THE RESOLUTE SIPP APPLICATION FORM

FOR USE WITH THE ARDAN WEALTH PLATFORM

The Resolute SIPP Application Form should be completed by the applicant and, where applicable, by the applicant's appointed financial adviser. Where signatures are required these are clearly marked.

The Application Form should be read in conjunction with the following:

- Key Features Document
- Terms and Conditions
- Applicant's Personal Illustration
- Investment Guidelines
- Ardan International Terms and Conditions

Additional information may be requested by IFGL Pensions during the processing of the Application Form.

Understanding the parties and the structure

Scheme Administrator	**IFGL Pensions**
Responsible for the day to day operation and administration of the SIPP.	
Trustee	**MW SIPP Trustees Limited**
The trustee of the Scheme.	
Scheme	**RL360**
The name of the HM Revenue & Customs (HMRC) registered pension Scheme (tax reference number 20002890RK) under which the applicant's SIPP is established.	
Product	**The Resolute SIPP**
The generic name of the product purchased by the applicant established under the RL360 Trust Deed.	
Investment Provider	**Ardan International**
Investment Platform which will hold custody of assets and cash	

IFGL Pensions is a trading name of IFG Pensions Limited. The generic term IFGL Pensions is used throughout this Application Form as the context requires.

CLIENT DUE DILIGENCE

In order to comply with prevention of money laundering and funding of terrorism regulations IFGL Pensions is required to verify the identity, address and source of wealth for each applicant. Failure to provide complete information may delay your application.

Verifying your ID and address using ID-Pal: what you'll need

To ensure your verification of identity and verification of address via ID-Pal is completed smoothly and quickly, please can you ensure you have the following documents ready and available when you meet with your adviser and complete your identity verification checks:

- Form of ID – Passport/Driving Licence/National Identity card
- Access to a device with an internet connection to download ID-Pal app (ID verification)
- Verification of your residential address:
  - Utility, rates or council tax bill dated within the last three months
  - Bank statement dated within the last three months
  - Current driving licence (if not already provided as form of ID)
  - Mortgage statement dated within the last three months
  - Tax assessment document or any government issued document showing the client's address dated within the last three months
  - National Identity Card (if not already provided as form of ID)
  - Tenancy contract

For a demo of how to submit your documents using the ID-Pal app, please visit:

www.ifglpensions.com/ID-Pal-demo

If you are unable to verify your ID and address using ID-Pal

1. Verification of Identity

Please provide a certified copy of your passport clearly showing your name, passport number, picture, nationality, date of birth, country of issue and date of issue.

2. Verification of Address

Evidence of your residential address is also required. This should be in the form of a certified copy of a bank statement or utility bill (not including mobile telephone bills) no more than three months old.

Documents may be certified by a lawyer, notary public, an officer of an embassy, consulate or high commission, an accountant, an actuary or an appointed suitable certifier of a regulated financial services advice firm.

The certification should be evidenced by a written statement stating that:

- The document is a true copy of the original document
- The document has been seen and verified by the certifier
- The photograph is a true likeness of the individual (on ID documents).

All certifications should be signed by the certifier, dated and contain the certifier's stamp, position, identity of the relevant regulatory authority and any approval number. All certifications should specify that having seen the original document, the certifier confirms that this is a true copy, and that the photograph is a true likeness of the individual concerned.

Any identity or address verification documents which are not presented in English will require a certified translation to accompany them. Documents should be translated by a professional translator or a IFGL Pensions representative and contain details of the individual who has conducted the translation.

Please complete all sections of the form. Incomplete or inaccurate application forms may delay your application and acceptance for a Resolute SIPP.

PERSONAL DETAILS

Title: Surname:

Full forename(s): Marital status:

Previous name:

Date of birth (dd/mm/yyyy): Gender: Male Female

Residential address:

How long have you lived at this address?

Previous residential address (if less than three years at current residential address):

Correspondence address (if different to the above):

Home tel: Mobile tel:

Email:

Occupation: Nationality:

Country of tax residence: Tax Identification Number (TIN):

Do you have a UK National Insurance Number?: Yes No

UK National Insurance Number (if applicable):

Date left UK (if applicable) (dd/mm/yyyy): Intended retirement age (55-75):

Do you consider yourself a Politically Exposed Person ('PEP')? Yes No

Note: A PEP is an individual who personally may hold, or via family members or close associates may influence, a public function or position.

Have you opted out of, or declined to join, an occupational pension, group personal/ stakeholder pension scheme to which your employer contributes, or employer-sponsored auto-enrolment pension arrangement in favour of making payments to this SIPP? Yes No

Do you intend to take benefits immediately? If yes, please complete a Benefit Election Form (available separately). If no, but you intend to do so within the next nine months, please ensure you are aware of any disinvestment costs. Yes No

OCCUPATION

Occupation (or if retired, previous occupation):

Date of retirement (if applicable) (dd/mm/yyyy):

If employed, please tick one of the following:

☐ I am employed

Company/employer's name:

Company/employer's address (including country):

Company registration number:

Nature of business:

☐ I am self-employed

☐ I am unemployed

☐ I am over 16 and in full time education

☐ I am of school age or under 16 (application must be made by a third party, please request additional form)

OR

☐ I am in receipt of a pension

Current gross earnings:

FINANCIAL ADVISER

Name:

Email:

Company name:

Address:

Tel:

Mobile:

Regulated by:

Licence/
regulatory number:

FINANCIAL ADVISER FEES

Initial Advice Fee

Initial Advice Fee*
(fixed fee or %):

Initial Advice Fee
currency:

GBP Defined Benefit**
Advice Fee
(if applicable):

Account name:

Account number:

Sort code:

IBAN:

BIC:

Payment reference:

*Any Initial Advice Fee is capped at 4% up to a maximum of £28,000 and must be reasonable for the work undertaken

** GBP Defined Benefit Advice Fee does not have a maximum cap but must be reasonable for the work undertaken

You should discuss in full and agree these fees with your financial adviser before completing and signing this Application Form.

I confirm I wish to appoint the financial adviser shown above.

I acknowledge that fees payable to my financial adviser will be taken from the SIPP bank account and/or underlying investments held within the SIPP and I have read and agree the charging structure of the investment provider.

I agree that all eligible funds will be sent for investment upon receipt, or where applicable, following the payment of benefits and initial advice fees and deduction of appropriate charges.

Applicant's signature:

Date (dd/mm/yyyy):

FINANCIAL ADVISER DECLARATION

I confirm that:

- I have provided appropriate advice regarding the suitability of the SIPP, the applicant's proposed transfers to the SIPP and, where appropriate, the applicant's retirement benefit options. All fees and remuneration have been disclosed to the applicant.
- Unless an investment adviser has been appointed, I have provided the applicant with advice regarding the proposed underlying investment(s) and all fees and remuneration related to investments have been disclosed to the applicant.
- I have provided a detailed explanation of the Ardan Portfolio Account financial adviser fees to be deducted.
- I have given the client the current Ardan International Terms and Conditions and Ardan International Pricing Schedule governing the Client Portfolio Account.
- I am suitably qualified and authorised to provide this advice and confirm the advice given to the applicant will meet the regulatory requirements of the jurisdiction in which the advice is being provided.
- I have provided the applicant with all relevant literature in the latest available version, including the Terms of Business.
- Where a transfer is from a scheme with any form of guarantee, safeguarded benefits or defined benefits, and where the appropriate transfer analysis has been undertaken, the applicant has been advised of any benefits that may be lost as part of the proposed transfer to the SIPP.
- I confirm that the applicant has been made aware of their statutory cancellation rights.
- I confirm that I have the necessary authorisation to sign this declaration on behalf of the above mentioned financial advisory firm.

Financial Adviser's signature:

Financial Adviser's name:

Date (dd/mm/yyyy):

Financial Adviser's company name:

Insert the Financial Adviser's company stamp here:

INVESTMENT ADVISER

Name:

Email:

Company name:

Address:

Tel:

Mobile:

Regulated by:

Licence/
regulatory number:

NOMINATED BENEFICIARIES

1. Full name:

   Relationship: Date of birth (dd/mm/yyyy):

   Tel:

   Email:

   Residential address:

   Total percentage of benefit: %

2. Full name:

   Relationship: Date of birth (dd/mm/yyyy):

   Tel:

   Email:

   Residential address:

   Total percentage of benefit: %

3. Full name:

   Relationship: Date of birth (dd/mm/yyyy):

   Tel:

   Email:

   Residential address:

   Total percentage of benefit: %

4. Full name:

   Relationship: Date of birth (dd/mm/yyyy):

   Tel:

   Email:

   Residential address:

   Total percentage of benefit: %

NOMINATED BENEFICIARIES (CONTINUED)

Please add any comments you wish to make to explain your choice of nominated beneficiaries:

ADDRESS VERIFICATION LETTER (ONLY COMPLETE IF THERE IS NO RESIDENTIAL POSTAL SERVICE)

IFGL Pensions
Third Floor, Cotton House
Old Hall Street, Liverpool
L3 9TP, United Kingdom

Date (dd/mm/yyyy): ☐☐ ☐☐ ☐☐☐☐

Dear Sirs

Re: _____ ("the Applicant")

I have visited the Applicant at their residential address and can confirm that the below details are correct. I further confirm that I have been unable to obtain standard address verification due to insufficient postal services in this locality.

Residential address of Applicant:

Yours faithfully,

Signature of Financial Adviser:

Name of Financial Adviser:

Company:

Regulator approval number:

Registered address:

Regulator:

Regulatory licence number:

Signature of suitable certifier:

Date (dd/mm/yyyy): ☐☐ ☐☐ ☐☐☐☐

EMPLOYMENT HISTORY

IFGL Pensions requires a full history of employment and business activities in order to establish source of wealth, i.e. the origin of the pension funds to be transferred. To satisfy this requirement please complete the Employment History section below.

Date of Employment		Position Held	Employer Name and Address
From	To		

CONTRIBUTIONS

Only complete if you are a relevant UK individual

If you are a relevant UK individual for a UK tax year you may make member contributions and be eligible for tax relief at source. Member contributions may be made by the member or an individual on behalf of the member, but do not include employer contributions. If you wish to make member contributions please sign the declaration below.

I declare that:

I am under the age of 75 and am a relevant UK individual.

The total of the member contributions paid to this Scheme and to other registered pension schemes, on which I am entitled to tax relief under section 188 of Finance Act 2004, will not exceed, in any tax year, the higher of:

a) The basic amount (£3,600 gross for the current UK tax year)

OR

b) 100 per cent of my relevant UK earnings in that tax year up to the annual allowance. (£60,000 from 6/4/2023).

This declaration is correct to the best of my knowledge and belief.

I will give notice to the Scheme Administrator if an event occurs, as a result of which I will no longer be entitled to relief on member contributions, under section 188 of Finance Act 2004. I will provide this notice by the later of:

a) 5th April in the tax year of assessment in which the event occurs; and

b) The date which is 30 days after the occurrence of that event.

Applicant's signature: Date (dd/mm/yyyy): ☐☐ ☐☐ ☐☐☐☐

CONTRIBUTIONS (CONTINUED)

If an applicant wishes to make contributions either personally or via their employer, IFGL Pensions will always require relevant source of wealth details (together with the pertinent supporting documentation) on how the funds were accumulated (e.g. inheritance, sale of property, divorce, personal savings, employment bonus or remuneration).

Type of contribution: ☐ Personal ☐ Employer

Single lump sum contribution: Currency: _____ Amount: _____

Regular contributions: Currency: _____ Amount: _____

Frequency: _____

Please advise how the above contribution has been accumulated:

Please advise what supporting material you have provided for the above contribution:

Any contributions that are received may be held in the SIPP bank account and accumulated until such time an amount is reached that can be invested and transferred to other investments.

IFGL Pensions will not accept contributions until due diligence procedures have been completed and IFGL Pensions is in receipt of certified supporting documentation.

PENSION TRANSFERS

Please provide details of all pension scheme transfers you wish IFGL Pensions to receive. For multiple transfers each scheme will require pages 11, 12, 13, 14 and 15 completed in full with a declaration signed by the Applicant for each transfer.

Full name of the current provider:

Full name of the current scheme:

Current scheme administrator address:

Current scheme administrator email address:

Current scheme administrator phone number:

Type of scheme: ☐ Defined benefit ☐ Defined contribution ☐ Personal pension ☐ Other

Current scheme/plan/policy/member number:

Approximate fund value to be paid to IFGL Pensions: £

Does this represent the full value of the current scheme/plan? ☐ Yes ☐ No

Guarantee date of the transfer (dd/mm/yyyy) (if applicable): ☐☐ ☐☐ ☐☐☐☐

Are the sums and assets being transferred:

- Already entirely in drawdown? ☐ Yes ☐ No ☐ N/A
- Already partially in drawdown? ☐ Yes ☐ No ☐ N/A
- Not in drawdown? ☐ Yes ☐ No ☐ N/A

I am transferring a fully uncrystallised arrangement: ☐ Yes ☐ No

I am transferring a capped drawdown arrangement which I want to remain in capped drawdown: ☐ Yes ☐ No

I am transferring a capped drawdown arrangement which I want to convert to Flexi-Access Drawdown: ☐ Yes ☐ No

I am transferring an arrangement already in Flexi-Access Drawdown: ☐ Yes ☐ No

Have you triggered the Money Purchase Annual Allowance (MPAA)? ☐ Yes ☐ No

Is the current scheme or plan subject to any existing or proposed trustee in bankruptcy orders, earmarking, pension sharing orders or other receiving orders? ☐ Yes ☐ No

Have you been advised against proceeding with a transfer out from the above pension scheme but want to transfer out regardless? ☐ Yes ☐ No

PENSION TRANSFERS (CONTINUED)

Where the current provider's scheme contains any defined or safeguarded benefits, please confirm whether you have received pension transfer advice from a UK-regulated financial adviser in relation to the transfer out of the above pension scheme:

☐ Yes ☐ No

Full name of current provider:

Current scheme/plan/policy/member number:

If the above pension scheme contains any defined or safeguarded benefits above £30,000 IFGL Pensions will not accept the transfer unless you have taken UK-regulated pension transfer advice. If applicable, please provide the details of the adviser who has provided the appropriate transfer advice, together with a copy of their transfer report. Please also provide an insistent client letter if applicable.

Company name:

FCA firm reference number:

Adviser name:

FCA adviser reference number:

Business address:

Email: Tel:

INVESTMENT PATHWAYS - STEPS

Please read and answer the following questions so that we can attach it to your member record.

Step 1:

Please specify how you wish to select the investment for your drawdown fund from the following:

- ☐ I wish to use Investment Pathways – if ticked please go to Step 2, below.
- ☐ I wish to select my own investments without using the Investment Pathways.
- ☐ I wish to remain invested in my current investments.
- ☐ I have reviewed the information provided but am undecided about how I wish to proceed – if ticked go to Step 3, visit the Money Helper website via the link provided, and then complete Steps 2 and 3.

Step 2:

Please select the Investment Pathway option which most closely matches your objective for your pension, or part of your pension, after any tax-free lump sum has been paid.

- ☐ Option 1: I have no plans to access my money in the next five years.
- ☐ Option 2: I plan to use my money to set up a guaranteed income (annuity) within the next five years.
- ☐ Option 3: I plan to start taking my money as a long-term income in the next five years.
- ☐ Option 4: I plan to take out all of my money within the next five years.

Step 3:

IFGL Pensions does not offer a Pathway Investment that matches one of the four options you have selected above. You may benefit from shopping around and the Government's Money Helper service is available to assist you with comparing pathway investments that are available from other providers. To find out more about the pension providers that currently offer pathway investments please visit:

https://comparison.moneyhelper.org.uk/en/tools/drawdown-investment-pathways

I confirm that I have looked at the drawdown comparison tool available from The MoneyHelper Service and have decided that:

- ☐ I do not wish to proceed with taking pension benefits.
- ☐ I wish to proceed but will remain invested in my current investments.
- ☐ I wish to proceed but will select my own investments.
- ☐ I wish to transfer my SIPP to a pathway provider. (We will send you our Transfer-out application form).
- ☐ I have reviewed the information provided but am undecided about how I wish to proceed.

THE PENSION WISE SERVICE- DEFINED CONTRIBUTION PENSION TRANSFERS ONLY

The FCA require us to make you aware of a service called Pension Wise.

Pension Wise is a government backed service which offers free and impartial pension guidance to help anyone over the age of 50 understand their options for accessing their pension savings from age 55 onwards. Pension Wise guidance can be delivered by phone, face to face, or through another electronic medium. During the appointment, you will receive pensions guidance with an independent pension specialist. They will talk you through your options to help you make an informed decision. Accessing your pension benefits will be one of the most important financial decisions you make in your lifetime, so it is important to be fully informed. You can choose to book yourself, or we at IFGL Pensions can arrange this for you. You also have the option of taking advice from a UK FCA regulated financial adviser at your own cost.

To date, customer satisfaction with the Pension Wise service has been very high, with 94% of those surveyed in 2019-20 saying they were "very or fairly satisfied with their overall experience". 91% felt it helped them consider their options more thoroughly and 97% would recommend the service to others.

Pension Wise Eligibility

Please tick one of the four options below:

☐ I am under age 50, transferring a pension in my own right, and currently in good health
If selected, no further action required

☐ I am aged 50 or older and do not plan on taking benefits from my SIPP once the pension transfer is complete
If selected, no further action required

☐ I am aged 50 or older and planning on taking benefits from my SIPP once the pension transfer is complete
If selected, please proceed to 'Pension Wise Appointment'

☐ The pension I am transferring is already in drawdown
If selected, please proceed to 'Pension Wise Appointment'

Pension Wise Appointment

☐ I have booked a Pension Wise appointment myself

Website: https://www.moneyhelper.org.uk/en/pensions-and-retirement/pension-wise/book-a-free-pension-wise-appointment

Telephone: 0800 138 3944

Pension Wise appointment date (dd/mm/yyyy): ☐☐ ☐☐ ☐☐☐☐

☐ I want IFGL Pensions to book a Pension Wise appointment for me

Please provide details of when you can attend a Pension Wise appointment:

Day: _____

Time: _____

Memorable word for Pension Wise to confirm at the start of the appointment: _____

Telephone number: _____

☐ I want to 'Opt out' of the Pension Wise appointment

TRANSFER DECLARATION

Note: This declaration is your instruction to your current scheme provider(s) to transfer to IFGL Pensions the pension fund(s) for which you have provided these details. For your own benefit and protection, you should read this Declaration carefully before agreeing and signing it. If you do not understand any point, please refer to your current scheme provider or financial adviser for guidance.

I hereby declare and acknowledge as follows:

1. I authorise and instruct you, my current scheme provider, to transfer sums and assets from the pension scheme detailed in this section directly to IFGL Pensions and to provide any instructions and/ or discharge required by any relevant third party to do so.

2. I accept that in order to comply with regulatory obligations, IFGL Pensions and my current scheme provider(s) named in this application may need to verify my identity and residential address, and may use credit reference agency searches and ask for my documents to verify my identity and address.

3. Until this application is accepted and complete, IFGL Pensions' responsibility is limited to the return of the total payment(s) to my current scheme provider(s).

4. When payment is made to the Scheme Trustee as instructed, this means that I shall no longer be entitled to receive pension benefits from the whole of the scheme(s) listed in this application where the whole of the scheme(s) is transferring, or that part of the scheme(s) represented by the payment(s) if only part of the scheme(s) is transferring.

5. I have read any information provided or made available to me by my current scheme provider in connection with this transfer.

6. I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that IFGL Pensions and my current scheme provider(s) may incur as a result of any incorrect, untrue, or misleading information in this application or given by me, or on my behalf, or of any failure on my part to comply with any aspect of this application.

7. I authorise IFGL Pensions, my current scheme provider, any contributing Employer and any financial adviser named in this application to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to the Scheme Trustee.

Applicant's signature: Date (dd/mm/yyyy): | | | | | | | | |

INVESTMENT OBJECTIVES

The investment objective of the SIPP is to accumulate a trust fund from which to provide benefits in retirement. Investment restrictions apply; for full details please refer to the Investment Guidelines of the Resolute SIPP. The following information is required to assist IFGL Pensions in determining your preferred investment strategy.

Please tick the relevant box:

- ☐ I am very uncomfortable with any risk and accept that my capital may be eroded by inflation.
- ☐ I am prepared to take a small amount of risk to provide for the potential for growth over the medium to longer term.
- ☐ I am comfortable with risk and prepared to take a longer term view. This may mean the overall portfolio value fluctuates over the medium term, however provides for the potential for growth over the portfolio over the long term.
- ☐ I am very comfortable with risk and willing to accept volatility in the portfolio value in order to provide for the potential for higher returns over the long term.

Applicants are reminded that past performance shall not necessarily be a guide to future performance and that the value of investments can go down as well as up. The value of investments denominated in foreign currencies may be influenced by changes in exchange rates.

INVESTMENT RISK PROFILE

Please tick the box that applies to you:

☐ **Lower Risk**

People in this category are conservative with their investments. They prefer taking a small amount of risk to achieve modest or relatively stable returns. They accept that there may be some short term periods of fluctuation in value.

☐ **Lower to Medium Risk**

People in this category are relatively cautious with their investments. They want to try to achieve a reasonable return, and are prepared to accept some risk in doing so. Typically these portfolios will exhibit relatively modest yet frequent fluctuations in value.

☐ **Medium Risk**

People in this category are balanced in their attitude towards risk. They do not seek risky investments but do not avoid them either. They are prepared to accept fluctuations in the value of their investment to try and achieve better long term returns. These portfolios will be subject to frequent and at times significant fluctuations in value.

☐ **Medium to High Risk**

People in this category are relatively comfortable with investment risk. They aim for higher long term returns and understand that this can also mean some sustained periods of poorer performance. They are prepared to accept significant fluctuation in value to try and achieve better long term returns.

☐ **High Risk**

People in this category are very comfortable with investment risk. They aim for high long term investment returns and do not overly worry about periods of poorer performance in the short to medium term. Ordinarily these portfolios can be subject to the full extent and frequency of stock market fluctuations.

ARDAN INTERNATIONAL PORTFOLIO ACCOUNT DETAILS

Portfolio account base currency

Please select one currency which your account charges will be deducted in (you can open multiple accounts but your account charges will be deducted in the currency you select below). You should maintain a cash balance of 1.5% to cover ongoing charges.

☐ GBP ☐ USD ☐ EUR ☐ CHF ☐ AUD ☐ HKD ☐ JPY

☐ AED ☐ CAD ☐ ZAR ☐ SGD

* All withdrawals to IFGL Pensions will be made in GBP

Initial investment

(by providing specific information to the accumulation of your source of wealth (see examples), this will allow us to determine if documentary evidence is required. Examples: salary, savings, inheritance, sale of property.

What is your initial investment (this is the amount we expect to receive)?

Currency _____ Amount _____

Currency _____ Amount _____

Are you share transferring assets to your Ardan Wealth Platform? ☐ Yes ☐ No

If yes, what is the estimated value? Currency _____ Amount _____

(please provide a current valuation statement along with this application)

Details of anticipated future investments

How frequently do you expect to make future deposits into this account? _____

Currency _____ Amount _____

Currency _____ Amount _____

CANCELLATION RIGHTS

An applicant has a legal right to cancel their SIPP application within 30 days of the establishment of the SIPP. The SIPP is deemed to be established at the date of signature of the Declaration in the Application Form. If the applicant decides, for any reason, to cancel their application within this period IFGL Pensions will return all fees. Upon receipt of the Application Form IFGL Pensions will write to the applicant reminding them of this right and when this 30 day period starts and ends.

Because of the legal right to cancel an application, IFGL Pensions will not open any bank account, accept any contribution, start processing any proposed transfers into the SIPP nor act on any investment instruction until this 30 day cancellation period has expired. This is because IFGL Pensions will not undertake work if IFGL Pensions has no certainty of being paid for that work.

WAIVING CANCELLATION RIGHTS

If an applicant wishes IFGL Pensions to proceed with the establishment of the SIPP before this 30 day period expires there is an option to waive the right to cancel. The applicant can confirm they want to waive the 30 day cancellation rights by signifying this in the declaration at the end of the Application Form. Alternatively this may be done by writing at any time before the 30 day cancellation period expires.

I confirm that (please tick the box that applies):

☐ I wish to waive my right to cancel my application within 30 days of my SIPP being established. I have read and understood the section above.

OR

☐ I do not wish to waive my right to cancel my application within 30 days of my SIPP being established.

APPLICANT DECLARATION

Please read the following Declaration carefully before signing at the foot of the section. This is IFGL Pensions' standard agreement upon which it intends to rely. For your own benefit and protection, you should read this Declaration carefully before agreeing and signing it. If you do not understand any point, please refer to your appointed financial adviser for guidance.

Note: Your SIPP cannot be established until IFGL Pensions has received a fully completed and signed Application Form including all supporting documentation to carry out due diligence and anti-money laundering checks as required. This includes all identity and address verification evidence, suitably certified with the correct wording where applicable. Once all documentation is satisfactorily received, IFGL Pensions will process the application and the SIPP will be established.

I hereby declare and acknowledge as follows:

1. I apply to become a member of the Resolute SIPP and if accepted agree to be bound by the Trust Deed and Rules of the RL360 scheme and the Terms and Conditions of the Scheme. I understand that if I wish to inspect the Trust Deed and Rules a copy will be forwarded to me by the scheme administrator upon my request.

2. I confirm that I have been provided with, read, understood and will comply with the Terms and Conditions, the Key Features and the Investment Guidelines and I am fully aware of all risk warnings contained in those documents. I confirm that IFGL Pensions has not provided any advice in respect of the establishment of the SIPP or the investments therein and that it remains my responsibility to seek advice from a suitably authorised and regulated adviser.

3. I confirm that I have read and understood my right to cancel my application within 30 days of the establishment of my SIPP and have indicated whether I waive this right on page 17 of this Application Form.

4. I have been informed that the Resolute SIPP is a product name of the RL360 Scheme and understand that RL360 is registered with HMRC as a registered pension scheme under the terms of the Finance Act 2004, as amended, for the purposes of providing retirement benefits to members and their dependants by way of lump sum and pension income.

5. I understand that IFGL Pensions is the scheme administrator and that MW SIPP Trustees Limited is the trustee of RL360.

6. I confirm that I have received independent advice from a suitably authorised and regulated adviser. Where any of my existing pension funds contain safeguarded benefits, guarantees or protections I have received advice from a firm permitted by the FCA to advise on pension transfers which has included consideration of the scheme, my personal circumstances, the assets in which my pension funds will be invested, associated risks and all costs and charges. I understand that a transfer from my existing schemes will mean giving up any safeguarded benefits, guarantees or protections granted to me under those schemes and I confirm that having considered and understood that advice I wish to proceed with my pension transfer. I consent to the transfer of any pension fund described above to the scheme administrator to be administered under the scheme.

7. I understand that the scheme administrator and trustee may use the services of its associated companies to collate information and documentation relating to my participation in the scheme and any person or company providing professional services. I consent to my personal information and data being supplied to associated companies for such purposes and to third parties in connection with investments under the scheme if and when necessary or required for regulatory purposes.

8. I confirm that I shall notify IFGL Pensions if in any scheme year I am, or not, or cease to be, a 'relevant UK individual' and I shall do this within 30 days of the occurrence of the event or before the end of the tax year in which the event occurs if an earlier date.

9. I will, upon request, make full disclosure in writing of any benefits I have received, may receive, or may be entitled to receive, from any other pension plan.

10. I am aware that IFGL Pensions may at any time disclose any information concerning the scheme, member or any benefits payable under the scheme to any tax authority, regulatory or governmental body for any purposes, and may also provide any tax authority, regulatory or governmental body with such undertakings as IFGL Pensions considers necessary for the purposes of the scheme.

11. I accept responsibility for the payment of any fees due in accordance with the Fee Schedule (as amended from time to time). I understand that I must ensure that there is always sufficient cash in my SIPP to meet fees due, and I will maintain a minimum cash balance of 1.5% (minimum cap of £2,000 and maximum cap of £8,000). I understand the action that will be taken, as detailed in the Terms and Conditions of the Scheme, if there is insufficient cash in my SIPP to meet any fees due.

APPLICANT DECLARATION (CONTINUED)

12. I understand that it is the responsibility of my appointed financial adviser and, where applicable, my appointed investment adviser, to disclose all their fees including all remuneration earned by either or both of them in respect of my SIPP and the investments contained therein.

13. I agree that IFGL Pensions may set up banking facilities for my SIPP with an appropriate bank, as required. I agree that the sole signatory on such banking arrangements will be MW SIPP Trustees Limited and I hereby authorise MW SIPP Trustees Limited to establish such an account.

14. I confirm that I have understood and agreed to the investment recommendations provided to me by my appointed financial or investment adviser or both. I understand that my appointed financial or investment adviser or both, will make investment recommendations in line with my stated risk profile.

15. I authorise IFGL Pensions to accept investment and other instructions from my appointed financial or investment adviser or both as detailed on page 5. I agree that copies of any documents relating to my SIPP, including investment valuations and the Financial Adviser's Declaration, may be forwarded to my appointed financial or investment adviser or both. I authorise IFGL Pensions to act upon instructions received from me or from my appointed financial or investment adviser or both if so mandated.

16. I hereby authorise IFGL Pensions to communicate by email using the email address given in page 3 or such alternative email address that I may notify IFGL Pensions in writing from time to time. I understand and acknowledge the risks of using email as a means of communication and confirm that IFGL Pensions shall not be required to verify the authenticity of instructions received by email which may be acted upon by IFGL Pensions in good faith. I undertake to indemnify IFGL Pensions at all times against all actions, suits, proceedings, claims, demands, costs, charges, expenses and consequences whatsoever arising by reason of the trustee and myself communicating by email.

