



Alta International Overseas Pension Plan Alta Select Overseas Pension Plan Application form

Applicant's personal details

Full Name:

Date of Birth:

Occupation/Previous occupation:

Passport number:

Current Residential Address:

Correspondence Address (if different from above):

Phone:

Fax:

Email:

Current tax residence:

Date of leaving UK:

Nationality:

Source of wealth:

Source of income:

Have you ever been convicted of a criminal offence other than a motoring offence that is not legally spent (as defined in the Rehabilitation of Offenders (Bailiwick of Guernsey) Law, 2002)?

Yes _____ No _____

Have you ever been the subject of a tax investigation by any authority in the world?

Yes _____ No _____

Have you any known present or future creditors who may legally have a claim to the pension fund to be transferred to Alta?

Yes _____ No _____



Details of pension scheme to be transferred		
Name of existing scheme:		
Address of Scheme:		
Contact name:	Policy number:	Reference:
Contact Telephone:	Contact Email:	Contact Fax:
Approximate value of existing scheme:		Type of Scheme:
Have you received a tax free lump sum from any scheme?		Yes _____ No _____
Have you received regular income from any scheme?		Yes _____ No _____
Is any part of the amount to be transferred subject to a court order in any jurisdiction?		Yes _____ No _____
Please confirm that you have taken professional advice concerning this transfer. (The advice given must be copied to Nerine).		Yes _____ No _____
Name of pension and/or tax adviser:		
Address of pension and/or tax adviser:		
Adviser's Telephone:	Adviser's Email:	Adviser's Fax:
Adviser signature:	Print Name:	Dated:





Investment requirements		
Alta International Overseas Pension Fund only		
Names and address of investment adviser:		
Adviser's Telephone:	Adviser's Email:	Adviser's Fax:
Details of investment adviser's qualifications:		

Investment advisers to applicants selecting the Alta International Strategy will be required to complete further details concerning the investment requirements and strategy for the pension fund. Information concerning the additional data required will be sent to the applicant on request.

Nerine will also require sight of copies of the client suitability report prepared by the investment adviser.

Alta Select Overseas Pension Fund only	
Initial Investment strategy selected	Please select one
Sterling Cautious	
Sterling Balanced Asset	
Sterling Steady Growth	
Sterling Equity Risk	





Nominated Beneficiaries in respect of death

Alta allows you as the applicant to nominate which of your dependants may benefit and to what extent. In the event you die prior to purchasing an annuity or transferring your pension fund to an approved trust, in the absence of directions from you, your fund will be held for the benefit of your estate.

Nerine requires a certified copy of the passport and a certified utility bill verifying the residential address for each individual mentioned above. (See applicant due diligence).

Beneficiary 1

Full Name:

Date of birth:

Address:

Relationship:

Proportion of benefits:

%

Beneficiary 2

Full Name:

Date of birth:

Address:

Relationship:

Proportion of benefits:

%

Beneficiary 3

Full Name:

Date of birth:

Address:

Relationship:

Proportion of benefits:

%



Applicant due diligence

Document	Details	Included
Certified copy passport	<p>Please provide an original certified copy of your passport. The passport must be certified by a suitable individual.</p> <p>The certifier must use the following wording: <i>“Having seen the individual and their identification at the same time, I certify that this is a true copy and that the photograph is a true likeness”.</i></p> <p>The certifier must sign and date the copy, printing his/ her name, position and the date below their signature as well as their full contact details.</p>	
Address verification	<p>Please provide a utility bill to verify your residential address. This must be no more than three months old and must either be an original utility bill or a copy of an original certified by a suitable individual.</p>	
P85	<p>Please provide a copy of your P85 notification of non residence.</p>	
Pension transfer advice	<p>Please provide a copy of advice received from your authorised pension adviser confirming that it is in the best interests of the pensioner to transfer pensions to Alta.</p>	
Nominated beneficiaries	<p>Please provide an original certified copy of the passport for each person nominated as a beneficiary. The passport must be certified by a suitable individual.</p> <p>The certifier must use the following wording: <i>“Having seen the individual and their identification at the same time, I certify that this is a true copy and that the photograph is a true likeness”.</i></p> <p>The certifier must sign and date the copy, printing his/ her name, position and the date below their signature as well as their full contact details.</p> <p>Please provide a utility bill to verify a nominated beneficiary’s residential address. This must be no more than three months old and must either be an original utility bill or a copy of an original certified by a suitable individual.</p>	
Alta International applicants only	<p>Please provide a copy of the investment adviser’s investment suitability report.</p>	



Terms and conditions

I, being eligible, apply for membership to the **Alta International Overseas Pension Plan or Alta Select Overseas Pension Plan (delete as applicable)** ("Alta"). I confirm that the assets comprising the transfer value into Alta are free of encumbrances and are not subject to any third party claims or rights. I further confirm that all assets being transferred have not originated and will not originate from activities or transactions which constitute a criminal offence in Guernsey, or which if carried out in Guernsey would constitute such an offence.

I consent to Nerine Trust Company Limited ("Nerine") acting as Trustee of Alta. I confirm that I have not been provided with legal, pension, investment or tax advice by Nerine in relation to my membership of Alta and acknowledge my responsibility to obtain my own advice. I further confirm that I accept the value of my fund within Alta can go up as well as down and that Nerine shall not be liable for any loss to my fund within Alta resulting from following my direction or the direction of my duly appointed adviser.

I will be bound by the terms of the Alta Trust Instrument governing Alta as it is or may be varied from time to time. I acknowledge that admittance to membership of Alta is at the discretion of Nerine and is subject to Nerine ensuring that its member acceptance policies have been fully satisfied.

I understand the rules of the Alta Pension Plan, in particular the terms and conditions concerning benefits which may be or become payable.

I consent to Nerine's standard fees and conditions as detailed on a fee schedule dated [] 2010 or as amended from time to time. I consent to Nerine paying its fees and any out of pocket expenses calculated in accordance with its published fee schedule from my pension fund on the due date and without my prior approval.

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 fund. I consent to Nerine as Trustee agreeing and settling out of my fund within Alta any tax liability levied by H M Revenue and Customs.

I acknowledge that Nerine does not give tax or investment advice.

I consent to Nerine obtaining from me or any other person or body to whom a duly authorised payment is to be made within Alta, information and documentation as may be needed for the purpose of administering my fund. I understand that if Nerine is unable to obtain information in order to administer my benefits in an accurate manner as a result of my failure, Nerine reserves the right to make further charges.

I declare that to the best of my knowledge and belief the information provided in this application form is correct and complete. I understand that any deliberate or careless failure to answer any questions correctly and fully to the best of my knowledge and belief may result in benefits not being paid to me.

I have left the UK or intend to do so.

Client signature:

Print name:

Dated:

