

Membership number:	For office use only.
Full Name:	Include any aliases or former names.
Title: Mr/Mrs/Ms/Miss	Optional.
Date & Place of Birth:	A certified copy of your current passport or other identification document must be provided (see notes).
Marital Status:	Optional.
Nationality:	
Tax Residence:	Disclose all jurisdictions where you are considered tax resident.
Guernsey Tax Reference:	
Passport Number & Place Of Issue:	
Residential Address:	Acceptable 3rd party proof of principal main residential address to be provided as per attached notes. If resident at this address for less than 3 years, please provide former address(es) during this period.
Post Code:	
Telephone (Home):	At least one means of contact must be given. All verbal and written communications from us will be issued in the English language unless specifically arranged otherwise.
Mobile:	
Facsimile:	
Email:	
Preferred Contact Method:	In order of preference. Include any preferred / precluded times if applicable.
Employer Name:	
Employer Address:	
Post Code:	
Occupation:	Optional.
Normal Retirement Age:	Indicate age at which you anticipate beginning to draw on your pension (between 50-75 years).

Professional Advisers and nature of advice taken:

Give names and contact details of all professional advisers whom you have engaged to advise on activities in respect of this product.

Unless expressly indicated otherwise by you, we reserve the right to contact one or more of these advisers to confirm the advice given or to seek a reference on you.

If you have not taken independent professional advice, please indicate this here. In such circumstances we may require that advice be taken and copies provided to us before we agree to act in any capacity.

Guernsey Trust Company Limited take no responsibility for action or inaction as a result of a failure on your part to take sufficient advice or to provide us with copies of advice taken.

CONTRIBUTIONS

I understand that my employer will contribute

 % of my annual salary each month.

I confirm I wish to contribute

 % of my annual salary each month.

I authorise my employer to deduct this amount from my salary each month with effect from

 / / until further notice.

TRANSFERS

Transfer: £ (min £1,000)Remitting Bank: Name of Scheme to be transferred (if applicable):

INVESTMENT STRATEGY

Please indicate the proportion of your contribution to be invested into each strategy:

STRATEGY	Employer contributions	Employee contributions	Combined contributions	Lump sum
CAUTIOUS (Low Risk)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BALANCED (Medium Risk)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DYNAMIC (Higher Risk)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			100%	

NB. The lifespan of a member of a RAT, and the investment performance of the assets held in a RAT, are impossible to predict. As a result, once a member has started to draw down benefits from the RAT and depending on the level of benefits paid, the assets may be exhausted before the death of the member.

SOURCE OF FUNDS

Eg, savings from salary, employer's contributions.

I confirm that all the above information is true and accurate and that I have understood the nature of all information requested. I accept that you may make further enquiries at your discretion and that my completion of this form is no guarantee of my acceptance as a client of Guernsey Trust Company Limited.

Signed: Date:

Please return this form to the address on the following page.

In accordance with the guidelines issued by our regulator, the Guernsey Financial Services Commission, our own internal client risk profiling and to comply with Anti-Money Laundering Legislation, we require certain information and documentation concerning the ownership and financing of all entities for which we provide, or are being asked to provide, services.

In order to minimise any delays and reduce the inconvenience of collating the necessary information, our current **minimum** requirements are as follows.

Client Due Diligence ("CDD")/Information required ¹	Enclosed Y/N
Proof of Identity ²	
Proof of residential address ³	
Completed application form	
Letter of Wishes	
Bank Instruction Form	

NOTES

1. All documentation provided as copies should be certified as a true copy - see Guidelines for Certification below. Alternative documents not specifically listed should be pre-approved by us.

2. Acceptable forms of proof of identity are:

- Valid Passport
- Driving licence (if contains photograph of individual)
- National ID Card
- Armed Forces ID Card

For all Passports / Identity Documents please ensure the following:

- The document is valid and shows the issue and expiry dates
- The photograph is clear and all features are visible
- The page showing signature is included

- The place of issue and passport number details are included and are clearly legible
 - Nationality details are included
- 3.** Acceptable forms of proof of residential address are:
- Valid, full driving licence (unless provided as proof of identity already)
 - Utility Bill (e.g. Gas, Water, Electricity, etc - we **cannot** accept a mobile telephone bill)
 - Television Licence
 - Home / Motor Insurance Policy Document or Certificate
 - Bank / Building Society / Credit Card Statement from recognised Financial Institution (our discretion is final)
 - Rates Bill
 - Local Rent Card or Tenancy Agreement

Any third party documentation must be from a recognised/verifiable provider and must not be more than three months old.

GUIDELINES FOR CERTIFICATION REQUIREMENTS

Who can certify your documentation?

An independent lawyer/accountant, a bank manager, manager of a regulated credit or financial institution, Commissioner of Oaths, Notary Public, Justice of the Peace/member of the judiciary, senior civil servant or a British Embassy official.

What wording should the certification include?

- 'A certified true copy of the original document'
- The certifier must use an official stamp quoting company name and address
- Sign and clearly print their name
- Date the certification
- Indicate their position or official capacity on the copied document
- Include the name of the regulating body of the certifier if applicable, (ACCA, Law Society, FSA, etc)
- Include their registration number issued by the regulating body (if applicable)



▶ **guernsey trust company limited** Gategny Court, PO Box 140, Gategny Esplanade, St Peter Port, Guernsey GY1 4EW
 ▶ **t:** +44 (0)1481 700550 **f:** +44 (0)1481 727102 **e:** inbox@gtc.gg **w:** gtc.gg ▶ Registration number: 18666 ▶ Owned by Collas Crill