

## Member Questionnaire

**Rowanmoor Family Pension Trust**

Key Features

Fee Schedule

Installation Questionnaire

**Member Questionnaire**

This is part of a set of literature, all of which should be read together.

Name of Scheme

Name of Member

Please complete the Member Questionnaire in full using **BLOCK CAPITALS** and dark ink. There are notes to help you. Any omission could delay the registration of the scheme with HM Revenue & Customs (HMRC) and any proposed investments in the scheme. Please initial any changes you make and do not use correction fluid if you make a mistake.

On completion, sign and date the Declaration before returning it to us with a completed Installation Questionnaire. An Installation Questionnaire is not required for a member joining an existing Rowanmoor Family Pension Trust.

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

- Member Questionnaire**  
Pages two to five and seven to nine. The member should complete these sections. Page six. To be completed and signed on behalf of the employer.
- Corporate Verification Certificate**  
Page eleven. To be completed by a regulated UK or EU Intermediary. A separate certificate is required for all employers contributing to the scheme.
- Identity Verification Certificate**  
Page twelve. To be completed by a regulated UK or EU Intermediary. A separate certificate is required for the member and all parties to the contract.
- Installation Questionnaire**  
An Installation Questionnaire should also be completed, unless the member is joining an existing Rowanmoor scheme.

# Member Questionnaire

## Member details

Applications for members under 16 years of age must be completed on their behalf by a person who has parental responsibility for them. Such applications require a completed identity verification certificate for the member and person with parental responsibility, see page 12.

If you do not have a National Insurance number please detail the reason why in the notes section on page 13.

The Unique Taxpayer Reference is only issued by HMRC when you register for self-assessment.

If you have multiple nationalities/citizenships please use the notes section on page 13.

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

Please tick the box which most closely applies to your employment status.

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

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

If you have already received pension benefits you may have triggered a Money Purchase Annual Allowance test.

Please provide a copy of the statement issued by the scheme Administrator, of the scheme which triggered this event, confirming the date of the first payment.

Title	<input type="text"/>	
Forename(s)	<input type="text"/>	
Surname	<input type="text"/>	
Permanent Residential Address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	Postcode <input type="text"/>
Telephone Number (inc. area code)	<input type="text"/>	
Email Address	<input type="text"/>	
National Insurance Number	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Unique Taxpayer Reference	<input type="text"/>	
Nationality/Citizenship	<input type="text"/>	Date of Birth <input type="text"/>
Occupation	<input type="text"/>	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married/Civil Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Spouse's/Civil Partner's Date of Birth	<input type="text"/>	
Is there a Pension Sharing or Pension Earmarking Order in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
What is your employment status?	<input type="checkbox"/> Employed <input type="checkbox"/> Caring for person over 16 <input type="checkbox"/> Pensioner <input type="checkbox"/> In full time education <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Child under 16 <input type="checkbox"/> Other (please state) <input type="checkbox"/> Caring for child under 16 <input type="text"/>	
Have you opted out of any occupational or employer-sponsored pension arrangement in favour of this pension arrangement?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have protection of existing pension rights with HM Revenue & Customs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If 'YES' please confirm which of the following boxes are applicable.	<input type="checkbox"/> Enhanced Protection <input type="checkbox"/> Enhanced Protection with Lump Sum Protection <input type="checkbox"/> Primary Protection <input type="checkbox"/> Primary Protection with Lump Sum Protection <input type="checkbox"/> Fixed Protection 2012 <input type="checkbox"/> Enhanced Lifetime Allowance <input type="checkbox"/> Fixed Protection 2014 <input type="checkbox"/> Individual Protection 2014 <input type="checkbox"/> Fixed Protection 2016 <input type="checkbox"/> Individual Protection 2016	
Are you subject to the Money Purchase Annual Allowance?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If 'YES' please confirm the date the first payment occurred.	<input type="text"/>	

## Entitlement to tax relief

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

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

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

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

Please tick one box only:

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

## Financial adviser

Please give details of the financial adviser who is to advise you.

All correspondence will be sent to the appointed scheme adviser. These details provide us with the authority to correspond with your financial adviser.

Is this the scheme adviser?  YES  NO

If 'NO', please provide details

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

If you have ticked 'YES' above, please complete the details opposite.

