



NEDBANK
PRIVATE WEALTH
SINCE 1834

FOCUS ACCOUNT APPLICATION FORM - PENSION SCHEME

Please complete in BLOCK CAPITALS and black ink and return to us by post (not email). If you need help to complete this form, please call us on +44 (0)1624 645800.

1. ACCOUNT LOCATION

☐ ISLE OF MAN ☐ JERSEY ☐ LONDON

2. ABOUT THE PENSION SCHEME ("THE ACCOUNTHOLDER")

FULL NAME OF PENSION SCHEME		
TYPE OF PENSION SCHEME (eg SIPP, SSAS, QROPS, RATS, Family Trust, QNUPS)		
LEGAL JURISDICTION		
DATE OF ESTABLISHMENT (DD/MM/YYYY)		
OFFICIAL PENSION SCHEME NUMBER (eg tax/registration number, if applicable)		
ADDRESS		
POSTCODE		
BUSINESS ADDRESS (if different)		
POSTCODE		
CONTACT NAME		
TITLE (eg Mr/Mrs/Miss/Ms/Other)		
CAPACITY		
BUSINESS TELEPHONE NUMBER	+	
FAX NUMBER	+	
EMAIL ADDRESS		
WEBSITE		

3. INTERNATIONAL TAX COMPLIANCE

In order that we can comply with international tax compliance regulations, including the Foreign Account Tax Compliance Act (FATCA), we are required to obtain a self-certification of the tax residence of both the entity and, in some cases, the beneficial owners or controlling persons of the entity. We may be required to share information relating to this account with relevant tax authorities.

IS THE PENSION SCHEME A REGISTERED SCHEME?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If Yes, it will be classified as an Exempt Beneficial Owner and no further paperwork is required.

If No, please tick box to receive FATCA Self-Certification Forms ☐

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4. DETAILS OF CORPORATE TRUSTEES

COMPANY NAME	
DATE OF INCORPORATION (DD/MM/YYYY)	
COUNTRY OF INCORPORATION	
COMPANY REGISTRATION NUMBER	
REGISTERED OFFICE ADDRESS	
POSTCODE	

Please note: The trust account application form for corporate trustees must be completed and returned to us, with accompanying KYC, if not already completed.

5. ABOUT THE PERSONS CONNECTED TO THE PENSION SCHEME

	PERSON 1	PERSON 2
ROLE	<input type="checkbox"/> PENSION SCHEME MEMBER <input type="checkbox"/> CO-TRUSTEE (if applicable) <input type="checkbox"/> OTHER (please specify) <div></div>	<input type="checkbox"/> PENSION SCHEME MEMBER <input type="checkbox"/> CO-TRUSTEE (if applicable) <input type="checkbox"/> OTHER (please specify) <div></div>
TITLE (eg Mr/Mrs/Miss/Ms/Other)		
FORENAME(S)		
KNOWN AS		
SURNAME		
PREVIOUS NAME(S) (ie maiden name, former married name(s) or if you have changed your name by deed poll)		
GENDER		
OCCUPATION (if retired, previous occupation)		
NATIONALITY		
DATE OF BIRTH (DD/MM/YYYY)		
PLACE OF BIRTH		
COUNTRY OF BIRTH		
RESIDENTIAL ADDRESS		
POSTCODE		
TELEPHONE NUMBER	+ <div></div>	+ <div></div>
MOBILE NUMBER to be used for SMS text communication	+ <div></div>	+ <div></div>
EMAIL ADDRESS		



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PERIOD AT PRESENT ADDRESS	YEARS	MONTHS	YEARS	MONTHS
IF LESS THAN THREE YEARS, PLEASE STATE PREVIOUS ADDRESS(ES)				
POSTCODE(S)				

Below to be completed by pension scheme member only.

Tax residency – Tax regulations require us to collect certain information about each pension scheme member's tax arrangements. Please provide this information below.

	PERSON 1	PERSON 2
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)		
IF A NATIONAL INSURANCE NUMBER OR TIN IS NOT AVAILABLE, PLEASE PROVIDE YOUR RESIDENCY CERTIFICATE NUMBER		

Please note: we may have a legal or regulatory requirement to share this information with relevant tax authorities.

U.S. citizenship

ARE YOU OR HAVE YOU EVER BEEN A U.S. CITIZEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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We will require all U.S. citizens and U.S. tax residents to complete a Form W-9, which we can send to you or you can download from the IRS website (www.irs.gov) under the Forms and Instructions section.

