

THE PRAXIS QROPS

APPLICATION FORM

PERSONAL DETAILS

Title: Full Name:

Date of Birth: Occupation:

Address

Nationality: Email Address: Tel Number:

Certified copy* passport attached: To include number, picture, place of birth, nationality, date and country of issue

Original or certified* copy utility bill attached: The bill must be less than 3 months' old and not a mobile phone bill

Form P85 – Leaving the United Kingdom Date left UK – *if applicable*
(*if applicable*)

*** Please note that certified copies of documents can only be accepted if they comply with the following – if they do not comply, we will need to return them to you for re-certification and this is likely to result in delay in setting up the Scheme:**

Certification must be by one of the following (“Certifiers”):

- a. An embassy, consulate or high commission of the country of issue of documentary evidence of identity;
- b. A member of the judiciary, a senior civil servant, or a serving police or customs officer;
- c. A lawyer or notary public;
- d. An actuary;
- e. An accountant holding a recognised professional qualification; or
- f. A director, officer or manager of a regulated financial services business operating in an “equivalent jurisdiction” to Guernsey. Please note that countries that fall within the term “equivalent jurisdiction” may vary, from time to time.

You will need to show the Certifier the original document and photocopy. The Certifier will compare the documents and must write the following words on the photocopy: “Certified a true and correct copy of [the current valid passport/ utility bill/ national identity card etc] of [bearer’s full name].”

The Certifier must sign and record in block capitals his/her full name, the capacity in which he/ she is signing and the date of certification.

Please see overleaf

PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION:

1. Full details of your existing UK-approved pension scheme, including confirmation of type of scheme, date established, and details of current trustees/administrators.
2. A copy of the current scheme rules for the UK-approved scheme, together with a copy of the most recent accounts or financial statements if applicable.
3. The most recent valuation of the UK-approved scheme's assets, listing all current investments. If the transfer is from an approved company scheme, please confirm the cash value of the funds to be transferred.
4. The name, address and contact details of your UK pension advisor and confirm whether they will be formally advising you regarding the pension and tax implications of making a transfer to a QROPS (**Praxis Fiduciaries Limited is unable to accept an application for a QROPS transfer unless we have evidence that you have obtained all relevant UK pension transfer advice from an appropriately qualified UK pensions advisor**).

(Please note that the Praxis Group is unable to advise on these matters but may be able to recommend suitable UK pension advisors upon request).

5. A summary of your domicile status for UK tax purposes and of your historic tax residency Status.
6. The name, address and contact details of your tax advisor in your present country of residence or, if still currently residing in the UK, your tax advisor in the UK and your proposed new Country of residence. Please note that unless your current or proposed country of residence is Guernsey, the Praxis Group is unable to advise you regarding the foreign tax implications but may be able to recommend suitable advisors upon request. (**Praxis is unable to accept a QROPS transfer unless we have evidence that you have obtained appropriate tax advice in the new or intended country of residence**).
7. Details of your preferred investment objectives for the QROPS fund, including details of any existing investment advisor which you would like the QROPS trustee to retain, if possible. Please note that if you have no preferred investment advisor, the Praxis Group is able to make introductions to appropriate investment advisors if desired.
8. Please note that Praxis may obtain a professional reference for you. Please provide a firm's name, address and contact details, that firm having maintained a professional relationship with you for a period in excess of 3 years.

Please note that prior to admission to membership of the Praxis QROPS, Praxis will require you to enter into an engagement agreement under the terms and conditions of which Praxis will provide its trustee services.

HOW THIS INFORMATION AND/OR DOCUMENTS PROVIDED MAY BE USED IN RELATION TO THIS APPLICATION

Praxis Fiduciaries Limited ("PFL") may, at times, where PFL deems it necessary in order to comply with a legal obligation or for a legitimate reason associated with the financial services that PFL provides, make available to a third party information and/or copies of documentation that have been provided to PFL in relation to this application. For example, PFL may provide details (such as name, address and source of funds) and copies of documents (such as a copy of a certified passport) to a bank with which the trust/ company has a bank account or wishes to set up a bank account.

PFL shall provide such information and/or documents on the strict understanding that they are not to be used for the purposes of marketing but solely for the purpose of complying with the relevant legislation.

PFL may also, in certain circumstances, disclose personal details and/ or provide copies of the certified copies of identification documents to another person or entity, without your knowledge or consent, where such use or disclosure is permitted or is required by law.

Praxis Fiduciaries Limited

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