Gibraltar

EXPAT

Retirement Annuity

Application Form

April 2025

The IVCM (Gibraltar) Retirement Annuity Trust

QROPS/QNUPS APPLICATION FORM

Application Reference (if applicable)	
IVCM Pensions Introducer Reference	
Name of Financial Adviser	
Company Name	

Please Note:

IVCM Trustees (Gibraltar) Limited ("IVCM") can only accept business from firms where there are Terms of Business in place.

Contents

			INTERNAL USE
1.	Important Notice	1	
2.	How To Complete The Application Form	1 - 2	
3.	Product Selection	3	
4.	Member Details	3	
5.	Declaration Of Residency	4	
6.	Nominated Beneficiaries	4	
7.	Request Benefits	4 - 6	
8.	Contributions (QNUPS)	7	
9.	Investment Instructions	8	
10.	Financial Adviser And Charging Details	8 - 9	
11.	Transfer Of Benefits From Another Provider	10 - 11	
12.	Verification Of Identity	12	
13.	Suitable Certification	12	
14.	Application To The IVCM (Gibraltar) Retirement Annuity Trust	13	

Important Information

Before sending this application form to IVCM, please check that you have completed all the questions on the application form by printing clearly in the spaces provided, and sign the relevant sections.

When complete

email and post this form to:

gibraltar@ivcm.com

IVCM Trustees (Gibraltar) Limited
215B Neptune House, Marina Bay,
Gibraltar

Proof of Identity

IVCM Trustees is required to verify your identity as part of the New Business process. Please attach certified copies of relevant proof of identity and proof of address (dated within the last 3 months) when submitting your application.

Issued by:
The Trustee, IVCM Trustees (Gibraltar) Limited GSFC F18677

1. IMPORTANT NOTICE

The Agreement

This document should be read in conjunction with the following documents:

1. The IVCM (Gibraltar) Retirement Annuity Trust Key Features,

2. The IVCM (Gibraltar) Fee Schedule, and

3. The IVCM (Gibraltar) Retirement Annuity Trust Terms and Conditions.

These documents form a legal agreement between you and IVCM (the "Agreement").

Where you are investing in a specific investment product there may be additional terms or a specially designated charging structure, you will, by submitting an application to any such product, become equally bound by these Terms, therefore it is important that you read the conditions and general declarations and review all additional documentation, prior to signing this application. Your Financial Adviser will be able to provide you with these documents.

This application is conditional on accepting all parts of the Agreement. We only accept new business through Financial Advisers.

Do not sign the Application Form until you and your Financial Adviser have completed it in full.

2. HOW TO COMPLETE THE APPLICATION FORM

The Application Form

Please ensure that you complete all parts in full before submitting, and ensure that you are happy with all parts of the data completed. It is important that all parts relevant to you and all parts relevant to your Financial Adviser have been completed in full prior to signing. Please note that any parts which have not been completed upon receipt may delay the processing of the application.

Do not use correction fluid on any part of this Application Form, instead, any corrections are to be crossed out and corrected and initialled.

Product Selection

GibLite - this is for funds available up to £100,000**.**

GibLite Plus - this is for funds between £100,000 to £200,000.

GibFull - this is for funds over £200,000.

Please note additional charges may apply if you decide to invest in unregulated collectives, unlisted shares and other non-standard investments. Additional charges will also apply for transferring in-specie suspended or gated funds.

The Specially Designated Charging Structure is a dedicated charging structure previously agreed by IVCM in relation to a particular investment strategy. Please see the Fee Schedule for more detail.

Member Details

These details must match exactly with the proof of identity & address documents that are provided. If the surname on the document is the maiden name, a certified copy of the marriage certificate must be provided. The address must be your current residential address.

Nominated Beneficiaries

Please confirm who you nominate to receive your benefits in the event of your death. You can nominate multiple people and indicate the percentages for each. This nomination can be changed at any time in writing to IVCM. It is at the trustee's discretion who should receive benefits in the event of your death, but the trustees will take into consideration your wishes.

Benefits And Contributions

Please confirm if you intend to take benefits from your Plan immediately on receipt of transfer funds. If you do not intend to take immediate benefits, please indicate when you intend to take benefits from your Plan.

