

## member questionnaire

### scheme details

Name of Scheme

Name of Member

**Please complete this form in full using BLOCK CAPITALS and dark ink. There are notes to help you. Any omission could delay the preparation of the scheme documentation and registration with Her Majesty's Revenue and Customs (HMRC). Please initial any changes you make and do not use correction fluid if you make a mistake.**

**On completion, sign and date the Declaration before returning it to us with a completed Installation Questionnaire (not required for a member joining a scheme already with Rowanmoor Pensions).**

**The information supplied will be held in the strictest confidence and subject to the provisions of Data Protection Legislation.**



## member details

Applications for members under 16 years of age must be completed on their behalf by a person who has parental responsibility for them. Such applications require a completed identity verification certificate for the member and person with parental responsibility, see page ten.

If you do not have a National Insurance number please detail the reason why in the notes section on page eleven.

We will need to take any Pension Sharing or Pension Earmarking Order into account when calculating your retirement benefits.

Please tick the box which most closely applies to you.

Please tick the box(es) that apply to you.

We will need to take into account any 'protection' you might have when calculating your retirement benefits and will require documented evidence.

## entitlement to tax relief

If you have ticked 1, 2, 3 or 4 we will claim basic rate tax on your personal contributions.

If you have ticked 5, 6 or 7 we will reclaim basic rate tax on your personal contributions up to £3,600 gross.

If you have ticked box 8 you can contribute to the pension scheme but we cannot claim basic rate tax on your contributions.

Your entitlement to tax relief should be discussed with your tax inspector.

Title	<input type="text"/>	
Forename(s)	<input type="text"/>	
Surname	<input type="text"/>	
Private Address	<input type="text"/>	
	<input type="text"/>	
Country	<input type="text"/>	Postcode <input type="text"/>
National Insurance Number	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality	<input type="text"/>	Date of Birth <input type="text"/>
Occupation	<input type="text"/>	

Marital Status  Single  Married/Civil Partnership  Separated  
 Divorced  Widowed

Spouse's/Civil Partner's Date of Birth

Is there a Pension Sharing or Pension Earmarking Order in place?

YES  NO

Employed  Caring for person over 16  
 Pensioner  In full time education  
 Self-employed  Unemployed  
 Child under 16  Other (please state)  
 Caring for child under 16

Do you have protection of existing pension rights with Her Majesty's Revenue and Customs?

YES  NO

If 'YES' please confirm which of the following boxes are applicable

Enhanced Protection  Enhanced Protection with Lump Sum Protection  
 Primary Protection  Primary Protection with Lump Sum Protection  
 Enhanced Lifetime Allowance

Please tick **one** box only:

- 1.** I have relevant UK earnings chargeable to UK income tax, and I have been resident in the UK some time during the current tax year.
- 2.** I have general earnings from overseas Crown employment subject to UK tax in the current tax year.
- 3.** My spouse/civil partner has general earnings from overseas Crown employment subject to UK tax in the current tax year.
- 4.** I am not resident in the UK in the current tax year, but
- I was resident in the UK at some time during the five tax years immediately before the tax year in question, and
  - I was resident in the UK when I joined the pension scheme, and
  - I have relevant UK earnings chargeable to UK income tax.
- 5.** I have no relevant UK earnings chargeable to income tax, but I have been resident in the UK some time during the current tax year.
- 6.** I or my spouse/civil partner are in overseas Crown employment but do not have general earnings subject to UK tax in the current tax year.
- 7.** I cannot tick any of the above, but
- I was resident in the UK, or had earnings chargeable to UK income tax, at some time during the five years immediately before the tax year in question, and
  - I was resident in the UK when I joined the pension scheme.
- 8.** I cannot tick any of the above.

## independent financial adviser (IFA)

Please give details of the IFA who is to advise you.

All correspondence will be sent to the appointed scheme Adviser. These details provide Rowanmoor Pensions authority to correspond with your IFA.

