OLDMUTUAL INTERNATIONAL

Powered by Wealth Interactive

STARTING OR ADDING TO YOUR OLD MUTUAL INTERNATIONAL EXECUTIVE REDEMPTION BOND – PRIIPS

Please tick appropriate circle

(Acceptable applicant) QROPS Trustees (✓) ○
(Acceptable applicant) SIPP Trustees (✓) ✔
(Acceptable applicant) QNUPS Trustees (✓) ○
Company QROPS (✓) ○

Customer ID number(s)
If known please enter the Customer ID number(s)

Applicant 1

Financial adviser details

Old Mutual International account reference —

Name of financial adviser

Company name

Address

Telephone number

Fax number

E-mail address

Old Mutual International only accepts business introduced by companies which have Terms of Business with us.

This document was last updated in May 2018. Please confirm with your financial adviser that this is the most up-to-date document for your product or servicing needs.

We only sell our products through financial advisers as we believe it is important you receive independent financial advice. The financial adviser is not acting as an agent for Old Mutual International.

All references to Old Mutual International, **we**, **us** and **our** in this application form mean Old Mutual International Isle of Man Limited with the exception of the Trustee Declaration.

TAXATION INFORMATION

Under Automatic Exchange of Information (AEOI) regulations Old Mutual International is required to obtain information about an applicant's tax status. To enable us to comply with these regulations, when submitting this application form you must also submit the 'Taxation information and self-certification – for entity investors' for corporate and trustee investments. Completion and submission of a self-certification is mandatory and failure to provide one could result in your Portfolio being reported under AEOI by default. If any of the information contained in the self-certification changes please advise Old Mutual International promptly so we can determine if a new self-certification is required.

IMPORTANT INFORMATION

Your application can be submitted online via Wealth Interactive. If you choose this option, your application can be submitted to us immediately without the delay that can be experienced through the postal system.

This application form must not be used for Singapore business. A copy of the member's application for a QROPS/QNUPS/SIPP application form should accompany this form. Before completing the application form, please make sure you receive and read through the relevant Key Features Document: **key features of your Executive Redemption Bond. A copy of your Executive Redemption Bond Terms and Conditions** are available on request.

ONLINE SERVICE ACCOUNT ON WEALTH INTERACTIVE

Where you have set up an Online Service Account, ongoing communication from us, such as policy valuations, will be carried out electronically through this account as much as possible, although there will be times when we do still need to correspond with you by letter.

If you would prefer to receive ongoing communication from us by post rather than online, please tick here (✓) ○

The underlying member may apply for a view only account. If this is required, please provide their email address.

COMPLETING THE FORM

To complete this form:

- use CAPITAL LETTERS only
- use blue or black ink
- specify choices as appropriate
- do not use correction fluid; any amendments should be crossed out and initialled by authorised signatories of the corporate trustee or company signatories.

Please ensure that you complete all relevant sections. We will contact you regarding any missing information which will need to be provided to us in writing, and this may delay your application.

A TYPE OF APPLICATION

ADDITIONAL TRANSFER

If this is an application for an additional transfer please provide your existing bond number:
We have used the term 'bond' to refer to your chosen Old Mutual International product throughout this application.

BOND CURRENCY

We wish our bond to be valued in (✓) ◯ £ ◯ US$ ◯ € ◯ Other currency *(state currency)*

Please note if no currency is entered your bond currency will be pound sterling (£). THE BOND CURRENCY CANNOT BE CHANGED AFTER THE BOND IS SET UP.

APPOINTMENT OF AN AUTHORISED CUSTODIAN

Please tick if you wish to appoint an authorised custodian? (✓) ◯ Authorised custodian

Name of custodian

If you have ticked above, you need to complete the **Request to transfer to an authorised custodian account form** and a **letter of authority** which is available from your financial adviser.

