

The Momentum International SIPP – Platform Option Application Form

Important Notes

The Momentum International SIPP – Platform Option Application should be completed by the Applicant and, where applicable the Adviser. This Application Form includes the Application Form required by the Investment Provider. This application should be read in conjunction with the following:

1. The Momentum International SIPP – Platform Option Fee Schedule
2. The Momentum International SIPP Key Features
3. The Momentum International SIPP Terms of Business
4. Your Personal Illustration (EEA resident Applicants)
5. The Momentum International SIPP Investment Guidelines
6. The Momentum International SIPP Data Protection and Privacy Notification
7. Understanding your transfer of Defined Benefits to a Defined Contribution Scheme (where applicable)

You should also ensure you have read the Conexim Platform Charging Schedule and any related documentation.

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 - Platform Option is **ONLY** available to Non UK Residents.

01. COMPLETING THIS APPLICATION

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

Compulsory Sections

Signed Application Signature (Sections 7, 11, 12, 13, 16)

Signed Financial Adviser Declaration (Section 4, 16)

Signed Discharge paperwork for pension transfer (if current provider does not utilise Origo Options Transfer Service)

Signed and Completed Section 16 which form part of the Conexim Application

Optional / Supplementary Sections

Investment Adviser Details (Section 5 and 6)

Confirmation if applicant wishes to waive right to cancel the Application (Section 10)

Dealing instruction (will be required on receipt of funds)

Signed Retirement Options Form (if required) (separate form)

Pension Transfer Specialist Report (if relevant)

Completed and signed Insistent Client Acknowledgement (if required)

Verification of Applicant Identity and Address

Identify Verification: Please supply one certified true copy from the following list:

Valid, unexpired passport

Valid, unexpired driving license containing a photograph

Address Verification: Please supply one item to evidence proof of address.

Utility Bill

Bank/Credit Card/Mortgage Statement

Fixed Phone/Internet/TV Bill

Council Tax Demand / Statement (or equivalent)

Court Appointment Letter

Certification of documentation

Details of who can certify: legal professional, accountancy professional, a notary, a person undertaking relevant financial business or a person undertaking an activity to relevant financial business carried out in another jurisdiction.

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)

Please return all paperwork to the Scheme Administrator:

Momentum Pensions Limited
Second Floor, Marshall House,
2 Park Avenue, Sale, M33 6HE

Tel: 0161 972 2840

sipp@momentumpensions.com

02. APPLICANT DETAILS

Section 2 - 6 of this application will also form part of Conexim Advisors Limited Platform Application and a copy will be provided to them along with Section 16

Title	Forename(s)	Surname	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	Nationality		Intended Retirement Age (55-75)
Place of Birth	UK National Insurance Number		
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Dual Nationality (if applicable) _____			
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Civil Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
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)		
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 Applicants 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.

03. 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	

04. 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	

05. INVESTMENT ADVISER DETAILS (OPTIONAL)

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	
Would you like the Trustee to consider providing discretionary control to your Investment Adviser? <input type="checkbox"/> Yes <input type="checkbox"/> No	

06. 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	

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

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 14, that you should consider with your adviser and understand before deciding to make this transfer request. Please also ensure you have familiarised yourself with the Understanding your transfer of Defined Benefits to a Defined Contribution Scheme guide.

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 14 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
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07. PENSION TRANSFER(S) (continued)

Drawdown Details

Are the funds being transferred:	<input type="checkbox"/> Already entirely in drawdown	<input type="checkbox"/> Already partially in drawdown	<input type="checkbox"/> Not in drawdown
Does this transfer include a flexi-access drawdown arrangement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does this transfer include a capped drawdown arrangement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes to the above question, I confirm I wish to convert the capped drawdown arrangement to flexi-access drawdown?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

08. 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.

09. 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.

10. 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 - Platform Option 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 - Platform Option.

Your right to cancel your transfer(s) to the Momentum International SIPP - Platform Option is separate from your right to cancel the establishment of your Momentum International SIPP - Platform Option. 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.

11. FEE DISCLOSURE (to be completed by the Financial Adviser in conjunction with the Applicant)

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 - Platform Option Fees.

Initial Adviser set-up fee	Ongoing Adviser fee* p.a.
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**this relates to Adviser fees deducted directly from the underlying investment and paid to the Adviser by the investment provider.*

2. 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 2 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 a copy of the current Momentum International SIPP - Platform Option Fee Schedule. I confirm I have also read the Conexim Platform Charging Schedule.

Applicant's Signature	Date
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PLEASE NOTE

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

<https://www.momentumpensions.com/literature/sipp/momentum-international-sipp-platform-option/>

12. DATA PROTECTION POLICY AND PRIVACY

Data Protection Consent Declaration

Momentum collects personal data from you at various points during your Applicantship to one of our Schemes, including when applying to become a Applicant, 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

13. APPLICANT DECLARATION

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 where trades are carried out on an Advisory or Discretionary basis, 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.

13. APPLICANT DECLARATION (continued)

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.

