

PENSION FUNDS APPLICATION FORM AND MANDATE

Please complete this form in BLOCK CAPITALS and black ink and return it in the pre-paid envelope provided to: **Cater Allen Private Bank, 9 Nelson Street, Bradford BD1 5AN**. If you need any help completing this form, please call us on **0800 092 3300**.

For action by Professional Adviser only

£ Sterling Master Account number	<input type="text"/>
£ Sterling Account number allocated	<input type="text"/>
€ Euro Master Account number	<input type="text"/>
€ Euro Account number allocated	<input type="text"/>
\$ US Dollar Master Account number	<input type="text"/>
\$ US Dollar Account number allocated	<input type="text"/>

1 Which account(s) are you applying for?

Applicant to complete

Please let us know the account(s) you would like to open, by ticking the relevant box. Tell us the amount you would like to deposit as an opening balance, and in which currency. Then decide whether you would like a chequebook and/or paying-in book(s).

Reserve Account for Pensions ¹ (minimum £5,000 or equivalent per currency)	Chequebook	Over the counter Paying-in Book	Postal deposit Paying-in Book
<input type="checkbox"/> £ Sterling £ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> € Euro € <input type="text"/>			
<input type="checkbox"/> \$ US Dollar \$ <input type="text"/>			
Asset 30 Account ¹ (minimum £5,000)		Over the counter Paying-in Book	Postal deposit Paying-in Book
<input type="checkbox"/> £ Sterling £ <input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
Business Notice Account 95 ¹ (minimum £25,000)		Over the counter Paying-in Book	Postal deposit Paying-in Book
<input type="checkbox"/> £ Sterling £ <input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
Term Deposit ² (minimum £50,000) or equivalent in US Dollars (\$) or Euros (€) ³			
<input type="checkbox"/> £ Sterling £ <input type="text"/>			
Currency Term Deposits (NB: Only available for 12 month term)			
<input type="checkbox"/> € Euro € <input type="text"/>			
<input type="checkbox"/> \$ US Dollar \$ <input type="text"/>			
Base Rate Tracker Term Deposits (NB: Only available for 12 month term)			
<input type="checkbox"/> £ Sterling £ <input type="text"/>			

Is the money from (please tick the appropriate box):

a Registered Pension Scheme a non-Registered Pension Scheme Other

If 'Other' please specify the source of the funds

2 Please tell us about your Pension Scheme

Applicant to complete

We cannot progress your application unless all fields within this section are completed.

What name would you like to be shown on the new Account?
This is the name that will appear on chequebooks and paying-in books where applicable. There is room for a maximum of 22 characters per line.

Contact name

What position does the contact person hold?

5 Details of your Professional Adviser

Applicant to complete

Have you been introduced to Cater Allen Private Bank by a Professional Adviser?

Yes No

If 'Yes', please complete the details below. If 'No', go to section 6.

Name of company

Address

Postcode

Telephone

Name

Email

6 Declaration and Mandate

Applicant to complete

We / I being all the Trustees of (please insert the full name of the Scheme)

('The Scheme') hereby apply to open a Pension Account ('The Account') with Cater Allen Private Bank ('The Bank') in accordance with the published 'Terms and Conditions' thereof ('the Conditions') and in accordance with the Mandate below, which we acknowledge having received and to which we agree to be bound and any subsequent amendments which the Bank may inform us of from time to time.

We hereby certify that:

(a) I / We are duly authorised by the Trust Deed of the Scheme to open the Account and operate it as set out in this Mandate and we hereby indemnify the Bank against any losses suffered as a result of any operation of the Account in accordance with this Mandate which is found to be in breach of the Trust Deed.

(b) In the event of the death or incapacity of any of the Trustees or Authorised Signatories, the Bank is able to pay or deliver to the order of the survivors, all money, securities, deeds or documents or any other property which you hold for the credit of the remaining Trustees' joint Account.

The liability of as Scheme Administrator for any indebtedness arising from time to time on the Account(s) shall be limited to the Assets of the Scheme.*

*Please leave blank if **not** the Scheme Administrator.

Please act on the signature(s) of the Authorised Signatories in respect of cheques or other orders for payment on the Account, and as authority for the sale, purchase, delivery or other dealings with securities, bills, coupons, documents, boxes, packages and their contents and other property at any time held by you.

Authorised Signatories

All transactions on this Account **must be signed by**

of the Trustees
(Please enter the number of Trustees to sign)

All of the Trustees

In addition to the above the Scheme Administrator must sign.

If less than all Trustees to sign on the Account:

I / We hereby jointly and severally indemnify the Bank from and against all actions, claims, demands and costs which may be brought or made against the Bank or incurred by the Bank by reason of the Bank's permitting operation of the Account otherwise than upon the signatures of all of the Trustees together.

