

# NEDGROUP TRUST QUALIFYING NON-UK PENSION SCHEME (QNUPS) APPLICATION FORM

Please complete in full, in BLOCK CAPITALS and black ink. If you need help to complete this form, please call us on +44(0)1481 710895 (Guernsey office).

## 1. OBJECTIVES

DESCRIBE THE PURPOSE AND REASONS FOR ESTABLISHING THE QNUPS (please provide a full explanation)	
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## 2. MEMBER

TITLE (eg, Mr/Mrs/Miss/Ms/Other)	
FORENAME(S)	
SURNAME	
KNOWN AS	
FORMER NAMES IF ANY	
THIS WAS MY	<input type="checkbox"/> MAIDEN NAME <input type="checkbox"/> FORMER MARRIED NAME(S) <input type="checkbox"/> NAME CHANGED BY DEED POLL
MARITAL STATUS	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED/SEPARATED <input type="checkbox"/> WIDOW(ER) <input type="checkbox"/> CIVIL PARTNERSHIP
DATE OF BIRTH (DD/MM/YYYY)	
PLACE OF BIRTH	
COUNTRY OF BIRTH	
PRIMARY NATIONALITY	
OTHER NATIONALITIES (if appropriate)	
PRINCIPAL RESIDENTIAL ADDRESS (this means the actual physical address, not P.O. Box address)	
POSTCODE	
SECURE EMAIL ADDRESS	
TELEPHONE NUMBER	+ <input style="width: 100px;" type="text"/>
MOBILE NUMBER	+ <input style="width: 100px;" type="text"/>
DATE OF BECOMING NON-UK TAX-RESIDENT (if applicable)	
OCCUPATION OR FORMER OCCUPATION IF RETIRED	
ANY CURRENT OR FORMER PUBLIC POSITION(S) HELD (see page 10 for a definition)	
EMPLOYER'S NAME	
EMPLOYER'S ADDRESS	
POSTCODE	
ARE YOU A POLITICALLY EXPOSED PERSON (PEP) CLOSELY RELATED TO A PEP OR A CLOSE ASSOCIATE OF A PEP (see page 10 for a definition)	

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Tax residency – Tax regulations require us to collect certain information about the member's tax status. Please provide this information below.

FIRST COUNTRY OF RESIDENCE FOR TAX PURPOSES	
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)	

To be completed below only if you have multiple tax jurisdictions.

SECOND COUNTRY OF RESIDENCE FOR TAX PURPOSES	
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)	

THIRD COUNTRY OF RESIDENCE FOR TAX PURPOSES	
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)	

I AM/AM NOT a U.S. Person as defined by the Foreign Account Tax Compliance Act (FATCA) and will notify you if this situation changes. Nedgroup Trust has a number of anti-fraud measures ensuring that we protect property held in pension trusts. It is beneficial that we hold a specimen signature for future reference.

MEMBER'S SPECIMEN SIGNATURE	
HOW WOULD YOU LIKE THE TRUSTEES TO CONTACT YOU?	<input type="checkbox"/> THROUGH ADVISER <input type="checkbox"/> BY TELEPHONE <input type="checkbox"/> BY FAX <input type="checkbox"/> BY EMAIL

In addition to the above, the Trustees may need to telephone you as an anti-fraud measure to confirm certain requests received by Nedgroup Trust are genuine. Please specify here a secure telephone number for this purpose.

TELEPHONE NUMBER	+	
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### 3. PROFESSIONAL ADVISER (PENSIONS ADVICE)

If you have no adviser please sign the appropriate declarations in Section 12, under Professional Advice.

COMPANY NAME		
ADDRESS		
POSTCODE		
LICENCE NUMBER		
REPRESENTED BY (name of consultant)		
TELEPHONE NUMBER	+	
EMAIL ADDRESS		
NAME OF REGULATOR		

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## 4. INVESTMENT ADVISER / MANAGER (IF APPLICABLE)

Nedgroup Trust is not an investment advisor and cannot be held liable for the performance of any investments. Under the terms of the deed, Nedgroup Trust is not obliged to monitor investment performance. Whilst our scheme, law, rules etc allows self-invest we understand many members will wish to have a professional advisor/manager appointed. If you wish us to consider appointing an investment advisor to your pension scheme, please provide details below:

Please note, the Trustees need the advisor/manager to meet competency requirements so we may not necessarily agree to the appointment.

IS THE INTRODUCER FIRM IN SECTION 3, ALSO PROVIDING ONGOING INVESTMENT ADVICE/INVESTMENT MANAGEMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, IS THIS ON A	<input type="checkbox"/> DISCRETIONARY BASIS <input type="checkbox"/> ADVISORY BASIS
IF NO, HAVE YOU APPOINTED ANOTHER FIRM TO PROVIDE ON-GOING INVESTMENT ADVICE/INVESTMENT MANAGEMENT? If Yes, please provide their details below	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMPANY NAME	
ADDRESS	
POSTCODE	
LICENCE NUMBER	
REPRESENTED BY (name of consultant)	
TELEPHONE NUMBER	+ <input type="text"/>
EMAIL ADDRESS	
NAME OF REGULATOR	

### Reporting and investment risk appetite

VALUATION CURRENCY	<input type="checkbox"/> GBP <input type="checkbox"/> USD <input type="checkbox"/> EURO
BASE CURRENCY FOR INVESTMENT	<input type="checkbox"/> GBP <input type="checkbox"/> USD <input type="checkbox"/> EURO

Please select the description that best fits the appropriate investment strategy:

PORTFOLIO RISK STRATEGY	EXPECTED PERFORMANCE CHARACTERISTICS IN NORMAL CONDITIONS*		
	POSITIVE ANNUALISED 5-YEAR ROLLING RETURN	WORST CASE 12 MONTH DOWNSIDE	TICK
CAPITAL PRESERVATION	0% TO 1%	0% TO -2%	<input type="checkbox"/>
LOW RISK	1% TO 3%	-2% TO -4%	<input type="checkbox"/>
BALANCED	3% TO 5%	-8% TO -10%	<input type="checkbox"/>
GROWTH	5% TO 7%	-15% TO -20%	<input type="checkbox"/>
MAXIMUM GROWTH	7% TO 10%	-25% TO -40%	<input type="checkbox"/>

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## Liquidity/capital requirements

DO YOU ANTICIPATE ANY NEED FOR A LUMP SUM FROM THE PENSION TRUST IN THE NEXT THREE YEARS? (subject to minimum pension age)	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE SUPPLY DETAILS OF YOUR REQUIREMENTS	

## Valuation reports and financial statements

Nedgroup Trust will provide annual reporting detailing the value of assets held within the trust on 31 December.

Please indicate the currency in which we should produce valuation reports

## 5. ADVISER FEES

To be completed by the adviser, and signed off by the member.

THE AGREED FEE IS	<input type="checkbox"/> INITIAL (not exceeding 5%) <input type="checkbox"/> ANNUAL (not to exceed 1%)
TO BE DEDUCTED	<input type="checkbox"/> FROM THE PENSION FUND BY NEDGROUP TRUST <input type="checkbox"/> BY THE INVESTMENT PROVIDER
MEMBER'S SIGNATURE	

We may seek clarification of any fees stated and will reconfirm these to the member.

## 6. EXPRESSION OF WISHES (NOMINATION OF BENEFICIARIES)

The Trustees should consider the following beneficiaries in the event of my death.

