

FAMILY PENSION TRUST

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 six and eight (section 11) to eleven. The member should complete these sections.

Page six. To be completed and signed on behalf of the employer.

Corporate Verification Certificate

Page twelve. 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 fourteen. 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.



FAMILY PENSION TRUST

MEMBER QUESTIONNAIRE

1 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 14.

Title: _____ Forename(s): _____

Surname: _____

Permanent Residential Address: _____

Country: _____ Postcode: _____

Email: _____ Telephone: _____

National Insurance number: _____ Unique Taxpayer Reference: _____

If you do not have a National Insurance number please detail the reason why in the notes section on page 16. The Unique Taxpayer Reference is only issued by HMRC when you register for self-assessment.

Nationality/Citizenship: _____

If you have multiple nationalities/citizenships please use the notes section on page 16.

Gender: Male Female Date of Birth: | D | D | M | M | Y | Y | Y | Y |

Occupation: _____

Marital Status: Single Married/Civil Partnership Separated Divorced Widowed

Spouse/Civil Partner's Date of Birth: | D | D | M | M | Y | Y | Y | Y |

Intended retirement date: | D | D | M | M | Y | Y | Y | Y | Your intended retirement date is illustrative and can be changed.

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

- Employed
- Self-Employed
- Professional
- Trade
- Caring for person over 16
- Caring for child under 16
- Pensioner
- Unemployed
- In full time education
- Child under 16
- Other, please state below

Job Title: _____

Have you opted out of any occupational or employer-sponsored pension arrangement in favour of this pension arrangement? Yes No

1 MEMBER DETAILS (CONTINUED)

Do you have protection of existing pension rights with HM Revenue & Customs? Yes No

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

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.

If 'Yes' please confirm which of the following boxes are applicable.

- | | |
|---|---|
| <input type="checkbox"/> Primary Protection | <input type="checkbox"/> Fixed Protection 2012 |
| <input type="checkbox"/> Primary Protection with Lump Sum Protection | <input type="checkbox"/> Fixed Protection 2014 |
| <input type="checkbox"/> Enhanced Protection | <input type="checkbox"/> Fixed Protection 2016 |
| <input type="checkbox"/> Enhanced Protection with Lump Sum Protection | <input type="checkbox"/> Individual Protection 2014 |
| <input type="checkbox"/> Enhanced Lifetime Allowance | <input type="checkbox"/> Individual Protection 2016 |

Are you subject to the Money Purchase Annual Allowance? Yes No

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

If 'Yes' please confirm the date the first payment occurred. | | | | | | | | | |

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.

2 ENTITLEMENT TO TAX RELIEF

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.

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.

4 COMMON INVESTMENT FUNDS (CONTINUED)

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.

5 MEMBER'S INVESTMENT FUNDS

Please also tell us which investments you will be making yourself.

Name of Investment	

6 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 below 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.

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	%

6 NOMINATION OF BENEFICIARIES (CONTINUED)

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

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	%

7 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 on claims for tax relief of more than £50. Claims for tax relief of less than £50 can only be submitted to HMRC annually after the end of the tax year. The payment 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.

Personal Contributions (net)

Regular contribution: £ _____

Single contribution: £ _____

Source of Funds:

Regular contribution payment frequency: Monthly Quarterly Half-yearly Yearly

Start date for regular contributions: _____ | D | D | M | M | Y | Y | 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.

8 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 12 of this form. Please photocopy this or ask us for additional forms. The notes section on page 16 may be used to provide employer details.

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

Name:

Registered Office (if applicable):

Postcode:

Telephone:

Email:

Trading Address (if different from above):

Postcode:

Telephone:

Email:

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

Employer Status:

Nature of Business:

Employer Year End: | D | D | M | M |

Registration Number (if applicable):

Corporation Tax District:

Corporation Tax District Ref:

PAYE District:

PAYE District Ref:

Date you joined Employer: | D | D | M | M | Y | Y | Y | Y |

Are you a Director? Yes No

Date you became a Director: | D | D | M | M | Y | Y | Y | Y |

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

% of Company owned: %

9 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 (gross)

Regular contribution: £

Single contribution: £

Regular contribution payment frequency:

Monthly

Quarterly

Half-yearly

Yearly


Proposed start date for regular contributions:

| D | D | M | M | Y | Y | Y | Y |

10 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.

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: 

Printed Name and Position:

Date: | D | D | M | M | Y | Y | Y | Y |

11 TRANSFERS TO BE MADE INTO THIS PLAN

Please provide details of the benefits you have in other pension 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 and the page overleaf for each additional pension plan/scheme and complete and sign one form for each plan/scheme. 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.

Provider's Name:

Provider's address:

Postcode:

Telephone:

Email:

Plan/Scheme Type:

Is this an occupational scheme?

 Yes

 No

Plan/Scheme Name (in full):

Plan/Scheme Number (in full):

Pension Scheme Tax Reference:

Value of Fund: £

Do you wish to transfer this pension arrangement into your FPT?

 Yes

 No

Does this represent the full value of the current plan/scheme?

 Yes

 No

A pension arrangement is in drawdown if any benefits have been taken, including pension commencement lump sum. We cannot accept a partial transfer of funds in drawdown.