6. REASON FOR OPENING THE ACCOUNT

PLEASE STATE REASON FOR REQUIRING AN ACCOUNT	
IF OPENING AN ACCOUNT OUTSIDE YOUR COUNTRY OF LEGAL JURISDICTION, PLEASE INDICATE WHY YOU REQUIRE AN OFFSHORE ACCOUNT	
PLEASE STATE WHAT THE ACCOUNT WILL BE USED FOR	

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7. SOURCE OF FUNDS

Please note: We reserve the right to request additional information relating to the initial deposit as well as subsequent transactions.

Initial funding

Please list pensions to be transferred to the new account:

	PENSION PROVIDER	APPROXIMATE TRANSFER VALUE
1		
2		
3		
4		

PLEASE DESCRIBE THE ORIGIN OF THE PENSION SCHEME ASSETS	
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Account Activity

OTHER THAN THE INITIAL DEPOSIT, HOW MUCH DO YOU EXPECT TO PAY INTO THE ACCOUNT PER YEAR?	
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Type, estimated or anticipated number/value of transactions over a **12 month period:**

	INTO THE ACCOUNT	OUT OF THE ACCOUNT
TYPE		
NUMBER		
VALUE (specify currency)		

WHICH COUNTRIES WOULD YOU NORMALLY BE TRANSFERRING FUNDS TO?	
LIKELY SOURCE OF ONGOING FUNDS INTO THE ACCOUNT	



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8. SERVICES REQUIRED

Please tick the appropriate boxes to indicate the services that you may require immediately. You may at any time advise us that you wish to utilise other services.

Please note that Focus accounts will be opened in sterling, U.S. dollar and euro. Please advise if you require additional currency accounts.

OTHER CURRENCY REQUIRED	
CURRENCY IN WHICH YOUR ACCOUNT WILL BE REPORTED AND VALUED (tick one box only)	<input type="checkbox"/> STERLING <input type="checkbox"/> US DOLLARS <input type="checkbox"/> EURO <input type="checkbox"/> OTHER (SPECIFY) <input type="text"/>

Investment income and proceeds from the sale of investments will remain in the currency it is received.

Fixed Term Deposit Accounts

CURRENCY REQUIRED (tick all applicable)	<input type="checkbox"/> STERLING <input type="checkbox"/> US DOLLARS <input type="checkbox"/> EURO
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Other currencies may be available by arrangement.

DO YOU REQUIRE SEGREGATION OF INCOME RECEIVED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
FOR ADDED SECURITY WE WOULD RECOMMEND ONLINE BANKING SERVICES We will send the relevant form to the corporate trustee detailed in section 3.	<input type="checkbox"/> YES <input type="checkbox"/> NO

Focus Investment Services

DO YOU INTEND TO UTILISE THE FOCUS INVESTMENT SERVICES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU INTEND TO HOLD U.S. SECURITIES THROUGH YOUR FOCUS ACCOUNT?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If yes, we will require completion of U.S. tax form in the W series prior to the investment being made. Dealing instructions will not be accepted for U.S. incorporated securities without the correct U.S. tax documentation being in place (see also section 5 for details of the W forms required).

London Accountholders only

Please provide your Legal Entity Identifier (LEI).

LEGAL ENTITY IDENTIFIER	
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For instructions on how to obtain an LEI, please visit our website www.nedbankprivatewealth.com. Please note that an LEI is required if you wish to utilise the Focus Investment Services.

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9. ADVISER COMPANY AUTHORISATION

If you do disclose your information to a third party, please consider the risks in doing so and the obligations as detailed within the Terms and Conditions.

ADVISER COMPANY NAME	
ADVISER NAME	
DO YOU WISH US TO SEND COPY STATEMENTS OF YOUR ACCOUNT TO YOUR ADVISER COMPANY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU WISH US TO DIVULGE INFORMATION ABOUT YOUR ACCOUNT TO YOUR ADVISER COMPANY, AND PROVIDE THEM WITH VIEW-ONLY ONLINE ACCESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU WISH US TO ACCEPT INVESTMENT INSTRUCTIONS FROM A THIRD PARTY? <small>If yes, please complete and sign the mandate 'Focus mandate appointing a third party adviser company to give investment instructions only'.</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO

Pension Scheme Member Authorisation

DO YOU WISH TO GIVE YOUR PENSION SCHEME MEMBER VIEW-ONLY ONLINE ACCESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Online banking can only be provided upon receipt of a valid email address and mobile telephone number. Please ensure that you have provided both of these in section 5.

