



Application Form

MCT Malet International Retirement Scheme

Before completing this Application Form you should read the MCT Malet International Retirement Scheme Key Features Document, Terms and Conditions of Business and Charges Schedule.

Registered as a Retirement Scheme by the Malta Financial Services Authority (MFSA).

Account number allocated

For office use only

Personal details

Title	Full name		
Previous name (eg maiden name)			
Date of birth	Gender		
Nationality (if you have dual nationality, please insert details)	Place of Birth		
Passport number			
Mother's maiden name			
Are you a Citizen, Taxpayer or Resident of the USA?			
National Insurance number			
Are you a Politically Exposed Person?*	Yes / No		
Country of residence (for tax purposes)			
Tax Identification Number			
Occupation			
Approximate Annual Earnings (if applicable)			
Please tick the appropriate box to confirm your status	<input type="checkbox"/> Employed	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Unemployed
	<input type="checkbox"/> Caring for a child under the age of 16	<input type="checkbox"/> Caring for one or more children aged under 16	<input type="checkbox"/> Caring for a person aged 16 or over
	<input type="checkbox"/> In full time education	<input type="checkbox"/> In receipt of a pension	<input type="checkbox"/> Other
Principal residential address			
Telephone number			
Fax number			
Mobile telephone number			
Email			
Correspondence address (if different from above)			
If you have lived at your principal residential address for less than three months, please provide your previous principal residential address			
Please specify currency for your MCTMIRS	Euro / US Dollar / Sterling / other (Please specify)		

Date you left or date you propose to leave the UK / /

(We will treat you as non resident in the UK from 6th April following this date if the date is in the past.
If you become non resident in the UK in the future you must advise us of this.)

Please supply a copy of your completed Form P85**
and note here the date this was submitted to HM
Revenue & Customs

Date form P85 submitted to HMRC
..... / /

* The definition of Politically Exposed Person is "A natural person who is or has been entrusted with prominent public functions and includes his immediate family members or persons known to be close associates of such persons, but shall not include middle ranking or more junior officials".

** Form P85 is entitled "Leaving the United Kingdom – Income Tax claim when you have left or are about to leave the UK".
Please see the following link: www.hmrc.gov.uk/cnr/p85_p85s.htm for more information and a copy of the form.

Verification of your identity and your address

Please provide a copy of your passport, with an original certification. The copy must be certified in accordance with our requirements in the section entitled "Passport/Utility bill certification".

Please tick this box to confirm you have attached a certified copy of your passport

Please provide a utility bill so that we may verify your address. The bill must be no more than three months old and if not original, must be certified in accordance with our requirements in the section entitled "Passport/Utility bill certification".

Please tick this box to confirm you have attached an original utility bill

Passport/Utility bill certification

Your documents may be certified by one of the following:

- An accountant who is a member of a recognised professional body
- An actuary who is a member of a recognised professional body
- A lawyer or notary public who is a member of a recognised professional body
- A member of the judiciary, a senior civil servant, or a serving police or customs officer
- A Director or Officer of a regulated financial institution or of a firm which carries out regulated financial business (in this case, the individual must state by whom they are regulated).

Passport certification wording:

"I, [name of certifier] confirm that I have met [name of individual] face to face and that this photograph is a true likeness of [name of individual]. I further confirm that I have seen the original document and that this is a true copy of the original document."

Signed

Date

Utility bill certification wording:

"I, [name of certifier] confirm that I have seen the original document and that this is a true copy of the original document".

The certifying person should also add their name, firm (if applicable) and a contact telephone number.

Nomination of beneficiaries

You may nominate beneficiaries to receive benefits in the event of your death. In the event of your death, the Trustee will review the nominations and contact the Nominated Beneficiaries and the Executor of your Estate to determine the identity of the beneficiaries. All benefit payments are at the discretion of the Trustee.

Beneficiary 1

Surname

First names

Address

Relationship to you

Proportion of benefits to be allocated (%)

Beneficiary 2

Surname

First names

Address

Relationship to you

Proportion of benefits to be allocated (%)

Beneficiary 3

Surname

First names

Address

Relationship to you

Proportion of benefits to be allocated (%)

Beneficiary 4

Surname

First names

Address

Relationship to you

Proportion of benefits to be allocated (%)

Previous pension details

You may transfer in funds from other UK Registered Pension Schemes, other Qualifying Recognised Overseas Pension Schemes or Retirement Benefit Schemes registered in Malta.

You will need to complete HM Revenue & Customs Form APSS263 in respect of transfers from UK Registered Pension Schemes. The transferring Scheme Administrators must be in possession of the completed form APSS263 within two months of the date you requested the transfer from their scheme.

The transferring Scheme Administrators must report the transfer of your benefits from their scheme into the MCTMIRS to HM Revenue & Customs. The information provided will include the value of the assets being transferred, together with your details.

