

## Rewards Employer Application

### EMPLOYER DETAILS

Employer Name

Nature of Business

Employer Phone Number

Employer Address

Employer Email Address

Employer Company Website Address

### EMPLOYER BANK ACCOUNT DETAILS

Bank Name

Bank Address

Sort Code

Account Name

Account Number

### PLAN INFORMATION

Plan Name

Plan Commencement Date

Has the plan received salary sacrifice approval from the Isle of Man Income Tax Division?

Yes      No

Normal Retirement Age

Employer Contribution

Employee Contribution

Payroll Date

ALL CONTRIBUTIONS ARE TO BE MADE ELECTRONICALLY BY BACS OR FASTER PAYMENT TO THE ACCOUNT DESIGNATED BY BOAL & CO

## FINANCIAL ADVISER DETAILS

Company Name

Contact Name

Phone Number

Email Address

## FINANCIAL ADVISER FEES

Annual fee (charged monthly in arrears)

%

## KEY CONTACTS

Please provide the names and email addresses of the individuals the employer grants permission to liaise with Boal & Co regarding Rewards.

Name

Email Address

Name

Email Address

Name

Email Address

## EMPLOYER AGREEMENT

Please read the following carefully before signing to confirm your Agreement on page 4.

Definitions	
<b>Agreement</b>	means the agreement between us and you which is contained in the completed Application Form and the Fees Schedule.
<b>Application Form</b>	means this Application Form.
<b>Boal &amp; Co</b>	means Boal & Co (Pensions) Limited (a company incorporated in the Isle of Man with company number 104242C and registered office at Marquis House, Isle of Man Business Park, Douglas, Isle of Man, IM2 2QZ) 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.
<b>Employer</b>	means the employer detailed on this application form.
<b>Group Company</b>	means Boal & Co, its subsidiaries, its parent and any subsidiaries of its parent and its associated companies including but not limited to Boal & Co Limited (company number 061825C) and Boal & Co Holdings Limited (company number 116997C).
<b>Rules</b>	means the rules of the Scheme as annexed to the Trust Deed, as amended from time to time.
<b>Rewards</b>	means the Balley Chashtal SIPP (BC SIPP) which has two sections: - BC SIPP (1989): tax approved under Part 1 of the Isle of Man Income Tax Act 1989 (Tax Reference Number X012183). - BC SIPP (PFS): tax approved under Section 61H of the Isle of Man Income Tax Act 1970 (Tax Reference Number PFS000005).
<b>Scheme</b>	means Rewards.
<b>Professional Retirement Benefits Schemes Administrator</b>	means Boal & Co (Pensions) Limited or otherwise the registered schemes administrator (as defined in the Retirement Benefits Schemes Act 2000) of the Scheme from time to time.
<b>Trust Deed</b>	means the definitive Trust Deed constituting the Scheme dated 11th July 2008, as amended and re-stated dated 19th April 2018, and as amended from time to time.
<b>Trustee</b>	means Boal & Co (Pensions) Limited.

## AGREEMENT

We confirm that by signing this document we are representing the Employer, and are also authorised to act on behalf of the Employer with regards to this application.

We confirm that unless notified in writing to the Professional Retirement Benefits Schemes Administrator, the Employer will make monthly payments to the Scheme on behalf of the members. The contributions and investment returns achieved will be used to provide such benefits payable in accordance with the Trust Deed and Rules. We understand that the Deed and Rules may be amended from time to time at the discretion of the Trustee.

We confirm that we have complied with the Isle of Man Data Protection Act 2018, and that the Professional Retirement Benefits Schemes Administrator can assume that all members of the Plan have consented to data being passed to the Professional Retirement Benefits Schemes Administrator.

We confirm that we will obtain all the necessary permissions required from members to enrol them in the Scheme, and deduct contributions from their salary.

This agreement will terminate on cessation of the payment of contributions by the employer or by mutual agreement between the employer and Boal & Co.

Signed by (full Employer name)

First Authorised Signatory

Name of Authorised Signatory

Position of Authorised Signatory

Signed by Authorised Signatory

Dated

  

Second Authorised Signatory

Name of Authorised Signatory

Position of Authorised Signatory

Signed by Authorised Signatory

Dated



Retirement  
Benefit  
Solutions

Pension Trustee Services  
Pension Administration  
Actuarial Services

**General** +44 (0) 1624 606606

**Email** [rewards@boalco.com](mailto:rewards@boalco.com)

**Post** PO Box 162, Douglas, Isle of Man, IM99 1US

**Registered Office** Marquis House, Isle of Man  
Business Park, Douglas, Isle of Man, IM2 2QZ

ISLE OF MAN | JERSEY | MALTA | GIBRALTAR

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**Our focus; your financial future.**

**boalco.com** |   

For further information on the regulatory status of our companies please visit [boalco.com/regulatory](https://boalco.com/regulatory)