Attention	Investec Bank		Out of the Ordinary™
Date			do a time or
Fax	020 7597 4139		[⊕] Invested
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Application form for SIPP/SSAS Accounts

Guidance note for completing this form

- 1. Complete all relevant sections fully.
- 2. 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.
- 4. 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 on behalf of that trustee.

Scheme details Scheme name Contact address Contact name Tel no Date of formation of Scheme Scheme tax reference (if applicable) Beneficiary(ies) details (only list beneficiaries with an interest in at least 20% of the value of the Pension Scheme) Beneficiary 1 Name Current residential address Postcode Date of birth Beneficiary 2 Name Current residential address Postcode Date of birth Introducer/IFA/Agent/Broker details Name of company | Pension Practitioner .Com **Brad Davis** Name of contact person Address Daws House, 33-35 Daws Lane, London Postcode NW7 4SD Contact number | 0800 634 4862 Email address | bradd@pensionpractitioner.com

3. Pleas	Account information e select (by ticking below) the Account(s) that you	vish to apply for and complete th	ne required infor	mation fo	or the Accoun	t(s).		
	Pension and Trust Reserve		Interest paid		Monthly		Annually	
	Amount to invest (minimum deposit £25,000)	£						
	Pension and Trust Cheque (interest paid month)	у)						
	Amount to invest	£						
	Fixed Term Deposit (minimum investment £50,0	00 or the equivalent in US dollars	s or Euro)					
	Currency Sterling US	dollars Euro A	mount lo invest	€/€/	<u> </u>			
	Term of deposit 6 Months 1	Year 2 Years	Other	r (specify)				
	Invested Income Account (interest paid monthly) Amount to invest (minimum d	leposit £25,000	3				
	Invested Income Account Regular quarterly with complete the information below. Please see the Stregular withdrawals.		-	-				
	Amount of regular withdrawal							
	Date of first withdrawal							
	Name of bank/building society							
	Account number		Sort code					
	Other account		Interest paid		Monthly		Annually	
	Currency Sterling US	S dollars Euro /	Amount to invest	ย [ย/€/	'S			
Method of deposit								
	Cheque payable to the Scheme Account							
	Electronic transfer							
Interest paid away								
	ounts in Sterling: Unless stated otherwise in the Ac							
	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.							
Nam	e of bank/building society							
Acco	ount 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 terms of the Agreement, as defined in the Investor Bank pic 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 pic General Torms 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.

We instruct the Bank to act on instructions of (please insert number of trustees and preferred signing instructions)

- 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
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If left blank, the Bank will be entitle	ed to rely on the signed instruction	ons of any two trustee	s. We confirm that	the Scheme Rules	Trust Deed
	or to ron, our ore eigened with a circumstance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o, 110 00		
permits us to delegate authority to	operate the Account(s) in the ma	anner 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

Trustee 1		Trustoe 2					
Full name	DAMON ANDROW BAXTER	Full name					
Signature		Signature					
Date	03/10/2012	Date					
Trustee 3		Trustee 4					
Full name		Full name					
Signature		Signature					
Date		Date					
Two Authorised Signatories of the Professional/Corporate Trustee must sign below, for and on behalf of the Professional/Corporate Trustee							
Authorised	d Signatory 1	Authorised	l Signatory 2				
Full name	N/A	Full name	N/A				
Signature		Signature					
Date		Date					
 5. Declarations by the Introducer/Administrator/Trustee 5.1 We confirm that we are aware that the trustee(s) of the Scheme named in Section 1 above are applying for the Account(s) specified above and we confirm that we have carried out anti-money laundering checks in relation to the trustee(s), settlor(s), beneficiary(ies) and protector(s) of the Scheme. 5.2 We will provide to the Bank, on demand, certified copies of all evidence of our anti-money laundering checks in relation to the trustee(s), settlor(s), beneficiary(ies) and protector(s). 							
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5.4 These declarations by us shall be governed and construed in accordance with the laws of England and Wales.							
Signed for and on behalf of (insert Introducer/Administrator/Trustee name and FSA number)							
Name	Pension Practitioner .Com						
FSA numb	er N/A						
To be signed by the Introducer/Administrator/Trustee in accordance with their signing conditions confirmed to the Bank							
Authorise	d Signatory 1	Authorise	d Signatory 2				
Full name		Full name					
Signature		Signature					
Date		Date					