

A composite background image. The top half shows a smiling man with dark, wavy hair and a beard, wearing a dark jacket, leaning forward. The bottom half shows a modern building with large glass windows and a wooden deck, set against a vibrant sunset sky with orange and yellow hues. A swimming pool is visible in the foreground of the building scene.

PERSONAL PENSION ACCOUNT APPLICATION FORM

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Shard Capital Partners LLP is authorised and regulated by the Financial Conduct Authority in the United Kingdom (Reference Number: 538762). Shard Capital Partners LLP has its registered office at 36-38 Cornhill, London, EC3V 3NG, United Kingdom.

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INTRODUCTION

Please read carefully

This document is designed to enable you (the Member), the Pension Trustee and the Pension Scheme Administrator to provide Shard Capital Partners LLP ("Shard Capital") with important information about you and your personal pension. The information contained in this document will be relied upon to establish a personal pension account and therefore we require you, the Pension Trustee and the Pension Scheme Administrator to complete and sign this document in full. It is important that you, the Pension Trustee and the Pension Scheme Administrator provide as much relevant detail as possible and check the information that is included in this document with your investment manager to ensure that you, the Pension Trustee and the Pension Scheme Administrator have understood it correctly.

Shard Capital will review all the information that you, the Pension Trustee and the Pension Scheme Administrator provide. Once we are satisfied that we possess all the information we need to comply with our legal and regulatory requirements, we will be able to provide our services to you. Any gaps in the information provided may result in Shard Capital being unable to offer its services to you.

Your, the Pension Trustee's and the Pension Scheme Administrator's privacy and information are important to us. For details of how we manage and process your, the Pension Trustee's and the Pension Scheme Administrator's information, please refer to our Privacy Policy which is made available, and updated from time to time, on our website: shardcapital.com

This form should be completed by you (the Member) and, where applicable, the Pension Trustee or Pension Scheme Administrator. Any references to "I", "we", "you" or "your" in this document refer to you, the Member. Before completing this form, please ensure that you, the Pension Trustee and the Pension Scheme Administrator have obtained and read all the information regarding the products and services provided by Shard Capital and all relevant terms and policies made available, and updated from time to time, on our website: shardcapital.com.

Once completed, this form and any accompanying documentation (detailed in Appendix II) should be sent to our business address (see front cover) or scanned and emailed to your contact at Shard Capital.

Please complete the following Parts:

You (the Member): Parts 1 – 5, 11 – 12

Pension Trustee: Parts 6, 8 – 10, 13 – 14

Pension Scheme Administrator: Parts 7, 15 – 16

PART 1 – MEMBER’S PENSION DETAILS

This section is to be completed by you, the Member.

Full Name of the Pension Provider.....

Member Reference Number.....

PART 2 – MEMBER’S PERSONAL INFORMATION

This section is to be completed by you, the Member.

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Forename(s).....

Surname.....

Previous Name(s)

Date of Birth.....

Town and Country of Birth.....

Nationality (if you hold dual nationality, please provide both)

National Client Identifier (please refer to Appendix IV)

Please provide information of the countries which you are resident or a citizen of for tax purposes:

Country	Tax Resident (Y/N)	Citizen (Y/N)	Tax Identification Number
1.			
2.			
3.			

Permanent Residential Address.....

.....

.....

Postcode

Correspondence Address (if different from above)

.....

Personal Pension Account

Application Form



Postcode

Email address

Telephone number

Mobile number.....

You will receive electronic correspondence at the email address given above.

Occupation (former occupation if retired)

Job Title.....

Employer's Name (if applicable)

Employer's Address (If applicable)

Postcode

Nature of Business

Please provide details of any present or previous company directorships:

Role	Company	Dates

Do you have any financial dependents? ☐ Yes ☐ No

If yes, please provide the following details:

Name	Date of Birth	Reason for dependency (e.g. minor)
1.		
2.		
3.		
4.		