B DETAILS OF THE APPLICANT

	QROPS TRUSTEE (✓)	QNUPS TRUSTEE (✓)	SIPP (✓)
Jurisdiction of trustees			United Kingdom
The trust name is:			The Momentum International SIPP Re:
The trust was created on:			2 3 1 0 2 0 1 4
Trust details: ▶Please explain the reason for the establishment of the trust, what type of trust it is and detail the source/origin of the trust assets.	QROPS provider – pension transfers to the QROPS (being the evidence of origin of the assets supplied by the QROPS Trustee).	QNUPS scheme to provide a pension in retirement. The trust assets will be a lump sum contribution to the QNUPS. (QNUPS Trustee will provide origin of assets evidence).	Pension contributions (✓) ☐ Pension transfers (✓) ✔
Trust assets			

Corporate trustee name	
Other trustees	Member (✓)
	COMPANY QROPS (✓)
Company name	Momentum Pensions Trustees Limited
Date of incorporation:	1 9 0 9 2 0 1 2
Country of registration	United Kingdom
Contact person	Administration Team
Registered office address *(This information must be provided in full. We are unable to accept PO Box and 'care of' addresses.)*	Stafford Court, 145 Washway Road Sale, M33 7PE United Kingdom
Correspondence address	Ground Floor, Crown Marina Ta Xbiex Seafront, Ta Xbiex XBX1027 Malta
Telephone number including area code	+356 2787 7677
E-mail address	uk@momentumpensions.com
Company website address	www.momentumpensions.com

POLITICALLY EXPOSED PERSON

If the applicant(s), or any other party connected to this application either now or in the past/future, could be classed as a politically exposed person (PEP), or connected with a PEP, please provide details.

A politically exposed person is someone holding an important public position, or a person clearly related to them. Examples of these are: judicial or military officials, senior politicians, senior executives of publicly owned corporations, senior Government officials and Important political officials.

AUTHORISED SIGNATORIES

Please confirm the minimum number of authorised signatories of the company/corporate trustee needed to give instructions

C SOURCE OF FUNDING

SOURCE OF FUNDS

▶**The premium payment must come from an account held in the name of the trust.**

Scheme	Account name	Currency	Sort code	SWIFT code	Account number	IBAN number
QROPS						
QNUPS						
SIPP	MPTL	GBP	12-27-61		10004464	

	QROPS	QNUPS	SIPP
Bank name			Bank of Scotland
Bank address			2nd Floor
			Citymark
			150 Fountainbridge
			Edinburgh
Country			United Kingdom
When did the trust open this account?			November 2014

D INVESTMENT DETAILS

PREMIUM PAYMENT

Currency (✓) ◯ £ ◯ US$ ◯ € ◯ Other currency *(state currency)*

Amount to be invested (anticipated total amount based upon estimated transfer value(s))

Payment method (✓) ✔ Electronic bank transfer ◯ Share Transfer

Where you have chosen an authorised custodian, are you remitting your premium to be paid: (✓)
◯ to Old Mutual International; or
◯ by cash transfer via the authorised custodian?

E ASSET CHOICE

Please use this section to list the assets you wish to invest in.

PLEASE NOTE IF WE DO NOT RECEIVE SUFFICIENT DETAILS, THIS WILL DELAY YOUR INVESTMENT.
You do not need to complete this section if you have appointed an authorised custodian in Section A.

ASSET CHOICE

Asset identifier SEDOL/ISIN	**Security/Fund name** – please enter names in full. If an Old Mutual International fund is chosen, please prefix the fund name with OMI IM.	**Accumulation /Income unit requirement** *(if applicable)*	**Share class** *(if applicable, for example A, B or C)*	**Base currency of security/ fund** *(eg GBP, USD)*	**Investment %** *(whole % numbers only)*
	Other than Cash allocation, the Application must also				
	be signed by the Member unless DFM agreement has				
	been pre - agreed with the Trustees				
			TOTAL *(must add up to 100%)*		

In case we need to clarify the asset choice details above, please provide us with a contact name and telephone number.

Contact name

Telephone number including area code *(daytime)*

Telephone number including area code *(evening)*

Fax number

E-mail address

F ORIGIN OF WEALTH

FULL DETAILS OF ORIGIN OF WEALTH

Please tick the description option(s) relating to the original source of the premium for your policy. You must fully complete each relevant section relating to the description option(s) you have ticked.

