Gilliat
FINANCIAL SOLUTIONS

TRUSTEE APPLICATION FOR PENSION SCHEMES
3 YEAR UK DIGITAL – OCTOBER 2010

Please use black ink and write in CAPITALS

1. COMPANY/SCHEME

Proposers: (The Trustee(s))

Scheme name:

Scheme Reference No:

Name of administrators:

Address for correspondence:

Postcode:

Contact name:

Contact tel no:

Type of pension scheme: (please tick one box below)

An occupational scheme which is not a small self-administered scheme: ☐

A small self-administered scheme (SSAS): ☐

A self-invested personal pension scheme (SIPP): ☐

HMRC scheme reference number:

Please add any other relevant information below:

Email:

2. INVESTMENT DETAILS

Please indicate the amount you wish to invest. Minimum £3,000.

	Amount to be invested
Product name: Gilliat 3 Year UK Digital – October 2010	£

Cheques should be made payable to **Meteor Investment Management Limited Client Account (Ref: Gilliat)**. If you are sending us a building society cheque, it should be payable to **Meteor Investment Management Limited Client Account (client name) (Ref: Gilliat)**. If you send money by telegraphic transfer, the details you require are: Meteor Investment Management Limited Client A/C, HSBC Bank plc, P.O. Box 105, 33 Park Row, Leeds LS1 1LD. Sort code: 40-27-15. Account number: 93666182

3. PROVISION OF INFORMATION

For security purposes, please provide us with a password so we can give you information over the phone:

Please indicate if you would like access to our web-based services (if so, please make sure you have provided your e-mail address in **section 1**)

YES ☐ **NO** ☐

4. HAVE YOU RECEIVED FINANCIAL ADVICE?

Gilliat recommends that all clients seek financial advice to help establish whether this investment fits with their circumstances and financial objectives.

Have you received financial advice relating to this investment?

☐ **Yes,** I have received advice from (name of firm)

☐ **No,** I haven't received financial advice.

If you have received advice, please proceed to Section 5.

If you have not taken financial advice please answer the following questions so that we can assess whether the plan is appropriate for you.

1. Please indicate if you have ever held:
   - ☐ Any investment where the capital and investment returns are variable and are based on the performance of the underlying securities, such as equities, commodities, indices, corporate bonds
   - ☐ A structured product (a fixed term investment such as the one you are applying for)
2. Do you understand that the return of Investment Capital and the payment of a Growth Payment will depend on the performance of the Underlying and you may get back less than your original investment? **YES** ☐ **NO** ☐
3. Do you understand that the plan is designed to be held for the full Investment Term and if you were to cash in early the amount you receive would depend on the value of the investment at the date of sale and that this value could be less than the amount you invested? **YES** ☐ **NO** ☐
4. Have you read and understood the Investment Guide and Terms, incorporating the Terms & Conditions? **YES** ☐ **NO** ☐
5. Have you read and understood fully the Risks provided in the Investment Guide? **YES** ☐ **NO** ☐

Please read and complete the declaration overleaf ↘

5. AUTHORISED SIGNATURES

The exercise of any options under the Terms and Conditions of the Plan must be authorised by the requisite number of authorised signatories or, where a number is not stipulated, by at least one authorised signature. Please provide the names and sample signatures of all those who will be Authorised Signatories. If you require more than five, please continue on a separate sheet of paper. Where there is any change to the Authorised Signatories, please notify Meteor Investment Management Limited in writing giving the date of the change (Meteor Investment Management Limited will be entitled to rely on the previous list until it is informed to the contrary).

Signed:		Name:		Date:	
Signed:		Name:		Date:	
Signed:		Name:		Date:	
Signed:		Name:		Date:	
Signed:		Name:		Date:	

6. DECLARATION & AUTHORITY

1. I/we apply as Trustees/Authorised Parties for the Plan(s) indicated in Part 2 above to be issued on Meteor Investment Management Limited standard Terms and Conditions or special Terms and Conditions appropriate to my/our investment. If any amendment to the standard Terms and Conditions shall apply to my/our investment, Meteor Investment Management Limited will notify me/us of any such Terms and Conditions before proceeding with the acceptance of the application.
2. I/we confirm that **a)** my/our powers of investment, and delegation of those powers, permit me/us to invest the assets of the Scheme, or part of them not less than the part which I/we propose to invest, in the Plan(s) now applied for; **b)** the investing scheme is a registered pension scheme under Part 4 of the Finance Act 2004 (or an application for its registration has been made) and I/we undertake to advise Meteor Investment Management Limited immediately if it ceases to be a registered pension scheme or if its application for registration is withdrawn or refused:
3. I/we agree to notify Meteor Investment Management Limited immediately if HMRC approval is withdrawn or not granted.
4. I/we understand and agree that any investments in the Plan(s) will be allocated in accordance with my/our instructions to Meteor Investment Management Limited (which includes any set out in the 'Investment Details' section of this application).
5. This application and the Terms and Conditions referred to in 6.1 shall form the basis of the contract between me/us and Meteor Investment Management Limited. I/we acknowledge receipt of the Terms and Conditions, further copies of which are available on request.
6. I/we confirm that the information given in the application, whether in handwriting or not, is true and complete.

I/we have read the relevant Investment Guide and Terms, incorporating the Terms & Conditions and accept the terms under which my/our investments will be managed. I/we declare that this application form has been completed to the best of my knowledge and belief. I/we understand that neither Gilliat Financial Solutions nor Meteor provide investment advice and confirm that I/we have received advice on this investment from an independent Financial Adviser as shown above or, if I/we have not received advice, that I/we am satisfied that I/we do not need to take financial advice.

For and on behalf of the Trustees of the scheme:

Signed:	
Name:	
Signed:	
Name:	
Date:	

Note: When you have completed and signed this application form, please return it to your Financial Adviser or to: **Meteor Asset Management Limited, 55 King William Street, London EC4R 9AD**

FOR FINANCIAL ADVISER'S USE ONLY

Adviser Firm:	
FSA Firm number:	
Name of adviser:	

* It is necessary to verify the identity of the provider of funds, i.e. the settler, those who have control over the funds, i.e. the Trustees and any controllers who have the power to remove the trustees. For discretionary and offshore trusts, the nature and purpose of the trust and original source of funding should be ascertained

Special instructions re investment:

Prevention of money laundering
I can confirm that I have carried out the appropriate identity checks and attached the 'Verification of Identity Certificate'. I have enclosed signed copies of the documentary evidence with this certificate. I have seen the original documents and any that needed a signature were already signed.

Signed on behalf of the above: