



HERITAGE PENSIONS

GENERAL TRUSTEE INFORMATION FORM

To be completed by each General Trustee
who is not a Scheme Member

Name of SSAS _____

PLEASE RETURN THIS FORM TO:

Heritage Pension Administration Limited
6 Doolittle Mill
Froghall Road
Amphill
Bedfordshire
MK45 2ND

1 Personal Details

Title Mr Mrs Miss Ms Other

Forename(s)

Surname

Gender Male Female

Date of birth

National insurance number

Permanent residential address

 Postcode

How long have you been at your current residential address?

If you have lived at this address for less than three years please provide details of all other addresses separately.

Telephone numbers Home Work
 Mobile Fax

Email address

Marital status Single Married Civil Partner
 Divorced Widowed Other

Mother's maiden name

Nationality

Do you have dual nationality? Yes No

If Yes, which country?

IMPORTANT INFORMATION:

Please enclose one form of photo ID and one form of address ID e.g. passport, driving licence, bank statement (dated within three months), utility bill (dated within three months) for each member of the group



2 Trustee's Declaration

This is our standard application form upon which we intend to rely. For your own benefit and protection you should read this declaration carefully before signing. If you do not understand any point please ask for further information or seek advice from a suitably qualified professional.

How we use your information

The information on this form and any further information provided by you and/or your nominated advisers, now or in the future, will be used by Heritage Pension Administration Limited to:

- 1 Set up and administer your SSAS
- 2 Send information relating to your SSAS to you or your advisers
- 3 Provide statistics for marketing/new business analysis by Heritage Pension Administration Limited or its agents
- 4 Give essential information about your SSAS to others (for example investment providers, regulatory authorities or your agents such as your financial adviser or investment manager) if necessary to run your SSAS and for regulatory purposes.

We may share your information with contracted third parties (including those outside the EEA) as necessary in order to set up and administer your SSAS. Such contracted third parties will hold your information in accordance with UK Data Protection Legislation. Information about you may be kept after your SSAS is closed.

I hereby declare that:

- a I confirm that by completing this application, I agree to become a General Trustee of this employer's SSAS and to be bound by the trust deed and rules, as amended from time to time.
- b I declare that the information provided in this application and any other documents completed in connection with this application are true and correct to the best of my knowledge.
- c I understand the main purpose of the scheme must be the provision of retirement and death benefits.

- d I agree not to, or attempt to, withdraw funds to provide benefits for me under the scheme, or the income on those funds, other than in accordance with the rules of the scheme.
- e In the event that an unauthorised payment is made, I agree to the scheme administrator deducting the amount of any scheme sanction charge or other charges levied by HMRC on the scheme administrator from the funds held under the scheme in order to pay that charge.
- f As a trustee I authorise Heritage Trustees Limited to register the scheme on behalf of the trustees and to notify HMRC of their appointment as either scheme administrator or scheme practitioner.
- g I authorise Heritage Pension Administration Limited to obtain any information it may require to administer the scheme.
- h I authorise Heritage Pension Administration Limited to notify HMRC that Heritage Trustees Limited will act as either scheme administrator or scheme practitioner for the scheme.
- i I understand that Heritage Pension Administration Limited or any third party as they may appoint, including those outside the EEA, will process and hold on computer or otherwise information about me as a result of this application. I give my consent to obtaining, recording and holding this information and other such personal data as is reasonably required to administer the Scheme. I also give my consent to disclosing to a third party such information about me as may be required by that third party to enable them to trace my whereabouts in the future and require their assistance. I consent to disclosing to HMRC and any other regulatory body such information as is required for their purposes. Where I have disclosed the personal data of other living individuals I am also deemed as agent on behalf of those individuals to have given consent on their behalf and informed them of the identity of the data controllers and the purposes for which their data will be processed.

Please note that it is a serious offence to make a false statement.

Signature

Name

Dated



3 Confirmation of Verification of Identity for Private Individual

To be completed by the FSA-regulated firm introducer

1. Details of Individual (see explanatory notes below)

Full name of client	<input type="text"/>		
Permanent residential address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Date of birth	<input type="text"/>		

If they have lived at this address for less than three years please provide details of all other addresses separately.

2. Confirmation

I/We confirm that

- a The verification of the identity of the above client meets the requirements of all applicable United Kingdom anti-money laundering law and regulation, in particular the requirements of the Money Laundering Regulations 2007 and the most recent Joint Money Laundering Steering Group, Prevention of Money Laundering / Combating Terrorist Financing - Guidance for the UK Financial Sector.
 - b The above person is not* a PEP - Politically Exposed Person
 - c We understand that Heritage Pensions Limited will be placing reliance upon the assurances given in this document.
 - d I/We will, if requested, as soon as reasonably practicable, make available to Heritage Pensions Limited and / or law enforcement agencies any information (i.e. copies of any identification and verification data and other relevant documents on the identity of the customer (and any beneficial owner) which we obtained when applying CDD measures.
 - e I/We agree to notify Heritage Pensions Limited of any material changes to the information provided in this certificate.
- * If the person is a PEP, please delete the word "not"

Signature

Name

Position

Dated



3. Details of FSA Regulated Firm

Full name of regulated firm	<input type="text"/>
Jurisdiction	<input type="text"/>
Name of Regulator	United Kingdom
FSA firm reference number	Financial Services Authority

Explanatory notes

- 1 A separate confirmation must be completed for each client (e.g. joint holders, trustee cases and joint life cases). Where a third party is involved e.g. a payer of contributions who is different from the client, the identity of that person must also be verified and a confirmation provided.
- 2 This form cannot be used to verify the identity of any client that falls into one the following categories
 - *Those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification;*
 - *Those whose identity has not been verified by virtue of the application of a permitted exemption under local anti money laundering law or regulation or;*
 - *Those whose identity has been verified using the source of funds as evidence.*
- 3 This confirmation must carry an original signature.

