

ADDITIONAL TRANSFER-IN FORM

THE RINELLA

RETIREMENT BENEFIT SCHEME

Sovereign Pension Services Limited

Level 5

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Sovereign Pension Services Limited is licensed as a Retirement Scheme Administrator by the Malta Financial Services Authority ("MFSA").

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RinATIF/3/29062021



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Member details

Title: _____ Surname: _____

Full forename(s): _____

Plan Reference No: _____ Date of birth: ____/____/____

Residential address¹: _____

Telephone No: _____ Email address: _____

¹ Please 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 tax authority, as proof of tax residency. This must be dated within 12 months preceding the date of this declaration.

1. Have you taken a pension payment in the previous Maltese tax year²? ☐ Yes ☐ No
- a. If yes, do you have other income earning assets in Malta³? ☐ Yes ☐ No
- b. If you have answered Yes to question 1(a), please provide us with your Maltese Tax Number: _____.
2. Have you changed tax residency country in the previous Maltese tax year²? ☐ Yes ☐ No

If you have answered yes to both questions 1 and 2 above, please also provide the following:

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 ☐ No

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 ☐ No
- 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? ☐ Yes ☐ No

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 resident for _____ full, complete and consecutive UK tax years⁴. I also confirm that it is not my intention to return to the UK in the foreseeable 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.

⁴ UK tax years run from 6th April to 5th April.

Details of Additional Transfer-in

Scheme jurisdiction: _____

Scheme type: _____

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: _____

Details of Additional Transfer-in 2

Scheme jurisdiction: _____

Scheme type: _____

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: **The Rinella Retirement Benefit Scheme**

Name of transferring scheme: _____

Member's name: _____

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

Policy/plan number: _____

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: _____

Member's name: _____

Date: ____/____/____

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: **The Rinella Retirement Benefit Scheme**

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

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Member's name: _____

Date: ____/____/____

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 transfer(s) 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 transfer(s). Time charges for any work undertaken not covered by our fee schedule are charged at €100 per hour.
3. 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 and I agree to indemnify the trustee and the transferring scheme against all claims, demands and actions relating to any other tax, penalty or liability howsoever arising as a result of the transfer of my funds to the scheme, including any related losses, costs or expenses incurred.
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 transfer(s) into my pension.

Member's signature: _____

Member's name: _____

Date: ____/____/____

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 Rinella 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 Commission

Initial commission: _____ % or _____ (amount)

Ongoing commission: _____ % or _____ (amount) per annum

These are fees payable by your chosen investment provider to your appointed 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 _____ years⁵.

Applicant's signature: _____

⁵Please note this cannot exceed five years.

Mandatory Documentation Check List

- ☐ Personal details fully completed
- ☐ Signed Tax Residency Declaration
- ☐ Copy of tax advice received from a suitably qualified tax adviser
- ☐ Completed pension transfer paperwork
- ☐ 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.