

Gateway Personal Pension Application

Application Type (please tick one option)

☐ Standard

☐ Bespoke

PERSONAL DETAILS

Title

☐ Mr

☐ Mrs

☐ Ms

☐ Miss

☐ Mx

☐ Other (please state):

Gender

☐ Male

☐ Female

☐ Other (please state):

Forename(s)

Surname

Date of Birth

Have you been known by any other names?^

☐ Yes

☐ No

Has your address changed in the past five years?^

☐ Yes

☐ No

^Please detail any previous names and addresses on the Continuation Page (p13).

Personal Email Address

Home/Main Address

Nationality

If dual, please confirm other nationality

Phone Number (including country code)

Mobile Number (including country code)

Country and Place of Birth

Marital Status

Intended Benefit Commencement Age (Min Age 55)

PERSONAL DETAILS CONTINUED

Are you a US Tax Payer?*

☐ Yes ☐ No

Are you a US Citizen?*

☐ Yes ☐ No

* This means you are a citizen, Green Card holder, US visa holder residing in the US, resident or tax resident of the United States of America. (This includes persons born in the US and US Commonwealth, those who have US parents, and naturalised US citizens).

Please state all countries where you are currently deemed to be resident for tax purposes and your tax reference number(s)

Country of Tax Residence	Tax Reference Number ¹
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Occupation

Nature of Business/Employment

Current Employer Name and Address

Current Salary

Are you, or have you ever been, considered to be a politically exposed person? (PEP)*

Yes ☐ No ☐

If the answer is yes, then please provide details below:

If the answer is no, should you become considered a Politically Exposed Person in the future, please advise us as soon as possible.

*Definition of PEP: An individual who is, or has been, entrusted with prominent public functions or is an immediate family member, or a known close associate, of such a person.

Would you like to be considered as a professional client (experienced investor?)* Yes ☐ No ☐

*If yes, please complete the Professional Investor Client Status letter.

CONTRIBUTIONS – PAYMENT DETAILS

Personal Contributions: Regular

Expected Amount	Frequency of Contributions:	
<input type="text"/>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half-Yearly

Source of Wealth*		
<input type="checkbox"/> Income/Savings from Salary (basic and/or bonus)	<input type="checkbox"/> Employer Paying Contributions	<input type="checkbox"/> Maturity or Surrender of Life Policy
<input type="checkbox"/> Sale of Investments/Liquidation of Investment Portfolio	<input type="checkbox"/> Company Profits	<input type="checkbox"/> Sale of Property
<input type="checkbox"/> Company Sale	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Fixed Deposit - Savings
<input type="checkbox"/> Divorce Settlement	<input type="checkbox"/> Compensation	<input type="checkbox"/> Gift
<input type="checkbox"/> Lottery/Betting/Casino Win	<input type="checkbox"/> Other.	

Start date
<input type="text"/>

Personal Contributions: Single Contribution

Expected Amount		
<input type="text"/>		

Source of Wealth*		
<input type="checkbox"/> Income/Savings from Salary (basic and/or bonus)	<input type="checkbox"/> Employer Paying Contributions	<input type="checkbox"/> Maturity or Surrender of Life Policy
<input type="checkbox"/> Sale of Investments/Liquidation of Investment Portfolio	<input type="checkbox"/> Company Profits	<input type="checkbox"/> Sale of Property
<input type="checkbox"/> Company Sale	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Fixed Deposit - Savings
<input type="checkbox"/> Divorce Settlement	<input type="checkbox"/> Compensation	<input type="checkbox"/> Gift
<input type="checkbox"/> Lottery/Betting/Casino Win	<input type="checkbox"/> Other.	