	BENEFICIARY 1	BENEFICIARY 2
TITLE (eg, Mr/Mrs/Miss/Ms/Other)		
FORENAME(S)		
SURNAME		
FORMER NAMES (eg, maiden name or any other names used, please specify in the boxes below)		
THIS WAS THEIR	<input type="checkbox"/> MAIDEN NAME <input type="checkbox"/> FORMER MARRIED NAME(S) <input type="checkbox"/> NAME CHANGED BY DEED POLL	<input type="checkbox"/> MAIDEN NAME <input type="checkbox"/> FORMER MARRIED NAME(S) <input type="checkbox"/> NAME CHANGED BY DEED POLL
RELATIONSHIP TO MEMBER		
DATE OF BIRTH (DD/MM/YYYY)		
PLACE OF BIRTH		
COUNTRY OF BIRTH		
PRIMARY NATIONALITY		
OTHER NATIONALITIES (if appropriate)		

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## 6. EXPRESSION OF WISHES (NOMINATION OF BENEFICIARIES)

The Trustees should consider the following beneficiaries in the event of my death.

	BENEFICIARY 1		BENEFICIARY 2	
PRINCIPAL RESIDENTIAL ADDRESS (please do not use PO Box addresses)				
POSTCODE				
SECURE EMAIL ADDRESS				
TELEPHONE NUMBER	+		+	
MOBILE NUMBER	+		+	
OCCUPATION OR FORMER OCCUPATION IF RETIRED				
ANY CURRENT OR FORMER PUBLIC POSITION(S) HELD (see page 10 for definition)				
EMPLOYER'S NAME				
EMPLOYER'S ADDRESS				
POSTCODE				
PERCENTAGE (%)				
IS THE BENEFICIARY A POLITICALLY EXPOSED PERSON (PEP) CLOSELY RELATED TO A PEP OR A CLOSE ASSOCIATE OF A PEP (see page 10 for a definition)				

**Tax residency – Tax regulations require us to collect certain information about each beneficiary's tax status. Please provide this information below.**

FIRST COUNTRY OF RESIDENCE FOR TAX PURPOSES		
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)		

To be completed below only if the beneficiary has multiple tax jurisdictions.

SECOND COUNTRY OF RESIDENCE FOR TAX PURPOSES		
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)		

THIRD COUNTRY OF RESIDENCE FOR TAX PURPOSES		
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**NEDBANK**  
PRIVATE WEALTH  
SINCE 1834

	BENEFICIARY 3		BENEFICIARY 4	
TITLE (eg, Mr/Mrs/Miss/Ms/Other)				
FORENAME(S)				
SURNAME				
FORMER NAMES (eg, maiden name or any other names used, please specify in the boxes below)				
THIS WAS THEIR	<input type="checkbox"/> MAIDEN NAME <input type="checkbox"/> FORMER MARRIED NAME(S) <input type="checkbox"/> NAME CHANGED BY DEED POLL		<input type="checkbox"/> MAIDEN NAME <input type="checkbox"/> FORMER MARRIED NAME(S) <input type="checkbox"/> NAME CHANGED BY DEED POLL	
RELATIONSHIP TO MEMBER				
DATE OF BIRTH (DD/MM/YYYY)				
PLACE OF BIRTH				
COUNTRY OF BIRTH				
PRIMARY NATIONALITY				
OTHER NATIONALITIES (if appropriate)				
PRINCIPAL RESIDENTIAL ADDRESS (please do not use PO Box addresses)				
POSTCODE				
SECURE EMAIL ADDRESS				
TELEPHONE NUMBER	+		+	
MOBILE NUMBER	+		+	
OCCUPATION OR FORMER OCCUPATION IF RETIRED				
ANY CURRENT OR FORMER PUBLIC POSITION(S) HELD (see page 10 for definition)				
EMPLOYER'S NAME				
EMPLOYER'S ADDRESS				
POSTCODE				
PERCENTAGE (%)				
IS THE BENEFICIARY A POLITICALLY EXPOSED PERSON (PEP) CLOSELY RELATED TO A PEP OR A CLOSE ASSOCIATE OF A PEP (see page 10 for a definition)				

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NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)		

To be completed below only if the beneficiary has multiple tax jurisdictions.

SECOND COUNTRY OF RESIDENCE FOR TAX PURPOSES		
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)		

THIRD COUNTRY OF RESIDENCE FOR TAX PURPOSES		
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)		

In the event of the death of the above named beneficiaries, I would like their share to be divided among his/her issue. If any beneficiary should die without issue then the share which should have gone to that child shall devolve upon the remaining surviving beneficiaries

## 7. SOURCE OF WEALTH

Please complete the applicable sections, on the following pages, to provide the details of your source of wealth being contributed into the pension.

### 1. Inheritance

If your source of wealth derives from an inheritance, please complete the following information.

Please note that if the assets being settled into the pension trust derive from a recent inheritance, Nedgroup Trust will require either a letter from the executors explaining the inheritance or a copy of the Will.

From whom did you inherit?

FULL NAME eg, Francis Joseph SMITH	
RELATIONSHIP eg, Father	
NATIONALITY/COUNTRY eg, South African	
YEAR WHEN INHERITED?	
WHAT WAS INHERITED? (if cash, please state amount and currency, if property please state the address)	
HOW WERE THE FUNDS GENERATED IN RESPECT OF THE INHERITANCE	

### 2. Regular income

If your source of wealth is, in part or totally, from income, please complete the following information.

EMPLOYER'S NAME eg, Smith Footware (Pty) Ltd.	
ACCUMULATED AMOUNT eg, amount accumulated	
ANNUAL INCOME eg, average \$40,000 over last five years	
PERIOD OF TIME EMPLOYED eg, '1982 'to '1992'	
POSITION/ROLE AND ACTIVITIES? eg, Managing Director, of xyz Ltd.	

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## 3. Other income

OTHER BONUSES	
ALLOWANCES TYPE AND WHERE FROM	
RENTAL INCOME eg, address(es)/frequency of payments	

## 4. Gifts

TOTAL AMOUNT/VALUE	
TYPE OF GIFT eg, cash, property, shares	
WHEN RECEIVED eg, 1989	
FROM WHOM eg, Francis Joseph SMITH	
RELATIONSHIP	

## 5. Savings

HOW WERE SAVINGS ACCUMULATED /COLLECTED	
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## 6. Compensation

TOTAL RECEIVED eg, £100,000	
WHEN RECEIVED eg, 2007	
TYPE OF CLAIM eg, medical negligence	
WHO MADE PAYMENT eg, ABC Medical Insurance Ltd	
IN WHICH JURISDICTION(S) DID THE EVENT LEADING TO COMPENSATION OCCUR	

## 7. Property sale

TOTAL AMOUNT RECEIVED eg, £500,000	
HOW WERE THE FUNDS GENERATED TO ORIGINALLY ACQUIRE THE PROPERTY	
ADDRESS OF PROPERTY(IES) eg, 41 Park Street, London	
TYPE OF PROPERTY(IES) eg, residential/commercial/hotel	
YEAR OF SALE eg, 2003	

## 8. Investment maturing/investment policy maturing/pension transferred etc.

AMOUNT/VALUE	
HOW WERE FUNDS BUILT UP eg, earnings	
COMPANY NAME eg, ABC pension fund	
TERM OF PERIOD HELD WITHIN INVESTMENT	
IN WHICH JURISDICTION(S) WERE THE INVESTMENTS HELD	



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## 9. Self-employed/own business/entrepreneurs

HOW WAS THE BUSINESS ORIGINALLY FUNDED (include dates and confirm if still active)	
BUSINESS NAME/BUSINESS ACTIVITIES	
JURISDICTIONS OF BUSINESS ACTIVITIES	
HOW ARE THE FUNDS BEING TRANSFERRED TO US	
PLEASE PROVIDE A COPY OF THE ACCOUNTS OF THE BUSINESS	

## 10. Other activity

TYPE OF ACTIVITY eg, Trading, loan repayments, sale of companies	
RELEVANT AMOUNTS eg, £1,000,000	
RELEVANT NAMES eg, ABC Brokers Limited (Insurance)	
RELEVANT DATES eg, 2004 to 2007	
IN WHICH JURISDICTION(S) DID THE ACTIVITY OCCUR	

PLEASE DETAIL WHICH ASPECTS OF YOUR SOURCE OF WEALTH WILL BE PROVIDED TO NEDGROUP TRUST (please insert relevant numbers from the ten sections above. This will be your "source of funds")	
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In some instances we will need to corroborate the information you have given. Please therefore ensure documentary evidence is provided where possible to support what you have told us about your source of wealth.