PART 3 – SOURCE OF WEALTH / SOURCE OF FUNDS

This section is to be completed by you, the Member.

SOURCE OF WEALTH

Source of Wealth refers to the origin of your total net wealth or total assets, including how the wealth was generated. For example, Source of Wealth can refer to the sale of a business asset or rental income.

Please provide details of your Source of Wealth: (please tick all that apply)

Please tick	Type	Details	Value
☐	Employment <i>Please provide details of your occupation and the nature of the business.</i>		
☐	Savings & Investment <i>Please provide details of how these were accumulated.</i>		
☐	Inheritance <i>Please provide the full name of the deceased, their relationship to you and their primary source of wealth.</i>		
☐	Gift <i>Please provide the full name of the donor, their relationship to you and their primary source of wealth.</i>		
☐	Sale of Property <i>Please provide details of the property sold, including its address and date sold.</i>		
☐	Sale of Business <i>Please provide details of the business sold, including the name of the business, the nature of its activities and the countries in which it operated.</i>		
☐	Other <i>If your Source of Wealth is 'other', please provide further details.</i>		

SOURCE OF FUNDS

Source of Funds refers to where the money being used to fund the account is currently held. For example, the name and location of a bank account.

Please provide details of your Source of Funds, including the amount to be invested in the account:

PART 4 – POLITICALLY EXPOSED PERSONS

This section is to be completed by you, the Member.

Please confirm if you are a Politically Exposed Person * (PEP)?

* A PEP is an individual who has been entrusted with a prominent public function. Examples include, but are not limited to, a head of state or minister, a member of parliament, members of governing bodies of political parties, members of supreme or constitutional courts, ambassadors or high-ranking officers in the armed forces.

☐ Yes ☐ No

If the answer to the above is yes, please provide further details:

.....

.....

Please confirm if you have a Relative * or Close Associate ** who is a Politically Exposed Person?

* Relative includes: a spouse, partner, child and their spouse or partner and their parents.

** Close Associate includes: any individual who is known to have joint beneficial ownership of a legal entity or legal arrangement, or any other close business relationship.

☐ Yes ☐ No

If the answer to the above is yes, please provide further details:

.....

.....

PART 5 – INVESTMENT SERVICE TYPE

This section is to be completed by you, the Member.

Please specify which type of investment service you require:

Please tick	Investment Service	Description
☐	Discretionary	We act and make all investment decisions to manage your investment strategy on your behalf
☐	Advisory	We advise you on your investment decisions, but you make the final decisions on your investment strategy
☐	Execution Only	You have full control over your investment strategy and all decision making

PART 6 – PENSION TRUSTEE'S INFORMATION

This section is to be completed by the Pension Trustee.

Full Name of the Pension Trustee.....

Registered Address.....

.....Postcode.....

Correspondence Address (if different from above).....

.....Postcode.....

Date of Incorporation.....

Country of Incorporation.....

Company Registration Number.....

Legal Entity Identifier (LEI).....

Tax Identification Number (TIN).....

REGULATORY STATUS

Is the Pension Trustee regulated?

☐ Yes

☐ No

If the answer to the above is yes, please provide the name of the regulator and the Pension Trustee's regulatory reference number:

Name of Regulator	Regulatory Reference Number

TYPE OF PENSION

Please indicate which type of personal pension the Member has opened:

☐ Self-Invested Personal Pension (SIPP)

☐ Stakeholder Pension

☐ Small Self-Administered Scheme (SSAS)

☐ Executive Pension Plan

☐ International Personal Pension (IPP)

☐ Overseas Pension – QROPS, QNUPS

☐ Other (please provide further details)

PLEASE PROVIDE DETAILS OF THE PRIMARY CONTACT

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Forename(s).....

Surname.....

Position/Role within Company.....

Primary Contact email address.....

Primary Contact telephone number.....

Primary Contact mobile number

PLEASE PROVIDE DETAILS OF THE SECONDARY CONTACT

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Forename(s).....