I / We hereby authorise the Bank to provide the Scheme's Auditors with such information as they may request concerning the Account and any transactions which may have taken place via the Account.

Upon any of the Trustees ceasing to be a Trustee of the Trust by death or otherwise, the Bank may in the absence of written notice to the contrary from us, treat the surviving or continuing Trustees for the time being, as having full power to carry on the business of the Account Holder and to deal with its assets as freely as if there had been no change in the Trust.

The above authority shall remain in force until the Bank receives written notice of its revocation, notwithstanding any change in the constitution (or name) of the Trust and shall apply notwithstanding any change in the identity of the Trustees by death, bankruptcy, retirement or otherwise or the admission of any new Trustee or Trustees.

I / We authorise Cater Allen Private Bank to send copies of all statements issued in respect of the Account and to disclose details of that Account to my / our Professional Adviser, and Scheme Administrator, as named on this application, or their successors in title. I / We acknowledge that my / our Professional Adviser may receive commission from Cater Allen Limited in respect of the account. The Bank is hereby authorised to comply with all withdrawal instructions given by facsimile, providing that such instructions are signed in accordance with the current Mandate to operate the above Account and the Bank may act upon such instructions without the need for further enquiry.

The Bank may act upon such instructions immediately and without further enquiry unless it has cause to be suspicious as the nature and content of the request.

Closure of Account

We will not accept notification of closure of this Account unless it is authorised by the correct signatories as detailed on the valid Mandate that is in existence at that point in time.

Providing you with information

I confirm that I am entitled to disclose information about any parties named on the application form. If this application is made in joint names "I" in the statement below should be read as "we" where appropriate.

Using my personal information

Whether or not I become a customer, you may use all the information I give to you, Cater Allen Private Bank, or you hold on me, including transactional data, to provide and run the account or service I have applied for. This includes information about the conduct (including details of transactions) of any account or policy that I have with you, a group company or an associated company. You may also use my information to help you develop and improve your products and services. You will keep information about me after my account is closed.

Sharing my personal information

You may share my information for the purposes described in this statement with the group of companies to which you belong (the Santander group) and your associated companies, and with service providers or agents. These companies may be based in other countries. I understand that you will make sure that my information is only used in line with your instructions and your own strict policies on confidentiality. If you transfer my information to another country, you will also make sure that you give it the same levels of protection as needed under the UK Data Protection Act. You may also give essential information about my account and cards (if any) to others if needed to run my account and for regulatory purposes.

My marketing preferences

- You may invite me to take part in market research surveys.
If I don't want to be included in market research, I can tick this box:

If I have been introduced to you via a Professional Adviser I understand that you will not use my information for marketing purposes (although I may still receive details of products and services from other Santander group companies if I have agreed with them to receive such information).

If I am a customer dealing directly with Cater Allen Private Bank you may identify and let me know by post, telephone or electronic media (including email and SMS) of products or services, which you think may interest me. If I am aged over 18, when deciding whether to provide me with details of a credit product you may search the files of credit reference agencies who will not make a record of this search available to other lenders who search my file.

If I don't want information on other products and services I can tick the following boxes: Please do not contact me

by telephone by post by e-mail
by SMS (when available)

Unless I have said otherwise, by continuing with this application, I agree to you contacting me using any of the methods shown above.

I understand that I may receive details of products and services from other Santander group companies if I have agreed with them to receive such information.

Credit reference agencies – Reserve Account for Pensions applications

I understand that when you assess this application, and any future increase in my credit or overdraft limit (this does not apply to those under 18), you will use the information for credit assessment, which may include credit scoring. You may make any enquiries relating to me and my business that you consider necessary (for example, from another financial institution), and search the files of credit reference agencies at my business and home address, which will keep a record of each search. This could affect my ability to get credit elsewhere within a short period of time. Details about this application (whether or not it goes ahead) will be recorded at the credit reference agency. A financial link between joint applicants or between myself and any other person will be created at the credit reference agency. This will link our financial records, where each will be taken into account in all future applications by either or both of us. If I already have a financial association you will assess my application on this basis. This situation will continue until one of us successfully files for a 'disassociation' at the credit reference agency. You will also pass details about me, my business and how I run my account (if my application is successful) to credit reference agencies. When appropriate the credit reference agencies and/or fraud prevention agencies will also record details of my agreement with you, the payments I make under it and any default or failure to keep to its terms and any deliberate non-payment following a change of address without notice.

Verifying my identity and fraud checks

Before you can open this account/add me to this account, or set up my policy, in order to prevent or detect fraud you will check and share the information provided in this application or at any stage with fraud prevention agencies, and may make searches at credit reference agencies who will supply you with information, including information from the electoral register, for the purposes of verifying my identity. Scoring methods may be used to verify my identity. A record of this process will be kept that may be used to help other companies to verify my identity. If false or inaccurate information is provided and fraud identified details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information.