## 8. CONTRIBUTIONS

AMOUNT OF INITIAL CONTRIBUTION (please include currency)	
DETAILS OF CONTRIBUTION	<input type="checkbox"/> CASH <input type="checkbox"/> ASSETS <input type="checkbox"/> TRANSFER FROM EXISTING PENSION SCHEME
PLEASE SET OUT THE TYPE, VOLUME, VALUE AND REGULARITY OF ACTIVITY EXPECTED (eg, do you anticipate making additional contributions?)	

## 9. INITIAL FUNDS

The QNUPS will be funded by:

A. A cash transfer from my personal bank account detailed below.

BANK NAME	
BANK ADDRESS	
POSTCODE	
ACCOUNT NAME	
ACCOUNT NUMBER	

If funding is from a joint account, verification of identity and residence will be needed for **both** account holders.

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**B.** A transfer of assets or stocks. Please detail below the investments and other assets to be assigned (unit trusts/life policies/shares/bonds etc). Please provide a share certificate, policy document or copy statement to prove ownership of assets.

NAME OF ASSET/STOCK	CUSTODIAN CONTACT DETAILS	VALUE

The member must be aware that direct equity, bond and unit trust holdings may be kept by a global custodian on behalf of Nedgroup Trust and that it will normally be necessary to hold real property via a company. Care needs to be taken regarding any income generated from UK situs holdings in that they may incur additional income tax at trustee rates, if the member or any beneficiary is UK tax resident. Acceptance of asset transfers are subject to the approval of the trustee and must be within the permitted investments specified in current regulations.

**C.** A transfer from my international pension plan.

INTERNATIONAL PENSION PLAN NUMBER	
HELD WITH	

(Please complete and enclose the supplementary Transfer Application form and please include a copy of the policy document or a copy of the pension statement showing current entitlement).

## DEFINITIONS

A **Politically Exposed Persons** ("PEP") is defined as:

1. A natural person who has, or has had at any time, a prominent public function, or who has been elected or appointed to such a function, in a country or territory. This includes:
  - (i) heads of state or heads of government;
  - (ii) senior politicians and other important officials of political parties;
  - (iii) senior government officials;
  - (iv) senior members of the judiciary;
  - (v) senior military officers; and
  - (vi) senior executives of state owned body corporates
2. A natural person who is, or has been at any time, entrusted with a prominent function by an international organisation. Some examples of an international organisation would be the UN, the World Bank or NATO.
3. An immediate family member of a person referred to in 1 or 2.  
An immediate family member includes without limitation, a spouse, partner, parent, child, sibling, parent-in-law or grandchild of such a person.
4. A close associate of a person referred to in 1 or 2 above. A close associate includes, without limitation
  - (i) a person who is widely known to maintain a close business relationship with such a person in 1 or 2 above, or
  - (ii) a person who is in a position to conduct substantial financial transactions on behalf of such a person in 1 or 2 above.

**Public position** – a position of official authority that is conferred by state. For example a person that holds a legislative, administrative or judicial position of any kind whether appointed or elected.

**Source of wealth** needs to describe the activities which have generated the total net worth of the settlor(s) over their lifetime both within and outside of the business relationship being established with Nedgroup trust.

**Source of funds** refers to the activity/activities which generate(s) the specific funds/assets which will be used to establish and fund on an ongoing basis the business relationship with Nedgroup Trust.

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## 10. PENSION BENEFIT INSTRUCTIONS

ARE YOU ALREADY RECEIVING PENSION PAYMENTS FROM YOUR EXISTING SCHEME?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE CONFIRM THE REGULAR SUM ALREADY IN PAYMENT AND THE PAYMENT FREQUENCY (eg, £1,000 per annum)	
HAVE YOU ALREADY RECEIVED YOUR PENSION COMMENCEMENT LUMP SUM?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE CONFIRM THE TOTAL LUMP SUM RECEIVED	
IF YOU HAVE NOT YET TAKEN ANY PENSION PAYMENTS, PLEASE INDICATE YOUR INTENDED RETIREMENT AGE (subject to minimum pension age requirements)	

If you would like to take benefits immediately please indicate your requirements:

LUMP SUM (max 25% if UK resident within last 5 tax years, 30% for non-UK residents)	
INCOME (per annum)	
FREQUENCY OF PAYMENTS	<input type="checkbox"/> ANNUAL <input type="checkbox"/> HALF-YEARLY <input type="checkbox"/> QUARTERLY

### Bank details

Bank details are required for payments to commence

BANK NAME	
ADDRESS	
POSTCODE	
SORT CODE	
SWIFT/BIC CODE	
IBAN	
ACCOUNT NUMBER	
ACCOUNT NAME	

If payment is to a joint account verification of identity and residence will be needed for **both** account holders.

Please note: Payment can only be made to your personal bank account. Third party payments are not permitted.

### DATA PROTECTION

The information requested on this form will be used by us to assist us in providing the service you are applying for, to confirm, update and enhance our records, and to assess your credit rating and establish your identity.

You acknowledge that you have read and accept our Privacy Notice, which can be found on [www.nedgrouptrust.com](http://www.nedgrouptrust.com) in the Client Documents area. This document details how we collect, process, store and dispose of the personal information you have provided to us. It also outlines your individual rights to your information and how you can access it.

You also acknowledge that you have read and accept our Terms and Conditions which can also be found on [www.nedgrouptrust.com](http://www.nedgrouptrust.com) in the Client Documents area.

If you wish to receive our newsletters and other marketing communications or promotions, please tick this box.

If you wish to cease these communications in the future, you can do so by contacting us.

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## 11. MEMBER'S DECLARATION

### 11.1 Truth and accuracy

I certify that the information supplied by me and contained above in these application documents is true and accurate.

### 11.2 Professional advice

I confirm that I have taken/chosen not to take appropriate professional advice regarding the taxation and legal implication of the proposed pension trust arrangement and that neither Nedgroup Trust, its officers nor employees have provided me with any such advice. I will provide written copies of such advice upon request, if required.

I acknowledge that neither Nedgroup Trust, its officers nor employees are specialist advisers in law and taxation.

### 11.3 Tax reporting

I acknowledge that Nedgroup Trust may have a legal or regulatory obligation to provide information regarding this structure and/or an individual's entitlement to relevant tax authorities without notifying individuals in advance.

I agree to inform Nedgroup Trust within 90 days if or when any of my/our tax information changes.

### 11.4 Proceeds of crime

I confirm that the assets transferred to Nedgroup Trust are not, and any further assets so transferred will not be, or represent, either directly or indirectly, the proceeds of criminal activity.

### 11.5 Terms and conditions

I understand and agree that the provision of trustee services is subject to the Trust deed and to Nedgroup Trust's terms and conditions, published and amended from time to time at [www.nedgrouptrust.com](http://www.nedgrouptrust.com) in the Client Documents area or as may otherwise be made available to me and amended from time to time. These terms and conditions include our complaints resolution procedure and interaction with the Channel Islands Financial Ombudsman.

### 11.6 Defeating creditors

I declare that the trust is not to be established with the intention of defeating any creditors, whether past, present or future, and I am unaware of any litigation in progress, pending or threatened against me.

### 11.7 Trustee powers

I fully understand that under the terms of this application form and in accordance with Guernsey Law, I will not be Trustees of the Trust and will have no powers to act on behalf of the Trustee, or the Trust without formal written consent from Nedgroup Trust.

### 11.8 Trust assets

I fully understand that I cannot represent myself to any third parties as being empowered to act upon any assets within the trust, or to produce any document appearing to represent a Trust document empowering me to act for the Trust without the formal written consent of Nedgroup Trust.

### 11.9 Electronic mail and fax indemnity

I hereby request and authorise the Trustees, from time to time without further authority or notice from me, to act upon any requests/instructions given to the Trustee or purporting to be given to the Trustees on my behalf by electronic mail or fax. I hereby undertake to fully indemnify the Trustees against all losses, claims, costs, demands and expenses which the Trustees or I may incur or sustain through the Trustee acting upon such electronic mail or fax requests/instruction whether or not such electronic mail or faxed requests/instructions are made or transmitted without authority; or such losses etc. arise directly or indirectly from any operational failure or fault or any error howsoever occurring in the course of the transmission of the electronic mail or fax whether relating to equipment belonging to the Trustees, me, or any other party. The Trustees shall be entitled but not bound to act on electronic mail or fax requests/instruction. In accordance with this authority the Trustees shall give me written advice by way of confirmation of such requests/instructions. The Trustees will act or refuse to act on such requests/instructions, but shall not be liable in any way for failing to give such written advice.

### 11.10 Data protection

I/we understand that the Trustees are subject to the provisions of The Data Protection (Bailiwick of Guernsey) Law, 2017 and will hold my personal data in accordance with this law, as set out in Nedgroup Trust's Privacy Notice available on its website. I/we understand that the Trustees will also be required to send personal details, including, where required, copies of my/our identification and those of our chosen beneficiaries and proof of residence documents to counterparties such as banks, custodians, agents and investment houses. I/we fully consent to such details and documents being released in this manner for the purpose of facilitating the efficient and lawful administration of the trust, in accordance with Nedgroup Trust's Privacy Notice and Terms and Conditions as amended from time to time.

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## 11.11 Fees

I/we confirm that I/we have read and fully understand Nedgroup Trust's Tariff of Charges and note that these may be updated from time to time.

MEMBER NAME	
DATE (DD/MM/YYYY)	
SIGNED	

### Please post the completed form to:

Nedgroup Trust Limited  
PO Box 192  
Fairbairn House  
Rohais  
St Peter Port  
Guernsey  
GY1 3LT  
Channel Islands

Tel +44 (0)1481 710895  
Fax +44 (0)1481 710789  
trustnewbusiness@nedbankprivatewealth.com  
www.nedgrouptrust.com

## 12. ADDITIONAL DECLARATION FOR SELF INVESTMENT (EXECUTION ONLY) – IMPORTANT INFORMATION

You do not have an investment adviser and have chosen to proceed on a self invested basis.

Proceeding on a self investment basis means that you are solely responsible for your investment decisions and the Trustees cannot provide any advice or comment on the suitability of your actions now or in the future.

The Trustees will not be responsible in any way for any losses that you may incur. Please be aware that it is possible to appoint an investment adviser on a discretionary or advisory basis at any time.

If Nedgroup Trust Limited place deals on your behalf (or at your request) additional charges will be incurred.

As Trustees we need to be satisfied that you have the requisite experience and adequate knowledge to be able to make your own investment decisions, please can you therefore provide us with the following.

BRIEF CV	
DETAILS OF EXPERIENCE IN RELATION TO INVESTMENT DECISION MAKING	
ANY OTHER RELEVANT INFORMATION	

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## Declaration by self-invest member:

I confirm that I understand and accept the risks of self-investing and have provided the Trustees with sufficient information to confirm this. I confirm that I have not requested or received advice on the suitability of the investments from Nedgroup Trust Limited or any of its representatives. I agree that Nedgroup Trust Limited or any of its representatives are in no way responsible or liable for any financial loss that I may incur by self-investing.

MEMBER NAME	
DATE (DD/MM/YYYY)	
SIGNED	

## COMPLIANCE REQUIREMENTS

Guernsey is a highly regulated jurisdiction which places great emphasis on the provision of a secure and reputable financial services industry for the protection of investors and clients. Guernsey legislation requires that certain mandatory money laundering and counter terrorist financing laws, rules and regulations etc, be fulfilled.