Employer Contributions: Regular

Expected Amount	Frequency of Contributions:
<input type="text"/>	<input type="checkbox"/> Monthly
	<input type="checkbox"/> Annually
	<input type="checkbox"/> Quarterly
	<input type="checkbox"/> Half-Yearly

Start date
<input type="text"/>

Employer Contributions: Single Contribution

Expected Amount
<input type="text"/>

*Please provide a comprehensive description of the source of wealth below including any key details. Refer to our Source of Contributions Evidence Requirements Overleaf). **Further documentary evidence requirements may be requested following a review of the information provided.**

SOURCE OF CONTRIBUTIONS EVIDENCE REQUIREMENTS

Description Source of Wealth	Details Required for All Cases
1. Income/Savings from salary (basic and/or bonus) If the client owns or part owns the company where they are employed, then please follow the guidance for "Company profits".	<ul style="list-style-type: none"> • Salary per annum and/or bonus amount • Employer's name • Employer's address • Nature of Business
2. Employer paying contributions	<ul style="list-style-type: none"> • Employer letter confirming that applicant is an employee of the company, and stating the level of employer contribution payable and over what time period (or until further notice). • A suitably certified copy of the Certificate of Incorporation, and Memorandum & Articles of Association of the company, including details of the registered office • Evidence of the registered office of the company i.e. certified copy of some form of proof of address document • A list of all Directors of the company • Formal Confirmation that the company has not been, or is not in the process of being, dissolved, struck off, wound up or terminated • Verification of the identity of all shareholders holding 25 percent or more of the issued share capital of the company • A certified copy of the latest set of company accounts and also a certified copy of a recent bank statement for the company bank account from which the regular contributions will be made.
3. Maturity or surrender of life policy	<ul style="list-style-type: none"> • Amount received • Policy provider • Policy number/reference • Length of time held • Date of maturity/surrender
4. Sale of investments/liquidation of investment portfolio	<ul style="list-style-type: none"> • Description of shares/units/deposits • Name of seller • Length of time held • Sale amount • Date funds received
5. Company profits	<ul style="list-style-type: none"> • Name and address of company • Nature of company • Amount of annual profit
6. Sale of property	<ul style="list-style-type: none"> • Address of property sold • Date of sale • Total sale amount
7. Company sale	<ul style="list-style-type: none"> • Name and nature of company or partnership • Date of sale • Total amount • Applicant's share
8. Inheritance	<ul style="list-style-type: none"> • Name of deceased • Date of death • Relationship to applicant • Date received • Total amount • Solicitor's details

SOURCE OF CONTRIBUTIONS EVIDENCE REQUIREMENTS CONTINUED

Description Source of Wealth	Details Required for All Cases
9. Fixed deposit - savings	<ul style="list-style-type: none"> • Name of institution where savings account is held • Date the account was established • Details of how the savings were acquired should be provided, using this source of wealth table as a guide.
10. Divorce settlement	<ul style="list-style-type: none"> • Date received • Total amount received • Name of divorced partner
11. Compensation	<ul style="list-style-type: none"> • Name of payee • Date received • Total amount received • Reason for payment
12. Gift	<ul style="list-style-type: none"> • Date received • Total amount • Letter from donor explaining reason for gift • Relationship to applicant • Certified identification for donor • Donor's source of wealth - please follow standard requirements
13. Lottery/Betting/Casino win	<ul style="list-style-type: none"> • Details of organisation • Date of win • Total amount won

DETAILS OF TRANSFERRING PENSION SCHEME(S) - IF APPLICABLE

1. Existing Pension Provider <input type="text"/>	1. Existing Pension Provider <input type="text"/>
2. Pension Scheme Name <input type="text"/>	2. Pension Scheme Name <input type="text"/>
3. Pension Scheme Reference Number <input type="text"/>	3. Pension Scheme Reference Number <input type="text"/>
Type of Scheme: <input type="checkbox"/> Personal <input type="checkbox"/> Occupational <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Defined Contribution	Type of Scheme: <input type="checkbox"/> Personal <input type="checkbox"/> Occupational <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Defined Contribution
Jurisdiction: <input type="checkbox"/> Gibraltar <input type="checkbox"/> Other <input type="text"/>	Jurisdiction: <input type="checkbox"/> Gibraltar <input type="checkbox"/> Other <input type="text"/>
Current Value (Approximate) <input type="text"/>	Current Value (Approximate) <input type="text"/>
Transfer Method <input type="checkbox"/> Cash <input type="checkbox"/> In-Specie	Transfer Method <input type="checkbox"/> Cash <input type="checkbox"/> In-Specie
Benefits in Drawdown? <input type="checkbox"/> Yes <input type="checkbox"/> No	Benefits in Drawdown? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has a lump sum payment been withdrawn? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has a lump sum payment been withdrawn? <input type="checkbox"/> Yes <input type="checkbox"/> No
Over what period were benefits built up and from what source? <input type="text"/>	Over what period were benefits built up and from what source? <input type="text"/>
Average Salary <input type="text"/>	Average Salary <input type="text"/>
Employer Name <input type="text"/>	Employer Name <input type="text"/>
Employer Address <input type="text"/>	Employer Address <input type="text"/>
Gibraltar Pension sharing agreement/court order in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gibraltar Pension sharing agreement/court order in place? <input type="checkbox"/> Yes <input type="checkbox"/> No

INVESTMENT CHOICE

Please refer to the investment options flyer that details all the Blackrock funds available and confirm below how you would like your pension contributions to be invested. The selection must be based on your attitude to risk. You may select more than one fund. Please ensure the total allocation adds up to 100%. If you are unsure of your risk profile, please speak to a regulated financial adviser.

BlackRock Consensus Fund Range

Fund	Description	% Allocation
BlackRock Consensus 35	Between 0% and 35% in Equities	<input type="text"/> %
BlackRock Consensus 60	Between 20% and 60% in Equities	<input type="text"/> %
BlackRock Consensus 70	Between 30% and 70% in Equities	<input type="text"/> %
BlackRock Consensus 85	Between 40% and 85% in Equities	<input type="text"/> %
BlackRock Consensus 100	Between 70% and 100% in Equities	<input type="text"/> %

BlackRock Passive & Active Fund Range

Fund	% Allocation
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %

Disclaimer:

☐ I confirm, by ticking this box, I have read and understood the Fund Factsheets and Key Investor Information Document (KIID) for each of the funds I have selected.

Please note that you may amend the above investment selections at any time by submitting new investment instructions to Boal & Co.

BESPOKE INVESTMENT OPTION

Please provide details of your proposed financial advisor, investment manager and/or asset allocation of your pension fund.

FINANCIAL ADVISER DETAILS

Company Name <input type="text"/>	Country <input type="text"/>
Contact Name <input type="text"/>	Phone Number <input type="text"/>
Regulated by <input type="text"/>	Regulatory Reference <input type="text"/>
Address <input type="text"/>	
Email Address <input type="text"/>	

WARNING:

1. All financial advisers must have a valid terms of business agreement signed with Boal & Co (Gibraltar) Limited, administrators of the Scheme.
2. Each application must be accompanied by evidence from the adviser (and signed by the client) that the following has been verified and supplied.
 - Attitude to risk
 - Confirmation the investment is in line with the client's attitude to risk
 - Investment advice
 - Pension transfer advice, if applicable

INVESTMENT PLATFORM

Investment Platform <input type="text"/>	Contact Name <input type="text"/>
Website <input type="text"/>	
Email Address <input type="text"/>	

BESPOKE INVESTMENT OPTION (CONTINUED)

Investment Platform/Fund	Additional Information	% Allocation	Currency

INVESTMENT MANAGER DETAILS

Same as Financial Adviser? ☐ Yes ☐ No

Company Name

Country

Contact Name

Phone Number

Regulated by

Regulatory Reference

Address

Email Address

PROFESSIONAL ADVISER FEES

Please detail all fees payable to professional adviser(s).

Initial fee

To be paid from Scheme, prior to investment?

☐ Yes ☐ No

Ongoing Fee

WARNING: Where bespoke investments are chosen, all investments must be pre-approved by the Scheme Administrator. Investment managers must conclude a due diligence process and receive approval before any investment can be made.

RETIREMENT BENEFITS

Do you intend to start taking benefits immediately?

☐ Yes ☐ No

If yes, please complete the rest of this section

Lump sum required?

☐ Yes ☐ No

If yes, please specify amount:

Regular Pension Income Required?

☐ Yes ☐ No

Pension Frequency

☐ Annually ☐ Half-Yearly ☐ Quarterly

Annual Pension Amount

Specified Amount

OR

☐ Actuarially Calculated Amount*

* We will be in touch to discuss your benefit options.

NOMINATED BANK ACCOUNT FOR PAYMENTS

(Cash contributions into Gateway or benefit payments out of Gateway)

Name of Bank

Address of Bank

Sort Code

Swift Code

IBAN

Account Name

Account Number

Important Notes

1. Boal & Co (Gibraltar) Limited will report all benefit payments made from the Scheme to the Gibraltar Tax Office.
2. Boal & Co (Gibraltar) Limited are not responsible for any reporting to the tax authorities in your country of tax residence, and therefore you will be responsible for any such reporting that is due.
3. We will fulfil all obligatory reporting under the OECD's Automatic Exchange of Information (AEOI) being the Common Reporting Standard (CRS) and the United States Foreign Account Tax Compliance Act (FATCA).

EMAIL INDEMNITY

This section should be completed if you want us to act on requests provided to us by you and your Financial Adviser (if you have appointed one and have indicated that you would like them to provide us with instructions) given by email or facsimile. Instructions can be given by telephone, but will not be acted upon until confirmation has been received confirming the instruction either in writing, or in accordance with the below.

I authorise you, Boal & Co (Gibraltar) Limited and your appointed representatives to act on instructions provided by email from the following email addresses, purporting to come from me:

Personal Email Address 1:	<input type="text"/>
Personal Email Address 2:	<input type="text"/>

I hereby authorise you to accept requests from the following email addresses, purporting to come from my Financial Adviser/Investment Manager which are received ONLY from the following email addresses and it must be through THE DOMAIN REGISTERED TO THE COMPANY.

Adviser/Manager Email Address 1:	<input type="text"/>
Adviser/Manager Email Address 2:	<input type="text"/>

I can confirm that this mandate now supersedes any previous mandate given by me.

EXPRESSION OF WISHES

Full Name of Applicant

I understand under the Scheme Rules benefits may be payable if I die and the Trustee has discretionary power to pay such benefits to one or more of my relatives, dependants or to my legal personal representatives as they shall decide.

☐ I **do** wish to nominate a person or persons to receive benefits on my death.
(Please provide nominations below)

☐ I **do not** wish to nominate a person or persons to receive benefits on my death and request that benefits are paid to my personal legal representatives. (Please sign signature box below and continue)

For the guidance of the Trustee in such circumstances I would like to nominate the following to receive the benefits in the proportions shown.

Beneficiary 1

Full Name of Nominated Beneficiary

Relationship

Benefit

% Lump Sum ☐ OR Pension ☐

Address

Email Address

Beneficiary 2

Full Name of Nominated Beneficiary

Relationship

Benefit

% Lump Sum ☐ OR Pension ☐

Address

Email Address

Beneficiary 3

Full Name of Nominated Beneficiary

Relationship

Benefit

% Lump Sum ☐ OR Pension ☐

Address

Email Address

I understand that this expression of wishes does not in any way bind the Trustee or fetter the exercise of their discretionary powers.

Signature

Date

1. Your 'legal representatives' are, if you leave a will, your Executors; if not, the administrators of your estate.
2. If your personal circumstances change and you wish to alter this expression of wishes, you should complete a further form in its place. If you need an additional form to nominate additional beneficiaries, please email gateway@boalco.com.

CONTINUATION PAGE

Please add any additional information here indicating which section of the application it is relevant to.

APPLICANT DECLARATIONS

Please read the following carefully before signing to confirm your agreement on page 16.

