

IVCM (Gibraltar) Retirement Annuity Trust

Professional Client Declaration

Form **6**

The Trustee

will only accept this form if it is correctly and fully completed.

Any questions, call
+350 200 69290

If you wish to make an investment which is unregulated, complex and considered unsuitable for retail clients, the QROPS provider must categorise you as a professional client. A professional client is someone who possesses the experience, knowledge and expertise to make their own investment decisions and properly assess the risks it incurs.

Title Mr Mrs Ms Miss Other

Name [first name, middle, surname]

Plan Reference

IFA Firm

Financial Adviser

Investment Requested

Please note

If you elect to be classified as a higher professional client you will lose the higher level of protection afforded to a retail client.

By signing this form I elect to opt out of retail client classification and instead be classified as a professional client. I hereby acknowledge that my QROPS provider informed me in due time of the implications that such a change could have on the protection afforded by the regulations in respect of clients. For changes in category from retail to professional, the QROPS provider needs to be in possession of the data that demonstrates compliance with the conditions set down by the Directive. Therefore, I confirm that I meet the minimum of **TWO** of **THREE** definitions listed below.

I DECLARE THAT I have carried out transactions, in significant size, on the relevant market at an average frequency of 10 per quarter over the previous four quarters.

I DECLARE THAT the size of my financial instrument portfolio, excluding my pension fund, including cash deposits and financial instruments, exceeds £500,000 (five hundred thousand pounds).

I DECLARE THAT I work or have worked in the financial sector for at least one year in a professional position which requires knowledge of the relevant type of investment.

By signing this form, I declare that I understand the risks involved with the above investment and the charges which the QROPS provider will apply to set up and administer the investment. I am capable of making my own investment decisions and understand the risks involved in respect of the relevant investment and the relevant type of investment.

Issued by the Trustee
IVCM Trustees (Gibraltar) Limited
GSFC FSC1223B

When complete

email or post this form:

gibraltar@ivcm.com

**IVCM Trustees (Gibraltar)
Limited**

215B, Neptune House
Marina Bay, Gibraltar

As the underlying member I agree with the following statements:

- I understand the investment may be illiquid, difficult to value and could impact my ability to take a pension commencement lump sum, retirement income, or provide benefits to my dependants in the event of my death.
- I have read and understood the Terms & Conditions and other offer documents relating to the above investment.
- The QROPS provider is not responsible for my investment choice, its suitability or its performance.
- The investment is unlikely to be covered by any compensation scheme.
- I agree any tax charge levied on the QROPS provider, as a result of this investment, will be deducted from my plan or passed onto me if there is insufficient liquidity in my plan.

Member Signature

Name

[first name, middle, surname]

Date

[dd/mm/yy]

Signature of IFA
making the certification

Name

[first name, middle, surname]

Date

[dd/mm/yy]