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 14 of this form, which detail the different types of benefits available to me under the Momentum International SIPP - Platform Option.

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 7, 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 7.

Where the payment(s) made to Momentum Pensions Limited represent(s) part of the sums and assets under the plan(s) detailed in Section 7, 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.

Applicant's Signature

Date

14. 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 Applicant 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 Applicant 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.moneyadvice.service.org.uk/en/search?query=defined+benefits>

15. 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

16. CONEXIM PLATFORM APPLICATION FORM

PLEASE NOTE the following sections and declarations together with a copy of Section 2 - 6 form part of the application to Conexim Advisors Limited

National Identifier Numbers ('NIN') for the SIPP Applicant

Instructions for completion

- Under the MiFIR regulations Conexim is obliged to capture certain information on investors in specific formats for Conexim's records and for compliance with the Central Bank's transaction reporting requirements.
- As part of this process Conexim needs to record your National Identifier reference. If you hold dual or multiple nationalities Conexim is required to capture this information to facilitate the European Regulations on transaction reporting, which requires Conexim to record National IDs from other Applicant states when transaction reporting.
- As an example, if you are a British national Conexim requires your National Insurance number. If you have both British and German nationality, Conexim requires both your UK National Insurance number and your German Personal Identity Card number.
- For clients who are Irish nationals and who do not have dual or multiple nationalities Conexim does not require any information on this form.

Country	National Identifier Number
Country	National Identifier Number
Country	National Identifier Number

Country	National ID
Ireland, Austria, France, Germany, Hungary, Luxembourg	No National ID required (information used is gained from name and date of birth)
Cyprus, Iceland, Liechtenstein, Netherlands	National Passport Number
Belgium	Belgian National Number (Numéro de registre national – Rijksregisternummer)
Bulgaria	Bulgarian Personal Number
Croatia	Personal Identification Number (OIB – Osobni identifikacijski broj)
Czech Republic	National Identification number (Rodné číslo)
Denmark	Personal identity code 10 digits alphanumerical: DDMMYYXXXX
Estonia	Estonian Personal Identification Code (Isikukood)
Finland	Personal identity code
Greece	10 DSS digit investor share
Italy	Fiscal code (Codice fiscale)
Latvia	Personal code (Personas kods)
Lithuania	Personal Code (Asmens kodas)
Malta	National Identification Number
Norway	11 digit personal ID (Foedselsnummer)
Poland	National Identification Number (PESEL)
Portugal	Tax number (Número de Identificação Fiscal)
Romania	National Identification Number (Cod Numeric Personal)
Slovakia	Personal number (Rodné číslo)
Slovenia	Personal Identification Number (EMŠO: Enotna Matična Številka Občana)
Spain	Tax identification number (Código de identificación fiscal)
Sweden	Personal Identity Number
UK	UK National Insurance Number
All Other Countries	National Passport Number

16. CONEXIM PLATFORM APPLICATION FORM (continued)

Source of Funds / Source of Wealth Verification

Conexim has an obligation to capture a number of details about the source of funds and source of wealth in relation to this application. This is required to satisfy Anti-Money Laundering and Terrorist Financing Legislation. Please carefully and diligently fill in the sections below to assist Conexim in this regard.

Source of Funds

This refers to funds provided for this investment:

Please note that Conexim can only accept funds when these are transferred electronically from an account in your name or joint names, or from a cheque drawn on same. If you are transferring funds from any other source, please indicate the source of funds below.

Source	<input type="checkbox"/> Salary/bonus	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Savings	<input type="checkbox"/> Redundancy	<input type="checkbox"/> Investment proceeds	<input checked="" type="checkbox"/> Pension funds
Amount	<input type="checkbox"/> < £25,000	<input type="checkbox"/> £25,000 - £50,000	<input type="checkbox"/> £50,000 - £75,000	<input type="checkbox"/> £75,000 - £150,000	<input type="checkbox"/> > £150,000	

Source of Wealth

How did you accumulate your wealth:

Source	<input type="checkbox"/> Salary/bonus	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Savings	<input type="checkbox"/> Redundancy
	<input type="checkbox"/> Investment proceeds	<input type="checkbox"/> Pension/ARF Drawdowns	<input type="checkbox"/> Other (please specify) _____	

Consent and Declaration

1. Declaration

I, the SIPP Applicant, declare that the information provided by me on this form is correct and I undertake to immediately inform my financial advisor should any of the information change.

2. Receipt and understanding of Terms of Business

This is my application to open an account and for Conexim to provide services, as set out in their Terms of Business (the "Terms").

I have received their Terms of Business in relation to the services and have read them carefully. In particular, I confirm that I understand and agree to the following terms, policies and statements, i.e. the Risk Disclosure Statement, Summary Order Execution Policy, Summary Conflicts of Interest Policy and 'The Pershing Agreement'.

3. Receipt of Clients Assets Key Information Document ("CAKID")

I confirm I have received a CAKID relating solely to the client assets which Conexim instructs PSIL to provide safe custody and nominee services on your behalf and outlines the Client Asset Regulations as they pertain to Pershing Securities International Limited only.