THIS SECTION MUST BE COMPLETED IN ALL INSTANCES

(✓)	Description	Details required	Details
◯	**Transfer of pension**	Pension name	
		Pension account number	
		Pension value	Currency:
			Amount:
		Transfer date	TBA D D M M Y Y Y Y
◯	**Transfer of pension**	Pension name	
		Pension Account number	
		Pension value	Currency:
			Amount:
		Transfer date	TBA D D M M Y Y Y Y
◯	**Transfer of pension**	Pension name	
		Pension Account number	
		Pension value	Currency:
			Amount:
		Transfer date	TBA D D M M Y Y Y Y
◯	**Transfer of pension**	Pension name	
		Pension Account number	
		Pension value	Currency:
			Amount:
		Transfer date	TBA D D M M Y Y Y Y
◯	**Transfer of pension**	Pension name	
		Pension Account number	
		Pension value	Currency:
			Amount:
		Transfer date	TBA D D M M Y Y Y Y

F ORIGIN OF WEALTH (CONTINUED)

FULL DETAILS OF ORIGIN OF WEALTH

Please tick the description option(s) relating to the original source of the premium for your policy. You must fully complete each relevant section relating to the description option(s) you have ticked.

(✓)	Description	Details required	Details
◯	**Other**	Origin of wealth *(if ticked Other)*	
		From which organisation or whom *(state the relationship if applicable)*	
		Details *(including reasons where applicable how the money was acquired etc)*	
		Total amount	Currency:
			Amount:
		Date received	D D M M Y Y Y Y

▶ **We may also require additional documentary evidence to support your application, particularly in relation to your country of residence and investment amount, before we can process it.**

Please enter what documentary evidence you are enclosing with this application form *(if applicable)***.**

G REGULAR WITHDRAWALS (OPTIONAL)

WITHDRAWAL AMOUNT

Amount to be withdrawn each year

or

Percentage of premium to be withdrawn each year %

Withdrawal frequency (✓) ◯ Monthly ◯ Every 2 months ◯ Quarterly ◯ Half-yearly ◯ Yearly

Date of first payment D D M M Y Y Y Y

If your plan is not active on the due date then your first payment will be made on the next payment date due according to the frequency chosen.

Where you have requested the appointment of an authorised custodian, do you want Old Mutual International to consider allowing the authorised custodian paying regular withdrawals on Old Mutual International's behalf to you directly? please tick (✓) ◯

continued

G REGULAR WITHDRAWALS (OPTIONAL)

NOMINATED ASSET(S)

Please state which asset(s) listed in Section E is/are to be used as the Nominated Asset to pay regular withdrawals. This will only apply where you have not chosen an authorised custodian.

PLEASE NOTE THAT YOU ARE REQUIRED TO KEEP A SUFFICIENT BALANCE IN YOUR NOMINATED ASSET TO COVER WITHDRAWALS DEBITED TO YOUR POLICY. THEREFORE WE ARE UNABLE TO PAY ANY WITHDRAWALS IF THERE IS AN INSUFFICIENT BALANCE IN YOUR NOMINATED ASSET.

▶If there are any further Nominated Assets, please photocopy this page, attach the details with this application form and tick here ○

ISIN/SEDOL		Name		Percentage	
ISIN/SEDOL		Name		Percentage	
ISIN/SEDOL		Name		Percentage	
ISIN/SEDOL		Name		Percentage	
ISIN/SEDOL		Name		Percentage	

PAYEE DETAILS

All payments will be third party payments - ie to the underlying member.

Do you want your withdrawals to be made to the same bank account detailed in Section C 'Source of Funding'? ○ Yes ○ No

If "No" please complete your chosen bank details below.

