

## Rewards Member Application

### PERSONAL DETAILS

<b>Title</b> Mr      Mrs      Ms      Miss      Mx Other (please state): <input type="text"/>					<b>Gender</b> Male                  Female Other (please state): <input type="text"/>				
<b>Forename(s)</b> <input type="text"/>					<b>Surname</b> <input type="text"/>				
<b>Date of Birth</b> <input type="text"/> / <input type="text"/> / <input type="text"/>									
<b>Have you been known by any other names?^</b> Yes      No					<b>Has your address changed in the past five years?^</b> Yes      No				
<b>Personal Email Address</b> <input type="text"/>									
<b>Home/Main Address</b> <input type="text"/>									
<b>Nationality</b> <input type="text"/>					<b>If dual, please confirm other nationality</b> <input type="text"/>				
<b>Phone Number (including country code)</b> <input type="text"/>					<b>Mobile Number (including country code)</b> <input type="text"/>				
<b>Country and Place of Birth</b> <input type="text"/>					<b>Marital Status</b> <input type="text"/>				

^Please detail any previous names and addresses (and relevant dates) on the Continuation Page (p5).

<b>Are you a US Tax Payer?*</b> Yes      No					<b>Are you a US Citizen?*</b> Yes      No				
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\* 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).

<b>National Insurance Number</b> <input type="text"/>									
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PERSONAL DETAILS CONTINUED

Please state all countries where you are currently deemed to be resident for tax purposes and your tax reference number(s). Please use the Continuation Page (p5) for any additional information.

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

Intended Benefit Commencement Age (Min Age 55)

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.

## CONTRIBUTIONS

Please tick this box to confirm that you have received detailed information about the deductions that will be taken from your salary and agree that these can be deducted on a monthly basis and paid to Rewards.

Employer Name

Occupation

Salary

Personal Contribution: Please indicate the percentage of salary that you authorise to be deducted on a monthly basis  %

Employer Contribution: Please indicate the percentage of salary that your employer will contribute on a monthly basis  %

## INVESTMENT OPTIONS

PLEASE REFER TO THE BOAL & CO INVESTMENT OPTIONS FLYER FOR FURTHER INFORMATION

Please select one of the following options:

Boal & Co Lifestyle Strategy  
- Drawdown

Boal & Co Lifestyle Strategy  
- Lump Sum

Self-Select (list below)

If the Self-Select option has been chosen, please detail your investment selection below. Please choose from the list of investment options detailed on the Boal & Co Investment Options flyer

Fund Name	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"/>
<input type="text"/>	<input type="text"/>

## FINANCIAL ADVISER DETAILS

Company Name

Contact Name

## FINANCIAL ADVISER FEES

Annual fee (charged monthly in arrears)

%

EXPRESSION OF WISHES

<p>Full Name of Applicant</p> <input type="text"/>	<p>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.</p>
<p>I <b>do</b> wish to nominate a person or persons to receive benefits on my death. (Please provide nominations below)</p>	<p>I <b>do not</b> 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)</p>

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**

<p>Full Name of Nominated Beneficiary</p> <input type="text"/>	<p>Relationship</p> <input type="text"/>
<p>Benefit</p> <input type="text"/> % Lump Sum      OR      Pension	<p>Address</p> <input type="text"/>
<p>Email Address</p> <input type="text"/>	

**Beneficiary 2**

<p>Full Name of Nominated Beneficiary</p> <input type="text"/>	<p>Relationship</p> <input type="text"/>
<p>Benefit</p> <input type="text"/> % Lump Sum      OR      Pension	<p>Address</p> <input type="text"/>
<p>Email Address</p> <input type="text"/>	

**Beneficiary 3**

<p>Full Name of Nominated Beneficiary</p> <input type="text"/>	<p>Relationship</p> <input type="text"/>
<p>Benefit</p> <input type="text"/> % Lump Sum      OR      Pension	<p>Address</p> <input type="text"/>
<p>Email Address</p> <input type="text"/>	

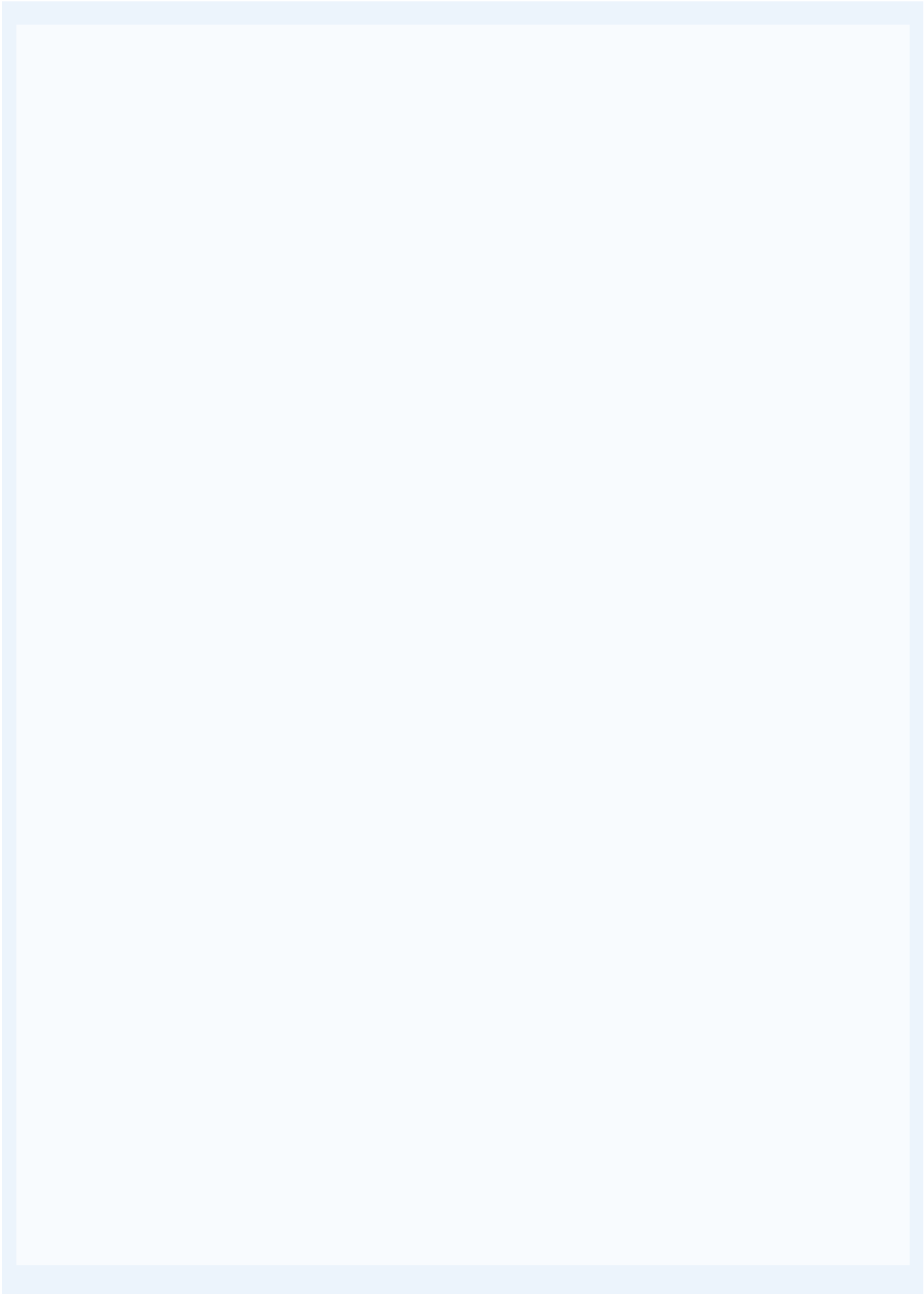
I understand that this expression of wishes does not in any way bind the Trustee or fetter the exercise of their discretionary powers.

<p>Signature</p> <input type="text"/>	<p>Date</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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- Your 'legal representatives' are, if you leave a will, your Executors; if not, the administrators of your estate.
- 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 [rewards@boalco.com](mailto:rewards@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 the Agreement on page 8.

Definitions	
<b>Agreement</b>	means the agreement between Boal & Co and you which is contained in the Terms & Conditions, the completed Application Form and the Fees Schedule.
<b>Applicant</b>	means the individual who by completing this form is applying for membership of the Scheme.
<b>Application Form</b>	means this Application Form.
<b>Arrangement</b>	means an arrangement made by a Member with the Trustee to provide benefits under the Scheme.
<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>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>HMRC</b>	means the United Kingdom's HM Revenue & Customs.
<b>Member</b>	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.
<b>Registered 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>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>Rules</b>	means the rules of the Scheme as annexed to the Trust Deed, as amended from time to time.
<b>Scheme</b>	means Rewards.
<b>Services</b>	means the services provided by Boal & Co as listed in the Fee 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.
<b>Terms and Conditions</b>	means the Boal & Co terms and conditions provided with this Application Form.
<b>Trustee</b>	means Boal & Co (Pensions) Limited or otherwise the trustee or trustees 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.

## 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 Registered Schemes 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 read the Fees Schedule included in my application form. I confirm that I understand the annual charges applied to my Scheme by Boal & Co. I understand that a transfer out charge may be applied for any transfer out of the Scheme (other than to another Boal & Co product).
- g. I accept that Boal & Co reserves the right to increase the fees in line with the Isle of Man Retail Price Index and that any other external or third party charges (including banking charges, Isle of Man income tax etc.) 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 named in the Application Form.
- i. 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 Registered Schemes Administrator responsible for any delays in the purchase or sale of any investments. I agree that the Trustee and the Registered Schemes 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 Registered Schemes Administrator.
- j. I confirm that either I have received independent pension transfer, financial, investment, legal and tax advice with regards to the suitability of this Scheme for me and my individual circumstances and the implications to me of entering into this Scheme, OR I have chosen not to take such advice as I am sufficiently knowledgeable and experienced to make these decisions on my own. I acknowledge that the Registered Schemes Administrator or Trustee has not provided and cannot provide any such 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. 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 chosen not to take such advice as I am sufficiently knowledgeable and experienced to make these decisions on my own and have signed an Investment Indemnity Form issued by the Trustee. I acknowledge that the Registered Schemes Administrator or Trustee has not provided and cannot provide any such investment advice and cannot be held responsible for any advice obtained or advice not sought by myself or any related persons party to the investments of the Scheme.
- l. I confirm and acknowledge that neither the Trustee nor the Registered Schemes 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 Registered Schemes 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 consent to the Registered Schemes Administrator deducting fees from my fund as agreed in this Application Form and associated Fees Schedule.
- o. I understand that the value of my Arrangements may only be used to provide benefits at retirement or upon my death.
- p. 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.
- q. I confirm that the source and origin of any further assets transferred will be explained to the Registered Schemes Administrator prior to receipt, and where requested by the Registered Schemes Administrator, suitable evidence provided.
- r. I acknowledge that the Registered Schemes Administrator or Trustee can, at their discretion, decline acceptance of any asset transferred to them without notice or reason.
- s. 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.
- t. I consent to the Trustee and Registered Schemes 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 Registered Schemes Administrator disclosing in confidence any information required by HMRC (as may be required under the UK Finance Act 2004) or any other relevant regulatory body or professional adviser as required.
- u. 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.
- v. 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.

APPLICANT DECLARATIONS CONTINUED

- w. I consent to the holding and processing of my personal data by the Registered Schemes Administrator and whilst in active employment for my employer to share such personal data as required by the Registered Schemes Administrator to administer my membership of the Scheme. I also note that copies of correspondence may be confidentially retained in administration offices outside of the Isle of Man.
- x. 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.
- y. 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.

By signing below, I consent to the Agreement.

Signed by (Full Applicant Name)

Signed by the Applicant

Dated

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Retirement  
Benefit  
Solutions

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Pension Administration  
Actuarial Services

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