ADDITIONAL CONTRIBUTIONS FORM

THE CENTAURUS

RETIREMENT BENEFIT SCHEME

Sovereign Pension Services Limited

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SovereignGroup.com



Member details

Title: Surname:	 				
Full forename(s):	 				
Plan Reference No:	 	Date of birth:	/	/	
Residential address ¹ :	 				
Telephone No:	Fmail address:				

¹Please note that should this be different to the residential address initially confirmed to us, proof of address no more than three months old will be required for us to update our records.

Tax Residency Declaration

I am currently tax resident in:					
Current tax reference number(s):					
Date the above tax residency/residencies commenced:/					
Note: If not already provided, please provide us with documentary evidence from the taresidency. This must be dated within 12 months preceding the date of this declaration.	x author	rity, as proof of	tax		
1. Have you taken a pension payment in the previous Maltese tax year ² ?	Yes	s N	0		
a. If yes, do you have other income earning assets in Malta ³ ?	Yes	s N	0		
b. If you have answered Yes to question 1(a), please provide us with your Maltese T	ax Numl	ber:	·		
2. Have you changed tax residency country in the previous Maltese tax year ² ?	Yes	s N	0		
If you have answered yes to both questions 1 and 2 above, please also provide the follow	<i>i</i> ing:				
Previous tax residence country: Tax reference:					
A closing tax certificate from your previous country of tax residence					
An opening tax certificate from your current country/countries of tax residence.					
3. Are you presently treated as a UK tax resident?	Yes	s N	0		
If you have answered YES to question 3, the rest of this section need not be completed. Please proceed to sign and date the declaration.					
If you have answered NO to question 3:					
a. Have you ever been resident or ordinarily tax resident in the United Kingdom?	Yes	s N	0		
b. If yes, on what date did you cease residency in the United Kingdom?	/	'/_			
Note: Should the above date field be left blank, or not be fully completed, your payment may be delayed.					
c. Have you provided HMRC with a completed Form P85?	Ye	s N	0		
If yes, please supply a copy with this form.					
I hereby confirm that I am not UK resident for tax purposes and have been non-UK tax complete and consecutive UK tax years ⁴ . I also confirm that it is not my intention to return to future.					
Member's signature:					
Member's full name:					
Date:/					

 $^{^{2}}$ Maltese Tax year runs from 1st January to 31st December.

³ Any asset held in Malta, such as further investments, property, etc, on which you are earning income.

 $^{^{\}rm 4}$ UK tax years run from 6th April to 5th April.

Additional Contributions - Personal or Employer Contributions

If a member wishes to make additional contributions after the initial transfer of assets into their retirement scheme, the Centaurus Retirement Benefit Scheme ("the Scheme"), the trustee 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, employment bonus or remuneration).

Тур	pe of contribution: Personal Employer						
Sin	ngle contribution: Currency: Amount:						
Reg	gular contribution: Currency: Amount:						
Fre	equency (monthly, quarterly or annually):						
Ple	ease advise how the above contribution has been accumulated:						
— Ple	ease advise what supporting material you have provided for the above contribution:						
	y contributions that are received will be held in the trustee's account (non-interest bearing) and accumulated unt ch time an amount is reached that can be invested and transferred to your existing investment.						
	e trustee will not accept contributions until due diligence procedures have been completed and the trustee is i ceipt of certified supporting documentation.						
cap pai	ease note that non-UK Relevant Transfer Funds (RTFs) will fall under Malta Pension Rules and can only be paid a oped drawdown. Should your pension fund consist of both UK RTFs and Non-UK RTFs, the UK RTFs will first b id out of your fund as Flexi-Access Drawdown (FAD) and the remaining fund value will be accessed via cappe awdown.						
De	eclaration						
1.	I hereby wish to make the aforementioned contributions into my scheme and agree that they shall be held and administered in accordance with the rules and the terms and conditions of the scheme.						
2.	I agree to any time charges which may be raised by the trustee in order to accept the contributions. Time charges for any work undertaken not covered by our fee schedule are charged at €100 per hour.						
3.	I have fully disclosed the source of wealth relating to the contributions being made.						
4.	I have not relied upon the trustee of the scheme, the Sovereign Group or any of its subsidiaries and officers of such subsidiaries for any legal or tax advice relating to my decision to make additional contributions into mension.						
5.	I understand that inward bank charges may apply on the receipt of funds into the trustees' bank account from my employer or personal bank account.						
Me	ember's signature:						

Member's name:

Fee and Commission Disclosure

You should complete this section with the assistance of your appointed investment adviser.

It is important that you understand all fees chargeable to your Centaurus member's account both at establishment and on an ongoing basis.

Your appointed investment adviser will have provided you with an explanation regarding the third party charges. These fees are charged by parties other than Sovereign.

Please provide full details of fees payable at establishment and on an ongoing basis to the following:

Appointed Investment Adviser Fees							
Investment adviser establishment fee:	% or	(amount)					
Ongoing investment adviser fee:	% or	(amount) per annum					
These are fees payable to your appointed investment adviser, directly by Sovereign or by the investment provider upon your instruction and is separate from the commission payable to your appointed investment adviser by your chosen investment provider.							
OR							
Appointed Investment Adviser Commiss	iion						
Initial commission:	_ % or	(amount)					
Ongoing commission:	_ % or	(amount) per annum					
These are fees payable by your chosen inve	estment provider to your appoin	ted investment adviser.					
Chosen Investment Provider(s) Fees							
Investment providers will include all investment platforms, life bonds, model portfolios, stockbroking accounts etc in which your member's account is invested.							
If more than one investment provider is used, please provide details for each.							
There may be other fees charged by investment providers such as dealing costs and custodian fees. Please ensure you have reviewed all documentation provided by your investment provider to ensure a full understanding of all the fees and charges your member's account may incur.							
Name of investment provider:							
The charging structure issued by any investment provider must be attached. The charging structure must be							
signed by you as the applicant.							
I have attached a copy of my chosen	investment provider's charging	structure to this application form.					
I am aware that the fees are based on the premium invested and that early surrender penalties will be incurred if							
surrendered within yea	ars ⁵ .						
Member's signature:							

⁵Please note this cannot exceed five years.

Mandatory Documentation Check List Personal details fully completed Signed Tax Residency Declaration Certified copy of bank statement where the money will be transferred from (source of funds) Certified copy of passport or other government issued identity document Original or certified copy of proof of residential address (must not be older than three months) Completed investment paperwork and signed investment provider charging structure Signed declaration Signed Fee and Commission Disclosure form.