4. Invitation to treat

I, the SIPP Applicant, understand that my completing and submitting this form and associated documents (if any) is an invitation to treat and that Conexim, Pershing Securities International Ltd ("PSIL") and Pershing Securities Ltd ("PSL") are not bound by the Terms until such times as a welcome letter is communicated to me and my advisor, an account opened in respect of my investments and funds contributed or in specie transfer of existing funds, shares, or product effected. I further note that the Terms may subsequently change as provided for in the Terms.

5. SIPP Applicant Declaration

I confirm that I have taken such professional advice as appropriate in connection with the quality, suitability and appropriateness of the investments provided for inclusion in my portfolio. I understand that this means that Conexim will provide their services following my request and without having ascertained whether the service is suitable or appropriate for me and that their services may be provided on an "execution-only" basis. Where Conexim rebalance investments within a model portfolio I confirm that such rebalancing is based on the pre-authorised rebalancing instruction as detailed in the model portfolio guides, which I have received a copy of, and that such rebalancing does not imply that Conexim is making an assessment of suitability or appropriateness for the purposes of providing services to me and if any discretion is employed it is only to rebalance the portfolio to remain consistent with the characteristics for each model portfolio as specified in the model portfolio guides, where applicable.

6. Express consent to execute order outside of regulated market or multilateral trading facility

Where I have requested that an order be executed in an instrument admitted to trading on a Regulated Market ("RM") or Multilateral Trading Facility ("MTF"), then I acknowledge that PSL may execute such order outside an RM or MTF in accordance with PSL's execution policy and I hereby give my consent for such execution.

16. CONEXIM PLATFORM APPLICATION FORM (continued)

7. Fees, commissions, charges

Upon establishment of your Momentum International SIPP – Platform Option, Conexim will maintain an initial cash balance of 2% of the overall SIPP portfolio value for general liquidity purposes, subject to a minimum of £2,000, or other amounts as agreed with Mometum Pensions Ltd. Where fees, charges or other pre-authorised debits are due on your account and the liquidity buffer no longer has sufficient cash available to cover these debits, unless a dealing instruction replenishing this balance has been received, Conexim will sell units in your largest holding in order to bring the cash balance used for general liquidity purposes to 2% of the overall portfolio value, subject to a minimum of £2,000.

I, the SIPP Applicant, acknowledge receipt of charging schedules which detail the fees and charges levied by Conexim and Momentum Pensions Ltd. in relation to the services, including collection methodology and collection frequency and agree to these. In doing so, I confirm that Conexim has explicit permission to deduct such amounts from my account to satisfy any indebtedness to Conexim, PSIL, Momentum Pensions Ltd., any nominated financial advisor or any discretionary fund manager as agreed with Momentum Pensions Ltd and you, the SIPP Applicant.

8. Taxation

I confirm that no representations have been made to me and I rely on no confirmations or actions by Conexim regarding the tax treatment or any tax advantage understood by me as applicable. To this end I will have to take my own, separate tax advice.

9. W-8BEN-E

I, the SIPP Applicant, understand the Trustees will complete a W8-BEN-E form, and that that I will be unable to trade in US securities until a correctly completed W-8BEN-E form has been submitted and lodged with the appropriate withholding agent. I understand that while W-8BEN-E form may confer certain reliefs and exemptions with regards to withholding tax under the terms of the Double Taxation Agreement between Ireland and the United States, it is not the responsibility of my advisor or Conexim to claim or secure any such reliefs or exemptions or notify me should such reliefs or exemptions not be available. To that end, I will take my own tax advice.

10. Contract notes and Client Portal access

I understand that I will be able to view my account and current holdings, current valuations, transaction statements and contract note(s) online via the client portal. Should you wish to receive hard copy contract notes please contact us.

11. Advisor Fees

The charges payable to my financial advisor which will be levied and deducted from my account are:

Annual Charge (£ or %)

I, the SIPP Applicant, hereby consent to the deduction of these charges from my account(s). The annual charge will be deducted monthly, details of the exact timing of this is indicated on the charging schedule. Should I close my account within a charging period, a charge will be made on pro-rata basis based on the average amount of holdings in the account during the period.

Consent and Declaration to items 1 to 11 above

Applicant's Signature

Applicant's Name

Date

Trustee Authorised Signature(s)

Name(s)

Date

Advisor Declaration

I declare that I have met the above named SIPP Applicant and have explained the relevant investments provided within the services and am satisfied that the investments chosen and detailed on any dealing instruction form in relation to this Applicant's SIPP Portfolio are suitable and appropriate in relation to the clients knowledge and experience, risk tolerance, capacity for loss and the client's investment needs and objectives. I can also confirm that I/we have fully complied with all Anti-Money Laundering and Terrorist Financing Legislation and other relevant legislative requirements in relation to this client.

Advisor's Signature(s)

Name(s)

Date