DO YOU WISH FOR THE PENSION SCHEME MEMBER TO BE ABLE TO GIVE INVESTMENT INSTRUCTIONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If yes, please complete pension scheme member mandate (section 11).



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10. YOUR INSTRUCTIONS AND REQUESTS FOR INFORMATION

Security password for your telephone calls

We will accept your security password as specified as authorisation for enquiries, investment transaction instructions, payment instructions to nominated bank accounts and foreign exchange instructions via the telephone. We will ask you for selected characters from your security password.

YOUR CHOSEN SECURITY PASSWORD IS (password must be a minimum of four characters)	
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Important note:

In order to safeguard client security, please only complete your chosen password when you are ready to send your completed application form to us in the post. The security password is a key factor in verifying client identity when contacting us and, as such, your account security may be at risk if it falls into the wrong hands.

Your payment instructions by telephone

If you wish to make any payment instructions by telephone we require the full bank account details in advance. Please complete the details below and let us know should you wish to add additional nominated bank accounts.

We are hereby authorised to honour without the need for further enquiry any telephone requests for withdrawals believed to be genuine, and given by one or more authorised signatories on the account as specified in the current mandate to operate the account, which should be payable to the bank/building society specified below.

Nominated Bank Account

BANK/BUILDING SOCIETY	
ADDRESS	
POSTCODE	
SORT CODE NUMBER	
BENEFICIARY	
ACCOUNT NUMBER	
SWIFT CODE	
IBAN A valid IBAN is a requirement on all Euro payments to countries within the EU. Failure to provide one could result in transfer delays and/or excess charges.	
CORRESPONDENT BANK	
CORRESPONDENT SWIFT	
CORRESPONDENT ACCOUNT	

Authorised Signatories

	AUTHORISED SIGNATORY 1	AUTHORISED SIGNATORY 2
NAME		
SIGNATURE		
DATE (DD/MM/YYYY)		

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11. PENSION SCHEME MEMBER MANDATE

Appointing pension member to give investment instructions

DO YOU WISH US TO ACCEPT INVESTMENT INSTRUCTIONS FROM THE PENSION MEMBER? IF YES, PLEASE COMPLETE THE SECTION BELOW	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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* I/We authorise the "Pension Member/s" whose specimen signature(s) appear below:

1. To give instructions relating to the acquisition, disposal and corporate activity of securities held within the Account.
2. To give instructions relating to cash management on the Account, including: transfers between my Nedbank Private Wealth accounts, foreign exchange transactions and any transactions that may be required to enable settlement of any security activity described above.
3. To request valuations, statements and any other information concerning the Account.
4. To act for me/us in this respect in accordance with the published Terms and Conditions thereof.

I/We authorise you, until further written notice from me/us or my/our personal representatives, to honour and comply with all such instructions issued by the Pension Member/s by letter/fax/signed PDF email (delete as appropriate) in respect of the Account provided that such transactions and/or instructions are authenticated by their signature(s), or if such authentication is not practicable, that you have taken other reasonable steps to establish their identity(ies).

I/We agree that provided you comply with the above instruction, I/we confirm that I/we shall have no claim against you in respect of any liability or loss incurred by me/us, and I/we shall indemnify you for the full amount of any cost, liability or claim incurred by or made against you, as a result of such compliance.

I/We especially confirm our unconditional agreement that any damage resulting from the adherence to the investment instructions received from the Pension Member/s, or resulting from the use of the postal service, telegraph, telephone, facsimile or any other system of transmission or means of transportation, in particular by reason of loss, delay or misunderstandings, mistakes, distortions or duplications, shall not be borne by you, except in the case of wilful default or negligence on your part. At our sole discretion and without liability on our part, we may suspend the execution of any transaction until receipt of a written confirmation from us.

I/We agree that this mandate be governed by and construed in accordance with the laws of the Isle of Man, Jersey or the UK (as applicable) and I/we irrevocably submit to the non-exclusive jurisdiction of the Isle of Man, Jersey or the UK courts (as applicable).

This authorisation and instruction will remain in force until revoked by me/us in writing.

*If more than one Pension Member/Third Party is appointed, instructions from either Pension Member/Third Party will be accepted and acted upon.

