## Pension Scheme Agreement Form for a Stockbroking Account



This form is required to complete the opening of your execution-only stockbroking account. For further details please contact your local office. Please ensure you have read our Stockbroking Services; Schedule of Charges and Stockbroking and Dealing with Advice Terms of Business (available at www.redmayne.co.uk/terms).

Please complete all details	in CAPITALS.			
PENSION SCHEME DETA	D.T.D.O. AN DETIDELED AT DELICES AND STATE		00799557RR	
Full Pension Scheme Name		Pension Scheme Tax Reference Number		
Country of Establishment	UK	Legal Entity Identifier (LEI)* TBA		
Type of Pension Scheme:	☐ DB (Defined Benefit)	SSAS (Small Self-Administered Scheme	:)	
	☐ QROPS (Qualifying Recognised C	Overseas Pension Scheme)		
*If the Pension Scheme does Please note that single-mem	not have an LEI please provide evidence t ber QROPS do not require an LEI.	hat this has been applied for, or please contact t	us for further information	
PENSION SCHEME DOCU	JMENTS			
The following documents	have been provided to Redmayne Bentl	ey:		
☑ A certified** copy of ti	he Pension Scheme Trust Deed and Sch	eme Rules, as well as any Trustee appointm	ients/removals.	
☑ A certified** copy of le	etter/evidence of the relevant tax authori	ity registration (in the UK, this is HMRC).		
department. Gertified copies the photograph is a "True Li individual certifying, their o  Examples of who can certi Director, officer or man Official of an Embassy, Member of the Judiciary Serving Police or Custor Lawyer or Notary Publi Actuary	of documentary evidence should be marked theness." The certification should be dated, apacity and a company stamp where possibility: ager of a regulated financial services but Consulate or High Commission of the colors.	siness	rath, also confirm that	
PROFESSIONAL / CORPC	DRATE TRUSTEE			
☐ Yes ☑ No If yes,	please complete below.			
Company Name		Address		
Tel (Eve)				
Corporate Registration Nu	amber			
Country of Registration _		Postcode		
Is the Trustee a regulated	entity? 🗌 Yes 🔲 No			
If yes, please state their reg	gulator	Tel Email _		
and provide a certified cop	y of their authorised signatory list.			
If no, we will require addit	ional varification documents			

## TRUSTEE/MEMBER VERIFICATION

In order to verify individuals linked to the Pension Scheme, please complete for all Trustees/Members who are authorised to give instructions on behalf of the Scheme.

AUTHORISED INDIVIDUAL I	AUTHORISED INDIVIDUAL 2		
☑ TRUSTEE ☑ MEMBER	☐ TRUSTEE ☐ MEMBER		
Title MR Surname DOLAN	Title Surname		
First Name(s) (In full) PAUL	Date of Birth / / Residential Address		
Date of Birth 15 /05 /1964 The Old Vicarage, The Plestor			
Selborne	Personalism Produces		
Hampshire GU34 3JQ	Postcode		
Country UK	Country		
Tel 07435360633	Tel		
Email pt.dolan@btinternet.com			
PRIMARY CONTACT			
Please confirm who you wish to be the primary contact for the Sc	heme:		
☐ Professional / Corporate Trustee ☑ Authorised Individual	1 Authorised Individual 2		
If further Trustees/Members are authorised to give instructions of to the form.	n behalf of the Scheme, please copy this page, complete and attach		
In order to identify all Trustees of the Scheme, please complete fo	r all remaining Trustees.		
Title Surname	Title Surname		
First Name(s) (In full)	First Name(s) (In full)		
Country of Residence	Country of Residence		
Title Surname	Title Surname		
First Name(s) (In full)	First Name(s) (In full)		
Country of Residence	Country of Residence		
Title Surname	Country of Residence		
	Title Surname		
First Name(s) (In full)	Title Surname		
	Title Surname  First Name(s) (In full)		
	Title Surname  First Name(s) (In full)		
Country of Residence  QROPS-ONLY INFORMATION	Title Surname  First Name(s) (In full)  Country of Residence		
Country of Residence	Title Surname  First Name(s) (In full)  Country of Residence		

<sup>†</sup> If your Nationality is British, this is your National Insurance Number; if you have a different Nationality, or if you have Dual Nationality, please see www.redmayne.co.uk|NID for further information on the details you need to provide for the National Identifier, which may be different to your Tax Identification Number.