Surname.....

Position/Role within Company.....

Secondary Contact email address.....

Secondary Contact telephone number.....

Secondary Contact mobile number

PLEASE PROVIDE DETAILS OF THE COMPLIANCE OFFICER

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Forename(s).....

Surname.....

Compliance Officer email address.....

Compliance Officer telephone number.....

Compliance Officer mobile number.....

PART 7 – PENSION SCHEME ADMINISTRATOR'S INFORMATION

This section is to be completed by the Pension Scheme Administrator.

Full Name of the Pension Scheme Administrator.....

Registered Address.....

.....Postcode.....

Correspondence Address (if different from above).....

.....Postcode.....

Date of Incorporation.....

Country of Incorporation.....

Company Registration Number.....

Unique Taxpayer Reference Number (UTR).....

VAT Number.....

Tax Identification Number (TIN).....

PLEASE PROVIDE DETAILS OF THE PRIMARY CONTACT

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Forename(s).....

Surname.....

Position/Role within Company.....

Primary Contact email address.....

Primary Contact telephone number.....

Primary Contact mobile number

PLEASE PROVIDE DETAILS OF THE SECONDARY CONTACT

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)

Forename(s).....

Surname.....

Position/Role within Company.....

Secondary Contact email address.....

Secondary Contact telephone number.....

Secondary Contact mobile number

PART 8 – ACCOUNT ADMINISTRATION AND REPORTING

This section is to be completed by the Pension Trustee. Please note that references to “you” and “your” in this section refer to the Pension Trustee, not the Member.

ACCOUNT NAME

.....

ACCOUNT SET UP

What is the base currency for this investment account?

☐ GBP

☐ EUR

☐ USD

☐ Other (please specify)

CAPITAL AND INCOME ACCOUNT

As part of the standard account set up, we will maintain separate capital and income accounts for the Member. If you would like to have one account for the Member's capital (proceeds from sales) and income (dividends and/or interest), please tick this box: ☐

FEES AND CHARGES

Our Annual Management Charge, where levied, will be debited from the Member's capital account. If you wish for this to be debited from the Member's income account, please tick this box: ☐

ONLINE REPORTING

We offer online access which enables the Member to view their portfolio at any time. If you would like the Member to have online access, please tick this box: ☐

PORTFOLIO VALUATION REPORTS

All relevant portfolio valuation reports will be made available via our online portal. If you would also like hard copies to be mailed to the Member's correspondence address, please tick this box: ☐

Please indicate the preferred frequency of portfolio valuation reports (Member):

☐ Monthly basis

☐ Quarterly basis

Further, if you would like hard copies to be mailed to your correspondence address, please tick this box: ☐

Please indicate the preferred frequency of portfolio valuation reports: (Pension Trustee)

☐ Monthly basis ☐ Quarterly basis

CONTRACT NOTES

All relevant contract notes will be made available via our online portal. If you would also like hard copies to be mailed to the Member's correspondence address, please tick this box: ☐

Further, if you would also like hard copies to be mailed to your correspondence address, please tick this box: ☐

THIRD PARTY AUTHORITY

If you would like Shard Capital to accept instructions on the account from a third party, please tick this box: ☐

If you have ticked the above box, you will need to complete a "Limited Power of Attorney" form which will be provided on request.

THIRD PARTY INFORMATION

If you would like Shard Capital to provide certain information on the account to a third party, please tick this box: ☐

If you have ticked the above box, please provide the relevant contact information in Appendix III.

PART 9 – PERMITTED INVESTMENTS

This section is to be completed by the Pension Trustee. Please note that references to "you" and "your" in this section refer to the Pension Trustee, not the Member.

Please confirm, by ticking this box, that you have provided to Shard Capital a list of permitted / non-permitted investments: ☐

Please confirm, by ticking this box, that you will provide to Shard Capital an updated list of permitted investments / non-permitted investments, promptly once this becomes available: ☐

PART 10 – BANK ACCOUNT INFORMATION

This section is to be completed by the Pension Trustee.

