

The Momentum International SIPP

Application Form

The Momentum International SIPP Application should be completed by the Applicant and, where applicable, the Adviser. It should be read in conjunction with the following:

1. The Momentum International SIPP Fee Schedule
2. The Momentum International SIPP Key Features
3. The Momentum International SIPP Terms of Business
4. Your Personal Illustration (EEA resident Members)
5. The Momentum International SIPP Investment Guidelines
6. The Momentum International SIPP Data Protection and Privacy Notification

Please ensure that all sections are completed. Failure to provide all relevant information and supporting documentation may result in a delay in the Application being processed. Furthermore, additional information may be required during the processing of this Application.

The Momentum International SIPP is ONLY available to Non UK Residents.

01. SIGNATURES

The Application Form will require several signatures, depending on what action you are looking to take. To help you, please refer to the checklist below.

02. CHECKLIST

To assist you in ensuring all relevant documentation is included when submitting your Application, please complete the below:

<input type="checkbox"/> Signed Applicant Declarations (Section 7 & Section 16)	<input type="checkbox"/> Original / Certified True Copy of Applicant's Valid Proof of Identity (a list of acceptable identification is provided in Section 18*)
<input type="checkbox"/> Confirmation if applicant wishes to waive right to cancel the Application (Section 14)	<input type="checkbox"/> Original / Certified True Copy of Applicant's Proof of Address, dated less than 3 months old (a list of acceptable identification documents is provided in Section 18*)
<input type="checkbox"/> Signed Financial Adviser Declaration (Section 9)	<input type="checkbox"/> Completed and signed Fee Disclosure Form (Section 17)
<input type="checkbox"/> Signed Investment Adviser Declaration (if required) (Section 11)	<input type="checkbox"/> Completed Investment Application Form.
<input type="checkbox"/> Signed Data Protection Consent Declaration (Section 15)	<input type="checkbox"/> Signed Retirement Options Form (if required) (separate form)
<input type="checkbox"/> Completed and signed discharge paperwork for each pension transfer (not required if current provider utilises the Origo Options Transfer Service)	<input type="checkbox"/> Pension Transfer Specialist Report (if relevant)
<input type="checkbox"/> Signed Defined Benefits and Safeguarded Benefit Declaration (if relevant)	<input type="checkbox"/> Completed and signed Insistent Client Acknowledgement (if required)

Please return all paperwork to the Scheme Administrator:

Momentum Pensions Limited
c/o Momentum Pensions Malta Limited
Ground Floor, Crown Marina
Ta' Xbiex Seafront
Ta' Xbiex, XBX 1027
Malta

Tel: +356 2787 7677

Fax: +356 2787 7671

uk@momentumpensions.com

* The certifier must state on the document:

"I certify that the document is a true copy of the original document that I have seen and verified, and that the photo is a true likeness of the person"

Signed: (the signature of the certifier)

Name: (the printed name of the certifier)

Position or capacity: (the profession, designation or capacity of the certifier and contact details)

Date: (the date of the certification)

03. APPLICANT DETAILS

Title	Forename(s)	Surname	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	Nationality	Intended Retirement Age (55-75)	UK National Insurance Number
Current Tax Residence		Date left UK	
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Dual Nationality (if applicable) _____			
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Pensioner <input type="checkbox"/> Other _____			Occupation
Contact Number	Email Address		
Permanent Residential Address			
Correspondence Address (if different)		Previous Address (if less than 3 years)	
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Civil Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Do you intend commencing benefits immediately? (if Yes please complete a Retirement Options Form - available on request)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consider yourself to be a Politically Exposed Person* (PEP)?			<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, please provide details as to why you consider yourself to be a PEP.

*A PEP is a person who is or has been entrusted with prominent public functions. The definition also includes family members or close associates of that person.

Momentum Pensions Limited appreciates that your details may change over time and therefore requests that you notify us as soon as possible when this is the case.

04. MEMBER CONTRIBUTIONS

Momentum will only accept contributions which are eligible to tax relief at source. If you are a Relevant UK Individual you can pay Member contributions into your SIPP. The definition of a Relevant UK Individual and relief at source eligibility conditions are included within the Member Declaration Section on page 11. Please read and sign this declaration in advance of electing to make any Member Contribution.

Member contributions are paid by the Member, or by an individual on behalf of the Member, e.g. a parent, grandparent or spouse. They do not include employer contributions. Where contributions are being paid on behalf of the Member, you will need to notify us of the full name and relationship of the contributor, together with certified proof of identity and address.

Please indicate the amount of contributions to be paid to your SIPP (if any):

	Single Contribution*:	Regular Contribution*:
Member (net):	<input type="text" value="£"/>	<input type="text" value="£"/>
		Frequency of above amount: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half yearly

04. MEMBER CONTRIBUTIONS (continued)

Please indicate your source of funds for this contribution:

Income from employment Sale of property Savings Other (please specify): _____

If payment is from a UK/EU Bank, please confirm Bank Name and IBAN:

Bank Name	IBAN
-----------	------

Where payment is from a Non EU/UK Bank, please provide a copy of the Bank Account statement (less than 3 months old) in respect of the source of this contribution.

We reserve the right to request further information in order to complete customer due diligence.

Please confirm your employment status:

Employed

Only if chargeable to UK Income tax on employment income including earnings from overseas employment or elsewhere chargeable under Chapter 2 of Part 2 of the Income Tax (Earnings and Pensions) Act 2003 (ITEPA 2003) for the current tax year.

Self Employed

Only if chargeable to UK Income tax in respect of annual profits / gains arising or accruing from any trade, profession or vocations carried out by an individual under Chapter 2 of Part 2 of the Income Tax (Trading and Other Income) Act 2005 for the income tax year of assessment.

Pensioner

Only if chargeable to UK Income tax in current tax year in respect of a pension payment(s) under Part 9 of the ITEPA 2003.

Other

Please indicate which category from the following is applicable. If in receipt of taxable income not chargeable to UK tax, please tick **Other**.

<input type="checkbox"/> Caring for one or more children under the age of 16	<input type="checkbox"/> In full time education	<input type="checkbox"/> Other (please specify below:)
<input type="checkbox"/> Caring for a person aged 16 or over	<input type="checkbox"/> Unemployed	<input type="text"/>

05. EMPLOYER CONTRIBUTIONS

If your employer is to pay contributions on your behalf, please complete the following:

Employer (gross): **Single Contribution*:** £ **Regular Contribution*:** £

Frequency of above amount: Monthly Quarterly Half yearly

Employer Name	Company Registration Number and Name of Regulator (if applicable)
Contact Number	Contact Email Address
Business Address	Registered Office Address (if different)

Please provide all of the following - for private or unlisted companies (including limited liability partnerships) only:

- Names of all Directors
- Names of all individuals who own or control over 25% of its shares or voting rights
- Names of any individuals who otherwise exercise control over the management of the Company

For unincorporated businesses and partnerships:

- Name(s) of principal(s) / partner(s) who exercise(s) control over the business or partnership
- Name(s) of individual(s) who own or control more than 25% of the capital, profit or voting rights

For firms that are subject to regulation by or licensing with regulatory bodies such as OFGEM, OFWAT, OFCOM or European Union equivalent, then evidence of this is sufficient for verification purposes.

We reserve the right to request further information in order to complete customer due diligence.

*No contribution should be paid until we complete our due diligence and confirm our Bank Account details. Where regular contributions are to be paid, payments must be made from a Bank Account in the contributor's name by standing order. Please obtain a standing order form from your Bank, complete it and return it directly to your Bank. Please advise us of the date of your first contribution.

06. MONEY PURCHASE ANNUAL ALLOWANCE (MPAA)

If you are subject to the MPAA, please enter the date this first applied to you (if relevant)

07. PENSION TRANSFER(S)

Please list the pension(s) that you wish to transfer. A separate copy of this Section should be completed for each pension transfer.

Current Pension Provider	Approximate Transfer Value £
Current Pension Scheme Name & Plan Number	
Scheme Administrator Correspondence Address	Contact Number / Email Address
Pension Benefit Type <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Defined Contribution <input type="checkbox"/> Personal Pension <input type="checkbox"/> Other:	
Does this transfer represent the full value of the current plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Guarantee date of transfer (if applicable)
Is the transferring scheme subject to any existing or proposed trustee in bankruptcy orders, or earmarking or pension sharing orders, or other receiving orders.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the transfer is part of an earmarking, or pension sharing order, is there an entitlement to PCLS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the transfer to be made in the form of a transfer of assets (in-specie) from the existing Scheme? Please provide a current valuation (no older than one month) including details of the investment holdings, in order for us to confirm that they can be held in the Momentum International SIPP.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Defined Benefits or Safeguarded Benefits

Before proceeding with a transfer of Defined Benefits or Safeguarded benefits, as your SIPP Administrator, we believe it is important to highlight to you the importance of the advice received and ensure you fully understand the nature of the benefits that you are proposing to surrender.

Please note Momentum Pensions Ltd are not able to provide advice regarding this matter but, in order to assist, we have provided a summary of some of the key points in Section 19, that you should consider with your adviser and understand before deciding to make this transfer request.

If the transfer value exceeds £30,000, you must have received advice from, or had that advice checked by, a UK regulated Pension Transfer Specialist.

Pension Transfer Specialist (PTS) details

PTS Company Name	PTS FCA Reference Number	Adviser Name
Was the PTS's personal recommendation to transfer the benefits?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the PTS personal recommendation not to transfer, but you wish to insist on proceeding regardless? <i>If yes, please complete the Insistent Client Acknowledgment at the end of this application.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please confirm if the PTS advice incorporated specific investment(s) your SIPP will invest in		<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of PTS advice attached		<input type="checkbox"/> Yes

By signing this transfer request I confirm:

I fully understand the PTS advice provided to me and I confirm that I understand the nature of the benefits and guarantees I am giving up. I understand I will not be able to reverse this decision once the Scheme processes my request to transfer.

I confirm I have read and understood Section 19 of this Form.

I understand that Momentum Pensions Ltd have not been party to this advice and is not authorised to provide any advice in respect of transfers or investments and confirm I wish to proceed with this transfer of benefits.

Applicant's Signature	Date
-----------------------	------

07. PENSION TRANSFER(S) (continued)

Drawdown Details

Are the funds being transferred: Already entirely in drawdown Already partially in drawdown Not in drawdown

Does this transfer include a flexi-access drawdown arrangement? Yes No

Does this transfer include a capped drawdown arrangement? Yes No

If Yes to the above question, I confirm I wish to convert the capped drawdown arrangement to flexi-access drawdown? Yes No

08. FINANCIAL ADVISER DETAILS

Company Name	Adviser's Name	
Regulator	License Number	
Adviser Email Address	Telephone Number	
Additional Email Address (if required)		
Registered Address	Town / City	Postcode
	Country	

09. FINANCIAL ADVISER DECLARATION

We confirm that:

- We have provided appropriate advice regarding the suitability of the SIPP, the Applicant's proposed transfers to the SIPP and where appropriate the Applicant's retirement benefit options. All fees including the Momentum fees, Investment fees and the Adviser remuneration has been disclosed to the Applicant.
- Unless an Investment Adviser has been appointed, we have provided the Applicant with advice regarding the proposed underlying investment(s), and all fees and remuneration related to Investments have been disclosed to the Applicant.
- We are suitably qualified and authorised to provide this advice and confirm the advice given to the Applicant will meet the regulatory requirements of the jurisdiction in which the advice is being provided.
- We have provided the Applicant with all relevant literature in the latest available version, including the Terms of Business Agreement, the Key Features Document, Schedule of Fees and Investment Guidelines.
- Where a transfer is from a Scheme with any form of guarantee, safeguarded benefits or defined benefits, and where we have undertaken the appropriate transfer analysis, the Applicant has been advised of any benefits that may be lost as part of the proposed transfer to the SIPP.
- We confirm that the Applicant has been made aware of their statutory cancellation rights.
- I confirm that I have the necessary authorisation to sign this declaration on behalf of the financial advisory firm.

Adviser's Name	Adviser's Signature
Date	

10. INVESTMENT ADVISER DETAILS

This Section should only be completed where you wish to appoint a separate Investment Adviser to advise on your investments.

Please do not complete if your Financial Adviser is advising you on your investments.

By completing this Section, please note that the declaration to be completed below by the Investment Adviser supersedes the declaration completed by the Financial Adviser with regards to Investments, and the associated investment fees and adviser remuneration.

Company Name	Adviser's Name	
Regulator	License Number	
Adviser Email Address	Telephone Number	
Registered Address	Town / City	Postcode
	Country	
	Would you like the Trustee to consider providing discretionary control to your Investment Adviser? <input type="checkbox"/> Yes <input type="checkbox"/> No	

11. INVESTMENT ADVISER DECLARATION

We confirm that:

- We have provided appropriate advice regarding the proposed underlying investment(s).
- We are suitably qualified and authorised to provide this advice and meeting the licensing and regulatory requirements of the jurisdiction in which the advice is being provided.
- All fees and Investment Adviser remuneration has been disclosed to the Applicant, including charges for the underlying investment.
- I confirm that I have the necessary authorisation to sign this declaration on behalf of the professional advisory firm.

Adviser's Name	Adviser's Signature
Date	

12. RISK PROFILE

Please tick the box that applies to you:

Risk Category	Risk Profile	Risk Profile Definition
1 <input type="checkbox"/>	Low	There is a limited degree of risk to the capital. Any growth is likely to be minimal
2 <input type="checkbox"/>	Lower to Medium	There is a small degree of risk to the capital with potential for moderate growth over the longer term
3 <input type="checkbox"/>	Medium	There is some risk to the capital with the potential for a reasonable return over the longer term
4 <input type="checkbox"/>	Medium to High	There is a chance of more growth over the longer term but with an increased possibility of the capital value declining too
5 <input type="checkbox"/>	High	There is potential for significant growth but also an increased exposure to high volatility and large swings in the value of investments

Momentum Pensions Limited appreciates that the risk profile may change over time, and therefore requests that our staff are notified as soon as possible where this is the case.

Disclaimer - Your Financial/Investment Adviser (as appropriate) will give you advice in line with your attitude to risk and you should ensure that the underlying investments recommended meet with your risk profile. Momentum Pensions Trustees Limited and Momentum Pensions Limited are the Professional Trustees and Administrators who ensure your retirement fund is managed within relevant legislation. We do not however, provide investment, tax or legal advice in relation to your fund. Please consult your relevant Adviser for advice in these areas.

13. NOMINATION OF BENEFICIARIES/EXPRESSION OF WISHES

Please do not complete this section if a Retirement Options Form requesting the payment of immediate benefits is also completed. Continue on a separate sheet if required. Percentage allocations should total 100%.

Nomination

In the event of my death, I nominate all individuals who are Eligible Recipients as the person(s) to whom the Scheme Administrator should consider allocating death benefits to from the SIPP.

Expression of Wishes

In the event of my death, my wishes are that you consider allocating any death benefits from the SIPP to my Eligible Benefits Recipients as follows:

Full name	Relationship	%
Address		Contact number / email address
Full name	Relationship	%
Address		Contact number / email address
Full name	Relationship	%
Address		Contact number / email address

Note: This nomination of beneficiaries is not binding on the Trustee or Scheme Administrator and can be withdrawn or changed at any time. It is possible for the Scheme Administrator to consider making a payment to a charity.

14. YOUR RIGHT TO CHANGE YOUR MIND

You have the right to change your mind about the Application

You have the legal right to cancel your Application within 30 days. The 30 day cancellation period starts once we acknowledge the acceptance of your Application by email or to the address that you have provided, and while this right of cancellation is available we will not be able to invest any funds received in the SIPP.

You have the right to waive the cancellation period in order for Momentum to invest your funds on receipt of transfer(s) or contribution(s). Where you elect to exercise this right, your Momentum International SIPP will be deemed to be established and you will lose the right to cancel the Application.

I wish to waive my rights to a statutory 30 day cancellation period in respect of my Application and understand that I will not be able to cancel my SIPP within this period

You have the right to change your mind for transfers

Momentum will notify you once we have received your signed discharge forms for your transfer(s) or your transfer request where the transfer will be processed using the Origo Options Transfer Service. You will have 30 days from the date we acknowledge the acceptance of your Application to cancel the proposed transfer(s) into your Momentum International SIPP.

Your right to cancel your transfer(s) to the Momentum International SIPP is separate from your right to cancel the establishment of your Momentum International SIPP. With your SIPP establishment you are able to waive your cancellation rights however you are NOT able to fully waive your cancellation rights for transfers.

Upon receipt of the transferred pension funds and where you have elected to waive your right to change your mind about the Application, Momentum will invest these according to your investment instructions when received.

Shortfall provisions that apply to cancellations

If you exercise your right to cancel your Application or a transfer into it, you should be aware that you might not get back the sum you originally invested. The amount you receive is the actual realisation value of the investment upon encashment less any applicable charges or fees which may include adviser fees. In addition, the original Pension Scheme is not obliged to accept the return of funds. In this instance it is your responsibility to provide us with details of a Registered Pension Scheme that will accept the returned funds.

Please note that if you instruct Momentum to invest transferred funds into illiquid assets within the 30-day cancellation period then we may not be able to return these funds without significant losses.

15. DATA PROTECTION POLICY AND PRIVACY

Data Protection Consent Declaration

Momentum collects personal data from you at various points during your membership to one of our Schemes, including when applying to become a Member, or using our website.

Before signing the declarations below, please read our Data Protection and Privacy Notification which can be found on our website at the following link: <http://www.momentumpensions.com/media/1408/data-protection-policy-uk.pdf>

If you do not have access to the internet please let us know and we will send a copy to you.

Please ensure you read the following Declarations and if in agreement, kindly confirm acceptance.

- I hereby confirm that I have read and understood the Data Protection Policy and Privacy Notification and understand the way Momentum Pensions Limited ('Momentum') collects and processes my personal data.
- I hereby confirm that I understand the legal grounds for Momentum to collect and process my personal information.
- I hereby confirm that I understand my rights as a data subject in accordance with the Data Protection Policy and Privacy Notification.
- I allow Momentum to collect, process and share my information in accordance with the Data Protection Policy and Privacy Notification.
- I allow Momentum to retain my information in accordance with the Data Protection Policy and Privacy Notification.
- I allow Momentum to contact me, my appointed Financial Advisor or any other third party in connection with my pension scheme via email, phone, or post in order to fulfil their contractual and legal obligations.

Applicant's Signature

Date

16. MEMBER DECLARATION

Please ensure you have read the following declaration including the cancellation notice before you sign.

I hereby apply to become a Member of the Momentum International SIPP (the 'Scheme').

I confirm that I have been given the opportunity to read, understand, and retain a copy of the Momentum International SIPP Terms of Business, Key Features and Fee Schedule. I understand that a copy of the Trust Deed and Rules of the Scheme are available to me upon request. I understand that these documents may be amended from time to time.

I declare that I have been informed of the implications of holding the status of a Politically Exposed Person (PEP) and that I have disclosed all material information required. Moreover, I bind myself to notify the Scheme Administrator should my status or that of any designated beneficiary change to that effect.

In return for the services to be provided by the Scheme Administrator, in accordance with the Terms of Business Agreement, I agree to pay the charges set out in the Fee Schedule and the Adviser remuneration, as amended from time to time.

I understand that it is the responsibility of my Adviser to disclose to me all fees and Adviser remuneration earned by my Adviser in respect of my Scheme. I confirm, I have reviewed the Fee Disclosure Section 17 completed by my Adviser and all fee disclosure information provided by my chosen investment company. I understand that Momentum Pensions Limited will correspond with any Adviser (including employees of the Adviser) identified in the Financial and/or Investment Adviser Sections (where applicable) of this Application rather than me directly, unless I give written instructions to the contrary.

16. MEMBER DECLARATION (continued)

I declare that the information provided in this Application, and any other documents completed in connection with this Application, is to the best of my knowledge and belief, correct, complete and not misleading.

I agree and consent to Momentum Pensions Limited carrying out checks to confirm my identity, residence, and source of wealth and I have agreed to supply such further information as necessary for the purpose of these checks.

I declare that I shall keep the Scheme Administrator informed of any changes in address and contact details. Momentum Pensions Limited appreciates that details may change over time, and therefore requests any changes are notified to us as soon as possible.

I agree and consent to Momentum Pensions Limited using a pooled client account for the operation of my Scheme.

I will not require benefits for me other than in accordance with the rules of the Scheme. In the event that an unauthorised payment is made, I agree to allow the Scheme Administrator to deduct any Scheme Sanction charge, or other charge, levied by HMRC on the Scheme Administrator from the funds held under the Scheme. If there are insufficient funds held under the Scheme, I agree to pay the Scheme Administrator the amount by which the charge exceeds the value of funds held under the Scheme.

I confirm that I have received and agreed to the recommendations provided to me by my appointed Financial Adviser and Investment Adviser where applicable. I recognise the responsibilities of my Financial/Investment Adviser and/or Investment Manager and therefore agree to hold harmless and indemnify the Trustee (i.e. Momentum Pensions Trustees Limited) against any loss or liability that may arise from this appointment.

I recognise that my appointed Financial/Investment Adviser will give me advice in line with my attitude to risk and will ensure that the underlying investments recommended meet my risk profile.

Declaration: Where Transfers are made

Cancellation Rights

I confirm that I understand my Application and transfer cancellation rights.

If I exercise my right to cancel the transfer(s) it may not be possible to transfer back to the original transferring Scheme. If this is the case, I agree that it is my responsibility to provide Momentum Pensions Limited with details of a Registered Pension Scheme that will accept the returned funds, within the 30-day period.