Definitions	
Agreement	means the agreement between us and you which is contained in the Terms & Conditions, the completed Application Form and the Fees Schedule.
Applicant	means the individual who by completing this form is applying for membership of the Scheme.
Application Form	means this Application Form.
Arrangement	means an arrangement made by a Member with the Trustee to provide benefits under the Scheme.
Boal & Co	means Boal & Co (Gibraltar) Limited (a company incorporated in Gibraltar with company number 109157) and registered office at Suite 1.2.08, Eurotowers, Europort Road, Gibraltar, GX11 1AA or where the context requires or permits, to any Group Company. Where the context so admits or requires, the term Boal & Co shall include any Group Company and each of the employees, directors, officers, servants, or agents of any such company and their respective successors, assigns, transferees and estates.
Fees Schedule	means the "Fees Schedule" as defined in section 1 of the Terms and Conditions.
Gateway	means the Gateway Personal Pension Scheme which is established under trust in Gibraltar and approved by the Gibraltar Commissioner of Income Tax under the Income Tax Act 2010.
Group Company	means Boal & Co, its subsidiaries, its parent and any subsidiaries of its parent and its associated companies including but not limited to Boal & Co (Gibraltar) Limited (company number 109157).
Member	means the person or persons admitted to membership of the Scheme or otherwise as determined by the Trustee and shall include the heirs, legatees, successors, estates, personal representatives and assignees of such persons.
Scheme Administrator	means Boal & Co (Gibraltar) Limited.
Rules	means the rules of the Scheme as annexed to the Trust Deed, as amended from time to time.
Scheme	means the Gateway Personal Pension Scheme.
Services	means the services provided by Boal & Co as listed in the Fees Schedule to this Application Form or otherwise as issued to you as the same may be amended, varied, extended or reduced from time to time.
Terms and Conditions	means the Boal & Co terms and conditions provided with this Application Form.
Trustee	means Boal & Co (Gibraltar) Limited or otherwise the Trustee or Trustees of the Scheme from time to time.
Trust Deed	means the definitive Trust Deed constituting the Scheme dated 20th October 2022 and as amended from time to time.

APPLICANT DECLARATIONS CONTINUED

- a. I apply for membership of the Scheme and have full capacity to instruct Boal & Co to provide the Services.
- b. I agree to be bound by the Rules of the Scheme.
- c. I acknowledge, accept and understand the Terms and Conditions of the Scheme.
- d. I understand that the Trust Deed and Rules and the Terms and Conditions may be amended by the Trustee as required from time to time. I understand that the Trustee will notify me of any amendment that directly affects my membership terms within 30 days of the change being formally signed off.
- e. I will undertake to notify the Scheme Administrator of any changes to my residence status, name or permanent address in writing as soon as possible but within a maximum of 30 days.
- f. I confirm that I have been provided with a Fees Schedule (as defined in section 1 of the Terms and Conditions) relating to my application. I confirm that the initial and annual fixed fee will be deducted from any transfer, lump sum or regular contribution prior to being invested. I understand that the annual administration fee may be calculated and deducted monthly on the value of my Scheme fund and that the annual fixed fee may be taken annually in advance during the month of my Scheme membership anniversary or on such basis as notified to me by the Scheme Administrator, in advance. I understand that the transfer charge, benefit payment and/or transaction fees as disclosed in the Fees Schedule will be applied at the time of such transfer/transaction/payment.
- g. I accept that Boal & Co reserves the right to increase the fixed fees in line with Gibraltar inflation and that any other external or third party charges including banking and tax charges, will be charged directly to my Scheme fund. I accept that Boal & Co reserves the right to charge additional fees for unduly onerous tasks, but I will be notified in advance that additional fees are going to be charged.
- h. I confirm that I have read and understood the Fees Schedule included with this Application Form and agree to the fees that will be charged as may be varied from time to time. This includes any fees agreed with my financial adviser and/or investment adviser/manager, who are named in the Application Form or previously appointed by Boal & Co and notified to me.
- i. Where applicable, I request the Trustee and Registered Schemes Administrator to appoint the financial adviser and investment adviser/manager detailed in the Application Form, and will not hold the Trustee or Scheme Administrator responsible for any delays in the purchase or sale of any investments. I agree that the Trustee and the Scheme Administrator will not incur any liability in connection with the Scheme's investments, except where this arises as a result of fraud, wilful misconduct or gross negligence by the Trustee or Scheme Administrator.
- j. I acknowledge that the Scheme Administrator or Trustee has not provided and cannot provide any investment advice and cannot be held responsible for any advice obtained or advice not sought by myself or any related persons party to the affairs of the Scheme.
- k. Where bespoke investments have been selected, I confirm that I have received advice on my investments with regards to their suitability and appropriateness to my personal circumstances and for the purpose of the Scheme or I have requested to be classified as a Professional Client as per the Gibraltar Financial Services (Pensions) Regulations 2017 and I am sufficiently knowledgeable and experienced to make these investment decisions and I further acknowledge that the Trustee or Scheme Administrator has not provided and cannot provide such advice and cannot be held responsible for my investment choices. I confirm that I have reviewed the investment guidelines that Boal & Co have set out for the Scheme, and I agree to adhere to these and any future revisions to these investment guidelines.
- l. I confirm and acknowledge that neither the Trustee nor the Scheme Administrator owes me any duty or obligation to provide investment advice whether initially or on an ongoing basis and I hereby agree to hold the Trustee and Scheme Administrator harmless in respect of any loss caused directly or indirectly by an investment choice, investment decision or consequence thereof.
- m. I authorise Boal & Co to provide information to and accept instructions from any Authorised Person (as defined in section 1 of the Terms and Conditions) in relation to my Arrangements under the Scheme.
- n. I understand that the value of my Arrangements may only be used to provide benefits at retirement or upon my death.
- o. I understand that by transferring benefits to the Scheme I may be giving up any guarantees, bonuses, annuity protection or loss of future service benefit accrual that may have been available from the transferring scheme.
- p. I confirm that the source and origin of any further assets transferred will be explained to the Scheme Administrator prior to receipt, and where requested by the Scheme Administrator, suitable evidence provided.
- q. I acknowledge that the Scheme Administrator or Trustee can, at their discretion, decline acceptance of any asset transferred to them without notice or reason.
- r. I understand that the level of pension taken by way of drawdown in retirement from this Scheme is not guaranteed and will depend on the performance of the underlying investments.
- s. I consent to the Trustee and Scheme Administrator using the information supplied on this Application Form to administer my Arrangements and acknowledge that the information may be held in any form for the purpose of administering my Arrangements. I agree to the Trustee and Scheme Administrator disclosing in confidence any information required by the Gibraltar Income Tax Office or any other relevant regulatory body or professional adviser as required.