Until further notice, I/we would like regular withdrawals to be made to:

Bank account holder
(name as stated on bank account)

Bank account number /IBAN

Sort code
(applicable to UK accounts) – –

SWIFT or BIC code
(SWIFT code needed for bank accounts outside Europe; BIC code needed for European accounts with an IBAN)

ABA number

Branch code for non-UK banks

Bank name

Bank address

Postcode

Country

Please Note:

Have you selected the withdrawal amount, currency, withdrawal, frequency and the date of your first payment? ○

Have you Nominated Asset(s) to fund your regular withdrawals? ○

Have you completed the payee details? ○

H NUMBER OF POLICIES

NUMBER OF POLICIES (NEW BONDS ONLY)

Please enter the number of policies you would like:

THE NUMBER OF POLICIES CANNOT BE CHANGED AFTER THE BOND IS SET UP.

▶ We normally issue 12 policy schedules per contract. If you require more or less, insert the number required.

Where more schedules are required, please note that for the CIB and ERB, the minimum premium per schedule is £5000/€7500/$7000 (or currency equivalent).

I FUND ADVISER

APPOINTING A FUND ADVISER TO YOUR OLD MUTUAL INTERNATIONAL PORTFOLIO BOND

Please tick as appropriate (✓)

○ I have not appointed a Fund Adviser and I will act on an "execution only basis" (where I have requested the appointment of an Authorised Custodian in section A, I also include a completed 'letter of authority'); or

○ I appoint a Fund Adviser and enclose a completed 'appointing a fund adviser to your Old Mutual International Portfolio Bond' form and, where the Fund Adviser is not linked to any Authorised Custodian I have requested to be appointed in section A, a 'letter of authority'.

J CHARGES AND POLICY CURRENCY

The charging structure for your bond is based upon the reference code provided on your application; this will dictate the level, term and type of charges that apply and these will be confirmed to you in your policy documents. These charges will include our administration costs together with those incurred in making any initial commission payment to your financial adviser.

If you have agreed to pay your financial adviser an ongoing commission payment (referred to as fund based commission) then this will be reflected in the deduction of an additional Ongoing Service Charge equivalent to the amount paid.

CHARGES

Please enter the reference code for your chosen charging structure which you confirm you have received and read in full. *(Your financial adviser representative will be able to provide you with this code.)*

Please enter allocation percentage for this bond . %

Please enter fund-based commission *(if applicable)* . %

K DECLARATION AND APPLICATION

DATA PRIVACY STATEMENT

I understand that Old Mutual International Business Services, Old Mutual International Isle of Man Limited and/or Old Mutual International Ireland dac (Old Mutual International) will process personal information about me and any other party whose personal information I have provided.

The type of personal information processed about me will depend on the purpose for which it has been collected and will include:

- my contact details
- information to verify my identity
- information about my family, lifestyle, health and finances
- my payment details.

The processing of my personal information may take place in a number of jurisdictions and may be shared with other parties within or outside the Old Mutual Wealth group of companies for the general purpose of establishing, maintaining and servicing an insurance policy.

The sharing of my personal data may be used for any or all of the following purposes, to:

- check against credit reference or other databases to verify information provided for regulatory due diligence purposes and to prevent or detect financial crime including money laundering, terrorist financing, bribery and corruption, sanctions listing or fraud;
- allow for the provision of services relating to enhanced due diligence, underwriting, reinsurance, data hosting, online services, payment or reporting of any tax or levy, or any other services provided from time to time;
- enable an appointed financial adviser or fund adviser to assist in the provision of services to the policyholder;
- compile statistical analysis or market research, where information is not specific to the individual;
- comply with any legal obligation which includes the releasing of personal information to regulators, law enforcement authorities or other bodies where there is a legal requirement to do so, including the sharing of information under regulations relating to the U.S Foreign Account Tax Compliance Act and The Organisation for Economic Co-operation and Development Common Reporting Standard;
- enable an appointed discretionary asset manager or custodian to meet their legal or regulatory requirements, where that discretionary asset manager or custodian providing services in relation to a policy requests the personal data of an individual linked to an application, and where we are satisfied that such a discretionary asset manager or custodian has a legal or regulatory requirement to make such a request.

Where my personal information is shared with a third party for the provision of services relating to my policy, my personal information will only be used for the purposes for which it was collected. In some circumstances this may involve a transfer of my personal information to a third party outside the European Economic Area (EEA). Whenever my personal information is shared it will be subject to the same levels of security and protection that Old Mutual International would apply.