I also understand that if I exercise my right to cancel the transfer, I may not get back the sum that was originally invested and the amount I receive will be the actual realisation value of the investment upon encashment less any applicable charges.

Transfer(s) Authorisation

I authorise and instruct you to transfer sums and assets from the plan(s) detailed in Section 7 directly to Momentum Pensions Limited and to provide any instructions and/or discharge required by any relevant third party to do so. Where you have asked me to give you any original policy document(s) in return for the transfer of sums and assets and I am unable to do so, I promise that I will be responsible for any losses, expenses, additional tax charges or any penalties which Momentum Pensions Limited or the current provider may incur as a result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information deliberately or carelessly given by me, or on my behalf, either in this form or with respect to benefits from the plan.

I confirm that the information and supporting documentation that I have provided to permit the transfer of benefits into my SIPP established with Momentum Pensions Limited is to the best of my knowledge and belief correct and complete.

I promise to accept responsibility in respect of any claims, losses and expenses that Momentum Pensions Limited and the current provider(s) may incur as a result of any incorrect information provided by me in this Application or of any failure on my part to comply with any aspect of this Application.

I authorise you to release all necessary information to Momentum Pensions Limited to enable the transfer of sums and assets to Momentum Pensions Limited. I further authorise you to obtain from and release to any Financial Intermediary named in this Application any additional information that may be required to enable the transfer of sums and assets. I agree that a copy of this authority should have the validity of the original.

16. MEMBER DECLARATION (continued)

I confirm that where any benefits being transferred are from a Defined Benefits Scheme, I have read and understood the Momentum International SIPP Key Features document, in particular the Benefits section and section 19 of this form, which detail the different types of benefits available to me under the Momentum International SIPP.

If an employer is paying contributions to any of the plans as listed in Section 4, I authorise you to obtain and release to each other any relevant information in connection with the transfer of funds from the relevant plan(s).

Until this Application is accepted and complete, Momentum Pensions Limited's responsibility is limited to the return of the total payment(s) to the current provider(s).

Where the payment(s) made to Momentum Pensions Limited represent(s) all of the sums and assets under the plan(s) detailed in Section 5, then payment made as instructed will mean that I shall no longer be entitled to receive pension or other benefits from the plan(s) detailed in Section 5.

Where the payment(s) made to Momentum Pensions Limited represent(s) part of the sums and assets under the plan(s) detailed in Section 5, then payment made as instructed will mean that I shall no longer be entitled to receive pension or other benefits from that part of the plan(s) represented by the payment(s).

I further understand that any transferred capped drawdown arrangement(s) will be subject to the same maximum income limits and review periods as under the current provider until such a time that a further review of these limits is triggered or I convert to flexi-access drawdown either by request or by drawing an amount greater than the maximum income.

I also confirm that I have not been recommended to transfer by, or received and advice in relation to the transfer from, a representative of Momentum Pensions Limited.

Declaration: Where Member contributions are to be paid

If contributions are to be paid, I declare that:-

- a) I am under age 75 and am a relevant UK individual (see Note 1);
- b) The total of the Member contributions paid to this Scheme and to other Registered Pension Schemes, on which I am entitled to tax relief, under section 188 Finance Act 2004, will not exceed, in any tax year the higher of:
 - i) The basic amount (£3,600 gross for the current tax year); or
 - ii) 100% of my relevant UK earnings (see Note 2) in that tax year;
- c) The declaration in b) is correct, to the best of my knowledge and belief.
- d) I will give notice to the Scheme Administrator if an event occurs, as a result of which I will no longer be entitled to relief on Member contributions, under section 188 Finance Act 2004. I will give this notice by the later of:
 - i) 5th April in the year of assessment in which the event occurs; and
 - ii) The date which is 30 days after the occurrence of that event.

Notes to the Declaration

1. An individual is a relevant UK individual for a tax year if they:
 - 1.1 have relevant UK earnings (see Note 2) chargeable to income tax for that tax year; or
 - 1.2 are resident in the UK at some time during that tax year; or
 - 1.3 were resident in the UK at some time during the five tax years immediately before the tax year in question and they were also resident in the UK when they joined the pension scheme; or
 - 1.4 have for that tax year general earnings from overseas Crown employment subject to UK tax (as defined by section 28 of Chapter 5 of Part 2 of the Income Tax (Earnings and Pensions) Act 2003 (ITEPA); or
 - 1.5 are the spouse or civil partner of an individual who has for the tax year general earnings from overseas Crown employment subject to UK tax (as defined by section 28 of ITEPA).

For individuals within 1.1, 1.2 and 1.3 above, who do not have relevant UK earnings, the maximum Member contribution is the basic amount (£3,600 gross for the current tax year).

16. MEMBER DECLARATION (continued)

2. Relevant UK earnings are:
 - 2.1 employment income such as salary, wages, bonus, overtime, commission chargeable to tax under section 7 (2) Income Tax (Earnings and Pensions) Act 2003 (ITEPA); or
 - 2.2 Income derived from the carrying on or exercise of a trade profession or vocation (whether individually or as a partner acting personally in a partnership) chargeable under Part 2 Income Tax (Trading & Other Income) Act 2005; or
 - 2.3 Income arising from patent rights and treated as earned income under section 529 Income and Corporation Taxes Act 1988 (ICTA 1988); or
 - 2.4 General earnings from an overseas Crown employment which are subject to tax in accordance with section 28 of ITEPA.

Where relevant UK earnings are not taxable in the United Kingdom due to a double taxation agreement (section 788 of ICTA 1988), those earnings are not regarded as chargeable to UK Income Tax and so will not count towards the annual limit for tax relief.

3. The standard Annual Allowance is £40,000 for the current tax year; this is the maximum gross contribution on which tax relief can be reclaimed. If income is taken under flexi-access drawdown the Money Purchase Annual Allowance, which is £4,000 for the current tax year, will apply. If you have income (including pension contributions) in excess of £150,000, a Tapered Annual Allowance will apply reducing the annual allowance by £1 for every £2 income you have in excess of the £150,000, subject to a maximum reduction of £30,000 in the current tax year.

Please sign and date the application and return with the relevant supporting documentation to **Momentum Pensions Limited c/o Momentum Pensions Malta Limited, Ground Floor, Crown Marina, Ta' Xbiex Seafont, Ta' Xbiex, XBX 1027, Malta.**

Applicant's Signature

Date

17. FEE DISCLOSURE (to be completed by the Financial Adviser in conjunction with the Member)

1. Adviser Fees

This section should only detail fees which have been agreed with you, payable to the Adviser in respect of their services to you. This should not include Momentum International SIPP Fees.

Initial Adviser set-up fee	Ongoing Adviser fee* p.a.
----------------------------	---------------------------

*this relates to Adviser fees deducted directly from the underlying investment and paid to the Adviser by the investment provider.

2. Investment Platform Fees

This section should only detail Fees payable to the selected Investment Provider for their investment services.

Investment Provider Set Up Fee	% for	Years	OR £	One-off
--------------------------------	-------	-------	------	---------

Ongoing Investment Provider Fees:	% p.a.	Investment Provider Administration Fees	£	p.a.
-----------------------------------	--------	---	---	------

Other Investment Service Fees

DFM fees	%	Other fees
----------	---	------------

Please note the above fees may not account for all fees payable to the investment provider, including but not limited to transaction fees for services such as dealing costs, custodian fees, etc. Before proceeding with this application, please ensure you review all fees payable to the investment provider, as set out in the investment provider documentation and/or available from your adviser.

3. Underlying Investment Fees

This Section should only detail fees payable on the underlying investments where known at point of application. For each proposed investment please list the name, asset allocation in the particular investment and the TER applicable. **Please ensure the total amount matches the expected transfer value or contribution.**

Cash	%	Pending further investment instruction <input type="checkbox"/> Yes <input type="checkbox"/> No	
Asset/ISIN to be invested in	£	Initial fees	Annual fees (TER or equivalent) % p.a.
Asset/ISIN to be invested in	£	Initial fees	Annual fees (TER or equivalent) % p.a.
Asset/ISIN to be invested in	£	Initial fees	Annual fees (TER or equivalent) % p.a.
Other fees			

Where there are additional assets, please continue to provide details in Section 3 above on a separate sheet.

The charges payable on your underlying investment(s) will depend upon the actual investments held by your SIPP and will vary over time as your investments change. Details of these fees can be seen on information provided by the investment managers which should be reviewed before investing.

I confirm the above concurs with the fees disclosed to me by my Adviser and I have been provided with a copy of the current Momentum International SIPP Fee Schedule.

Applicant's Signature	Date
-----------------------	------

PLEASE NOTE

The Momentum International SIPP Fee Schedule can be found on our website at the following link:

<http://www.momentumpensions.com/media/1184/int-sipp-fee-schedule-new.pdf>

18. VERIFICATION OF CLIENT IDENTITY AND ADDRESS (to be completed by the Financial Adviser)

Identity has to be verified by provision of AT LEAST TWO ITEMS (2). One item is required from each of the two sections detailed below. The SIPP cannot be established until the verification is complete.

Section A: Certified copy of any of the below documents:

<input type="checkbox"/> Valid, unexpired UK or EU passport
<input type="checkbox"/> Valid, unexpired UK or EU driving license containing a photograph
<input type="checkbox"/> National Health ID Card
<input type="checkbox"/> HM Forces ID Card

Section B: Original or certified copy of any of the below documents, which must be dated less than 3 months:

<input type="checkbox"/> Utility Bill
<input type="checkbox"/> Council Tax Demand / Statement
<input type="checkbox"/> NHS Medical Card
<input type="checkbox"/> Bank Statement
<input type="checkbox"/> Mortgage Statement

19. DEFINED BENEFITS AND SAFEGUARDED BENEFITS - IMPORTANT INFORMATION

Where you choose to transfer benefits held in your current Defined Benefit Scheme or Safeguarded benefits to a SIPP, you are giving up your future entitlement to a guaranteed pension benefit and other associated benefits as outlined below. You will not be able to reverse this transfer once your current Scheme(s) processes your request to transfer.

It is a legal requirement that for transfers from Defined Benefits schemes or Schemes with Safeguarded Benefits, over £30,000 that specialist advice is sought.

Prior to transferring these benefits, you should have considered the following key points with the pension transfer specialist advice and in discussions with your adviser. Please note this is not an exhaustive list and that Momentum Pensions Ltd are not able or authorised to provide you with advice regarding the transfer of benefits.

- As a Member of a Defined Benefit scheme you are guaranteed a certain level of pension income payable for life to you from when you retire.
- Your Scheme may also allow you to retire early on a reduced guaranteed pension or provide the full level of guaranteed pension to you if you retire earlier due to ill health.
- Your Scheme may also provide for a guaranteed level of benefits to your beneficiaries in the event of your death.
- From the date you ceased to be an active Member of your Defined Benefit scheme, your pension benefits may increase annually with the aim of keeping pace with inflation.
- If you have an entitlement to a protected early retirement age or are registered with the HMRC for enhanced protection or a protected/enhanced tax-free cash entitlement under your current Scheme, this may be lost on transfer.
- Where a UK Defined Benefit Scheme becomes insolvent the Scheme will have access to the UK Pension Protection Fund providing a degree of protection for your guaranteed benefits.

Under a SIPP, the value of your pension benefits on retirement are not guaranteed and are based on the performance of your investments, the fund value at the point you elect to take benefits and annuity rates at that time, if you decide to buy a pension.

The Money Advice Service website provides further information relating to Defined Benefits which can be accessed here: <https://www.moneyadviceservice.org.uk/en/search?query=defined+benefits>

INSISTENT CLIENT ACKNOWLEDGEMENT

I, the undersigned (being the applicant), certify and acknowledge to Momentum Pensions Limited (MPL) and Momentum Pensions Trustees Limited (MPTL) by signing this acknowledgement that:

1. I have received independent financial advice from a FCA Regulated Pension Transfer Specialist Firm, (the "Firm").
2. The Firm has provided me with a personal recommendation as part of their Suitability Report.
3. I have decided to enter into a transaction which goes against the advice in the personal recommendation provided to me by the Firm and I request that the Firm, MPL and MPTL facilitate that transaction, at my insistence.
4. I am satisfied that the Firm has explained to me the nature, meaning, risk and effect of not following the personal recommendation and I fully understand the implications of not carrying out this matter in accordance with the Firm's personal recommendation.
5. I understand that MPL and MPTL in administering my request, will have no liability to me whatsoever in relation to my decision not to adhere to the personal recommendation and I will not hold MPL or MPTL liable for any penalties, fees, costs, claims, expenses, damages or losses I and/or my beneficiaries may incur, now or in the future, due to my decision not to adhere to the personal recommendation provided to me. I understand also that MPL and MPTL do not provide me with any type of advice in relation to the request I have made and the instructions I have provided to them.
6. Please confirm in your own handwriting, in the space below, that you wish to act against the personal recommendation of the Pension Transfer Specialist Firm and insist on transferring your pension benefits as detailed in the Momentum Application Form.

My comments:

My Signature

My Full Name (in block capitals)

Date