SCHEME
CONEX HOUSE, FOLLINGSBY CLOSE, GATESHEAD, NELO 846
Contact name GARRY SCHONEWALD Telno 0191 4165444
Date of formation of Scheme
Beneficiary(ies) details (only list beneficiaries with an interest in at least 20% of the value of the Pension Scheme)
Beneficiary 1 Name CARRY SCHONEWALD
Current residential address BROOM BARN, HARTFORTH, NORTH TORKSHIRE
Postcode DLIO #STU
Date of birth 67041963
Beneficiary 2 Name
Current residential address
Postcode
Date of birth
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,
London Postcode NW7 4SD
Contact number 0800 634 4862 Email address bradd@pensionpractitioner.com

3.	3. Account information					
Pleas	se select (by ticking below) the Account(s) that you wish to apply for and complete th	ne required info	rmation for	the Accou	nt(s).	
	Pension and Trust Reserve	Interest paid	, [	Monthly		Annually
	Amount to invest (minimum deposit £25,000)					
$\checkmark$	Pension and Trust Cheque (interest paid monthly)					
	Amount to invest					
	Fixed Term Deposit (minimum investment £50,000 or the equivalent in US dollars	s or Euro)				
	Currency Sterling US dollars Euro Ar	mount to inves	t <b>£/€/\$</b>			
	lerm of deposit 6 Months 1 Year 2 Years	Othe	r (specify)			
	Invested Income Account (interest paid monthly) Amount to invest (minimum de	eposit £25,000	)) £			
	Investec Income Account Regular quarterly withdrawal instruction: In order to complete the information below. Please see the Special Terms and Conditions of the regular withdrawals.					
	Amount of regular withdrawal					
	Date of first withdrawal (must be at lea Bank account details for quarterly withdrawals (this account must be in your name an named above).				-	
	Name of bank/building society					
	Account number	Sort code				
	Other account	Interest paid		Monthly		Annually
	Currency Sterling US dollars Euro Ar	mount to inves	£/€/S			
Met	thod 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 Invested Bank ptc (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						
Accol	unt number	Sort code				

#### 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 learns of the Agreement, as defined in the Invested Bank pld 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 Invested 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 of (please insert number of trustees and preferred signing instructions)

	GARRY	SCHONEWALD	
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If left blank, the Bank will be entitled to rely on the signed instructions of any two trustees. We confirm that the Scheme Rules/Trust Deed 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

iruste			Irustee 2			
Full nar	ne [	GARRY SCHONOWALD	Full name			
Signati	ure	GARRY SCHONOWALD	Signature			
Date		7-3-11	Date			
Truste	e 3		Trustee 4			
Full nar	ne [		Full name			
Signate	n.6		Signature			
Date			Date			
		rised Signatories of the Professional/Corporate Trustee	Trustee must	sign below, for and on behalf of the Professional/		
Author	ised S	Signatory 1	Authorise	Authorised Signatory 2		
Full nar	ne [	N/A	Full name	N/A		
Signature			Signature			
Date			Date			
5.1 · · · · · · · · · · · · · · · · · · ·	We co we co the Sc We wil settlon We co	nfirm that we have carried out anti-money laundering chec heme.	amed in Section cks in relation to evidence of our appointed truste	a above are applying for the Account(s) specified above and othe trustee(s), settler(s), beneficiary(es) and protector(s) of anti-money faundering checks in relation to the trustee(s), ee(s).		
Signed	for a	nd on behalf of (insert Introducer/Administrator/Trusto	ee name and F	SA number)		
Name Pension Practitioner .Com						
FSA nu	mber	N/A				
To be s	igned	by the Introducer/Administrator/Trustee in accordance wit	th their signing o	conditions confirmed to the Bank		
Author	ised S	lignatory 1	Authorised	d Signatory 2		
Full nan	ne [		Full name			
Signatu	ire [		Signature			
Date	Γ		Date			