17. I consent to information relating to me and my nominated beneficiaries (including information that may constitute personal data for the purposes of any data protection legislation) being disclosed to the IFGL Pensions and any associated company within IFGL or to banks, financial advisers, regulated financial institutions, any governmental or tax authority or to any person or entity to whom any company within IFGL is under a legal obligation to make disclosures, within any jurisdiction inside or outside the European Economic Area. I understand that I can access a full copy of IFGL Pensions' Privacy Policy here https://www.ifglpensions.com/privacy.

18. I declare that all information provided in this Application Form is to the best of my knowledge true and complete.

Applicant's signature:

Applicant's name:

Date (dd/mm/yyyy): ☐☐ ☐☐ ☐☐☐☐

DOCUMENTATION CHECKLIST

Any missing or incomplete documents will delay the processing of your SIPP application, transfer of funds being received, investments being made and payment of benefits.

- ☐ Fully completed Application Form with all necessary signatures
- ☐ Fully completed Ardan International Pricing Schedule
- ☐ Benefit Election Form (if taking benefits immediately)

ADDITIONAL PERSONAL DOCUMENTS CHECKLIST

You will need to supply sufficient certified copies of the following for use by IFGL Pensions, each ceding scheme and each investment provider selected.

- ☐ Original certified copy passport (the number required)
- ☐ Certified proof of residential address not older than three months (the number required)
- ☐ Address Verification Letter completed by your Financial Adviser (if required)
- ☐ Additional identity documents required by the transferring scheme or schemes (please refer to their documentation)
- ☐ Employment history
- ☐ Copy of Lifetime Allowance Protection Certificate (if applicable)
- ☐ Pension Transfer Specialist Report (if applicable)
- ☐ Insistent Client Letter (if applicable)
- ☐ If *in specie* transfer, a current valuation showing full details of assets held

To ensure your verification of identity and verification of address via ID-Pal is completed smoothly and quickly, please can you ensure you have the following documents ready and available when you meet with your adviser and complete your identity verification checks:

- ☐ Form of ID – Passport/Driving Licence/National Identity card
- ☐ Access to a device with an internet connection to download ID-Pal app (ID verification)
- ☐ Verification of your residential address:
  - Utility, rates or council tax bill dated within the last three months
  - Bank statement dated within the last three months
  - Current driving licence (if not already provided as form of ID)
  - Mortgage statement dated within the last three months
  - Tax assessment document or any government issued document showing the client's address dated within the last three months
  - National Identity Card (if not already provided as form of ID)
  - Tenancy contract

For a demo of how to submit your documents using the ID-Pal app, please visit:

www.ifglpensions.com/ID-Pal-demo

If unable to use the ID-Pal app, please send the following:

- ☐ Original certified copy of passport/driving licence/national identity card
- ☐ Certified proof of residential address not older than three months

Please return the fully completed Application Form and supporting documentation to IFGL Pensions:

IFGL Pensions, Third Floor, Cotton House, Old Hall Street, Liverpool, L3 9TP, United Kingdom.
Tel: +44 151 328 1777
Email: pensions@ifglpensions.com

INVESTMENT GUIDELINES

To review our investment guidelines please visit
https://www.ifglpensions.com/downloads/IFGLPENS106-Resolute-SIPP-investment-guidelines.pdf

FOR IFGL PENSIONS USE ONLY

My/our signature(s) below confirm(s) that:

I/We declare that the information supplied in this application is complete and correct to the best of my/our knowledge and belief at the time of this declaration.

I/We agree to provide Ardan International with any further information as may be required.

I/We agree to notify Ardan International of any material changes in the information provided in this application including but not limited to, changes in personal details, which may occur after the date of this application.

I/We agree/disagree to Ardan International using my/our personal information for marketing purposes. If you do not make any selection we will deem you to have given permission for your information to be used as described. You may change your mind at any time about receiving marketing messages by contacting us using the details shown here - www.ardan-international.com/contact-us

I/We confirm that I/we have read and understood the Ardan International T&Cs.

	Trustee signature	Second Trustee signature (if applicable)
Signed		
Date (dd/mm/yyyy)		

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