



PANTHERA IPP (International Pension Plan) Employer Application Form

- Application for the PANTHERA SIIP (Self Invested International Pension) and PANTHERA LIPS (Labuan International Pension Scheme)

Note: Failure to complete all details and attach the required documentation will result in return of Application (see Section 13 Checklist)

1. EMPLOYER DETAILS

Company Name:

Registered Address:

.....

.....

.....

Post Code: Country:

Contact Name:

Telephone:

Email:

Attached certified copy of Certificate of Incorporation

2. EMPLOYEE DETAILS

Title:

Forename(s):

Surname:

Date of Birth:

Gender:

Marital Status:

Address (**permanent residential**):

.....

.....

.....

Post Code: Country:

Correspondence Address (**if different from above**):

.....

.....

.....

Post Code: Country:

Home Telephone:

Work Telephone:

Mobile Telephone:

Correspondence Email:

Anti-Money Laundering Requirements (**both required**):

Attached duly certified and clear copy of passport

Attached duly certified and clear copy of utility bill

PANTHERA and the Trustee's leading method of communication to Employers and Members is via the specified email addresses above. Should the Employer or Employee prefer an alternative method of communication, please specify below:

.....

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.....

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3. EMPLOYER ACKNOWLEDGEMENT OF TERMS AND APPLICATION

The Employer
(Company Name), being eligible, hereby apply for admission, as a participating employer, of the **(tick as applicable)**:

PANTHERA SIIP (Self Invested International Pension)

PANTHERA LIPS (Labuan International Pension Scheme)

Retirement Trust Fund (the "Fund") so as to make contributions to the Fund for the purpose of making provision for members employed by the Employer or employees who wish to become members and who are employed by the Employer and who are nominated by the Employer for membership of the Fund.

The Employer hereby agrees and undertakes as follows:

The Employer will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time (the "Trust Deed").

The Employer will upon request make a full written disclosure of any information and provide such other information or details as required by the Trustee pursuant to the terms of the Trust Deed.

The Employer understands the terms and conditions of the Trust Deed and more particularly the terms and conditions of the Trust Deed concerning superannuation benefits which may be paid or applied under the Trust Deed to employees of the Employer.

The Employer consents to the Trustee acting as Trustee of the Fund.

The Employer consents to the standard fees as detailed in the fee schedule and commission (Sections 7 and 8 of the Application form) and that the Trustees must give 28 days written notice of any intent to alter the fee schedule.

By my signature to this application for and on behalf and with the authority of the Employer, the Employer hereby applies for admission as a participating employer of the Fund and agrees and undertakes as set out above and consents to such terms and conditions.

Employer's Signature:
(Authorised Employer Representative)

Name:

Position:

Date:

4. NOMINATED INVESTMENT MANAGER DETAILS

I / we request the Trustee to appoint:
.....of
.....(bank/company)
as the Nominated Investment Manager.

Telephone:
Fax:
Email:
Investment account reference currency:

Investment Requirements (both required, tick as applicable):

- Attached Investment mandate (authorisation for the Nominated Investment Manager to perform specific investments on behalf of the member).
Attached a completed EQUITY TRUST Investment Strategy Policy statement.

5. TRANSFERRING PENSION SCHEME DETAILS

(Existing pension fund(s) to be transferred). Note: additional scheme details can be added on Page 4.

Pension Provider (1):
Fund name:
Policy/Reference No:
Contact person (and position):
Address:
Telephone:
Email:
Total transfer: Currency: Amount:
Transfer in cash and/or in specie:

Pension Provider (2):
Fund name:
Policy/Reference No:
Contact person (and position):
Address:
Telephone:
Email:
Total transfer: Currency: Amount:
Transfer in cash and/or in specie:

Is any part of any transfer payment subject to a court order in any jurisdiction (divorce, bankruptcy etc) (delete as appropriate): YES / NO. If YES, please provide full details:

6. PROFESSIONAL ADVISER DETAILS

Professional Adviser Name:
Name of Advisory Firm:
Regulator:
Reference Number:
Address:
Postcode:
Telephone:
Fax:
Email:

7. PROFESSIONAL ADVISER FEES

Are fees payable (delete as appropriate): YES/NO
If YES: initial (between 0% & 5%):%
annual (between 0% & 0.5%):%

8. PANTHERA FEES

As agreed.