APPLICANT DECLARATIONS CONTINUED

- t.

I confirm that the information contained in this Application Form, including information regarding my Scheme, may be reported to the tax authorities in the country in which this Scheme is maintained, and may be exchanged with the tax authorities of another country or countries in which I am tax resident.

u.

I confirm that none of the funds transferred into the Scheme are subject to any court order, nor is any court order currently being applied for to the best of my knowledge and that I have no creditors and/or claims outstanding against me and that there are no pending or anticipated actions or claims that I am aware of.

v.

I consent to the holding and processing of my personal data by the Scheme Administrator. I
- also note that copies of correspondence may be confidentially retained in administration offices outside of Gibraltar.

w.

I confirm that to the best of my knowledge the particulars provided on this Application Form are correct and complete. I understand that it is an offence to make false statements. I understand that intentional and material false statements will lead to membership being invalidated and may lead to prosecution.

x.

I understand that other inaccurate statements may lead to benefits being adjusted depending on the extent of the variance between the inaccurate statement and the true facts.

APPLICANT AGREEMENT

This represents the Agreement between Boal & Co and the Applicant and is executed under hand the day and year first below written. Please read this application carefully before signing.

Full Applicant Name

Signed by the Applicant

Dated

Boal & Co (Gibraltar) Limited Director Name

Signed by Boal & Co (Gibraltar) Limited Director

Dated

GATEWAY PERSONAL PENSION NEW APPLICANT CDD CHECKLIST

Application Form	
Permanent residential address given (not PO Box or temporary address)	<input type="checkbox"/>
Source of funds to be transferred/added	<input type="checkbox"/>
Occupation stated	<input type="checkbox"/>
Application signed	<input type="checkbox"/>
Additional contributions source of wealth form (if required)	<input type="checkbox"/>

Customer Due Diligence – Proof of Identity	
Certified as true copy and good likeness by suitable certifier (see Certification Requirements)	<input type="checkbox"/>
If certified by regulated IFA, web address of Regulator provided	<input type="checkbox"/>
Copy passport or ID card current, shows good and clear photographic likeness	<input type="checkbox"/>
Information on copy passport or ID card clearly readable showing country and place of issue, date and place of birth, nationality, signature of holder, date of issue, expiry date and a unique personal identification number (e.g. passport number)	<input type="checkbox"/>
Documents in a foreign language require a certified true translation to be provided	<input type="checkbox"/>
Details of any former name (e.g. maiden name) and any other names used by the applicant	<input type="checkbox"/>