Is the financial adviser an appointed representative or part of a network?  
 YES  NO

Name of Network or Principal	<input type="text"/>
Regulated by Company	<input type="text"/>
Authorisation Number	<input type="text"/>

## Investments

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

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

A bank account for each common investment fund is opened with Rowanmoor Trustees Limited's designated bank. Rowanmoor Trustees Limited will act as sole signatory to the account, under the direction of the chairperson. We require a minimum of £3,000 in cash, or other easily realisable assets, to be held within the Family Pension Trust at all times to meet ongoing charges.

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

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

## Nomination of beneficiaries

In the event of your death, please confirm the percentage split of any benefits you wish to be paid to your nominated beneficiaries.

The member trustees will consider the wishes expressed opposite but shall not necessarily be bound by these. This will include offering a named dependant/beneficiary the option of a drawdown income or a lump sum. Where you wish the member trustees to consider only offering a lump sum or drawdown, please notify us in writing. If you do not complete this section the member trustees, with the agreement of the operator, Rowanmoor Personal Pensions Limited, will exercise their full discretion as to whom your benefits should be paid. This may include payment to your estate. Death benefits paid to a beneficiary are usually not liable to inheritance tax.

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

If you wish to nominate a charity/charities this should be done now as it cannot be left to the member trustees' discretion.

If you need to provide further information please use the notes section on page 13.

Should you require further information please seek financial advice from a suitably qualified professional.

## Personal contributions

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

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

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

Please note that payment of any basic rate tax relief due can take up to 11 weeks and will only be available for investment once it has been received in your bank account. Tax relief above the basic rate of tax should be reclaimed via your annual self-assessment tax return.

Please ensure you seek advice from a suitably qualified professional before paying contributions into the scheme.

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

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

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

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

Name of dependant/beneficiary	Relationship	%

### Nomination of a charity

In the event of there being no surviving financial dependant the part of your fund not payable to a nominated beneficiary, as listed above, may instead be paid to a charity. If you wish to nominate a charity/charities please give the name(s) below.

Name of charity	%

	Regular contribution	Single contribution
Personal Contributions (net)	£ <input type="text"/>	£ <input type="text"/>

Regular contribution payment frequency

- Monthly
  Quarterly
  Half-yearly
  Yearly

Start date for regular contributions

D	D	M	M	Y	Y
---	---	---	---	---	---

Will your employer pay your personal contributions on your behalf?

- YES
  NO

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

## Employer details

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

More than one employer may contribute. **We will require similar information and one completed corporate verification certificate for each employer.** The corporate verification certificate is on page 11 of this form. Please photocopy this or ask us for additional forms. The notes section on page 13 may be used to provide employer details.

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

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

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

Name	<input type="text"/>	
Registered Office (if applicable)	<input type="text"/>	
	<input type="text"/>	
	Postcode	<input type="text"/>
Telephone Number (inc. area code)	<input type="text"/>	Fax Number (inc. area code) <input type="text"/>
Email Address	<input type="text"/>	
Trading Address (if different from above)	<input type="text"/>	
	<input type="text"/>	
	Postcode	<input type="text"/>
Telephone Number (inc. area code)	<input type="text"/>	Fax Number (inc. area code) <input type="text"/>
Email Address	<input type="text"/>	
Employer Status	<input type="text"/>	
Nature of Business	<input type="text"/>	
Employer Year End	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Registration Number (if applicable) <input type="text"/>
Corporation Tax District	<input type="text"/>	Ref <input type="text"/>
PAYE District	<input type="text"/>	Ref <input type="text"/>
Date you joined Employer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Are you a Director?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE	
Date you became a Director	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
% of Company owned	<input type="text"/>	

## Employer contributions

This section is to be completed by the employer.

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

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

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

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

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

## Employer's declaration

To be signed by an authorised signatory of the employer other than the member, unless the member is the only authorised signatory or self-employed.

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

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

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

## Benefits from other schemes

Please provide details of the benefits from other arrangements you wish to transfer to the Family Pension Trust.

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

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

You should seek financial advice, from a suitably qualified adviser, before making any transfers or assignments.

A fund has been crystallised if any benefits have been taken, including pension commencement lump sum. We cannot accept a partial transfer of crystallised funds.

If 'YES' to 'all assets' or 'some assets', please provide a list of assets you wish to transfer 'in specie' in the notes section on page 13. 'In specie' transfer of assets can be a complex process involving several different parties and may take some time to complete. We reserve the right to make enquiries before proceeding with a transfer.

We will need to take any Pension Sharing or Pension Earmarking Order into account when calculating your retirement benefits. If you answer 'YES' we reserve the right to make enquiries before proceeding with a transfer.

Some benefits, which are subject to protection of existing rights, may be lost if they are transferred or assigned to your Family Pension Trust. Please ensure you seek financial advice on matters relating to the protection of existing rights.

Please sign the transfer authority.

### Provider's full name and address

Name			
Address			
	Postcode		
Telephone Number (inc. area code)		Fax Number (inc. area code)	
Email Address			
Plan/Scheme Type			
Is this an occupational scheme?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Plan/Scheme Name (in full)			
Plan/Scheme Number (in full)			
Pension Scheme Tax Reference			
Value of fund to be transferred	£		

Does this represent the full value of the current plan/scheme?  YES  NO

Have any funds been crystallised?  YES (all funds)  YES (some funds)  NO

If 'YES' please confirm how they were crystallised  
 Capped Drawdown  Flexi-Access Drawdown  
 Scheme Pension  Other (please specify)

Is the transfer part of a block transfer?  YES  NO

Do you want to transfer assets 'in specie'?  
(some assets)  YES (all assets)  YES  NO

Is the current plan/scheme subject to any existing or proposed trustee in bankruptcy orders, or earmarking, or pension sharing orders or other receiving orders?  
 YES  NO

Is the pension fund subject to any Scheme Specific Lump Sum or Member Pension Age protection?  
 YES  NO

Does the plan contain any guaranteed annuity rates or guaranteed minimum pension rights?  
 YES  NO

### Transfer authority

I authorise and instruct you to transfer sums and assets from the plan(s) as listed in the 'benefits from other schemes' section of this application directly to Rowanmoor Personal Pensions Limited and to provide any instructions and/or discharge required by any relevant third party to do so.

I authorise you, the provider named above and any appointed financial intermediary for this Scheme to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to Rowanmoor Personal Pensions Limited.

I authorise you, the provider named above and any employer paying contributions to any of plans as listed in the 'benefits from other schemes' section of this application to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to Rowanmoor Personal Pensions Limited.

Until this application is accepted and complete, Rowanmoor Personal Pensions Limited's responsibility is limited to the return of the total payment(s) to the provider named above.

When payment is made to Rowanmoor Personal Pensions Limited as instructed this means that I shall no longer be entitled to receive pension benefits from the whole of the plan(s) listed in the 'benefits from other schemes' where the whole of the plan(s) is transferring or that part of the plan(s) represented by the payment(s) if only part of the plan(s) is transferring.

I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that Rowanmoor Personal Pensions Limited and the provider named above may incur as a result of any incorrect, untrue or misleading information in this application or given by me, or on my behalf, or of any failure on my part to comply with any aspect of this application. This includes where I have been asked to provide any original policy document(s) in return for the transfer of funds and I am unable to do so.

Signature			
Print Name			
Date	D	M	Y

## Member consent

Rowanmoor Personal Pensions Limited may want to contact you occasionally by post or email to let you know about other products and services available from us, or to forward your contact details to another firm associated with the Embark Group Limited of which Rowanmoor is part. Please indicate your preferences by ticking the relevant boxes.

I consent to Rowanmoor Personal Pensions Limited contacting me about other products and services.

YES  NO

I consent to Rowanmoor Personal Pensions Limited passing my contact details to other subsidiaries within Embark Group Limited, for them to contact me about their products and services.

YES  NO

You can withdraw this consent or change this instruction at any time. Our contact information is detailed on the last page of this document.

If you have answered 'yes' to any of the above, please confirm how you would prefer to be contacted.

I would prefer to be contacted by email using the email address provided on page 2

I would prefer to be contacted by post

Signature

Print Name

Date



## Member's declaration

This is our standard Member Questionnaire upon which we intend to rely. For your own benefit and protection you should read this declaration carefully before signing. If you do not understand any point please ask for further information or seek advice from a suitably qualified professional.

\*I am aware of my cancellation rights as detailed in the Family Pension Trust Key Features document and agree to waive my cancellation rights to become a member of the Family Pension Trust. \*(Delete if not applicable.)

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

I confirm that by completing this application, I agree to become a member of the Family Pension Trust and agree to be bound by the Trust Deed and Rules. I have read and agree to the charges as outlined in the Family Pension Trust Fee Schedule and I am aware that fees will be deducted from my fund.

I understand that Rowanmoor Trustees Limited is the independent trustee and Rowanmoor Personal Pensions Limited will be the scheme Administrator.