	PENSION MEMBER 1	PENSION MEMBER 2
NAME		
SIGNATURE		

Authorised Signatories

	AUTHORISED SIGNATORY 1	AUTHORISED SIGNATORY 2
SIGNATURE		
DATE (DD/MM/YYYY)		



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12. DECLARATION AND MANDATE

To be made by those duly authorised by the board of directors/trustees. You wish to open an account with us in accordance with the published Terms and Conditions which you acknowledge having received and to which you agree to be bound.

You authorise us to make enquiries and take up references as we consider appropriate in connection with this application form and this authorisation is to remain effective until we receive written notification to the contrary.

You understand that we do not accept any liability whatsoever in respect of any losses which you may suffer as a result of any fraud or negligent misuse of the banking services, including telephone banking, unless such loss occurs as a result of fraud or gross negligence on the part of us or our employees or agents.

You confirm that you have examined the information on this form and to the best of your knowledge believe it to be true, correct and complete. You agree that you will notify us within 30 days if any information on this form becomes incorrect.

You confirm that you will maintain the account balance above the minimum required.

'Order Execution' acknowledgement: You acknowledge that you have received a copy of our 'Order Execution Policy' and agree to be bound by it.

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.nedbankprivatewealth.com in the Tools and Guidance 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.

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 future, you can do so by contacting us.

Mandate

You hereby certify that at a Meeting of the Directors of
("the Company") held at the day of
It was resolved:

1. THAT the company confirms it has been appointed trustee of
2. THAT an account (the pension scheme's account) be opened with us in the names of the trustees in respect of which you accept full responsibility and liability on the published Terms and Conditions thereof which you understand and accept.
3. THAT the company as trustees have full power to administer the pension scheme, acquire and dispose of assets and to borrow or raise capital on behalf of the pension scheme and to pledge or deposit assets as security for such borrowings.
4. THAT we are hereby authorised:
 - (a) to honour and comply with all cheques drawn on behalf of the pension scheme and to debit such cheques to the pension scheme's account;
 - (b) to honour and comply with all instructions for withdrawals from the pension scheme's account believed to be genuine;
 - (c) to honour and comply with all instructions for foreign exchange for the pension scheme's account believed to be genuine; and
 - (d) to collect for credit to the trust's account all instruments endorsed on behalf of the pension scheme.

Provided any such cheques, instructions or endorsements are signed: (delete as appropriate)

in accordance with the current signatory list of
or
in accordance with the current signatory list of together with the member trustee.

Provided further that we be furnished with a list giving full names and including a specimen signature of each of the authorised signatories (certified by the chairman and the secretary) and documentary proof of name and home address of each of the authorised signatories, and that we shall be entitled to act upon such a list until we receive notice in writing of any change thereto or any further such list, in each certified as aforesaid, and that we may assume that these resolutions have not been amended or revoked until we receive notice in writing thereof.

5. In acting upon any instructions given pursuant to and in accordance with this mandate, we shall be deemed to have acted in accordance with the pension scheme trust deed and you hereby agree to indemnify and keep indemnified us from and against any and all claims, demands, actions, proceedings, costs and damages which may be brought or made against or charged or incurred by us by reason of us having acted upon instructions given pursuant to and in accordance with this mandate.

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6. You confirm that all monies, securities, documents or property from time to time held in the said account or to the order of the said account will at all times be held by you in your capacity as trustees of and subject to the pension scheme.
7. You undertake forthwith to give notice to us of any change of trustees of the pension scheme and to lodge with us a certified copy of every deed of retirement and appointment.
8. Your liability hereunder shall be limited to any assets from time to time held by you as trustees of the pension scheme.
9. You hereby irrevocably authorise us and agree that we may consolidate all accounts with us in your name as trustees of the pension scheme and apply by way of set off any credit balances from time to time standing in your name for the account of the pension scheme or any proceeds arising from the realisation of any securities held by us or our nominee to your order for the account of the pension scheme against and towards the discharge of any liability that you as trustees of the pension scheme may owe to us on any account designated for the account of the pension scheme whatsoever whether actual or contingent and whether as principal, surety or otherwise.

You agree that your signatures to this pension account application shall be your acknowledgement that you have received a copy of our Terms and Conditions and that the Terms and Conditions as amended from time to time shall form an agreement between you and us as if incorporated herein.