I may ask Old Mutual International to:

- provide a copy of personal information held about me and an explanation of how this data is processed;
- update or correct my personal information;
- delete information about me (where it is no longer necessary in relation to the purpose for which it was originally collected);
- restrict processing of my personal information where appropriate. I may also object to Old Mutual International processing my data but understand that this may have consequences in Old Mutual International being able to continue servicing my policy.

I have been made aware that a full explanation of how Old Mutual International collects, uses and shares my personal information can be found at www.oldmutualinternational.com

If I have any questions about data privacy I can address these to:

For Old Mutual International Isle of Man Limited: The Data Protection Officer, Old Mutual International Isle of Man Limited, King Edward Bay House, King Edward Road, Onchan, Isle of Man, British Isles, IM99 1NU.

For Old Mutual International Ireland dac: The Data Protection Officer, Old Mutual International Ireland dac, Hambleden House, 19-26 Lower Pembroke Street, Dublin 2, DO2 WV96, Ireland.

If I have a complaint about the processing of my personal information and Old Mutual International is unable to provide a satisfactory response I may contact the appropriate regulator:

For Old Mutual International Isle of Man Limited: The Isle of Man Information Commissioner, First Floor, Prospect Hill, Douglas, Isle of Man, IM1 1ET.

For Old Mutual International Ireland dac: The Ireland Data Protection Commissioner, Canal House, Station Road, Portarlington, R32 AP23 Co. Laois, Ireland.

I have read and understood the Data Privacy Statement set out above and will make it available to other individuals whose personal information has been provided by me to Old Mutual International either in this application or within accompanying documentation.

IMPORTANT INFORMATION

Please read the following declaration carefully.

Any omission or misstatement of a material fact in this application could affect the payment of benefits under the policy. A material fact is one which is likely to influence the assessment and acceptance of the application.

If you are uncertain whether a fact is material, you should give full details so that we can assess its possible significance. If you become aware of such a fact while we are considering your application, you should notify us immediately.

DECLARATION – BY THE EACH APPLICANT

In this declaration, any reference to We refers to either the Company QROPS, QROPS Trustee, QNUPS Trustee or SIPP Trustee whichever is relevant as selected in section B of this form.

1. We understand that we will have an Online Service Account and agree that:
   (a) all Policy Transactions will be made by us using our Online Service Account where the Online Service allows, unless we have requested otherwise; and
   (b) all communications from us will be through our Online Service Account where the Online Service Account allows, unless we have requested otherwise.
2. For the policy we have requested in Section A, subject to the applicable Terms either:
   (a) If a bond number is not shown in section A of this form, we request that the amount shown in section D be invested as an initial premium for the policy we have chosen in section A, and request Old Mutual International to issue the policy in the name of the trust or the company; or
   (b) We request that the amount shown in section D be invested as an additional premium for the policy currently in force bearing the bond number shown in section A of this form.
3. We declare to the best of our knowledge and belief the statements made in this application, and any related documents, are true and complete and that we have not concealed any material fact.
4. We confirm that We are not resident or the company is not incorporated in Hong Kong, Singapore or the United States of America or its territories.
5. If We become resident or the company becomes incorporated in the United States of America, Old Mutual International may not be able to accept any further premiums until after We cease to be resident or the company ceases to be incorporated in the United States of America or its territories.
6. We confirm that the investment into the policy is within the investment powers available to the Trustees under the trust or the company.
7. We confirm that the Company has not been and is not in the process of being dissolved, struck off, wound up or terminated.
8. We confirm that we are applying for an Old Mutual International policy as instructed by the member. We have received a copy of the policy terms Details of your Executive Redemption Bond - PRIIPs (ref ERB4v2), Key Information Document (KID) for the policy and asset Key Information Document(s) (KIDs) and, where appropriate, the asset Key Investor Information Document(s) (KIIDs). Furthermore, we agree that where we choose to change assets of the portfolio fund in future, we will ensure that we will obtain asset Key Information Document(s) for those assets before they are purchased and we have had the opportunity to read them when completing this application form.
9. We may wish to invest into professional/non-retail type investment schemes, and if so, we will make sure we have had an opportunity to read the offering documents for funds of this nature. Where we decide to invest in professional/non-retail investment schemes. We accept the levels of risk associated with these, including the risk that the investment into such a scheme could result in a loss of a significant proportion, or the entire sum invested. We also confirm that we are aware of the fees (if applicable) payable for the chosen investment(s) to be held in our policy. We understand that the fees exist partly to meet the promotion and distribution expenses of the product, including commission paid to a financial adviser and or fund adviser.
10. We understand that in cases where the asset(s) we have selected is not redeemable for a certain period of time, Old Mutual International may not be able to return that part of our payment until the end of that period. The description of the funds and/or assets we have chosen will give details if this applies. We may invest immediately into non-daily dealing funds with the understanding that in the event of cancellation or requiring early access that we:
    (a) may not get our money back immediately and payment may be delayed for some time;
    (b) the institution may impose penalties and therefore we may get back less than we invested, and/or
    (c) the only way in which to receive value may be through an in-specie transfer of that asset into the name of the trust.
11. We are aware of the charges payable on the bond, including the charges payable in respect of the assets which may be held within it. We understand the charges exist partly to meet advice, promotion and distribution expenses. These may include initial and ongoing payments (such as commission) made by Old Mutual International to our financial adviser. These payments could be in addition to any commission payable by the asset provider to our financial adviser in respect of the assets held. Further details of the charges payable by Old Mutual International and the amounts payable to our financial adviser are available from our financial adviser on request.
12. We confirm that we are categorised as a professional client in accordance with the UK Financial Conduct Authority COBS 3.5.2 rules.

