T018	Transact Pens	sion Applica	ntion		Adviser Notes
Page 1 of 8	Please complete this form to o	open a Transact Pension.	Should you re	quire any assistance	
04/07	in completing this form, pleas Adviser or one of our Client S	e consult the Guidance N ervices Managers on (02	Notes in Section 20) 7608 4900.	n 10, your Financial	
1 Inves	tor Details				
Please indica	ate which Transact Pension yo	ou are applying for	Perso	onal Pension Plan	Section 32 Buy Out Bond
Transact Por	rtfolio Name				
		Yes	No	If yes, please state y	our Transact Portfolio Number
Do you alrea	ady have a Transact Portfolio?				-
PERSONAL D	DETAILS				
Title	Family Name			Given Names	
If you have	already opened a Transact Po	rtfolio please go straig	ght to Section	4.	
Permanent F	Residential Address		Postal	Address (if applicable	2)
Country	Postcode		Count	ry	Postcode
Permanent F	Residential Address of Legal G	uardian (if applicable)) Date d	of Birth	
				/ /	
			G	iender	
			Male	Female	
Country	Postcode				
E-mail Addre	ess		Teleph	none (Day)	
Telephone (Evening)		Telepł	none (Mobile)	
No. Concell Topolog					
	surance (NI) Number			never been issued wit	th an NI Number, please sign here
			×		
Please confi	rm your current status by tick	ing one of the followin	ng boxes:		
Employed	d	Self - employed		Unem	ployed
Full time	education	Pensioner		Carer	for person aged under 16
Carer for	person aged 16 or over	Other (please sp	ecify below)		





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2 Bank Account Details

Please provide us with details of your Bank/Building Society current acco	unt. We will use this account to make payments to you.
Name of Bank/Building Society	
Addusse	A second Number
Address	Account Number

		Account Name
Country	Postcode	Branch Sort Code

3 Adviser Commission Authorisation

Please specify below the amounts that you require us to deduct from your Portfolio and pay to your Adviser on your behalf in return for his/her provision of intermediary services to you in relation to transactions as part of the operation of your Portfolio.

mmission Type	Commission	Commission Type	Commission
Initial:	%	Annual - New Cash:	%
Switch:	%	Annual - Investments & Switch Cash:	%

The basis upon which each of the above Commissions will be payable is detailed in the Transact Terms & Conditions.

If Commissions are intended to be paid on a flat fee rather than a percentage basis, please tick this box to confirm that these details will be submitted separately.

4 Employment Details

Со

If your employer is making contributions on your behalf, please provide current employment details.

Employer's Name		
Postal Address	Country	
	Postcode	

5 Contribution Details

Please indicate the net contribution you wish to make and/or the	ne gross amount of an	y employer contribut	ion.		
One-off Contributions are subject to the minimums detailed in the Transact Terms & Conditions.	Deposit Amount	Deposit Method (Cheque or Bank Transfer)			
Net Single Member Contribution	£				
Gross Single Employer Contribution	£				
Regular Contributions are subject to the minimums		Timing			
detailed in the Transact Terms & Conditions.	Deposit Amount	Frequency (M, Q, H, Y)	Day (1st, 11th, or 21st)	Start Month	
Net Regular Member Contribution	£				
Gross Regular Employer Contribution* *Employer Payment Record needed	£				
Do you wish to contract out of the State Second Pension? (Personal Pension only) Yes No					
If 'Yes' please complete Parts 2, 3 and 4 of HMRC form CA1542 (APP1) which can be found at the end of this application form.					





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5 Contribution Details (Cont)		
	Yes	No
Are you already contracted-out of the State Second Pension with another Personal Pension provider?		
If 'Yes' and you have not asked for the existing arrangement to be cancelled, you will need to also complete HM it to HMRC who will cease to make payments to your existing arrangement.	MRC form CA1543 (APP	2) and forward
		_

NOTE: Please make cheques payable to Transact Client Account. If you wish to make a deposit by electronic transfer, please quote your Transact portfolio number and direct it to:

A/c: Transact Client Account Sortcode: 60-00-01 Bank: Natwest A/c No: 36298921

Where you wish for regular contributions to be made, please ensure that you supply us with a Direct Debit Mandate (Transact Form T006) and allow 10 working days for this to be set up.

6 Death Benefits

Non-Protected Rights

I accept that this nomination is only an expression of my wishes and I understand that whilst the Trustee/Administrator will pay due consideration to these wishes, they have absolute discretion as to the beneficiaries and the proportion of benefit paid to each beneficiary.

Full Name of Beneficiary	Date of Birth	Full Postal Address	Relationship	Proportion (%)
	/ /			
	/ /			
	/ /			
				100%

Protected Rights (Personal Pension only)

If you are survived by a spouse or U.K.-registered civil partner, an income must be provided from any protected rights fund. If you do not have or do not anticipate having a spouse or U.K.-registered civil partner, please indicate below how any lump sum benefits should be paid.

Full Name of Beneficiary	Date of Birth	Full Postal Address	Relationship	Proportion (%)
	/ /			
	/ /			
	/ /			
				100%

Notes:

- Any Protected Rights death benefit paid as a lump sum may be liable to Inheritance Tax as it is not possible to issue a Protected Rights contract on a discretionary death benefit basis. This potential liability may be avoided by placing these benefits under trust.
- The above death benefit nominations will remain valid only until you reach age 75. Upon turning 75, Alternatively Secured Pension death benefits will first be paid to your spouse/UK registered civil partner and/or dependant(s) as income. Where there is no spouse/UK registered civil partner or dependant, benefits will be paid to a charity nominated by you, or otherwise selected by Transact.





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7 Buy Instructions

Please select whether you wish to deal Inclusive or Exclusive of fees. If you select Exclusive, we will buy the amount that you specify and then add charges on top. If you select Inclusive, the amount that you specify will be used to pay for both the investments chosen and all charges.

Please	indicate	basis	for	all	buy	/S

Exclusive

Please note that unless otherwise specified in the buy instructions, we will automatically buy income units/shares and deal Inclusive of fees.

Fund/Share or Template Name	SEDOL/EPIC	Amount (Specify only one*)		Tick box for	Frequency (M, Q, H, Y)	
		Value (£)	Quantity	%	regular buys	(11, 2, 11, 1)
*For regular buys, you ${f must}$ specify a value (£) amount.						
If tax relief is due on a member contribution, please tick this box if you wish the tax relief to be invested in the same proportion into the investments above.						

8 Declaration and Application

I declare that:

• I apply for a Transact Pension and agree to be bound by the Rules and Policy of the relevant Scheme;

Inclusive

- I understand that the answers to the questions on this application will form the basis for a policy or policies of insurance for the benefits requested, to be effected by the Trustee(s) or Administrator of the Scheme (as appropriate) on my behalf;
- I am resident and ordinarily resident in the UK, or a Crown Servant overseas, or the spouse of a Crown Servant;
- I understand that Integrated Financial Arrangements plc has agreed to administer the Transact Pensions on behalf of IntegraLife UK Limited;
- The information I have supplied in this application is true and complete to the best of my knowledge and belief;
- Where completing this form on behalf of an applicant aged under 16 (or under 18 if not in employment), I also declare that:
 - I will be responsible for the contract as if I were the applicant; and
 - Any contributions paid can only be returned to the member as benefits payable under the Rules/Policy of the Scheme.
- Should I cease to be eligible to contribute to the Transact Pension for which I am applying, I will notify the Trustee/Administrator accordingly.

I confirm that all payments made to any registered pension scheme in respect of which I am entitled to tax relief will not exceed the greater of the 'basic amount' (currently \pounds 3600) or my UK relevant earnings for the tax year in which they are made.

I confirm that I will advise Integrated Financial Arrangements plc if an event occurs following which I am no longer entitled to tax relief on payments and that I will do this by the later of the end of the tax year in which the event occurred or 30 days after the event occurred, whichever is the later. I authorise Integrated Financial Arrangements plc and IntegraLife UK Limited:

- To hold my cash, subscriptions, investments, interest, dividends and any other rights or proceeds in respect of those investments or cash;
- To make on my behalf any claims to relief from tax in respect of my investments; and
- To make the commission payments specified in this application form to my Adviser on my behalf.

I agree to be bound by the Transact Terms and Conditions governing my Portfolio.

Please note that it is a serious offence to give false information in order to obtain tax relief on contributions. This could lead to prosecution and severe penalties.

Signature

	4		
	1		
1		^	

Date / /





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9	Adviser Details/Declaration	
Adviser Name		Transact Adviser Number
Fin	m Name	(Please enter the Adviser's own number, not the Firm's.)

Please Read - Important Money Laundering Information:

Transact uses an approved electronic identification service to assist the Adviser in complying with UK Money Laundering requirements. Using the individual applicant's name, address, date of birth and other information, the service uses comprehensive databases of information on individuals and business to enable us to perform an identity verification that complies with all the relevant Money Laundering requirements. This service is provided by us at no additional cost.

Please note that there may be special circumstances where this service will not be able to confirm the identity of clients (such as a client who has recently moved house). In these circumstances, we will require you to complete a paper Identity Verification Certificate and may require certified copies of the appropriate identity documentation. For your convenience, the appropriate UK Resident or Non-UK Resident certificates are available for download from *www.Transact-Online.co.uk*.

I acknowledge that I am the Financial Adviser for the applicant named in this application form and that I have read and understood this Section 9 regarding Money Laundering.

Adviser Signature			Adviser Stamp
x			
Date			
	/	/	

10 Guidance Notes

The following notes will help you complete this application. They are for outline guidance only and are not binding in law. If you are unsure about any aspect of this application please contact your Adviser, Accountant, our Client Services Team or, where appropriate, your Local Inspector of Taxes.

Tax Relief

Tax relief is available for contributions to the higher of £3,600 and 100% of relevant UK earnings.