I confirm the information provided in this application is true and correct to the best of my knowledge. I undertake to inform Rowanmoor Personal Pensions Limited of any event that would result in my no longer being entitled to tax relief on my contributions under section 188 of the Finance Act 2004. I will inform Rowanmoor Personal Pensions Limited by the later of:

- a) 5 April in the year of assessment in which the event occurred, and
- b) the date 30 days after the occurrence of that event.

I will also inform Rowanmoor Personal Pensions Limited within 30 days if I change my name or permanent residential address or I start to receive pension benefits from any other scheme.

My employer may be paying contributions to this scheme and I give Rowanmoor Personal Pensions Limited authority to correspond directly with them. I agree that my total contributions to any registered pension scheme in respect of which I am entitled to receive tax relief, under section 188 of the Finance Act 2004, will not exceed the higher of the basic amount (£3,600 at 5 April 2015) or my relevant UK earnings, within the meaning of Section 189 of the Finance Act 2004, in that year, subject to HM Revenue & Customs (HMRC) limits.

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

I agree to Rowanmoor Personal Pensions Limited opening a member bank account with Rowanmoor Trustees Limited's designated bank, to which all payments into my arrangement will be made. I understand Rowanmoor Trustees Limited will be sole signatory to the account. I understand that once a tax relievable contribution has been made to a scheme, it cannot be returned.

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

- that I am solely responsible for all decisions relating to the purchase, retention and sale of the investments forming my personal arrangement under the scheme;
- that I will share responsibility for all decisions relating to the purchase, retention and sale of the investments within any common investment fund of which I am a member under the scheme, with the other participating members;
- decisions and correspondence relating to any common investment funds will be communicated via the scheme chairperson;
- not to hold Rowanmoor or the designated bank liable for any claim in respect of the decisions made by myself or any appointed adviser;
- that I will be responsible for any losses and/or expenses which are the result of any untrue, misleading or inaccurate information given by me or on my behalf either in this form or with respect to the benefits under the scheme;
- that Rowanmoor Personal Pensions Limited and Rowanmoor Trustees Limited have not carried out and shall not carry out any review of the nominated investment manager's financial status or their investment and/or risk strategies.

I understand to comply with Money Laundering Regulations, Rowanmoor Personal Pensions Limited may verify my identity through the use of an electronic identity verification system. Where a check is carried out, the system will also check whether I have a credit history, but it will not disclose any details. The system will add a note to my credit file to show that an identity check was made, but this information will not be available to third parties for credit assessment purposes. If the check does not confirm my identity, Rowanmoor Personal Pensions Limited will need to carry out a manual check and may need to contact me for further information. Acceptance of my application is subject to satisfactory completion of identity verification checks.

Signature

Print Name

Date

D		D		M		M		Y		Y
---	--	---	--	---	--	---	--	---	--	---

## Group privacy policy

Rowanmoor, trading as Rowanmoor Personal Pensions Limited will collect personal information about you such as your name and address ('Personal Data'). Rowanmoor Personal Pensions Limited will be the Data Controller as defined under UK Data Protection legislation and regulations.

We will only process your personal data where we have a legal basis for doing so. This includes:

- Where you have provided positive consent to the company
- Processing is necessary for the performance of a contract between you and the firm or to take steps to enter into a contract;
- Processing is necessary for compliance with a legal or regulatory obligation
- The company has a legitimate interest upon which the data may be processed. Any decision to process data on the basis of legitimate interest will be made on a case by case basis and in line with the guidance set out in UK Data Protection legislation.

We may disclose your Personal Data to other companies within the Embark Group of companies and third parties which provide services in connection with the administration of your account.

We may also share your Personal Information for legitimate business reasons or as may be required by applicable law and regulations with your Financial Adviser, third parties appointed by your Financial Adviser, third party investment managers, and product providers with whom you or your Financial Adviser instructs us to invest.

We may disclose your Personal Information to a credit reference agency in order to verify your details both during the application process and the ongoing administration of your account. This information will be used to prevent fraud and money laundering and to check your identity. Any checks performed may be recorded on your credit history.

We will disclose your Personal Information to any governmental, legal or regulatory body if required to do so by applicable law and regulation.

We may need to disclose sensitive Personal Data about you to third parties, such as information relating to your health where required to do so to give effect to an instruction from you or your Financial Adviser in respect of your account

We may need to transfer your Personal Data to another country, in which case we will ensure that your Personal Data is afforded the same level of protection as is required under UK Data Protection legislation and regulations prior to sending your Personal Data.

We will otherwise keep your personal information confidential and never use it for any other purpose or pass your details to any third parties without your consent.