Is this the scheme adviser?  YES  NO

If 'NO', please provide details

Contact Name	<input type="text"/>	
Company Name	<input type="text"/>	
Address	<input type="text"/>	
	Postcode	<input type="text"/>
Telephone Number (inc. STD code)	<input type="text"/>	Fax Number (inc. STD code) <input type="text"/>
Email Address	<input type="text"/>	
Regulated by	<input type="text"/>	
Authorisation Number	<input type="text"/>	

## investments

Please tell us which of the scheme's common investment funds you will be participating in (if any).

Decisions relating to investments held in a common investment fund must be agreed unanimously by all members participating within that fund.

A Trustee bank account for each common investment fund is opened with The Royal Bank of Scotland plc. Rowanmoor Trustees Limited will act as sole signatory to the account, under the direction of the chairperson.

It helps us to provide smooth administration if any other factors likely to affect your arrangement within the first 12 months are known, eg. property purchase. Please provide as much detail as you can, including timescales if known.

Name of Investment Fund	<input type="text"/>
Name of Investment Fund	<input type="text"/>
Name of Investment Fund	<input type="text"/>
Name of Investment Fund	<input type="text"/>
Name of Investment Fund	<input type="text"/>
Name of Investment Fund	<input type="text"/>

## expression of wish notice of beneficiaries

This information will help to ensure prompt payment of any death benefits in the event of your death. Please confirm the percentage split of any benefits you wish to be paid to your nominated beneficiaries.

### Non-protected rights

The trustees will consider the wishes you express but will not be bound by them and will exercise full discretion as to whom your benefits should be paid. This may include payment to your estate. Lump sum death benefits are normally paid free of inheritance tax. Lump sum death benefits are not paid on death after age 75.

### Protected rights

Any death benefits arising from protected rights funds will have to be used to provide an income to a living spouse or civil partner. If there is no living partner, the protected rights fund must be paid as a lump sum to your nominated beneficiaries. If you have not made any nomination of beneficiaries or none of them are existing at the time of your death, payment will be made to your estate. Lump sum death benefits may be subject to inheritance tax. For more detailed information see the Key Features document.

You may change your nominated beneficiaries in writing at any time. Rowanmoor Pensions will keep this information confidential.

If you need to provide any further information please use a separate sheet.

Should you require further information please seek independent financial advice.

## personal contributions

Please complete this section if you will be paying personal contributions into the scheme. Do not include details of any employer contributions or benefits transferring from other pension arrangements in this section.

If you have benefits which are subject to enhanced protection, the protection will be lost if a contribution is paid by/for you.

Tax relief can only be claimed on contributions made before age 75.

Please note that payment of any basic rate tax relief due can take up to eleven weeks and will only be available for investment once it has been received in your bank account. Higher rate tax relief should be reclaimed via your annual self assessment.

Please ensure you seek independent advice from your financial adviser before paying contributions into the scheme.

**Please DO NOT attach any contribution cheques, as they cannot be accepted until the scheme has been registered with HMRC.**

Once we have registered the scheme we will provide you with bank account details to enable any contributions to be made.

To comply with Anti Money Laundering regulations, if personal contributions are to be made by a third party, we will require either a corporate or individual verification certificate to be completed for them.

### DEATH BEFORE AGE 75

Should there be an entitlement to a lump sum payment or dependant's pension I wish the payment/s to be made as follows:

NAME OF BENEFICIARY	RELATIONSHIP	%

### DEATH AFTER AGE 75

Should there be an entitlement to a dependant's pension I wish it to be apportioned as follows:

NAME OF BENEFICIARY	RELATIONSHIP	%

In the event of there being no surviving financial dependant payment may be made to a charity. If you wish to nominate a charity/ies please name them below, otherwise the trustees will do so.

NAME OF CHARITY	%

	REGULAR CONTRIBUTIONS	SINGLE CONTRIBUTION
Personal Contributions (net)	£ <input type="text"/>	£ <input type="text"/>
Regular contribution payment frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half yearly <input type="checkbox"/> Yearly	
Start date for regular contributions	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Will your employer pay your personal contribution on your behalf?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

If 'YES', the employer details section of this form must be completed.

## employer details

Please complete this section if your employer will be contributing to the scheme or paying your personal contributions on your behalf.