## ACCOUNT FUNDING Please indicate the expected average monthly value of payments or funding into the account ∫ 5,001 - £20,000 per month on average □ >£50,000 per month on average Sale of shares only Please indicate the main origin of the initial and ongoing funds or existing assets (if transfer or sale) for the account (please tick all that apply and select at least one) Accumulated investments Sale of property/business ☐ Sponsor contributions: Approx. value £. Other: \_ Approx. value £ CLIENT WEB ACCESS (CWA) INCLUDING ELECTRONIC CONTRACT NOTES AND STATEMENTS If you have provided an email address, we will register the Scheme for our Client Web Access (CWA) service, enabling you to view online your portfolio valuation, balances, contract notes and statements and also make secure payments to the Scheme's account(s). We will issue an email notification when a new document is available for you to view in CWA, unless you have already advised us that you wish to receive documents by post. Please note, certificated transactions are not detailed in CWA portfolio valuations or statements. Please not also, there can only be one set of login credentials per account. PRIVACY POLICY Our Privacy Policy contains information on how we will store and use your personal information and your rights in relation to this. You can view the full policy online at www.redmayne.co.uk/privacy or in hard copy on request. MARKETING COMMUNICATIONS We would like permission to contact the Scheme by email with relevant marketing information about the Scheme's account and the services we provide. Please note that if you have already provided your consent then we will use this unless you inform us that you wish to withdraw your consent. If you have not already provided your consent for us to contact you with relevant marketing information, and have provided an email address, please indicate which type of communications you would be happy to receive from us by ticking the boxes below. Please note that if you tick any of the boxes below, email communications will be sent to the person named as the primary contact on page one of this form. Services and products that may be of interest to you Stock market investment news and investment opportunities П Details of investment seminars and events We may use personal data based on legitimate interest to contact the Scheme occasionally for marketing purposes by post. If we do

so we will aim to ensure the content is relevant to the Scheme. If the Scheme does not wish to receive such messages by post, please contact your Redmayne Bentley office or executive.

PAYMENTS				
Unless advised otherwise, a depos	it account will be opened for	r you with Redmayne Bentley and all m	onies credi	ted to this.
Please pay settlements to	deposit account	☑ bank/building society		
Please pay dividends to	deposit account	☑ bank/building society		
We require details of the Scheme's If this information is not received you make your withdrawal reques Name of Bank or Building Society	within seven working days of t, which may lead to a delay	hat we can make a BACS payment when of your account opening, we will require in you receiving the funds. iB)	n a withdrav e proof of th	val is requested. ne account when
Branch Address Manchester	Business Centre, Fo	ur Hardman Street, Spinningfi	elds,	
Manchester			Postcode	M3 3HF
Bank Account Holder's Name(s)	RSA Ltd - P T Dolan Retirement Benefit Scheme		rostcode	
Bank Sort Code 23 83/96	Bank Account Number 04919088		Roll Number	
<ul> <li>I/We understand that Redmayn www.redmayne.co.uk/ordere</li> </ul>	ey to administer my/our acc e Bentley will execute order execution). not a United States 'person'	ount using the Redmayne Bentley Nom s in line with the Order Execution Policy as defined by FATCA, or a Canadian re to the best of my/our knowledge.	(available a	
ALL AUTHORISED INDIVIDUALS		Paul Dolan		5 / 1 / 21
AUTHORISED INDIVIDUAL I		PRINT NAME		DATE
AUTHORISED INDIVIDUAL 2		PRINT NAME		DATE
If further Trustees/Members are a to the form.	authorised to give instructio	ns on behalf of the Scheme, please copy	this page,	complete and attach

Please ensure you have completed ALL FIELDS and return to: Transfers, Redmayne Bentley, 9 Bond Court, Leeds LS1 2JZ