NOMINATED BANK ACCOUNT

Please provide details of the nominated bank account.

Please note that payments will only be made to and accepted from the nominated bank account detailed below and that a certified copy of a bank statement will be required.

Account Name

Account Currency

Bank Name

Bank Address

Sort Code

Account Number

IBAN Number

BIC / ABA Number (if available)

PART 11 – MEMBER’S DECLARATIONS

This section is to be completed by you, the Member.

By signing under Part 12 (Member Signature), the following declarations apply:

1. I have read and understood the nature and the risk of the product(s) that I intend to invest in through this account.
2. I act in my name as specified on this application form and not on behalf of another party in respect of all matters related to this account. Accordingly, all funds to be deposited and transacted on the account are my own funds.
3. I am not aware of any health or other conditions that I may have that might affect the proper operation of the account.
4. I have provided true, accurate and complete information and undertake to update Shard Capital of any changes to the information provided without delay.
5. I acknowledge that, by completing the Limited Power of Attorney Form provided by Shard Capital, the Trustee, as Principal, has granted to me a Limited Power of Attorney in respect of the Trust.
6. I accept that in certain circumstances Shard Capital will be obliged to share information with UK tax authorities, who may pass it on to other tax authorities.
7. I have received, read and understood the following:
 - a) Shard Capital Partners LLP Business Terms and Conditions (including the product risks disclosure)
 - b) Supplemental Business Terms and Conditions for Wealth Management and Custody and Dealing Clients
 - c) Supplemental Business Terms and Conditions for Investment Wrapper Scheme Accounts
 - d) Conflicts of Interest Policy
 - e) Schedule of Charges
8. I have obtained the Order Execution Policies for:
 - a) Third Platform Services Ltd (website link: <http://thirdfin.com/documents/>)
 - b) Shard Capital Partners LLP (website link: <https://www.shardcapital.com/documents/>)
9. I consent to the Order Execution Policies and for any orders to be executed outside a regulated market or a multilateral trading facility.
10. I consent for any unexecuted limit orders not to be made public.

11. I accept and agree to be bound by the terms provided above and consent to such terms and information including future updates to these be provided to me by way of posting on the websites indicated above.

EXPRESS CONSENT FOR RECEIVING INFORMATION ELECTRONICALLY

We are required by regulation to obtain your express consent to provide you with information in an electronic, durable medium that is not paper. For example, by email.

If you do not consent to us providing you with information electronically, we will be unable to offer you an account. For the avoidance of doubt, by consenting to receiving information via electronic means, you remain entitled to provide us with specific requests for information via a reasonable alternative form of durable medium.

I hereby consent to receive information from Shard Capital via email, PDF document or by any other durable medium that is not paper.

I hereby consent to receive information not personally addressed to me via the websites that you provide me notice of

I Accept *(please tick this box)*: ☐

DATA PROTECTION

Shard Capital Partners LLP will be what is known as the "Controller" of the personal data you provide to us in this application. For details of how we manage and process your information, please refer to our Privacy Notice which is available at: <https://www.shardcapital.com/privacy-notice>. This will be updated from time to time to reflect legal changes or changes in the way we process your personal data.

By signing this application and submitting the personal data to us, you confirm that you have read and understood the Shard Capital Privacy Notice. If you have any queries regarding privacy issues or the content of this Privacy Notice, you can email compliance@shardcapital.com or write to us at: Shard Capital, 70 St Mary Axe, London, EC3A 8BE.

MARKETING COMMUNICATION

Shard Capital is committed to protecting and respecting your privacy. We will occasionally contact your primary contact email address detailed in Part 1 about products, services and content that we feel are both relevant and of interest. You can unsubscribe from these communications at any time or indicate your preference to opt-out of these communications by ticking this box: ☐

PART 12 – MEMBER’S SIGNATURE

This section is to be completed by you, the Member.

NAME AND SIGNATURE

Full Name

Signature

Date

PART 13 – PENSION TRUSTEE'S DECLARATIONS

This section is to be completed by the Pension Trustee.

By signing under Part 14 (Pension Trustee Signatures), the following declarations apply:

1. I/We warrant that the Trust is properly constituted and validly exists under the laws of its jurisdiction of incorporation, and that the Trust has the authority to enter into this relationship pursuant to the Trust Deed and any other applicable documentation.
2. I/We warrant that all the trustees and authorised signatories of the Trust are over 18 years of age.
3. I/We confirm that the Trustee, as Principal, has granted a Limited Power of Attorney in respect of the Trust to the Member, by completing the Limited Power of Attorney Form that was provided by Shard Capital.
4. I/We confirm that the Member may trade in the investment products indicated in Part 9 (Permitted Investments) of this application form and that by so doing, the Member will not be in breach of any laws or regulations nor the Trust Deed or any other applicable documentation.
5. I/We have provided true, accurate and complete information and undertake to update Shard Capital of any changes to the information provided without delay.
6. I/We accept that in certain circumstances Shard Capital will be obliged to share information with UK tax authorities, who may pass it on to other tax authorities.
7. I/We have received, read and understood the following:
 - a) Shard Capital Partners LLP Business Terms and Conditions (including the product risks disclosure)
 - b) Supplemental Business Terms and Conditions for Wealth Management and Custody and Dealing Clients
 - c) Supplemental Business Terms and Conditions for Investment Wrapper Scheme Accounts
 - d) Conflicts of Interest Policy
 - e) Schedule of Charges
8. I/We have obtained and understood the Order Execution Policies for:
 - a) Third Platform Services Ltd (website link: <http://thirdfin.com/documents/>)
 - b) Shard Capital Partners LLP (website link: <https://www.shardcapital.com/documents/>)
9. I/We accept and agree to be bound by the terms provided above and consent to such terms and information including future updates to these be provided to me/us by way of posting on the websites indicated above.

EXPRESS CONSENT FOR RECEIVING INFORMATION ELECTRONICALLY

We are required by regulation to obtain your express consent to provide you with information in an electronic, durable medium that is not paper. For example, by email.

If you do not consent to us providing you with information electronically, we will be unable to offer the Member an account. For the avoidance of doubt, by consenting to receiving information via electronic means, you remain entitled to provide us with specific requests for information via a reasonable alternative form of durable medium.

I/We hereby consent to receive information from Shard Capital via email, PDF document or by any other durable medium that is not paper

I/We hereby consent to receive information not personally addressed to me/us via the websites that you provide me/us notice of

I/We Accept (please tick this box): ☐

DATA PROTECTION

Shard Capital Partners LLP will be what is known as the "Controller" of the personal data you provide to us in this application. For details of how we manage and process your information, please refer to our Privacy Notice which is available at: <https://www.shardcapital.com/privacy-notice>. This will be updated from time to time to reflect legal changes or changes in the way we process your personal data.

By signing this application and submitting the personal data to us, you confirm that you have read and understood the Shard Capital Privacy Notice. If you have any queries regarding privacy issues or the content of this Privacy Notice, you can email compliance@shardcapital.com or write to us at: Shard Capital, 70 St Mary Axe, London, EC3A 8BE.

PART 14 – PENSION TRUSTEE'S SIGNATURES

This section is to be completed by the Pension Trustee.

AUTHORISED SIGNATORIES: NAMES AND SIGNATURES

This must be signed by two authorised signatories, unless the Pension Trustee has a sole authorised signatory.

NAME AND SIGNATURE

Full Name

Signature

Date

NAME AND SIGNATURE

Full Name

Signature

Date

PART 15 – PENSION SCHEME ADMINISTRATOR'S DECLARATIONS

This section is to be completed by the Pension Scheme Administrator.

By signing under Part 16 (Pension Scheme Administrator Signatures), the following declarations apply:

1. I/We have provided true, accurate and complete information and undertake to update Shard Capital of any changes to the information provided without delay.
2. I/We accept that in certain circumstances Shard Capital will be obliged to share information with UK tax authorities, who may pass it on to other tax authorities.
3. I/We have received, read and understood the following:
 - a) Shard Capital Partners LLP Business Terms and Conditions (including the product risks disclosure)
 - b) Supplemental Business Terms and Conditions for Wealth Management and Custody and Dealing Clients
 - c) Supplemental Business Terms and Conditions for Investment Wrapper Scheme Accounts
 - c) Conflicts of Interest Policy
 - d) Schedule of Charges
4. I/We have obtained and understood the Order Execution Policies for:
 - a) Third Platform Services Ltd (website link: <http://thirdfin.com/documents/>)
 - b) Shard Capital Partners LLP (website link: <https://www.shardcapital.com/documents/>)
5. I/We accept and agree to be bound by the terms provided above and consent to such terms and information including future updates to these be provided to me/us by way of posting on the websites indicated above.

EXPRESS CONSENT FOR RECEIVING INFORMATION ELECTRONICALLY

We are required by regulation to obtain your express consent to provide you with information in an electronic, durable medium that is not paper. For example, by email.

If you do not consent to us providing you with information electronically, we will be unable to offer the Member an account. For the avoidance of doubt, by consenting to receiving information via electronic means, you remain entitled to provide us with specific requests for information via a reasonable alternative form of durable medium.

I/We hereby consent to receive information from Shard Capital via email, PDF document or by any other durable medium that is not paper

I/We hereby consent to receive information not personally addressed to me/us via the websites that you provide me/us notice of

I/We Accept (please tick this box): ☐

DATA PROTECTION

Shard Capital Partners LLP will be what is known as the "Controller" of the personal data you provide to us in this application. For details of how we manage and process your information, please refer to our Privacy Notice which is available at: <https://www.shardcapital.com/privacy-notice>. This will be updated from time to time to reflect legal changes or changes in the way we process your personal data.

By signing this application and submitting the personal data to us, you confirm that you have read and understood the Shard Capital Privacy Notice. If you have any queries regarding privacy issues or the content of this Privacy Notice, you can email compliance@shardcapital.com or write to us at: Shard Capital, 70 St Mary Axe, London, EC3A 8BE.

PART 16 – PENSION SCHEME ADMINISTRATOR'S SIGNATURES

This section is to be completed by the Pension Scheme Administrator.

AUTHORISED SIGNATORIES: NAMES AND SIGNATURES

This must be signed by two authorised signatories, unless the Pension Scheme Administrator has a sole authorised signatory.

NAME AND SIGNATURE

Full Name

Signature

Date

NAME AND SIGNATURE

Full Name

Signature

Date

Shard Capital Partners LLP is authorised and regulated by the Financial Conduct Authority in the United Kingdom (Reference Number: 538762). Shard Capital Partners LLP has its registered office at 36-38 Cornhill, London, EC3V 3NG, United Kingdom.

APPENDIX I – ADDITIONAL NOTES

APPENDIX II - ACCOMPANYING DOCUMENTATION

Please provide certified copies of the following in respect of the Member:

☐ Passport or other government issued identification

☐ Proof of address (e.g. utility bill) which is no more than 3 months old

☐ Evidence of Source of Wealth. This may include:

Employment Income

- Most recent payslip
- Annual salary and bonuses (if applicable) across the previous three years
- If self-employed, latest accounts or tax declaration

Savings

- Bank statement
- Documentation illustrating the source of the savings

Property Sale

- Contract of sale
- Title deed from Land Registry

Sale of Shares and Other Investments

- Contract of sale
- Details of sale mechanism (for example, name of exchange)
- Statement of account from agent
- Transaction receipt/confirmation
- Shareholder certificate