Earnings chargeable to UK Tax

Contributions to pensions in excess of \pounds 3,600 per annum can only be made from earnings subject to UK tax (excluding dividends). If you work outside the UK or have earnings from outside the UK you should check your tax position with your Local Inspector of Taxes. You should advise us immediately if your tax position changes such that you are no longer able to make contributions.

Buy Instructions

Minimum One-off Buy Amount:The minimum for a one-off Buy is £250 for investments listed on the London Stock Exchange (i.e. shares) and
£100 for all other investments.Minimum Regular Buy Amount:The minimum for a Regular Buy is £50 per month, £150 per quarter, £300 per half year and £1,000 per year.Start of Regular Buy Requests:Please allow 5 days from receipt of your request by Transact for Regular Buys to be processed. Regular buys are
processed on the 9th of the month or the nearest working day where the 9th falls on a weekend or holiday.For example, if we receive your request on the 6th March, your first Regular Buy will not occur until the 9th April,
as there is less than 5 business days from receipt to requested commencement.

Minimum Portfolio Value

The minimum amount required to open a Transact Pension is £1,000 for new and existing clients; however, this is subject to a minimum portfolio value of £5,000.

Employer Payment Record

If an Employer is making regular contributions into your Transact Pension, an Employer Payment Record detailing the contribution amount(s) and frequency needs to be submitted. Any changes to the regular Employer contribution will need to be confirmed on a new record. Copies of the Employer Payment Record are available on request from your Client Services Team.





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11 Adviser Checklist

- This Transact Pension Application
- Money Laundering Documentation, if applicable
- Employer Payment Record, if applicable
- Transact Form T006, 'Instruction to your Bank/Building Society to pay Direct Debits', if applicable
- HMRC form CA1542, if applicable
- HMRC form CA1543, if applicable

The **Scheme Administrator and Trustee** of the Transact Personal Pension and Transact Executive Pension is Integrated Financial Arrangements plc Registered Number: 3727592 in England

The **Policy Administrator** of the Transact Section 32 Buy Out Bond is Integrated Financial Arrangements plc Registered Number: 3727592 in England

The **Provider** of the Transact Personal Pension, Transact Executive Pension and Transact Section 32 Buy Out Bond is IntegraLife UK Limited Registered Number: 798365 in England

Registered Offices: Domain House, 5-7 Singer Street, London EC2A 4BQ.

Tel: (020) 7608 4900 Fax: (020) 7608 5300 Email: info@Transact-Online.co.uk Website: www.Transact-Online.co.uk

Integrated Financial Arrangements plc and IntegraLife UK Limited are both authorised and regulated by the Financial Services Authority.





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Provision of National Insurance related information and services - (APP1) tear-off

Joint Notice to start payment of minimum contributions.

HMRC NI Contributions Office

Services to Pension Industry (Personal Pensions Control Section) Benton Park View Newcastle upon Tyne NE98 1ZZ

1. Appropriate Personal Pension Scheme - notification by the Trustees or Managers.

I hereby notify that;

- to the best of our knowledge the person shown in Part 4 of this form is not currently a member of any Appropriate Personal Pension Scheme
- the person named on Part 4 of this form is, or intends to become, a member of the Appropriate Personal Pension Scheme with the number shown in Part 3 of this form
- we have agreed to accept this person as a member of the scheme
- we are willing to receive Minimum Contributions for this person
- we wish the start date for the payment of Minimum Contributions to the scheme to be that shown in Part 3 of this form

Name of the Scheme	The Transact Personal Pension Identified by the ASCN Overleaf		
Signature by, or on behalf of, the Trustees or Managers			
Date	/ /		
Signatory's position	Authorised Official		
Address for correspondence	Integrated Financial Arrangements plc Domain House 5-7 Singer Street London EC2A 4BQ		
Telephone and Facsimile numbers	Phone (020) 7608 4900 Fax (020) 7608 5300		

2. Notification by the scheme member

I hereby notify that I am, or intend to become, a member of the Appropriate Personal Pension Scheme with the number shown in Part 3 of this form. I wish Minimum Contributions to be paid to this scheme for me from the start date shown in Part 3 of this form. I understand that I will not accrue any State Second Pension benefits whilst Minimum Contributions are in payment.

Signature	x		
Date	/	/	
			Please turn over
			CA1542 (APP1)





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Transact Pension Application O18 - Page 8 of 8		1-2 PP
3. Appropriate Personal Pension Scheme details		
Appropriate Scheme Number (ASCN) We will enter this	A 7 0 0 1 2 8 6 E 3-10	
Start date for the payment of Minimum Contributions	DayMonthYear060411-16	
4. Scheme Member's details		
National Insurance Number	Letters Number Letter	
Surname If the surname has changed, please tell us the previous surname in the box below	26-28]
Forename(s)	29-30]
Sex (Male or Female)]
Date of Birth Please write in numbers not words. For example, 31st May 1942 should be written 31/05/42	Day Month Year 31-36	
Scheme membership number We will enter this	37-54	
Address		* * *
	Postcode #	*
	1	

For official use only CA 1542 (APP1)