More than one employer may contribute. We will require similar information and one completed corporate verification certificate for each employer. The corporate verification certificate is on page nine of this form. Please photocopy this or ask us for additional forms. The notes section may be used to provide employer details.

Please advise if the employer is limited, limited by guarantee, unlimited, limited by liability, a partnership, or other, eg. self-employed.

Please provide details of your shareholdings in the principal employer (if applicable).

Name	<input type="text"/>	
Registered Office (if applicable)	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	Postcode <input type="text"/>
Telephone Number (inc. STD code)	<input type="text"/>	Fax Number (inc. STD code) <input type="text"/>
Email Address	<input type="text"/>	
Trading Address (if different from above)	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	Postcode <input type="text"/>
Telephone Number (inc. STD code)	<input type="text"/>	Fax Number (inc. STD code) <input type="text"/>
Email Address	<input type="text"/>	
Employer Status	<input type="text"/>	
Nature of Business	<input type="text"/>	
Employer Year End	<input type="text"/>	Registration Number (if applicable) <input type="text"/>
Corporation Tax District	<input type="text"/>	Ref <input type="text"/>
PAYE District	<input type="text"/>	Ref <input type="text"/>
Date you joined Employer	<input type="text"/>	
Are you a Director?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
Date you became a Director	<input type="text"/>	
% of Company owned	<input type="text"/>	

## employer contributions

This section is to be completed by the employer.

Please confirm the level of contributions you propose to pay for this member.

If the member has benefits which are subject to enhanced protection, the protection will be lost if a contribution is paid.

The Pensions Regulator's code of practice requires Rowanmoor Pensions to report late payment of contributions made by an employer on behalf of an employee, under a direct payment arrangement.

**Please DO NOT attach any contribution cheques, as they cannot be accepted until the scheme has been registered with HMRC.**

Once we have registered the scheme we will provide you with bank account details to enable any contributions to be made.

	REGULAR CONTRIBUTION	SINGLE CONTRIBUTION
Employer (gross)	<input type="text"/>	<input type="text"/>
Regular contribution payment frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Half yearly <input type="checkbox"/> Yearly
Proposed start date for regular contributions	<input type="text"/>	

## employer's declaration

The information provided on this form is correct to the best of our knowledge. We confirm we understand that once a contribution has been made to a scheme, it cannot be returned.

Signature	<input type="text"/>	
Print Name	<input type="text"/>	
Position	<input type="text"/>	Date <input type="text"/>

## benefits from other schemes

Transfers and assignments to and from the scheme can only be made once the scheme has been registered with HMRC.

If you have more than one pension arrangement please photocopy this page for each additional pension operator and complete each sheet. This will give us the authority required to contact the operator about your pension benefits.

You should seek independent financial advice before making any transfers or assignments.

Please note that 'in-specie' transfer of assets can be a complex process involving several different parties and may take some time to complete.

We will need to take any Pension Sharing or Pension Earmarking Order into account when calculating your retirement benefits.

If you answer 'YES' we reserve the right to make enquiries before proceeding with a transfer.

Some benefits which are subject to protection of existing rights may be lost if they are transferred or assigned into the scheme.

Please ensure you seek independent financial advice on matters relating to the protection of existing rights.

Authority for Rowanmoor Pensions to obtain information about these benefits is given by signing the member's declaration on page eight of this form.

I wish to transfer the following pension arrangement into my Rowanmoor Pensions Family Pension Trust.

### OPERATOR'S NAME AND ADDRESS

Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Telephone Number (inc. STD code)	<input type="text"/>	Fax Number (inc. STD code)	<input type="text"/>
Email Address	<input type="text"/>		
Policy Type	<input type="text"/>		
Policy/Scheme Name	<input type="text"/>		
Policy/Scheme Number	<input type="text"/>		
Pension Scheme Tax Reference	<input type="text"/>		

Are benefits currently in payment?

YES  NO

If 'YES' have all the funds been crystallised?

YES  NO

Do you wish to transfer the protected rights/guaranteed minimum pension?

