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

Please note

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

You must supply evidence in connection with the options you have selected

If you wish to make an investment which is unregulated, complex and considered unsuitable for retail clients, we 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

By signing this form I elect to opt out of retail client classification and instead be classified as a professional client. 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 acknowledge and understand that:

- The risks involved with the above investment and the charges which IVCM 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.
- This investment is high risk and there is a chance that I may lose all of my investment.
- IVCM may reject my request if it is not satisfied with the evidence I have provided and that I will therefore remain classed as a retail investor which means that I will only be allowed to invest in retail assets.

Issued by the Trustee
IVCM Trustees (Gibraltar) Limited

Form 6

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.
- IVCM 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 IVCM, as a result of this investment, will be deducted from my plan or passed onto me if there is insufficient liquidity in my plan.
- I understand that this application to be treated as a professional client is limited to the Investment described on Page 1 of this Declaration. If I wish to purchase additional professional investments then IVCM may request further evidence that I meet the requirements of a professional client.

Member Signature		Signature of IFA making the certification	
Name [first name, middle, surname]		Name [first name, middle, surname]	
Date [dd/mm/yy]		Date [dd/mm/yy]	

Issued by the Trustee
IVCM Trustees (Gibraltar) Limited