

ADDITIONAL CONTRIBUTIONS FORM

THE KEMMUNA

RETIREMENT BENEFIT SCHEME

Sovereign Pension Services Limited

Suite 5, Valley Towers

Valley Road

Birkirkara BKR9022

Malta

Tel: +356 2788 8132

Email: maltapensions@SovereignGroup.com

SovereignGroup.com



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 Kemmuna 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).

Type of contribution: Personal Employer

Single contribution: Currency: _____ Amount: _____

Regular contribution: Currency: _____ Amount: _____

Frequency: Monthly Quarterly Annually Other: _____

Please advise how the above contribution(s) has been accumulated: _____

Please advise what supporting material you have provided for the above contribution(s): _____

Any contributions that are received will be held in the trustee's account (non-interest bearing) and accumulated until such time an amount is reached that can be invested and transferred to your existing investment.

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

Declaration

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 my pension.

Member's signature: _____

Member's name: _____

Member's address¹: _____

Member's contact number: _____

Date: ____/____/____

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

Additional Contribution – Pension Transfer

Name of transferring scheme: _____

Individual pension fund or policy number: _____

Pension fund address: _____

Tel: _____ Email: _____

Approximate transfer value: _____ Guarantee date (if applicable): ____/____/____

Pension sharing/court order in respect of pension fund: Yes No

If Yes, please provide details: _____

Name of transferring scheme: _____

Individual pension fund or policy number: _____

Pension fund address: _____

Tel: _____ Email: _____

Approximate transfer value: _____ Guarantee date (if applicable): ____/____/____

Pension sharing/court order in respect of pension fund: Yes No

If Yes, please provide details: _____

Any transfer values that are received will be held in the trustee's account (non-interest bearing) and accumulated until such time an amount is reached that can be invested and transferred to your existing investment.

Authority Letter

Name of pension scheme: Kemmuna Retirement Benefit Scheme

Name of transferring scheme: _____ Fax: _____

Member's name: _____

Date of Birth: ____/____/____ National Insurance number: _____

Policy/scheme number: _____

Date: ____/____/____

Dear Sirs

I hereby authorise you to provide such information as may be requested on the above retirement plan or scheme to Sovereign Pension Services Limited.

Yours faithfully

Member's signature: _____

Note: This letter only authorises Sovereign Pension Services Limited to request information on the above pension scheme and does not constitute an authority to make changes to said scheme nor an application to move the scheme to another provider.

Authority Letter

Name of pension scheme: Kemmuna Retirement Benefit Scheme

Name of transferring scheme: _____ Fax: _____

Member's name: _____

Date of Birth: ____/____/____ National Insurance number: _____

Policy/scheme number: _____

Date: ____/____/____

Dear Sirs

I hereby authorise you to provide such information as may be requested on the above retirement plan or scheme to Sovereign Pension Services Limited.

Yours faithfully

Member's signature: _____

Note: This letter only authorises Sovereign Pension Services Limited to request information on the above pension scheme and does not constitute an authority to make changes to said scheme nor an application to move the scheme to another provider.

Declaration

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 am aware that the transfer of any UK tax-relieved funds to a QROPS may be subject to the 25 per cent overseas transfer charge introduced in the UK Finance Act 2017 unless it meets the conditions to qualify for an exemption and I understand that the overseas transfer charge will apply if the conditions are not met at the time of transfer or at any time during the five complete and consecutive tax years immediately following the tax year in which the transfer is made. I am also aware that I will be jointly and severally liable with the trustee to pay the overseas transfer charge and that the charge may be paid out of my funds within the scheme or out of my personal funds.
4. I confirm and acknowledge that the trustee shall have no responsibility or liability to me for any loss to the value of my pension fund arising from my decision to proceed with my application to become a member of the scheme or the request to transfer any UK tax-relieved funds to the scheme notwithstanding the stipulations in the UK Finance Act 2017 and I agree to indemnify the trustee and the transferring scheme against all claims, demands and actions relating to the overseas transfer charge or any other tax, penalty or liability howsoever arising as a result of the transfer of my UK tax-relieved funds to the scheme, including any related losses, costs or expenses incurred.
5. Unless I have signed the Pension Review Waiver Form on page 7², I confirm that I have received independent advice from a firm permitted by the FCA to advise on pension transfers regarding the safeguarded benefits in my existing scheme and which 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 scheme will mean giving up any safeguarded benefits, guarantees or protections granted to me under that scheme and I confirm that having considered and understood that advice I wish to proceed with my pension transfer.
6. 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 my pension.

Member's signature: _____

Member's name: _____

Member's address³: _____

Member's contact number: _____

Date: ____/____/____

² Only applicable for transfers from defined benefit schemes with a cash equivalent transfer value (CETV) of less than £30,000 or from defined contribution or other types of schemes with no safeguarded benefits. Otherwise independent pension advice must be obtained.

³ Please note that should this be different to the residential address initially confirmed to us, proof of address no older than three months will be required for us to update our records.

Pension Review Waiver Form

If you are transferring funds from a defined benefit scheme or any scheme that provides safeguarded benefits, guarantees or protections that you will lose on transferring to the scheme, the FCA requires you to obtain independent advice from a firm permitted by the FCA to advise on pension transfers. The only exceptions are where the cash equivalent transfer value of the scheme is less than £30,000 or where the scheme does not provide safeguarded benefits. In such cases Sovereign still recommends that applicants should obtain appropriate independent advice. If you choose not to obtain independent advice you must complete and sign the waiver form below.

Sovereign Pension Services Limited
Suite 5, Valley Towers
Valley Road
Birkirkara BKR9022
Malta

Date: ____/____/____

Dear Sirs

I refer to my application to transfer my current pension to the Kemmuna Retirement Benefit Scheme.

Having been advised that an independent pension review is recommended prior to the transfer, and having considered all of my options, I hereby waive my option to obtain an independent pension review relating to the said transfer.

Furthermore, I hereby indemnify and release the trustee from any potential liability resulting from my decision not to obtain an independent review.

Yours faithfully

Member's signature: _____

Member's name: _____

Sovereign Pension Services Limited is licensed as a retirement scheme administrator by the Malta Financial Services Authority ('MFSA'). The Kemmuna Retirement Benefit Scheme is licensed and regulated by the MFSA as a personal retirement scheme. The licence of the scheme is not an endorsement by the MFSA of the scheme's financial performance. There exists no statutory provision for compensation in the case where the Scheme is unable to satisfy the liabilities attributable to it.