You and other organisations may search and use the records held by credit reference and fraud prevention agencies to prevent and investigate crime, fraud and money laundering and for example:

- to check details on applications for credit and credit related or other facilities;
- to verify my identity if I or my financial associate applies for other facilities;
- to undertake statistical analysis and system testing;
- to manage credit and credit related accounts or facilities;
- to recover debt;
- to check details on proposals and claims for all types of insurance;
- to check details of job applicants and employees.

You may also search and use your internal records for these purposes.

You and other organisations may search and use from other countries the information recorded at fraud prevention agencies. I understand further information on the credit reference agencies and fraud prevention agencies you use is available by telephoning your Agents on 0800 092 3300.

Access to my information

I understand I have the right to see certain records you hold about me if I pay a fee* and I can get an information sheet (Subject Access Info Sheet) explaining my rights by calling 0800 092 3300.

* Please see Banking Tariff for details.

All Trustees (including Corporate Trustees) must sign below.

By signing this Application Form we agree that we have read and understand the Declaration (in section 6) and Data Protection Statement (in section 7) and agree that our personal details are correct.

Declaration by first person

Full name

Position

Address

Postcode

Company registration number (if applicable)

Signature

Date

Declaration by second person

Full name

Position

Address

Postcode

Company registration number (if applicable)

Signature

Date

Declaration by third person

Full name

Position

Address

Postcode

Company registration number (if applicable)

Signature

Date

Declaration by fourth person

Full name

Position

Address

Postcode

Company registration number (if applicable)

Signature

Date

For SIPP applications only

The Scheme member must sign here if not also a Trustee or a Signatory.

By signing this Application Form we agree that we have read and understand the Declaration (in section 6) and Data Protection Statement (in section 7) and agree that our personal details are correct.

Name

Address

Postcode

Signature

Date

9 Authorised Signatories

Applicant to complete

Anyone who wishes to be able to transact on this account needs to be identified below as an Authorised Signatory. If you are not identified as an Authorised Signatory, then unfortunately we cannot accept your signature as authorisation to carry out a transaction, e.g. on a letter, on a cheque, on a faxed request, etc.

The following Authorised Signatories wish to operate this account ("The Account") with Cater Allen Private Bank ("The Bank"). By signing this Application Form we agree that:

- We have read and understand the Data Protection Statement, and agree that you can use our information as stated in the statement.
- We have received and accept the Terms and Conditions of this account and agree to also be bound by any subsequent amendments advised to us by the bank from time to time.
- Our personal information contained in section 12 of this Application is true and correct.
- For Corporate Trustees who will be signing on this account, we will require a list of authorised signatories on company letterhead and at least one signatory from that list must sign in this section

Signature of first person

Full name

Position

Signature

Date

Signature of second person

Full name

Position

Signature

Date

Signature of third person

Full name

Position

Signature

Date

Signature of fourth person

Full name

Position

Signature

Date

10 Scheme Administrator details

Applicant to complete

I, the Scheme Administrator, verify that the above signed names are the legitimate Trustees and Authorised Signatories in the named Scheme.

Full name

Position

Address

Postcode

Signature

Date

11 Documentation requirements

Applicant to complete

The following documentation is required for verification of Schemes:

1. Certified copy of the portion of your Trust Deed (and any deed of amendment) showing name of Scheme and names and addresses of all Trustees.
2. Any relevant deed of removal and / or appointment.

Please note that:

You must not send us originals of the following valuable documents: Passport; Driving Licence; EEA member state ID card; Northern Ireland Voter's Card. This is due to the dangers of postal interception and fraud, and is for your own protection.

Professional Advisers may supply an IVC for each named Trustee / Authorised Signatory / Operators of the Account, provided that it is fully completed and is of a sufficient quality that any ID information can be reconstructed at a later date.

In order to ensure that our information is always up to date, and to comply with Anti Money Laundering Regulations, please complete the form below. In some circumstances we may not be able to process this request without this information.

If this application form does not provide you with enough space for everyone's personal details, please photocopy this section of the form and complete for each additional person then attach all relevant pages to this application.

For Corporate Trustees, we will require a list of authorised signatories on company letterhead and at least one signatory from that list must sign in this section

Details of first person

Please tick appropriate box(es):

Existing customer New customer

Authorised Signatory Scheme member (if SIPP)

Mr Mrs Ms Miss

Other If 'Other' please state

Forename(s)

Middle Name

Surname

Any other name you have been, or are, known by

Date of birth

Male Female

Mother's maiden name

Nationality

Do you have dual nationality?

Yes No

If 'Yes' please specify which country

Are you a Trustee of the Scheme?

Yes No

Current home address (permanent residential address)

 Postcode

Country of residence

How long have you been at your current home address?

Years Months

Telephone (day)*

Telephone (eve)*

Mobile*

*You must provide at least one telephone number.