You acknowledge that we have elected to classify all clients as 'Retail clients' and you will be treated as such in respect of all business we conduct for you. This classification means that you will receive the highest level of regulatory protection available for complaints and compensation and receive information from us in a straightforward way, and determines the regulatory requirements that will apply to us when providing investment and ancillary services to you. You have the right to request a different classification, as a 'professional client' or 'eligible counterparty client' as defined by the EC Markets in Financial Instruments Directive, subject to meeting the required criteria, but this will result in you having a decreased level of regulatory protection. Any such request should be made in writing to us.

You hereby certify that the signatory(ies) whose specimen signature(s) appear in section 12 are duly authorised to sign on behalf of the company in accordance with the terms of this account application:

The terms of this Account Application form shall be governed by and construed in accordance with the laws of the Isle of Man, Jersey or UK (as applicable).

CHAIRMAN/DIRECTOR/SECRETARY/ TRUSTEE/AUTHORISED SIGNATORY (to sign)	
CHAIRMAN/DIRECTOR/SECRETARY/ TRUSTEE/AUTHORISED SIGNATORY (to sign)	
CO TRUSTEE (to sign, if applicable)	
DATE (DD/MM/YYYY)	

Any changes to the above will be notified to you immediately.



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13. DOCUMENTATION REQUIRED

We are required to confirm the identity and address of all account signatories/directors and pension scheme members (where different) plus any additional authorised signatories included in the Declaration and Mandate (section 12) for the account.

We therefore need the following documents which will be treated as confidential. All originals will be returned to you.

1. For at least two of the account directors, and where different, two signatories, as well as the pension scheme member, we require a copy of their passport, or a copy of their driving licence* or a copy of any other government issued ID document bearing their photograph and signature certified by a suitable person ie, an official of a British embassy, qualified solicitor, notary public, member of the judiciary, qualified accountant, a director, officer or manager of a regulated financial services business. The certifier must be licensed/practising/member of a professional body/authorised to certify documents; and
2. An original utility bill (not a mobile telephone bill or internet bill), statement from a recognised bank, statement from a recognised bank credit card provider or rates bill, council tax bill or income tax bill, not more than six months old showing name and residential address (a certified copy is acceptable if completed as stated below).**

We reserve the right to request documents for all signatories/directors if we deem it necessary.

To certify a document:

The certifier must state on the copy documents the following:

"I certify that this is a true copy of the original document".

When certifying photographic ID also include the wording "and is a true likeness".

The documents must be signed, dated and bear the stamp of the office of the certifying person, and have printed clearly in capitals the name, position, profession and contact details of the certifier.

If you do not possess a passport, driving licence or government issued ID card, please contact us.

In addition to the above, we also require the following:

- A completed limited company mandate which includes appropriate board resolution (see section 12).
- For a Small Self Administered Scheme ("SSAS"), a copy of the HMRC approval of the scheme.

We cannot process your application without sight of these documents which will be returned without delay.

If any of these requirements cause difficulty, please contact us.

* Only UK, Jersey, Guernsey or Isle of Man driving licences can be accepted.

** The certifier must have seen the original document and met the individual face-to-face.

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14. YOUR CHECKLIST

- ☐ A fully completed account application form
- ☐ If allowing pension member to trade directly, please ensure section 11 is completed
- ☐ 'Focus mandate appointing a third party adviser company to give investment instructions only' form (if applicable)
- ☐ W-9 forms to be completed for pension scheme member if US national/resident
- ☐ Extract of pension trust deed (certified copy)
- ☐ Authorised signatory list
- ☐ Documentation as stated in section 13.

Please note that additional information and/or further mandates may be required. When you have completed this form simply post it to:

Nedbank Private Wealth
St Mary's Court 20 Hill Street
Douglas Isle of Man
British Isles IM1 1EU

or

Nedbank Private Wealth
31 The Esplanade
St Helier Jersey
Channel Islands JE1 1FB

or

Nedbank Private Wealth
Millennium Bridge House
2 Lambeth Hill
London EC4V 4GG

Please do not email your application form to us as the personal information contained within this form may be compromised by way of fraudulent interception.

Please note: we will require the original completed and signed copy of this application form and items in the checklist to finalise account opening formalities.

15. MARKETING

To assist us in our market research, would you please indicate where/how you first heard of us.

- ☐ Advertising (please indicate newspaper/magazine/poster/radio/website)
- ☐ Internet search (eg Google)
- ☐ Client newsletter
- ☐ Sponsorship
- ☐ Nedbank Private Wealth office
- ☐ Hold another account with the group
- ☐ Recommendation (please specify)
- ☐ Introducer (please give introducer's details)

☐ Other, please specify