continued

K DECLARATION AND APPLICATION (CONTINUED)

Please enter the country in which this application form was completed. ed Kingdom

This application must be completed by the trustees unless you have asked your financial adviser to complete it.

Did you complete this application form yourself (✓) ✔ Yes ◯ No

If No, did a third party, such as your financial adviser, complete it on your behalf? (✓) ◯ Yes ✔ No

By signing this declaration you confirm that you have read through the declaration in section K and, if a third party has completed the application form on your behalf, that all the information provided in it is correct.

The QROPS/QNUPS/SIPP Trustees as indicated in Section B (please delete as appropriate)

Name		Capacity	Signatory
Signature		Date	D D M M Y Y Y Y
Name		Capacity	Signatory
Signature		Date	D D M M Y Y Y Y
Name		Capacity	
Signature		Date	D D M M Y Y Y Y

Copies of the Policy Terms and Conditions and/or this completed application form are available from Old Mutual International on request.

L VERIFICATION OF CUSTOMER IDENTITY

If the QROPS/QNUPS/SIPP trustee currently holds acceptable applicant status, which has been acknowledged by Old Mutual International, please indicate here. (✓) ◯

If not, please contact Old Mutual International Isle of Man.

M FINANCIAL ADVISER DECLARATION

THIS SECTION MUST BE COMPLETED IN ALL INSTANCES.

DECLARATION BY THE FINANCIAL ADVISER

I declare that:

- I have verified the contents of the original documents where copies have been enclosed and confirm that they are true copies of the originals.
- I have taken reasonable steps to make sure that the funding is legitimate and in line with the member's circumstances.
- To the best of my knowledge and belief, all the information provided in and with this application is true and complete and was obtained from the member who is of good standing. I also confirm I will provide further information if required.
- I have not made any changes to the application form after the authorised signatories for the company/corporate trustee have signed it.

I confirm that I gave advice concerning this investment to the member in

on D D M M Y Y Y Y

I confirm that, if applicable, all information provided was received directly from the member.

Regulatory body authorisation number
(if applicable)

Regulator name

Old Mutual International account number

Full name of introducer firm

Full name of financial adviser

Signature of financial adviser

Date D D M M Y Y Y Y

Financial adviser stamp

Reset Form

www.oldmutualinternational.com

PDF14513/INT18-0498/May 2018