YES  NO  NOT APPLICABLE

If 'YES' is any of the protected rights/guaranteed minimum pension in payment?

YES  NO

Do you want to transfer assets 'in-specie'?

YES (ALL ASSETS)  YES (SOME ASSETS)  NO

If 'YES' to 'some assets' please provide a list of assets you wish to transfer 'in-specie'.

Is the pension fund subject to a Pension Sharing or Pension Earmarking Order?

YES  NO

Is the pension fund subject to any Scheme Specific Lump Sum or Member Pension Age protection?

YES  NO

## member's declaration

This is our standard member questionnaire upon which we intend to rely. For your own benefit and protection you should read this declaration carefully before signing. If you do not understand any point please ask for further information or seek independent advice.

The information on this form and any supplementary information provided by you and/or your nominated advisers, now or in the future, will be used by Rowanmoor Pensions to:

1. set up and administer the pension scheme;
2. send information relating to the pension scheme to you, your advisers, the scheme adviser and any of the trustees of the scheme;
3. provide statistics for marketing/new business analysis by Rowanmoor Pensions (or its agents);
4. give essential information about your account to others if necessary to run your account and for regulatory purposes. Information about you will be kept after your account is closed.

Upon receipt of this member questionnaire, we will write to you requesting your answers to a series of security questions. We will be unable to deal with any enquiries you may have by phone until we receive your answers.

\*I have read and understood my cancellation rights in the Family Pensions Trust Key Features document and agree to waive my cancellation rights. \*(Delete if not applicable).

\*I have parental responsibility for the child named on this application form. \*(Delete if not applicable).

I confirm that by completing this application, I agree to become a member of the Family Pension Trust and agree to be bound by the Trust Deed and Rules. I have read and agree to the charges as outlined in the Family Pension Trust fees and services schedule and understand that fees may be deducted from my fund but only after prior notification by Rowanmoor Pensions.

I agree to the appointment of Rowanmoor Trustees Limited as independent trustee and Rowanmoor Personal Pensions Limited as scheme Administrator.

I confirm the information provided in this application is true and correct to the best of my knowledge. I undertake to inform Rowanmoor Pensions of any changes to my residency status, name, permanent residential address or if I cease to have any relevant UK earnings. I will notify Rowanmoor Pensions of any changes in writing within 30 days or before the next 5 April if earlier.

My employer may be paying contributions to this scheme and I give Rowanmoor Pensions authority to correspond directly with them. I understand that tax relief will be limited to the higher of the basic amount (£3,600 as at 5 April 2009) or my relevant UK earnings, within the meaning of Section 189 of the Finance Act 2004, in that tax year, subject to HMRC limits.

I authorise any insurer or other pension provider and HMRC to disclose to Rowanmoor Pensions any details they request about the benefits provided for me.

I hereby give authority for Rowanmoor Pensions to accept investment and disinvestment instructions from my appointed financial adviser and fully understand and agree:

- that I am solely responsible for all decisions relating to the purchase, retention and sale of the investments forming my personal arrangement under the scheme;
- that I will share responsibility for all decisions relating to the purchase, retention and sale of the investments within any common investment fund of which I am a member under the scheme, with the other participating members;
- decisions and correspondence relating to any common investment funds will be communicated via the scheme chairperson;
- to hold The Royal Bank of Scotland plc, Rowanmoor Group plc and its subsidiaries jointly indemnified against any claim in respect of such decisions;
- that Rowanmoor Personal Pensions Limited and Rowanmoor Trustees Limited have not carried out and shall not carry out any review of the nominated investment manager's financial status or their investment and/or risk strategies.

I agree to Rowanmoor Pensions opening a member bank account with The Royal Bank of Scotland plc, to which all payments into my arrangement will be made. I understand Rowanmoor Trustees Limited will be sole signatory to the account. I understand that once a contribution has been made to a scheme, it cannot be returned.

Signature

Print Name

Date

D	D	M	M	Y	Y
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# corporate verification certificate

**To be completed by a regulated UK or EU Intermediary when introducing retail sector business.**

Please complete a separate certificate for all employers participating in the scheme.