Please provide below details of the pension arrangements to be transferred:

Transfer 1

Scheme name

Scheme type

Policy / Scheme number

Provider / Administrator / Trustee

Scheme address

Transfer Value

Date of Transfer Value

If any part of the transfer is subject to a court order in any jurisdiction, please provide details

Have you commenced taking benefits from this scheme? Yes No

Transfer 2

Scheme name

Scheme type

Policy / Scheme number

Provider / Administrator / Trustee

Scheme address

Transfer Value

Date of Transfer Value

If any part of the transfer is subject to a court order in any jurisdiction, please provide details

Have you commenced taking benefits from this scheme? Yes No

Transfer 3

Scheme name

Scheme type

Policy / Scheme number

Provider / Administrator / Trustee

Scheme address

Transfer Value

Date of Transfer Value

If any part of the transfer is subject to a court order in any jurisdiction, please provide details

Have you commenced taking benefits from this scheme? Yes No

Transfer 4

Scheme name

Scheme type

Policy / Scheme number

Provider / Administrator / Trustee

Scheme address

Transfer Value

Date of Transfer Value

If any part of the transfer is subject to a court order in any jurisdiction, please provide details

Have you commenced taking benefits from this scheme? Yes No

If you have more than four pensions you wish to transfer to your MCTMIRS, please provide details on a separate sheet.

Cash contributions

If you are resident in Malta, you may make contributions to your MCTMIRS. If you wish to do this, please ask us for a copy of the Contributions Form which will need to be fully completed before contributions may be accepted. Contributions may only be accepted as cash.

Basic fees

Set Up	£650
Annual	£880

Notes:

- 1. All fees are deducted from the bank account; full details of fees can be found in our Key Features Document, which should be read before this application is signed.**
- 2. If you do not have sufficient cash in British Pounds Sterling to pay the fees, cash in any other currency will be converted to British Pounds Sterling at the rate current on the day that the fees are taken. Any bank charges will be borne by the member's fund.**
- 3. Fees will increase in line with the Malta Retail Price Index based on the change during the 12 months to August each year. Any increase will be effective from the following January and run for 12 months.**

Financial adviser (if applicable)

Name of adviser

Name of firm

Firm's address

Telephone number

Fax number

Email

Name of regulator

Regulator reference number

If fees are to be paid to the
adviser from the MCTMIRS,
please provide details:

Currency in which fees are to be paid : EURO/GBP/USD
(please delete those not applicable)

Initial %* Fixed amount

Annual %** Fixed amount

* The initial percentage will be based upon the initial contribution or transfer value and prior to any deductions.

** The annual percentage will be based upon the fund value on the first and following anniversaries and prior to any deductions.

Declaration

- I confirm that the information I have provided in this application form is correct to the best of my knowledge and belief. I confirm I am acting in my personal capacity and not on behalf of a third party.
- I confirm I am eligible and apply for membership of the MCT Malet International Retirement Scheme (“the Scheme”).
- I agree to be bound by the Trust Deed and Rules governing the Scheme, as varied from time to time.
- I have received a copy of the Trust Deed and Rules governing the Scheme.
- I acknowledge and accept the Terms and Conditions for the Scheme and have read and understood the Key Features Document and the statements on this application form.
- I agree that the Retirement Scheme Administrator may settle from my Individual Fund under the Scheme any tax liability levied by HM Revenue & Customs or the Malta Inland Revenue in respect of my membership of the Scheme or my membership of pensions transferred into the Scheme.
- I understand that the Trustee will use the day after the date I left the UK as the first date of my non-residency in the UK and that this date will determine the date I cease to become a “Relevant Member” (as defined in the Trust Deed and Rules governing the Scheme).
- Upon request by the Trustee, I agree to make full written disclosure of any benefits I have received, may receive or to which I may be entitled from any other pension scheme.
- I confirm that the fees detailed in this Application Form and the Key Features Document may be deducted from the Individual Fund’s bank account by the Trustee.
- I confirm that the assets I intend to transfer to the Scheme are not and do not represent the proceeds of criminal activity.
- I agree that if there is any failure to provide information required by the Trustee in order to properly administer my benefits, the Trustee has the right to make additional charges.
- I consent to the Trustee or its representative 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 agree that MC Trustees (Malta) Limited may appoint an agent outside Malta to process my application.
- I agree that the data contained in this application form may be processed by the agent appointed by MC Trustees (Malta) Limited.
- I understand that MC Trustees (Malta) Limited will report information relating to payments made or treated as made in respect of a Relevant Member (as defined in the Trust Deed and Rules) to HM Revenue and Customs accordance with the provisions of SI2012 No 884.
- I understand that the reporting requirements in respect of taxable property held in the MCTMIRS will not cease.
- I agree that the information I have provided in respect of this application and any additional information subsequently provided or obtained, including sensitive data, may be held by the Trustee on computer systems or other records. I understand that all information held by the Trustee in respect of me will be treated as private and confidential. I undertake to advise the Trustee immediately about any changes to my personal data in order for their records to be updated and to provide further proof of identity and address when requested.
- I authorise MC Trustees (Malta) Limited to disclose information, when requested or required, about my MCTMIRS to HM Revenue & Customs, to the Malta Inland Revenue and any approved Government Department or Regulatory Body entitled to the information by virtue of residency or domicile of the member, Trustee, Retirement Scheme Administrator or agent of MC Trustees (Malta) Limited.
- I authorise you to give information about my MCTMIRS to my Financial Adviser (if applicable) and others as may be necessary to administer my MCTMIRS. I authorise you to supply my personal details (which include, but are not limited to, my name, address, NI number/ID number) to the Bank engaged by the Trustee to provide banking facilities to the MCTMIRS.
- I understand that I have the right to see certain records you hold about me and that if I wish to see such information, I should contact the Trustee at Level 2, Regional Business Centre, University Heights, Msida MSD 1751, Malta.
- I understand that information about me will be kept by the Trustee if I transfer away from the MCTMIRS.