Email

Previous home address if less than three years at address shown above (if more than one address, please provide details of all other addresses on a separate sheet)

Postcode

Country of residence

How long did you live at this address?

Years Months

Do you share a mail box? (e.g. block of flats)

Yes No

If yes we will make special arrangements should you need to receive cheque / paying-in book, pin / card by post.

I confirm that I have enclosed customer identification in accordance with the Customer Identification Requirements Sheet.

Details of second person

Please tick appropriate box(es):

Existing customer New customer

Authorised Signatory Scheme member (if SIPP)

Mr Mrs Ms Miss

Other If 'Other' please state

Forename(s)

Middle Name

Surname

Any other name you have been, or are, known by

Date of birth

Male Female

Mother's maiden name

Nationality

Do you have dual nationality?

Yes No

If 'Yes' please specify which country

Are you a Trustee of the Scheme?

Yes No

Current home address (permanent residential address)

 Postcode

Country of residence

How long have you been at your current home address?

Years Months

Telephone (day)*

Telephone (eve)*

Mobile*

*You must provide at least one telephone number.

Email

Previous home address if less than three years at address shown above (if more than one address, please provide details of all other addresses on a separate sheet)

Postcode

Country of residence

How long did you live at this address?

Years Months

Do you share a mail box? (e.g. block of flats)

Yes No

If yes we will make special arrangements should you need to receive cheque / paying-in book, pin / card by post.

I confirm that I have enclosed customer identification in accordance with the Customer Identification Requirements Sheet.

Details of third person

Please tick appropriate box(es):

Existing customer New customer

Authorised Signatory Scheme member (if SIPP)

Mr Mrs Ms Miss

Other If 'Other' please state

Forename(s)

Middle Name

Surname

Any other name you have been, or are, known by

Date of birth

Male Female

Mother's maiden name

Nationality

Do you have dual nationality?

Yes No

If 'Yes' please specify which country

Are you a Trustee of the Scheme?

Yes No

Current home address (permanent residential address)

Postcode

Country of residence

How long have you been at your current home address?

Years Months

Telephone (day)*

Telephone (eve)*

Mobile*

*You must provide at least one telephone number.

Email

Previous home address if less than three years at address shown above (if more than one address, please provide details of all other addresses on a separate sheet)

Postcode

Country of residence

How long did you live at this address?

Years Months

Do you share a mail box? (e.g. block of flats)

Yes No

If yes we will make special arrangements should you need to receive cheque / paying-in book, pin / card by post.

I confirm that I have enclosed customer identification in accordance with the Customer Identification Requirements Sheet.

Details of fourth person

Please tick appropriate box(es):

Existing customer New customer

Authorised Signatory Scheme member (if SIPP)

Mr Mrs Ms Miss

Other If 'Other' please state

Forename(s)

Middle Name

Surname

Any other name you have been, or are, known by

Date of birth

Male Female

Mother's maiden name

Nationality

Do you have dual nationality?
 Yes No

If 'Yes' please specify which country

Are you a Trustee of the Scheme?
 Yes No

Current home address (permanent residential address)

 Postcode

Country of residence

How long have you been at your current home address?
 Years Months

Telephone (day)*

Telephone (eve)*

Mobile*

*You must provide at least one telephone number.

Email

Previous home address if less than three years at address shown above (if more than one address, please provide details of all other addresses on a separate sheet)

 Postcode

Country of residence

How long did you live at this address?
 Years Months

Do you share a mail box? (e.g. block of flats)
 Yes No

If yes we will make special arrangements should you need to receive cheque / paying-in book, pin / card by post.

I confirm that I have enclosed customer identification in accordance with the Customer Identification Requirements Sheet.

¹ If you are making your first deposit by cheque, it must be made payable to the name that you wish your new account to be in – no cash, postal orders or third party cheques.

² Term Deposit accounts are restricted to the electronic transfer of funds only.

³ Please note that currency exchange rates can fluctuate. If your deposit into a US Dollar Term Deposit is in a currency other than US Dollars, or into a Euro Term Deposit is in a currency other than euros, it will be subject to the rate of exchange advertised on www.caterallen.co.uk at the date of your deposit. At maturity, if you ask us to pay your funds to you in a currency other than US dollars for a US Dollar Term account, or euros for a Euro Term Deposit Account, the rate of exchange advertised on www.caterallen.co.uk on the date of transfer will apply.

For CAPB completion only

Marketing Code

Cater Allen Private Bank is able to provide literature in alternative formats. The formats available are: Large Print (as recommended by RNIB), Braille, Audio Tape and PC Disk. If you would like to register to receive correspondence in an alternative format please contact us on 0800 092 3300. For the hard of hearing and/or speech impaired please use the Tynetalk service via 18001 0800 092 3300.

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