Is the pension arrangement being transferred:

Already entirely in drawdown Already partially in drawdown Not in drawdown

If in drawdown, please confirm how they are crystallised:

Capped drawdown Flexi-Access drawdown Other

If you are transferring in any funds that are already in drawdown and you have protected benefits, you will need to provide evidence of the % of any Protections already used. This should be provided by your current scheme administrator/provider. Please refer to section 1.

Do you want to transfer assets 'in specie'?

 YES (all assets)

 YES (some assets)

 No

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 17. '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.

Some benefits that are subject to protection of existing rights may be lost if they are transferred or assigned to your Family Pension Trust. In these cases we require you to have taken advice on the transfer.

Is the transfer from a Defined Benefit scheme?

 Yes

 No

Is the fund subject to any Scheme Specific Lump Sum or Member Pension Age protection?

 Yes

 No

Does the plan/scheme contain any guaranteed annuity rates, guaranteed minimum pension rights or safeguarded benefits?

 Yes

 No

If you have ticked 'Yes' to any of the above three questions, please confirm that you have taken advice from a suitably qualified Financial Adviser with regard to this transfer and have considered the impact on any protection you may have.

 Yes

 No

11 TRANSFERS TO BE MADE INTO THIS PLAN (CONTINUED)

We will need to take any Pension Sharing or Pensions 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.

Is the 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 transfer part of a block transfer? Yes No

Transfer authority

I authorise, instruct and apply to you to transfer sums and assets from the plan/scheme as listed directly to Rowanmoor Personal 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 and/or expenses which are the 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/scheme.

I authorise Rowanmoor Personal Pensions Limited, you, any contributing Employer and any financial intermediary named in 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 named provider.

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/scheme listed above where the whole of the plan/scheme is transferring or that part of the plan/scheme represented by the payment if only part of the plan/scheme 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 named provider may incur as a result of any incorrect, untrue or misleading information in this application or given by me or on my behalf or any failure on my part to comply with any aspect of this application.

Member Signature: 

Print Name:

Date: Plan/Scheme No:

12 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. Yes

I would prefer to be contacted by post. Yes

Signature: 

Print Name:

Date: | D | D | M | M | Y | Y | Y | Y |

13 PRIVACY NOTICE

Our Privacy Notice contains information in respect of the personal data that we collect about you. This is available from our website, rowanmoor.co.uk/privacy-notice, or by emailing enquiries@rowanmoor.co.uk. Please read this information carefully before submitting your application to us. By signing the application, you consent to the use of your personal information for the purposes and on the terms set out within our Privacy Notice. You have the right to withdraw consent at any time.

14 MEMBER 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:

- 5 April in the year of assessment in which the event occurred, and
- 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, currently £3,600 as at the date of this application, 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 Personal Pensions Limited, Rowanmoor Trustees Limited 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 | M | Y | Y | Y | Y |



FAMILY PENSION TRUST

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.

15 CORPORATE VERIFICATION

Employer's Details

Company Name:

Type of Entity
(Ltd Co, Partnership, plc):

Registered Number
(if applicable):

Registered Address:

Postcode:

Nature of Business:

Names (and dates of birth if known) of individuals who exercise control over the management of the company. **Identity Verification Certificates will be required for each individual named in this section.**

Name:	Date of Birth:	D D M M Y Y Y Y
Name:	Date of Birth:	D D M M Y Y Y Y
Name:	Date of Birth:	D D M M Y Y Y Y
Name:	Date of Birth:	D D M M Y Y Y Y

Names (and dates of birth if known) of principal beneficial owners (i.e. over 25%). **Identity Verification Certificates will be required for each individual named in this section.**

Name:	Date of Birth:	D D M M Y Y Y Y
Name:	Date of Birth:	D D M M Y Y Y Y
Name:	Date of Birth:	D D M M Y Y Y Y
Name:	Date of Birth:	D D M M Y Y Y Y

I/We certify that:

- a) the information given above was obtained by me/us in relation to this customer;
- 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 organisation.

15 CORPORATE VERIFICATION

To be signed by either:


Name of Regulated Firm: _____

Regulator's Name and Reference Number: _____

OR

Name of Regulated Individual: _____

Regulator's Name and Reference Number: _____

Signature (Original signature required):  _____

Printed Name and Position: _____

Date: | D | D | M | M | Y | Y | Y | Y |

Company Stamp:

FAMILY PENSION TRUST

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).

16 IDENTITY VERIFICATION

Intermediary Details

Name of Applicant*/Trustee*/ Third Party*
(in full) *Delete as applicable

Date of Birth: | | | | | | |

Address:

Postcode:

If this individual has changed address in the last three months please give the previous address here.

Previous Address:

Postcode:

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.

16 IDENTITY VERIFICATION

To be signed by either:

Name of Regulated Firm: _____

Regulator's Name and Reference Number: _____

OR

Name of Regulated Individual: _____

Regulator's Name and Reference Number: _____

Signature (Original signature required):  _____

Printed Name and Position: _____

Date: | D | D | M | M | Y | Y | Y | Y |

Company Stamp:

*Regulated individuals are not permitted to self-certify.

NOTES

If you require this document in audio, large print or Braille format, please telephone 01722 443742.