■ I confirm that MC Trustees (Malta) Limited or any agent it appoints may obtain any information it requires from:

1. My previous pension providers/trustees
2. HM Revenue & Customs relating to my UK tax-residence status

■ I confirm and agree that I am responsible for the payment of any and all tax in my country of residence which relates to the payment of benefits from the MCTMIRS. I understand that MC Trustees (Malta) Limited will make such tax deductions from my Individual Fund within the MCTMIRS as may be required in terms of Maltese tax law.

■ I understand that any pension paid from my Individual Fund under the MCTMIRS will be liable to tax in Malta (subject to any exemption under any double taxation treaty with the country I am tax resident in) .

■ I authorise MC Trustees (Malta) Limited to deduct any income tax which may be due from income payments made.

■ I understand that I am required to be registered for income tax purposes in Malta and that subsequently I will need to submit an income tax return and self-assessment for every year I remain so registered. For this purpose I authorise MC Trustees (Malta) Limited to register me for Maltese income tax purposes, and to prepare, sign and submit tax returns to the Maltese Inland Revenue Department on my behalf. I understand that MC Trustees (Malta) Limited has appointed a tax advisory firm in Malta to facilitate the Malta tax compliance process, and I hereby authorise MC Trustees (Malta) Limited to provide information relating to me and/or my account as is deemed relevant and necessary for this purpose. I understand that there will be an additional annual charge as specified in the Charges Schedule for registering an individual for Maltese income tax purposes and preparing and submitting annual tax returns in Malta as specified in the Charges Schedule.

■ I confirm and agree that I will, however, remain ultimately responsible for the submission of income tax returns to the Maltese Inland Revenue Department and for the contents disclosed therein. I understand that if additional tax is due in Malta as a result of any default on my part in providing MC Trustees (Malta) Limited with complete and correct information, or as a result of false declarations made, in connection

with my Malta income tax returns, MC Trustees (Malta) Limited will claim the relevant amount from me and, provided there are sufficient funds, automatically collect the additional tax from my MCT Malet International Retirement Scheme account.

■ I confirm that to the best of my knowledge I have no income or capital arising in Malta other than that relating to payments made out of The MCT Malet International Retirement Scheme.

■ I confirm that I am resident in the country shown in my application form for tax purposes – please see attached (client to attach tax residence certificate or, where this is not available, other appropriate documentation eg copies of recent utility bills excluding mobile telephone bills). I undertake to inform MC Trustees (Malta) Limited of any changes in these respects as they occur.

■ I undertake to inform MC Trustees (Malta) Limited of any changes in respect of these declarations.

■ I understand that MC Trustees (Malta) Limited will report to HM Revenue & Customs details of all payments made to me from the MCTMIRS if:

- a. I am resident in the UK when the payment is made (or treated as made)
- b. I have been resident in the UK earlier in the tax year in which the payment is made (or treated as made)
- c. I have been resident in the UK in any of the five tax years immediately preceding the tax year in which the payment is made (or treated as made)
- d. The payment is made (or treated as made) within ten years of the date of establishment of the Relevant Transfer Fund

I understand that it is a serious offence to make false statements and that the penalties are severe and may lead to prosecution.

Client signature

Print name

Date

Please return your completed application form to:

MC Trustees (Malta) Limited

Level 2

Regional Business Centre

University Heights

Msida MSD 1751, Malta

Tel: +356 21 383943

Fax: +356 21 384943

Email: mail@mctrustees.com.mt

Website: www.mctrustees.com.mt



MCT Malet International Retirement Scheme

Registered as a Retirement Scheme by the Malta Financial Services Authority (MFSA)

If you would like a copy of this document in larger print, please contact us on +356 21 383943.

The MCTMIRS is administered by MC Trustees (Malta) Limited.

Tel: +356 21 383943

Fax: +356 21 384943

Email: mail@mctrustees.com.mt

Website: www.mctrustees.com.mt

MC Trustees (Malta) Limited is registered in Malta at 93 Mill Street, Qormi QRM3102, Malta
Co Reg No C48412

MC Trustees (Malta) Limited is authorised and regulated by the Malta Financial Services Authority

MC Trustees (Malta) Limited is registered as an Administrator for retirement schemes with the Malta Financial Services Authority