Company Sale

- Contract of sale
- Details of nature of business

Company Profits/Dividends

- Latest audited financial statements
- Latest management accounts
- Approval from board of directors
- Dividend distribution confirmation
- Tax declaration form

Loan

- Loan agreement
- Debenture or any other security documentation

☐ Evidence of Source of Funds. This may include:

Bank statements

Deed of gift

GUIDANCE ON “CERTIFICATION” REQUIREMENTS

Copies of the above listed documents must be independently certified by a lawyer, bank manager or notary public, and contain both the date on which they were certified and the following wording: "certified as a true copy". Additionally, the certification should provide the full name, signature, official stamp, business address and telephone number of the individual certifying the documents.

It may be necessary for us to request further documentation and information in order to complete the due diligence process.

APPENDIX III – THIRD PARTY INFORMATION

THIRD PARTY INFORMATION – INDIVIDUAL

If you would like Shard Capital to provide information regarding the account to a third-party individual, please provide the relevant details of the person below.

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other

Forename(s)

Surname

Residential Address

..... Postcode.....

Email address

Telephone number Mobile number

Please detail what correspondence you wish to be provided to the third party:

- | | | |
|-------------------------------------|---|---|
| ☐ Valuations | ☐ Contract Notes | ☐ Consolidated Tax Reports |
| ☐ Statements | ☐ Online Access | ☐ Other (please specify) |

THIRD PARTY INFORMATION - COMPANY

If you would like Shard Capital to provide information regarding the account to a third-party company, please provide the relevant details of the company below.

Company Name

Contact Address

..... Postcode.....

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other

Contact - Forename(s)

Personal Pension Account

Application Form



Contact - Surname

Position/Role within Company

Contact email address

Contact telephone number Contact mobile number

Please detail the role of the third party:

☐ Lawyer ☐ Financial Advisor ☐ Other (please specify)

☐ Accountant ☐ Trustee

Please detail what correspondence you wish to be provided to the third party:

☐ Valuations ☐ Contract Notes ☐ Consolidated Tax Reports

☐ Statements ☐ Online Access ☐ Other (please specify)

APPENDIX IV - NATIONAL CLIENT IDENTIFIER

To fulfil our obligations under the Markets in Financial Instruments Directive (MiFID II), we are required to confirm your nationality and National Client Identifier (NCI). Your NCI will depend on your nationality; by way of example, for UK nationals, the NCI is the National Insurance Number. Please refer to the table below to determine the appropriate NCI.

IT IS IMPORTANT THAT YOU PROVIDE THIS INFORMATION. WITHOUT IT, YOU WILL BE UNABLE TO TRADE.

Nationality	National Client Identifier
United Kingdom	UK National Insurance Number
Belgium	Belgian National Number (Numéro de registre national - Rijksregisternummer)
Bulgaria	Bulgarian Personal Number
Croatia	Personal Identification Number (OIB - Osobni identifikacijski broj)
Czech Republic	National Identification Number (Rodné číslo)
Denmark	Personal Identity Code (10 digits alphanumerical: DDMMYYXXXX)
Estonia	Estonian Personal Identification Code (Isikukood)
Finland	Personal Identity Code
Iceland	Personal Identity Code
Italy	Fiscal Code (Codice fiscale)
Latvia	Personal Code (Personas kods)
Lithuania	Personal Code (Asmens kodas)
Malta	National Identification Number
Norway	11 Digit Personal ID (Foedselsnummer)
Poland	National Identification Number (PESEL)
Portugal	Tax Number (Número de Identificação Fiscal)
Romania	National Identification Number (Cod Numeric Personal)
Sweden	Personal Identity Number
Slovenia	Personal Identification Number (EMŠO: Enotna Matična Številka Občana)
Slovakia	Personal Number (Rodné číslo)
Spain	Tax Identification Number (Código de - fiscal)
All other countries	National Passport Number