

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 0800 289 936 (Freephone UK only) or +44 (0) 1624 645000.

Please note: The minimum balance to be maintained in cash and/or investments is £50,000/US\$75,000/€75,000, of which at least £5,000 (or currency equivalent) must be in cash.

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

Official pension scheme number, if applicable
(eg. tax/registration number)

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? Yes No

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

4. DETAILS OF CORPORATE TRUSTEES

Company name

Date of incorporation

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

Role: Pension scheme member Co-trustee (if applicable)
 Other (please specify)

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 Nationality
(if retired, previous occupation)

Date of birth

Place of birth

Country of birth

Residential address

Postcode

Telephone number +

Mobile number +
to be used for SMS text communication

Email address

Period at present address Years Months

If less than three years, please state previous address(es):

 Postcode

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.

Country/countries of residency for tax purposes	Tax identification number (TIN) or national insurance number (or equivalent identity number)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If a TIN or National Insurance Number 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.

US citizenship – are you or have you ever been a US citizen? Yes No

We will require all US citizens and US tax residents to complete a Form W-9, which we can send to you or you can download it from the IRS website (www.irs.gov) under the Forms and Publications section.

PERSON 2

Role: Pension scheme member Co-trustee (if applicable)
 Other (please specify)

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 Nationality
 (if retired, previous occupation)

Date of birth

Place of birth

Country of birth

Residential address
 Postcode

Telephone number +

Mobile number +
 to be used for SMS text communication

Email address

Period at present address Years Months

If less than three years, please state previous address(es):

 Postcode

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.

Country/countries of residency for tax purposes	Tax identification number (TIN) or national insurance number (or equivalent identity number)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If a TIN or National Insurance Number 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.

US citizenship – are you or have you ever been a US citizen? Yes No

We will require all US citizens and US tax residents to complete a Form W-9, which we can send to you or you can download it from the IRS website (www.irs.gov) under the Forms and Publications 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

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	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

Please describe the origin of the pension scheme assets.

Annual Turnover

Type, volume and value of expected account activity over a 12 month period:

	Into the account	Out of the account
Type	<input type="text"/>	<input type="text"/>
Volume	<input type="text"/>	<input type="text"/>
Value (Specify currency)	<input type="text"/>	<input type="text"/>

Which countries would you normally be transferring funds to?

Likely source of ongoing funds into the account

Other than the initial deposit, how much do you expect to pay into the account per year?

8. SERVICES REQUIRED

Please note: The minimum balance to be maintained in cash and/or investments is £50,000/US\$75,000/€75,000, of which at least £5,000 (or currency equivalent) must be in cash.

Please tick 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, US 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):

Sterling US dollar Euro Other (specify)

Unless you request otherwise, 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) Sterling US dollar Euro

(Minimum deposit: £50,000/US\$75,000/€75,000)

Deposit amount

Term of deposit 1 month 3 months 6 months 1 year

Other currencies may be available by arrangement.

Do you require segregation of income received? Yes No

For added security we would recommend online banking services Yes No

We will send the relevant form to the corporate trustee detailed in section 3.

Focus Investment Services

Do you intend to utilise the Focus Investment Services? Yes No

Do you intend to hold US securities through your Focus account? Yes No

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

9. AUTHORISATION

Intermediary Authorisation

Do you wish us to send copy statements of your account to your intermediary? Yes No

Do you wish to have your account details made available to your intermediary via the internet? Yes No

If Yes, an online banking application form may be sent to your intermediary.

Do you wish us to divulge information to your intermediary? Yes No

If yes, please complete an 'Authority to release account information to an intermediary' form. 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.

Do you wish us to accept instructions from a third party? Yes No

If Yes, please complete and sign the mandate 'Focus mandate appointing a third party adviser to give investment instructions only'.

Please note that we are authorised to send information via email where your intermediary has an email mandate in place. If you have answered Yes to any of the above, please give details of your intermediary:

Name

Address

Postcode

Telephone number

Email address

Pension Scheme Member Authorisation

Do you wish to give your pension scheme member online access? Yes No

If yes, please complete pension scheme member mandate (section 11).

Do you wish for the pension scheme member to be able to give investment instructions? Yes No

If yes, please complete pension scheme member mandate (section 11).

For Isle of Man and Jersey Accountholders

Do you wish for all your account data to be shared with Nedbank Private Wealth in the United Kingdom in order for them to manage your relationship locally? Yes No

Please note: If you tick Yes, all your account data will be held within the UK and will be protected under the Data Protection Act 1998 and under these regulations could be shared with HM Revenue and Customs or other authorities if they require it.

For clients resident/domiciled in South Africa only

Have you signed an Investment Mandate with Nedbank Private Wealth South Africa? Yes No

If No, please complete the section below.

Do you wish for your account data to be shared with Nedbank Private Wealth in South Africa in order for them to manage your relationship locally? Yes No

By ticking Yes, you acknowledge that information relating to you and your account will be held outside of the UK, Isle of Man and Jersey. This exchange of information is subject to our Terms and Conditions, specifically Condition 4.6.2., details of which are available on our website.

Authorised Signatories

Name 1	<input type="text"/>	
Signature	<input type="text"/>	Date <input type="text"/>
Name 2	<input type="text"/>	
Signature	<input type="text"/>	Date <input type="text"/>

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 and foreign exchange instructions via the telephone.

Your chosen security password is (password must be a minimum of four characters):

Telephone instructions and requests for information will only be accepted if we can adequately identify the caller as the Accountholder.

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 require additional special withdrawal mandate forms.

We are hereby authorised to honour without the need for further enquiry any telephone requests for withdrawals believe 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 under Special Withdrawals below.