If you or your employer intends to contribute to your Plan please complete section 8. Contributions will be designated as QNUPS monies.

Investment Instructions

Please confirm what investments you have chosen for your initial transfers and/or contributions to be placed in. You will also need to provide the relevant application forms for the intended investments.

Financial Adviser And Charging Details

IVCM does not accept business from individuals that have not been introduced by an appropriately regulated Financial Adviser. Please refer to the Terms and Conditions for further information.

Transfer Of Benefits From Another Pension Provider

Please provide details of all your pension arrangements that you are intending to transfer into the Scheme. Please complete a separate form for each scheme you wish to transfer with an original signature. Transfers from UK registered pension schemes will be designated as QROPS monies.

Verification Of Identity And Address Requirements

Please read this section carefully with regard to the evidence of identity and address that IVCM will accept. We can only accept original or original certified copies. Please note that we cannot accept and process the Application without the appropriate certified evidence of identity and address.

Application To The IVCM (Gibraltar) RetirementAnnuity Trust

This section must be signed in order to apply for membership to The IVCM (Gibraltar) Retirement Annuity Trust. All sections must be completed in full prior to signing this section.

Residency Declaration

To take advantage of this scheme's tax benefits you must be a non-UK resident for the previous 5 consecutive tax years.

3. PRODUCT SELECTION

(Please note the charging structure will depend on the total size of the fund after we have received all the transfers and payments)

GibLite ☐ GibLite Plus ☐ GibFull ☐ Specially Designated Charging Structure ☐

Please complete the name of the Investment Strategy with the special charging structure below.

4. MEMBER DETAILS

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Name [first name, middle, surname]

Gender Male ☐ Female ☐ Date of Birth [dd/mm/yy]

Are you a US Citizen? Yes ☐ No ☐ Nationality

National Insurance Number

Main number Fax

Mobile number Email address

Marital Status [Please use a personal email address, we do not accept work email addresses.]

Name of Spouse/Partner

Current Residential Address

Correspondence Address

Employment Status ☐ Employed ☐ Self Employed ☐ Pensioner ☐ Unemployed ☐ Under 16 full time education

☐ Caring for a person (over or under 16) If other, please state

5. DECLARATION OF RESIDENCY

Declaration of Residency in the United Kingdom (please complete):

☐ I am a UK Resident

☐ I have never been UK Resident

I am no longer a UK Resident, with effect from ☐

I am not a UK Resident, but expect to be from ☐

6. NOMINATED BENEFICIARIES

Full Name & Date of Birth	Address	Relationship	%

7. BENEFIT REQUEST

Please complete this section if you wish to take benefits from your IVCM (Gibraltar) Retirement Annuity Trust Plan. It must be completed in full so that we can ensure that the provision of benefits is enacted in accordance with the prescribed regulations.

If you do not wish to take benefits immediately, what date do you think you will take your benefits? (this is not an instruction to us and will not be binding, it is only for our reference)

Section A – Pension Options

Fill in the following to detail what benefits you would like to take from your pension fund, how much of the fund you would like to use to provide you with benefits and instruct IVCM on when and where to pay these benefits.

1. Is the pension already fully drawn down?

Have you already used all of your entitlement to tax free cash in respect of this pension? (If yes, go to 4. Pension Income below, noting that pension benefits may be limited in accordance with previous drawdown limits) ☐ Yes ☐ No

2. Proportion of pension fund

What proportion of your invested fund do you wish to use to provide benefits? ☐ All £ ☐ Partial

3. Pension commencement lump sum (tax free cash)

What Pension Commencement Lump Sum amount do you want? ☐ Maximum ☐ None £ ☐ Other

4. Pension income

What amount of pension income do you want? ☐ Maximum ☐ None £ ☐ Other

At what frequency intervals would you like your income? ☐ Annually ☐ Quarterly ☐ Monthly ☐ One Off

First payment month

Section B – Bank Details

Please indicate to which account you would like your pension payments paid once they start
(These details can be updated in writing at any time, with a minimum 30 days requirement for change to be processed)

Name of Bank/Building Society

Name of Account Holder

Account Number Sort Code

Building Society Roll Number

If payment is to be made to a Non UK Bank Account, please also detail the following

International Bank: SWIFT Code

International Bank: IBAN Code

Section C – Declaration Of UK Tax Status

Regarding any portion of my Plan that was transferred from a UK registered Pension Scheme, I declare that at the time of payment or deemed payment was made.
(Please tick one as appropriate)

☐ I am UK Resident ☐ I am not UK resident

In Addition I Can Confirm That:

☐ I have not been a UK Tax Resident earlier in the tax year or in any of the five tax years immediately preceding that tax year*

☐ I have been a UK Tax Resident earlier in the tax year or in any of the five tax years immediately preceding that tax year*

*I confirm I left the UK on:

I further confirm that should my circumstances change and that I become UK Tax Resident, I will notify the Trustees immediately so the Trustees can fulfil their reporting requirements to HMRC with regard to administering a QROPS.

Section D – Member Authorisation

Please sign to indicate that the content of Section C, where applicable, is true and complete, and that your instruction to the Trustees to act is in accordance with Section A.

Signature

Name

Dated

8. CONTRIBUTIONS (QNUPS)

Please complete this section if you wish to make a contribution to your Plan.

Single lump sum contribution

Amount and currency:

In-specie contribution/transfer

(please detail all assets to be transferred and provide contact details of the Custodian(s))

Regular contributions

Amount and currency:

Frequency

Monthly ☐ Quarterly ☐ Annually ☐

Source of Wealth

Please provide a detailed description of how you have generated your wealth

What is the source of the funds for the contribution

Savings

Investments

Inheritance

Property Sale

Other

9. INVESTMENT INSTRUCTIONS

Investment Provider	Investment Name	Investment Amount

Remember that it is your responsibility to ensure that there is sufficient liquidity for pension benefit payments, administration fees and adviser fees in the pension scheme's bank account. Please ensure that the investment application forms and documents are supplied either with the application or prior to making the investments and are completed in full except for the Trustee's details. Where no clear instructions are received, all monies will remain deposited in the Plan's default bank account.

NOTE 1: Unless explicitly instructed otherwise, we will wait until all transfers and initial contributions completed on this Application Form have been received prior to investing as above. Also, please note that further documentation may be required from you before we can proceed with an investment instruction.

NOTE 2: If your Financial Adviser has not been authorised to confirm investment selections on your behalf, but you would like an investment account establishing as part of the establishment of the scheme, this section can be considered an authorised instruction to set up the investment account. However, any dealing instructions, fee agreements, investor declarations, subsequent investments or withdrawals will still require an explicit authorised instruction, appropriately signed by you.

10. FINANCIAL ADVISER AND CHARGING DETAILS

Adviser must be appropriately authorised to provide advice in the jurisdiction in which the applicant is resident

Adviser Name			
Firm Name			
Firm Regulator		Regulatory Reference	
Office Correspondence Address			
Firm's Contact Number		Firm's Email Address	
Adviser's Contact Number		Adviser's Email Address	

Do you authorise your Financial Adviser to arrange investment selections on your behalf?
If you choose NO, we will require your express instruction each time an investment is to be made. ☐ Yes ☐ No

Is your Financial Adviser to be paid an Adviser Charge from theTrustee bank account? ☐ Yes ☐ No

PLEASE NOTE:

1. If you choose YES, please complete the charging information details below and confirm the Adviser Charges taken from the QROPS are solely related to advice or services given in relation to this plan.NOTE: none of the monies deducted are to be rebated to the client.
2. If you have chosen to take benefits immediately, we will normally calculate the Initial Adviser Charges you have chosen to pay your Financial Adviser on the value of your Plan before the tax free lump sum is paid. This will not reduce the amount of pension commencement lump sum you can take.

Initial Adviser Charge (Max 5%) Or %

Annual Adviser Charge (Max 1%) Or %

Member Declaration

I hereby confirm the appointment and authorisation of the above named Financial Adviser. I confirm that I have received advice and that I have agreed to the above detailed Adviser Charges payable, if any, to my Financial Adviser and confirm that I have read and understood the Adviser Charging section of the declarations.

Signature

Name

Dated

Financial Adviser Declaration

I hereby agree to the appointment as Financial Adviser. I confirm that I have provided advice to the client and confirm that the Adviser Charges, if any, detailed above have been agreed with the client prior to the submission of this Application. I confirm that we hold the relevant authorities.

Signature

Name

Dated

11. TRANSFER OF BENEFITS FROM ANOTHER PENSION PROVIDER

Please complete a separate form for each Scheme you wish to transfer

Full Name of Member			
Provider Name		Scheme Name	
Type of Pension Plan		Plan Reference	
Scheme Administrator's Address			
What is the approximate value of the Plan?		In-Specie Asset Information, List all of the Assets to be transferred	
Are the Investments to be re-registered? ☐ Yes ☐ No			

If you wish to re-register investments to your plan, please list all of the assets to be transferred in the 'In Specie Asset Information' space to the right, along with their approximate value. The Trustees CANNOT guarantee that they will be able to accept all of the investments or if the transferring provider will be willing or able to transfer them.

Are you the original Beneficiary of the Plan? ☐ Yes ☐ No If not, please tick which of the following is applicable: ☐ Pension Sharing Proceeds ☐ Dependant's Pension

Further confirmation from the original scheme will be required for either of the above.

Important Notice on Transferring Occupational Defined Benefit and Guaranteed Benefit Pensions

As a regulated Scheme Administrator and as Trustees, we believe it is very important that you are aware and fully understand the nature of the benefits that you are proposing to surrender. If you have Defined Benefits or Guaranteed Benefits, transferring such benefits will usually result in you losing those guarantees. We strongly recommend you take professional advice from an individual before proceeding as the benefits cannot usually be reinstated. We feel it is important for you to be aware of the following points before you proceed to transfer and surrender your entitlement to these benefits:

- If you transfer from a Final Salary Scheme to a Money Purchase Scheme (i.e. The IVCM Gibraltar QROPS) you will give up the promise of a guaranteed pension when you retire.
- Your Occupational Pension Scheme may be protected against inflation depending on the Scheme rules. This indexation starts from the date you left the Scheme until your retirement.
- Your Occupational Pension Scheme may allow you to retire early on a reduced pension or may provide a pension if you had to retire early due to ill health. This protection will normally be lost on transfer.
- It is possible that your tax free cash entitlement accrued prior to 6th April 2006 under your Occupational Pension Scheme is protected. This tax free cash protection may be lost on transfer.
- If your Occupational Pension Scheme is underfunded and your employer became insolvent the Scheme will have access to the Pension Protection Fund.
- The pension you receive from your IVCM Plan will depend on the amount you transfer and/or contribute, the performance of your chosen investments and charges up to the point you ultimately decide to retire.
- As an individual, it is you rather than your past/present employer that carries the risk if the investments within your IVCM Plan do not perform as anticipated.

In addition to these points, which are not exhaustive, you should consider the suitability of this transaction in line with your own personal and financial circumstances as well as your attitude to risk.

Authority to Approach the Transferring Scheme and to Transfer the Pension Plan to The IVCM (Gibraltar) Retirement Annuity Trust

I request the Scheme Administrator of the above Plan(s) to transfer the whole of my available transfer value to the IVCM (Gibraltar) Retirement Annuity Trust. I authorise the Scheme Administrator to disclose any information regarding my membership to IVCM Trustees (Gibraltar) Limited and their representatives in order to assist in the transfer of the Plan.

I understand that, following the application of the transfer value, neither I nor any dependants, will have any further entitlement or claim under the transferring Plan.

Signature	
Name	
Dated	

12. VERIFICATION OF IDENTITY

In accordance with the anti-money laundering regulations, financial crime legislation and other associated legislation, any party with a financial connection to your accounts with IVCM need to have their identity adequately verified. To be able to do this, we are required to perform a range of checks, including checks using online systems. Such verification needs to be carried out for all Members, and where an employer or third party is to make contributions to your Scheme, also for those parties.

We will require sight of original documents, which we will then copy and return, or adequately certified copies of the required documents, certified by a Suitably Certified Individual in accordance with the Suitable Certification section below.