Customer Due Diligence – Proof of Residential Address	
Utility bill, bank statement or similar document (cannot be a mobile phone bill) dated within the last 3 months	<input type="checkbox"/>
Certified as true copy by suitable certifier (see below)	<input type="checkbox"/>
If certified by regulated IFA, web address of Regulator provided	<input type="checkbox"/>
If utility bill or similar documentation showing street address is not available, letter from employer confirming permanent residential address (not PO Box or temporary accommodation) or letter from suitable certifier (see below) stating that he/she has visited the applicant at the address given and that it is the applicant's permanent residential address	<input type="checkbox"/>
Documents in a foreign language require a certified true translation to be provided	<input type="checkbox"/>

Nominated Bank Account for Payments	
If contributions are to be received or benefit payments made, a certified copy of a bank statement of the nominated bank account dated within the last 3 months	<input type="checkbox"/>

GATEWAY NEW APPLICANT CDD CHECKLIST CONTINUED

Suitable Certifier

We will accept copies of documents certified by the following individuals; however, they should not be a member of the individual's immediate family

- A qualified lawyer or notary public who is a member of a recognised professional body
- A qualified accountant who is a member of a recognised professional body
- A qualified actuary who is a member of a recognised professional body
- A company secretary who is a member of a recognised professional body
- A member of the judiciary, a senior civil servant, a serving police or customs officer
- An officer of an embassy, consulate or high commission of the country of issue of documentary verification of identity
- A director, board member or authorised individual of a regulated financial business
- A senior officer or Manager (employee on the 'A' or 'AA' signature list) within Boal & Co (Pensions) Limited
- Any other suitable certifier, as approved by Boal & Co

*Members in the Isle of Man may wish to visit our offices with their original documents for us to certify

Certification Requirements

The certifier should include the following wording (or words to that affect):

"I have seen the original document and I certify this to be a true copy of the original". When certifying photographic documents, the certifier should check the photograph represents a good likeness to the individual and include the following "I confirm that the photograph bears a true likeness to the individual concerned".

They need to sign and date each copy and include:

- Their full name in capitals
- Their job title or capacity
- Their phone number
- Their full address (including the postcode)
- The professional body of which they are a member, including their accreditation or reference number

Please note - If the person certifying your photocopy is doing so on behalf of a company or organisation, they should add its official stamp to each page. We can accept PDF scanned copies of certified identity documentation by email subject to our in-house verification checks.

A certification on a separate sheet of paper is acceptable provided that one of the following is in place.

- The documents are received in original format and bound together
- The certification page references the name of the person, the document and the document number (if available). For address verifications the separate sheet must mention the issuer and date of the invoice and the addressee.
- The documents are certified by way of DocuSign (or equivalent) and the audit page is attached.

LETTER OF AUTHORITY

Pension Provider's Name and Address**Member's Name and Address****Date of Birth****Employed from (date):****Employed to (date):****Plan Number****National Insurance Number****Passport Number**

Please accept this letter as your authorisation for Boal & Co to act on my behalf to obtain information relating to my deferred pension in the above mentioned scheme.

This information is to include details in relation to transfer procedures to transfer to another Gibraltar approved pension scheme.

I trust you find this in order, but should you require any further information, please do not hesitate to contact me.

Yours faithfully

Signature**Date**



Retirement
Benefit
Solutions

Pension Trustee Services
Pension Administration
Actuarial Services

General (+350) 200 68022

Email gateway@boalco.com

Post PO Box 1250, Gibraltar, GX11 1AA

Registered Office Suite 1.2.08, Eurotowers, Europort Road,
Gibraltar

ISLE OF MAN | JERSEY | MALTA | GIBRALTAR

Our focus; your financial future.

boalco.com |   

For further information on the regulatory status of our businesses please visit boalco.com/regulatory