Instructions by email and/or fax

I/we wish to send instructions by:

Email	<input type="checkbox"/>
Email address(es) (maximum of 2)	<input type="text"/>
Facsimile	<input type="checkbox"/>

Email/Fax Instructions Declaration

1. You (Nedbank Private Wealth, its employees or agents) are hereby authorised to comply with all instructions given by facsimile and/or within a PDF document by email, provided that such instructions, in the event of email are sent from the email address specified above, and are signed or purported to be signed in accordance with the current mandate to operate the account. You are authorised to act upon instructions without the need for further enquiry.
2. I/We agree that should we request information from you via facsimile or email which may include personal or sensitive information or details that I/we do so at my/our own risk. I/we acknowledge that prior to actioning any such request, you may contact me/us to verify the request.
3. In consideration of paragraphs 1 and 2 above, I/we hereby:
 - i) agree that in the absence of fraud, gross negligence or wilful default on your part, I/we will not claim or maintain against you that any instructions issued to you in accordance with the arrangements described in paragraphs 1 and/or 2 above have been issued without my/our authority;
 - ii) acknowledge that I/we will reimburse you for all losses, claims, expenses and liabilities whatsoever which you may sustain or incur or become responsible for in any way (save where such losses, claims, expenses and liabilities are due to your fraud, gross negligence or wilful default) as a result of your agreeing to allow the arrangements described in paragraphs 1 and 2 above; and
 - iii) 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 that I/we irrevocably submit to the non-exclusive jurisdiction of the Isle of Man, Jersey or the UK courts (as applicable).

Special Withdrawals

I/we wish to request withdrawals by email from the above email address Yes No

If Yes, you are authorised to honour, without the need for further enquiry, any email request 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.

The withdrawals will be payable to the bank account details provided below.

Bank account details

Bank/building society	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/> Postcode
Sort code number	<input type="text"/>
Beneficiary	<input type="text"/>
Account number	<input type="text"/>
Swift code	<input type="text"/>
IBAN	<input type="text"/>

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	<input type="text"/>
Correspondent SWIFT	<input type="text"/>
Correspondent account	<input type="text"/>

Authorised Signatories

Name 1	<input type="text"/>	
Signature	<input type="text"/>	Date <input type="text"/>
Name 2	<input type="text"/>	
Signature	<input type="text"/>	Date <input type="text"/>

11. PENSION SCHEME MEMBER MANDATE

Online access for pension scheme member (view only)

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.

I would like to utilise online banking (view only) Yes No

Appointing pension member to give investment instructions

Do you wish us to accept investment instructions from the pension member? Yes No
If yes, please complete the section below

* 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 request valuations, statements and any other information concerning the Account.
3. 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.

Authorised signatories

Name of Pension Member	Signature of Pension Member
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Authorised signatories / Signature of accountholder

<input type="text"/>	Date <input type="text"/>
<input type="text"/>	Date <input type="text"/>

12. DECLARATION AND MANDATE

Declaration

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.

Data Protection

The information requested on this form may 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.

This information may also be used to advise you of other products and services and additional benefits which may be of interest to you. If you wish to receive newsletters and information about our products and services please tick box.

Under the terms of the data protection legislation you are entitled to a copy of your personal data held by us on payment of a fee. 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.
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 are required by the governing legislation to classify our clients into one of three categories. The regulatory classification given to a client determines relevant regulatory requirements that will apply to us when providing services to our clients.

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

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 corporate account application:

Chairman/Director/Secretary/Trustee/Authorised signatory (to sign)

Chairman/Director/Secretary/Trustee/Authorised signatory (to sign)

Co Trustee (to sign) if applicable

Date

--	--	--	--	--	--	--	--

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

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).

13. 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 location/website)
- Internet search (eg, Google)
- Radio advert
- Opportunity/Interface newsletter
- Sponsorship
- Nedbank Private Wealth office
- Hold another account with the group
- Recommendation (please specify)
- Introducer (please give introducer's details)
- Other (please specify)

14. 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".

The documents must 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.

15. YOUR CHECKLIST

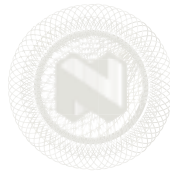
- A fully completed account application form
- If allowing pension member online banking view-only access, please ensure section 11 is completed
- If allowing pension member to trade directly, please ensure section 11 is completed
- 'Authority to release account information to an intermediary' form (if applicable)
- 'Focus mandate appointing a third party adviser to give investment instructions only' form (if applicable)
- W-9 forms to be completed for pension scheme member if US national/resident
- Pension trust deed (certified copy)
- Authorised signatory list
- Documentation as stated in section 14.

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	or Nedbank Private Wealth	or Nedbank Private Wealth
St Mary's Court 20 Hill Street	31 The Esplanade	Millennium Bridge House
Douglas Isle of Man	St Helier Jersey	2 Lambeth Hill
British Isles IM1 1EU	Channel Islands JE1 1FB	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 above to finalise account opening formalities.



Nedbank Private Wealth is a registered trade name of Nedbank Private Wealth Limited.
Nedbank Private Wealth Limited is licensed by the Isle of Man Financial Supervision Commission. Registered office: St Mary's Court 20 Hill Street Douglas Isle of Man.
The Jersey branch is regulated by the Jersey Financial Services Commission.
The London branch is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registration No: 313189.
The UAE representative office in Dubai is licensed by the Central Bank of UAE. Licence No: 13/191/2013.
Representation in South Africa is through Nedbank Limited. Registered in South Africa with Registration No 1951/000009/06, an authorised financial services and registered credit provider (NCRCP16).