13. SUITABLE CERTIFICATION

A suitable certifier must certify that they have seen the original documentation and that the certified copy of the document is a complete and accurate copy of the original. They must sign and date the copy document, print their name, confirm their professional capacity which allows them to certify the document and add the official stamp and address of the business office so that contact can be made in the event of a query. When certifying the identity documents the certifier must also confirm that the photo is a true likeness of the individual.. Acceptable certifiers are members of the judiciary, police or customs officers, lawyers, notary publics, actuaries, accountants who are members of recognised professional bodies.

In addition, an officer of an embassy, consulate or high commission of the country of issue of the identity document (i.e. passport) can also certify.

Whilst the lists of certifier and documents are not intended to be exhaustive, these are preferable. In the case of any divergence, you should first refer to IVCM before accepting the document.

Verification of an Individual's Identity

We will either require sight of original documents, which we will then copy, certify and return, or certified copies of the documents, certified by a Suitably Certified Individual in accordance with the Suitable Certification section above. At least one document is required from both List A and List B. The same document cannot be used for both.

List A - Identity

- Current fully signed Passport
- Home Office Residence Permit
- Current UK/EEA Photo Driving Licence (both parts)
- State Pension or Benefits Book/Notification Letter
- Inland Revenue Tax Notification

List B - Address

- Electoral Roll Check
- Most Recent Mortgage Statement
- Current Local Authority Tax Bill
- Local Authority Rent Card or Tenancy Agreement
- Bank/Building Society/Credit Union Statement or Passbook
- Current UK/EEA Photo Driving Licence (both parts)
- Current Full UK Driving Licence (old style)
- State Pension or Benefits Book Notification Letter
- Recent Utility Bill

Verification of a Corporation's Identity

We will either require sight of original documents, which we will then copy, certify and return, or certified copies of the documents, certified by a Suitably Certified Individual in accordance with the Suitable Certification section above. Below is the minimum required amount of evidence based on the type of business and further information may be required:

PLC Quoted Company

- Board Resolution for the Individual acting on behalf of the Company
- Verification of Individual Shareholders not required
- Private Company (Low Risk Business)
- Copy of Certificate of Incorporation
- Evidence and Co Registered Address (print out from Companies House)
- List of Shareholders and Directors (print out from Companies House)

Private Company (Higher Risk Business – Third Party Funding)

- Copy of Report & Accounts
- Certified copy of Resolutions of Board of Directors to open an account and confer authority on those who will operate it
- Individual identity of shareholders and those with control over
- Company's assets should be verified as per private

14. APPLICATION TO THE IVCM (GIBRALTAR) RETIREMENT ANNUITY TRUST

Do not sign this Application Form until all relevant sections have been completed

Starting your IVCM (Gibraltar) Retirement Annuity Trust

I, as the individual named on this Application Form, confirm to the best of my knowledge and understanding that the details given on this Application Form are current, correct and complete. I confirm that I have read in full and understand the Terms and Conditions, the Plan's Key Features document and all other documents which form the Agreement, and that I agree to be bound by the terms of the Agreement, as may change from time to time, as well as the terms of the IVCM (Gibraltar) Retirement Annuity Trust Deed & Rules, as may change from time to time.

I accept that IVCM Trustees (Gibraltar) Limited have no involvement with the advice, appropriateness of the retirement product and Adviser Charges payable. I also understand and agree that IVCM Trustees (Gibraltar) Limited make no assessment of suitability of investments chosen by me or my Financial Adviser. I further acknowledge that IVCM Trustees (Gibraltar) Limited do not accept any liability for advice given by a Financial Adviser.

I understand that any false declarations or statements may have severe consequences and penalties, including the possibility of legal proceedings, and may invalidate my Membership of the IVCM (Gibraltar) Retirement Annuity Trust. I hereby request that IVCM Trustees (Gibraltar) Limited establish a policy in the IVCM (Gibraltar) Retirement Annuity Trust, and register my Membership to the Scheme accordingly.

Do not sign this page until all sections of the form have been completed and you have read and understood the terms of the Plan in section 13 of this Application Form and fully read the IVCM (Gibraltar) Retirement Annuity Trust Terms and Conditions document.

Signature	
Name	
Dated	

IVCM

IVCM Trustees (Gibraltar) Limited

Telephone. +350 200 69290
Email. gibraltar@ivcm.com
Website. ivcm.com

215B Neptune House, Marina Bay, Gibraltar