To ensure that Nedgroup Trust complies with the above, we require the following to be provided:

- One certified copy of the member's passport or a copy of any other government issued ID document bearing their photograph and signature;
- One recent, original utility bill or bank statement, not more than three months old, showing name and residential address (a certified copy is acceptable if completed as stated below); and
- Documentary evidence regarding the origin of the source of wealth and source of funds to be added to the structure.

If you have difficulties supplying any of these documents, please contact us and we will try to advise you. Nedgroup Trust may request additional information or documentation if it is deemed necessary to complete the due diligence process.

### To certify a document proving address

The certifier must state on the copy documents the following: "Certified a true copy of the original".

### To certify a document proving identity

The certifier must state on the copy document "Certified a true copy of the original and the photo is a true likeness of the bearer, whom I have met".

In either case the certifier should sign and date the copy documents, print his/her name clearly in capitals underneath and indicate his/her position or capacity on it and the company that they work for, and affix a stamp of the institution to authenticate the certification. The certifier must also provide contact details (postal address, telephone number and/or email address).

### Who can certify?

A member of the Judiciary, a Lawyer, Notary Public, Commissioner of Oaths (except a police officer), an Actuary, an Accountant, a member of the Institute of Chartered Secretaries and Administrators or a Bank Manager.

### Proof of residence documents

1. Evidence of residential address (eg, copy of a recent utility bill, which must be less than three months old) must be either in original format, or a copy certified as above. Nedgroup Trust appreciates that in some areas of the world it is difficult to provide utility bills bearing the residential address. PO box addressed documents will not be accepted. Therefore the following documents may fulfil the requirements.
  - i) A bank statement
  - ii) Correspondence from a government source such as income tax or social insurance
  - iii) A letter from a lawyer or regulated financial advisor or regulated financial services business who states that he/she has visited the residential address, has an existing business relationship with the person and confirms the person resides there
  - iv) Tenancy agreement or property purchase.

Nedgroup Trust appreciates that in some cases clients cannot receive utility bills or other post in their own name. If this is the case, you may consider the following:

- For a spouse, where the head of the household receives utility bills in his/her name, a cohabitee form may be signed by both parties accompanied by a recent utility bill in the householder's name.
- A letter from a residential home or care home confirming the residence of the beneficial owner.

Nedgroup Trust reserves the right to request any additional information or documentation it deems necessary to establish identity, proof of residence or source of wealth or funds.

If you find difficulties supplying any of these documents, please contact us and we will try to advise you.

# NEDGROUP TRUST QUALIFYING NON-UK PENSION SCHEME (QNUPS) APPLICATION FORM

The following additional documents and information will be needed depending on the trust's activities:

## **Holding an unquoted company or making a loan to one**

We will require at a minimum the following:

1. Copies of the formation documents for the private company.
2. Address and Registered Office of company.
3. List of the Directors and Officers of the private company.
4. Current register of Members (Shareholders) and percentage owned.
5. Details of the private company's activities, its purpose and the rationale for the choice of location.
6. Copy of the latest set of audited accounts, or unaudited if audited accounts are not prepared.
7. Details of the percentage of the shares to be held by the Trust.
8. Are there any shareholders agreements YES/NO (attach copy if YES).
9. Whether the shares will be purchased or transferred. Details of the price if purchased.

On an ongoing basis, we shall require at a minimum a copy of the annual audited accounts or unaudited if audited accounts are not available, and to be kept informed at the time of any major decisions taken for the private company.

## **Holding an investment or portfolio**

We will require details of how and where the portfolio is currently held. The existing custodian will need to provide a valuation as at the date of transfer for book-keeping purposes.

## **Investments**

Equity investment in any company quoted on a recognised stock exchange is permissible.

In respect of equity investment in companies not quoted on a recognised stock exchange, where any member of the scheme holds, together with relatives or any other member, more than 15% of the issued share capital of the company, not more than 10% of the total fund value shall be invested in the company.

## **Property let on a commercial basis**

Such property may include property occupied by a member, their relatives or connected companies, provided that a property valued commercial rent is paid. Property must be wholly owned by the Trustees; part ownership is not permitted.