Attention	Investec Bank		
Date			
Fax	020 7597 4139		



Out of the Ordinary

Investec

Bank

# 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.
- 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 TEMPATRON DIRECTORS PENSION SCHEME Contact address [WITI, FALCOL BUSWESS PARK, HOGWOOD INDEST. & RG40 4RQ BRIAN MCVITTY 0118 973 5119 Tel no Date of formation of Scheme 05062008 Scheme tax reference (if applicable) 00717495 RW Beneficiary(ies) details (only list beneficiaries with an interest in at least 20% of the value of the Pension Scheme) PETER NEUDEGG Beneficiary 1 Name Current residential address HOLLY COTTAGE, HEATH RIDE, FINCHANDSTEAD BERKSHIRE 02011956 Date of birth BRIAN MCVITTY Beneficiary 2 Name Current residential address FLAT2, KIMBOLTON, 24 RAM PARK AVENUE MAIDENHEAD, BERKSHIRE SL6 YAB Postcode 121954 Date of birth Introducer/IFA/Agent/Broker details Name of company | Pension Practitioner .Com **Brad Davis** Name of contact person Daws House, 33-35 Daws Lane, Address London **NW7 4SD** 0800 634 4862 Contact number Email address bradd@pensionpractitioner.com

3. Account information
Please select (by ticking below) the Account(s) that you wish to apply for and complete the required information for the Account(s).
Pension and Trust Reserve Interest paid Monthly Annually
Amount to invest (minimum deposit £25,000) £ 70,000 = 00
Pension and Trust Cheque (interest paid monthly)
Amount to invest & BALANCE ON HBOS ALC CLOSURE, APPROX 18,00
Fixed Term Deposit (minimum investment £50,000 or the equivalent in US dollars or Euro)
Currency Sterling US dollars Euro Amount to invest £/€/\$
Term of deposit 6 Months 1 Year 2 Years Other (specify)
Invested Income Account (interest paid monthly) Amount to invest (minimum deposit £25,000)
Invested Income Account Regular quarterly withdrawal instruction: In order to give the Bank a Regular Withdrawal Instruction, please complete the information below. Please see the Special Terms and Conditions of the Invested Income Account for more information about regular withdrawals.
Amount of regular withdrawal £
Date of first withdrawal
Bank account details for quarterly withdrawals (this account must be in your name and held by you for the benefit of the same beneficiary(ies) named above).
Name of bank/building society
Account number Sort code
Other account Interest paid Monthly Annually
Currency Sterling US dollars Euro Amount to invest £/€/\$
Method 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 Investec Bank plc (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
Account 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 Invested Bank ptc 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 pld 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 w	ritten instructions
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Bank to act on instructions of	 	 

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

Trustee 1		Trustee 2
Full name	PETER NEWSEGG	Full name BRIAN MCVITTY
Signature	200	Signature A. M. H.
Date	14/6/2011	Date 1462011
Trustee 3		Trustee 4
Full name		Full name
Signature		Signature
Date		Date
Two Autho		rate Trustee must sign below, for and on behalf of the Professiona
Authorised	Signatory 1	Authorised Signatory 2
Full name	N/A	Full name N/A
Signature		Signature
Date		Date
5.1 We converted the Signature Signa	onfirm that we have carried out anti-money launderin cheme.	eme named in Section 1 above are applying for the Account(s) specified above are given checks in relation to the trustee(s), settlor(s), beneficiary(ies) and protector(s) of all evidence of our anti-money laundering checks in relation to the trustee(s) alidly appointed trustee(s).
Signed for	and on behalf of (insert Introducer/Administrator,	Trustee name and FSA number)
Name	Pension Practitioner .Com	
FSA number	r N/A	
To be signed	d by the Introducer/Administrator/Trustee in accordar	ice with their signing conditions confirmed to the Bank
Authorised	Signatory 1	Authorised Signatory 2
Full name		Full name
Signature		Signature
Date		Date