## EMPLOYER'S DETAILS

Company Name			
Registered Number (if applicable)			
Registered Address			
Country		Postcode	
Nature of Business			
Type of Entity (Ltd Co, Partnership, plc)			
Names of Directors (or equivalent)			
Names if principal beneficial owners (ie over 25%)			

## I/WE CERTIFY THAT:

- a) the information given above was obtained by me/us in relation to this customer;
- b) the evidence I/we have obtained to verify the identity of the customer;  
(PLEASE TICK ONE BOX ONLY)
- meets the standard evidence set out within the guidance for the UK Financial Sector issued by the JMLSG; **or**
- exceeds the standard evidence (written details of the further verification evidence taken are attached to this certificate);
- c) upon request I/we will supply evidence of identity of the customer to Rowanmoor Pensions.

TICK

## TO BE SIGNED BY **EITHER**

Name of Regulated Firm	
Regulator's Name and Reference Number	

## **OR**

Name of Regulated Individual	
Regulator's Name and Reference Number	

Signed*		COMPANY STAMP
Name		
Position		
Date		

**\*Original signature required.**

# identity verification certificate

## To be completed by a regulated UK or EU Intermediary when introducing retail sector business.

Please complete a separate certificate for all parties to the contract (e.g. joint applicants, trustees, settlors and third parties) where you have been required to undertake identification. If an application is being made on behalf of a minor, identity verification is required for both the minor and their legal guardian (ie. the person who has parental responsibility for them).

Name of Applicant*/Trustee*/ Third Party* (in full) <small>*Delete as applicable</small>	<input type="text"/>		
Date of Birth	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Country	<input type="text"/>	Postcode	<input type="text"/>
If this individual has changed address in the last three months please give the previous address here	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Country	<input type="text"/>	Postcode	<input type="text"/>

### I/WE CERTIFY THAT:

- a) the information given above was obtained by me/us in relation to this individual;
- b) the evidence I/we have obtained to verify the identity of the customer;  
(PLEASE TICK ONE BOX ONLY) TICK
- meets the standard evidence set out within the guidance for the UK Financial Sector issued by the JMLSG; **or**
- exceeds the standard evidence (written details of the further verification evidence taken are attached to this certificate);
- c) upon request I/we will supply evidence of identity of this individual to Rowanmoor Pensions.

### TO BE SIGNED BY **EITHER**

Name of Regulated Firm	<input type="text"/>	
Regulator's Name and Reference Number	<input type="text"/>	
<b>OR</b>		
Name of Regulated Individual	<input type="text"/>	
Regulator's Name and Reference Number	<input type="text"/>	
Signed*	<input type="text"/>	COMPANY STAMP
Name	<input type="text"/>	
Position	<input type="text"/>	
Date	<input type="text"/>	

**\*Original signature required.**

notes

A large, empty rectangular box with a thin blue border, occupying the majority of the page. It is intended for the user to write their notes.



TELEPHONE: 08445 440 440 • FAX: 08445 440 500  
enquiries@rowanmoor.co.uk • www.rowanmoor.co.uk

**ADMINISTRATION CENTRES**

ROWANMOOR HOUSE • 46-50 CASTLE STREET • SALISBURY SP1 3TS  
2 BELMONT HOUSE • DEAKINS BUSINESS PARK • EGERTON • BOLTON BL7 9RP

**CONSULTANCY OFFICES**

LONDON | BOLTON | BURGESS HILL | SALISBURY

Rowanmoor Pensions is a trading name of Rowanmoor Group plc (No. 5792242), Rowanmoor Trustees Limited (No. 1846413) and Rowanmoor Personal Pensions Limited (No. 2268900) are wholly owned subsidiaries of Rowanmoor Group plc. All companies registered in England at Rowanmoor House, 46-50 Castle Street, Salisbury SP1 3TS.

Rowanmoor Personal Pensions Limited is authorised and regulated by the Financial Services Authority.

**If you require this document in audio tape, large print, Braille or PC disc format, please telephone 08445 440 550 or fax 08445 440 500.**