9. NOMINATED BENEFICIARIES

I would like the Trustees to consider the following persons to be considered in the event of my death (if space is insufficient, please write additional beneficiary details into Section 12, Page 4):

Surname:
Forename(s):
Date of Birth:
Relationship:
Percentage of total benefit:%
Address:

Surname:
Forename(s):
Date of Birth:
Relationship:
Percentage of total benefit:%
Address:

Surname:
Forename(s):
Date of Birth:
Relationship:
Percentage of total benefit:%
Address:

10. APPLICANT ACKNOWLEDGEMENT OF TERMS

I, the Employee, being eligible, hereby apply for admission to membership of the:

- PANTHERA SIIP (Self Invested International Pension)
- PANTHERA LIPS (Labuan International Pension Scheme) Retirement Trust Fund.

I agree and undertake as follows:

I accept to be nominated as an allocated / discretionary member of the Fund.

I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time (the "Trust Deed").

I will upon request make full disclosure in writing of any benefits I have received, may receive or may be entitled to receive from any other superannuation fund or employer.

I understand the terms and conditions of the Trust Deed in particular the terms and conditions concerning benefits which may be or become payable.

I consent to the Trustee acting as Trustee of the Fund.

I consent to the standard fees as detailed in the charging structure and commission (Sections 7 and 8 of Application form) and that the Trustees must give the employer 28 days written notice of any intent to alter the fee schedule.

I consent to the transfer payment from the Transferring Scheme(s) (if applicable) being paid to the PANTHERA(enter relevant pension: SIIP or LIPS) Trust may take an extra charge each year for any such further administrative work.

I consent to the scheme administrators or their representatives obtaining from me or any other person or body to whom a duly authorised payment under the provisions of the scheme is to be made, such evidence and information as it may need for the purpose.

I understand that if there is any failure to provide information needed by the scheme administrator in order to administer my benefits in an accurate manner, the administrator has the right to make further administrative charges.

I declare to the best of my knowledge that the information provided in this application form and application form annex, whether in my handwriting or not, is correct and complete.

I understand that any deliberate or careless failure to answer any questions correctly and fully to the best of my knowledge and belief, may result in benefits not being payable to me.

I understand and agree that the plan will allocate the Fund value to the Investment Manager (nominated in Section 4 of Application Form) unless they are considered unsuitable by the Trustees, in which case the Fund value will be placed on deposit until such time as a suitable fund manager is appointed.

PANTHERA (enter relevant pension: SIIP or LIPS) 'Trust' agrees to administer the Scheme in accordance with the Rules and Arrangements of the scheme.

It should be noted that processing of this application will not be completed by the PANTHERA (enter relevant pension: SIIP or LIPS) Trust until all of the required sections have been fully completed and signed and the applicant's identity confirmed.

I understand that acceptance of the application form does not constitute admission into the PANTHERA (enter relevant pension: SIIP or LIPS) Trust and that a separate confirmation of admission (Letter of Acceptance from the Trustees) will be issued to confirm successful membership.

By signing this application, I declare that I have read and understood all terms incorporated in this application form and apply for admission to membership of the Fund.

Employee's Signature:

Date:

11. PROFESSIONAL ADVISER DECLARATION (This section is to be completed in full and signed by the Professional Adviser)

I confirm that I have given the appropriate financial and tax advice to the Applicant on the implications of becoming a Member of the Plan and that I am qualified to give such advice.

Where the applicant is transferring funds out of an existing scheme into the Plan, I confirm that I have advised him/her on the advantages and disadvantages of such transfer.

Professional Adviser's Signature:

Professional Adviser Name:

Name of Advisory Firm:

Date:

