ADDITIONAL CONTRIBUTIONS FORM

THE AZURE

RETIREMENT BENEFIT SCHEME

Sovereign Pension Services Limited

Level 5 St. Julians Business Centre Elia Zammit Street St. Julians STJ 3153 Malta

Tel: +356 2788 8132

Email: maltapensions@SovereignGroup.com

SovereignGroup.com



Member details				
Title: Surname:				
Full forename(s):				
Plan Reference No:	Date of birth	1:		
Residential address ¹ :				
Telephone No: Ema	ail address:			
Tax Residency Declaration: Non-UK T	ax Residents			
Have you ever been resident or ordinarily tax resider	nt in the United Kingdom?			
Yes No				
If yes, on what date did you cease tax residency in the	e United Kingdom?			
/				
Have you provided HMRC with a completed Form P8!	5?			
Yes No				
If yes, please supply a copy with this form if not provi	ded with your initial applica	ation.		
I hereby confirm that I am not UK resident for tax pur full complete and consecutive UK tax years ² . I also foreseeable future.				
I am currently tax resident in	M	y current	tax refere	nce number is
Note: Please provide us with documentary evidence dated within 12 months preceding the date of the ab		proof of ta	x residenc	y. This must be
If you have changed tax residency and taken a pensifollowing:	ion payment within the san	ne tax yea	r, please a	lso provide the
A closing tax certificate from your previous countreAn opening tax certificate from your current countre				
If your plan includes any funds that have originated fr and you remain within the five year relevant period, p				
Member's name:				
Member's signature:		Date:	/	/

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.

²UK tax years run from 6th April to 5th April.

Tax Residency Declaration: UK Tax Residents			
I confirm that I am treated as a UK tax resident.			
Member's name:			
Member's signature:			
Date:/			

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 Azure 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 Currency: _____ Amount: _____ Single contribution: Please advise how the above contribution has been accumulated: ______ Please advise what supporting material you have provided for the above contribution: 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. Please note that non-UK Relevant Transfer Funds (RTFs) will fall under Malta Pension Rules and can only be paid as capped drawdown. Should your pension fund consist of both UK RTFs and Non-UK RTFs, the UK RTFs will first be paid out of your fund as Flexi-Access Drawdown (FAD) and the remaining fund value will be accessed via capped drawdown. 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. 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. Member'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 Azure 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 upon your instruction and is separate from chosen investment provider.					
OR					
Appointed Investment Adviser Comm	ission				
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 invewhich your Member's account is invested		ortfolios, stockbroking accounts etc in			
If more than one investment provider is	used, please provide details for each.				
There may be other fees charged by invo you have reviewed all documentation pro fees and charges your Member's accoun	ovided by your investment provider to				
Name of investment provider:					
The charging structure issued by any i signed by you as the applicant.	nvestment provider must be attach	ned. The charging structure must be			
I have attached a copy of my chos	en investment provider's charging str	ucture to this application form.			
I am aware that the fees are based on t surrendered within		surrender penalties will be incurred if			
Member's signature:					

³Please 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.