We will retain your Personal Data for no longer than is necessary to provide the services under the Terms and Conditions applicable to the account and to meet any legal or regulatory obligations that may apply.

You have a number of rights under the Data Protection legislation, including:

1. the right to request a copy of the personal information we hold on you. When you request this information, this is known as making a Subject Access Request (SAR). In most cases, this will be free of charge, however in some limited circumstances, for example, repeated requests for further copies, we may apply an administration fee;
2. the right to have personal information we hold about you transferred securely to another service provider in electronic form;
3. the right to have any inaccurate personal information corrected;
4. the right to have any out of date personal information deleted once there's no business need or legal requirement for us to hold it;
5. the right to object or restrict some processing, in limited circumstances and only when we don't have legitimate grounds for processing your personal information;
6. the right to object to your personal information being used to send you marketing material. We will only send you marketing material where you've given us your consent to do so. You can remove your consent at any time

If you have any questions regarding how the firm uses the data it collects please contact:

The Group Data Protection officer  
The Embark Group  
100 Cannon Street  
London  
EC4N 6EU

If you are not satisfied with any aspect of how we have managed your data you have the right to complain to the Information Commissioners Office. For further details of your rights under the UK's data protection legislation and regulation please contact the Information Commissioner's Office at <https://ico.org.uk/for-the-public/>

By signing the application form, you consent to the use of your Personal Information for the purposes and on the terms set out above. You have the right to withdraw consent at any time.

# Corporate Verification Certificate

To be completed by a regulated UK or EU Intermediary when introducing retail sector business. Please complete a separate certificate for all employers participating in the scheme.

## Employer's Details

Company Name			
Type of Entity (Ltd Co, Partnership, plc)	Registered Number (if applicable)		
Registered Address			
Country	Postcode		
Nature of Business			

Names (and dates of birth if known) of individuals who exercise control over the management of the company. <b>Identity Verification Certificates will be required for each individual named in this section.</b>		Date of Birth	D	D	M	M	Y	Y
		Date of Birth	D	D	M	M	Y	Y
		Date of Birth	D	D	M	M	Y	Y
		Date of Birth	D	D	M	M	Y	Y

Names (and dates of birth if known) if principal beneficial owners (i.e. over 25%). <b>Identity Verification Certificates will be required for each individual named in this section.</b>		Date of Birth	D	D	M	M	Y	Y
		Date of Birth	D	D	M	M	Y	Y
		Date of Birth	D	D	M	M	Y	Y
		Date of Birth	D	D	M	M	Y	Y

## I/We certify that:

- the information given above was obtained by me/us in relation to this customer;
- the evidence I/we have obtained to identify the customer  
**please tick one box only**
  - meets the guidance for standard evidence set out within the guidance for the UK Financial Sector issued by the JMLSG; or
  - exceeds the standard evidence (written details of the further verification evidence taken are attached to this certificate);
- upon request I/we will supply you with evidence of the identity of this organisation.

To be signed by either

Name of Regulated Firm			
Regulator's Name and Reference Number			
<b>or</b>			
Name of Regulated Individual			
Regulator's Name and Reference Number			

Signed (original signature required)	
Name	
Position	
Date	D   D   M   M   Y   Y

COMPANY STAMP
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# Identity Verification Certificate

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

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

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

**I/We certify that:**

- a) the information given above was obtained by me/us in relation to this individual;
- b) the evidence I/we have obtained to identify the customer  
**please tick one box only**
  - meets the guidance for standard evidence set out within the guidance for the UK Financial Sector issued by the JMLSG; **or**
  - exceeds the standard evidence (written details of the further verification evidence taken are attached to this certificate);
- c) upon request I/we will supply you with evidence of the identity of this individual.

To be signed by **either**

Name of Regulated Firm	<input type="text"/>
Regulator's Name and Reference Number	<input type="text"/>
<b>or</b>	
Name of Regulated Individual*	<input type="text"/>
Regulator's Name and Reference Number	<input type="text"/>

Signed (original signature required)	<input type="text"/>	COMPANY STAMP
Name	<input type="text"/>	
Position	<input type="text"/>	
Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	

\*Regulated individuals are not permitted to self-certify.

## Notes

 03445 440 440

 03445 440 500

 [enquiries@rowanmoor.co.uk](mailto:enquiries@rowanmoor.co.uk)

 [rowanmoor.co.uk](http://rowanmoor.co.uk)

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**If you require this document in audio, large print or Braille format, please telephone 03445 440 550 or fax 03445 440 500.**