Attention	Investec Bank
Date	
Fax	020 7597 4139





Application form for SIPP/SSAS Accounts

Guidance note for completing this form

- Complete all relevant sections fully.
- It 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
- 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 PEBLOY BRACH LTD SMALL SURF ADMINISTIBLES	Scheme.
Contact address WEST Swinson MESTOR PARK, PADDINETTON DRIVE, Swin	
Contact name Downic THREEFACE Telmo 01793 8	16800
Date of formation of Scheme WWWWYYYY Scheme tax reference (if applications)	able)
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 U D V V Y Y Y Y	
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 N	IW7 4SD
Contact number 0800 634 4862 Email address bradd@pension	nnractitioner com

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 And Amount to invest (minimum deposit £25,000) Pension and Trust Cheque (interest paid monthly) Amount to invest E Fixed Term Deposit (minimum investment £50,000 or the equivalent in US dollars or Euro) Currency Sterling US dollars Euro Amount to invest Eiro Amount to invest Invested Income Account (interest paid monthly) Amount to invest (minimum deposit £25,000) 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, pregular withdrawals Amount of regular withdrawal E Date of first withdrawal C Cate of first withd						
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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 beneficial named above)						
Name of bank/building society						
TO A COMMISSION OF THE COMMISS						
Account number Sort code						
	nually					
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 programme and						
	another account held by you, for the benefit of the same beneficiary(ies) named above, with Invested 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 named 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	name					

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 pic General Terms and
- 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 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(les), 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 Bules for written instructions

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/ Irust Deed, to apply for the Account(s), accept the terms of 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 Dominic charles Threlpau	Full name Tracy Threfail	
Signature	Signature Athelds OC.	
Date 2017/2011	Date 2017 2011	
Trustee 3	Trustee 4	
Full name Michael Brusson	Full name EMMA TRUNIAN	
Signature	Signature	
Date 26 7 20tl	Date 25 7 2011	
Two Authorised Signatories of the Professional/Corporate Tr	rustee must sign below, for and on behalf of the Professional/	
Corporate Trustee		
Authorised Signatory 1	Authorised Signatory 2	
Full name N/A	Full name N/A	
Signature	Signature	
Date	Date	
5. Declarations by the Introducer/Admir	nistrator/Trustee	
5.1 We confirm that we are aware that the trustee(s) of the Scheme na	med in Section 1 above are applying for the Account(s) specified above and	
we confirm that we have carried out anti-money laundering chec the Scheme.	ks in relation to the trustee(s), settlor(s), beneficiary(les) and protector(s) of	
	evidence of our anti-money laundering checks in relation to the trustee(s)	
settlor(s), beneficiary(les) and protector(s) 5.3 We confirm that the signatures above are those of all the validly a	ippointed trustee(s).	
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/Truste	ee name and FSA number)	
Name Pension Practitioner .Com		
FSA number N/A		
To be signed by the Introducer/Administrator/Trustee in accordance wit	h their signing conditions confirmed to the Bank	
Authorised Signatory 1	Authorised Signatory 2	
Full name	Full name	
Signature	Signature	
Date	Date	

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