

## Trustee Account Application for Pension Schemes (SIPP & SSAS)

Please complete this form in full, answering ALL questions clearly. Incomplete forms will cause application delays or may be rejected. For extra applications, visit our website at [www.mbstructuredinvestments.com](http://www.mbstructuredinvestments.com).

### 1. Your details

Proposers (Trustee(s)):

Administrators name:

Address for  
correspondence:

Scheme Name:

Scheme Reference:

Contact name:

Email:

Tel no:

Legal Entity Identifier:

**Please indicate the type of pension scheme (tick one box below):**

A small self-administered scheme (SSAS)

A self-invested personal pension scheme (SIPP)

Please note: a copy of the HMRC approval letter must be enclosed with all SSAS Applications.

**Please list the details of the scheme beneficiary below (please list details of any additional individuals on a separate sheet):**

**Beneficiary 1**

**Beneficiary 2**

Full name:

Permanent address:

Date of birth:

Occupation:

Telephone no:

Email Address:

National Insurance (NI):

Are you a US Citizen?	Yes	No	Yes	No
Are you a resident in the UK for tax purposes?	Yes	No	Yes	No
Are you a resident for tax purposes in any other country?	Yes	No	Yes	No

If yes please provide details of the Country(ies)  
and Tax Reference(s):

**Please list the Trustee details (non-regulated trusts only) below (please list details of any additional individuals on a separate sheet):**

**Trustee 1**

**Trustee 2**

Full name:

Permanent address:

Date of birth:

**Authorised signatures (please list any additional individuals on a separate sheet).**

The exercise of any options under the Terms and Conditions must be authorised by the requisite number of Authorised Signatories or, where a number is not stipulated, by at least one authorised signature. Please provide the names and sample signatures of all those who will be Authorised Signatories. Where there is any change to the Authorised Signatories, please notify Meteor in writing giving the date of the change (Meteor will be entitled to rely on the previous list until it is informed otherwise).

Signed:	Name:	Date:
Signed:	Name:	Date:
Signed:	Name:	Date:
Signed:	Name:	Date:
Signed:	Name:	Date:

## 2. Provision of Future Information

If you do not have a personal email address, or you would like emails to be sent to a different address please state that email address below.

Alternative email address:

**By signing the Declaration for your application you are authorising us to send notifications and information in relation to your investment to the email address you have provided.**

For security purposes, please provide us with a password so we can give you information over the telephone:

## 3. Investment (minimum £5000)

Plan No.	Plan Name	Amount (£)	Adviser Charge % or £	Total amount including charges
9688	UK 5Y Annual Step Down to 85 Kick Out Plan (Y2 65) April 2025   Issue 2			

### Payment:

Please send funds via electronic bank transfer. If your bank is operating Confirmation of Payee, it should confirm that you are paying 'Meteor Investment Management Limited'. The details you require are:

**Meteor Investment Management Limited Client Account**

**HSBC Bank plc**

**Sort Code: 40-05-30**

**Account Number: 13692752**

**IBAN: GB21MIDL40053013692752**

We strongly discourage cheques as they can increase the risk of your application being delayed and being subject to additional charges. Tick here if you are paying by cheque:

## 4. Your bank details

Bank:	Account holder(s):
Account Number:	
Bank sort code:                    -                    -	Reference (if any)/ Roll number:

**5. Appropriateness Questions and Declaration**

1. Have you been investing for 5 years or more? Yes  No

2. Have you received investment advice? If "YES", go to question 4. Please note that if you select "NO" and this Plan requires you to take advice, we will not be able to process your application. Yes  No

3. Looking at the categories of investor set out below, which one of the following characteristics best describes you?

Basic Investor

Informed Investor

Advanced Investor

*Basic knowledge of relevant financial products and/or no financial industry experience.*

*Average knowledge of relevant financial products and/or some financial industry experience.*

*Good knowledge of relevant financial products and/or financial industry experience.*

4. Please indicate if you hold, or have held, any of the following investments?

Bank Deposits

Stocks and shares ISAs

Direct equity investment

Structured Products

EIS/VCT

Unit Trusts

5. Have you received and read a copy of the Key Information Document (KID) for this Plan? Yes  No

6. Are the following statements true? Yes  No

I/We:

- ▶ confirm that the potential returns available from the Plan are consistent with my/our investment objectives.
- ▶ understand the various factors that will influence the capital and potential returns payable from this Plan, and that in adverse market conditions, this may mean that I/we will not receive any interest or investment return at all.
- ▶ am/are willing and financially able to bear the risk of this investment, including the risk of loss to my/our money.
- ▶ understand the benefits of diversification and that this Plan should only form part of my/our overall investment portfolio.
- ▶ understand that the Plan is designed to be held for the full investment term; and if I/we were to encash early, the amount that I/we would receive would depend on the value of the investment at the date of sale; and this value could be less than the amount that I/we invested.
- ▶ understand that I/we may lose some, or all, of my/our investment, including any interest or investment returns to which I/we would otherwise have been entitled to if the bank became unable to meet its obligations at maturity or earlier encashment.
- ▶ understand the charges associated with the Plan.
- ▶ understand the personal tax implications of my/our investment.
- ▶ understand the compensation arrangements applicable to the Plan.
- ▶ am/are the type of investor that this Plan is designed for, as set out in the brochure.

If NO, please provide details below:

If NO, please provide details below:

**6. Adviser Details**

Firm Name:

Financial Services Register Number:

Adviser:

Branch:

## 7. Adviser Declaration

- ▶ I confirm that all dealings with the investor have been carried out in accordance with the requirements of the FCA Handbook and in accordance with my obligations under Meteor's current Terms of Business.
- ▶ I acknowledge my responsibility to evaluate all information on the Plan and confirm that where I have given advice, I have the necessary knowledge and experience to be deemed competent to assess the Plan and its suitability to an applicant's circumstances and investment objectives.
- ▶ I have provided the investor with a Plan Brochure and Key Information Document.
- ▶ I declare that this application has been completed to the best of my knowledge and belief and I have agreed any adviser charge with the applicant.
- ▶ I confirm that I have carried out the appropriate identity checks on all parties relevant to this application and have retained copies of the completed Verification of Identity Certificates and supporting documentation, which I understand Meteor may request at any time and may rely on.
- ▶ I confirm that I have determined that the applicant meets the criteria to invest in this Plan.

**Signed:**

**Date:**

## 8. Declaration

**I/We declare that I/we:**

- ▶ have carefully read the Key Information Document and the Brochure, including the Plan Terms and Conditions.
- ▶ agree that Meteor will hold personal and financial information on me/us for the purposes set out in the Terms and Conditions only.
- ▶ accept the terms under which the Plan will be managed and the mode of providing me/us with information concerning the Plan.
- ▶ apply as Trustees/Authorised Parties for an Account to be opened in accordance with Meteor's standard Terms and Conditions.
- ▶ have completed this form to the best of my/our knowledge and belief and the information given in the application, whether in handwriting or not, is true and complete.
- ▶ am/are not, or acting on the behalf of, a resident of the United States; and that I/we will not assist any person who is so resident.
- ▶ agree to inform Meteor immediately should the scheme beneficiary become resident(s) of the United States.
- ▶ agree to inform Meteor immediately should there be any change in the scheme beneficiary's residency for tax purposes.
- ▶ will inform Meteor without delay of any change in my/our circumstances affecting any of the information in this form.

**I/We confirm that:**

- ▶ my/our powers of investment, and delegation of those powers, permit me/us to invest the assets of the Scheme(s).
- ▶ the investing scheme is a registered pension scheme under Part 4 of the Finance Act 2004 (or an application for its registration has been made) and I/we undertake to advise Meteor immediately if it ceases to be a registered pension scheme or if its application for registration is withdrawn or refused.
- ▶ I/we will tell Meteor if the Scheme is not granted exempt approval or if that approval is withdrawn.
- ▶ I/we understand and agree that any investments in the Plan will be allocated in accordance with my/our instructions to Meteor.
- ▶ this application and the Terms and Conditions referred to above shall form the basis of the contract between me/us and Meteor. I/we acknowledge receipt of the Terms and Conditions, further copies of which are available on request.
- ▶ if I/we have received financial advice, I/we confirm my/our financial adviser is not acting as agent to the Issuer or its affiliates.
- ▶ I/we have agreed the amount of any initial adviser charge for these investments as shown overleaf and note that the agreed terms will be confirmed to me by Meteor on acceptance of such instruction.

**I/We authorise Meteor:**

- ▶ to hold my/our cash subscription, Direct investments, interest, dividends and other rights or proceeds in respect of those investments and any cash or other proceeds.

**I/We understand that:**

- ▶ Meteor does not provide investment advice and confirm that I/we either do not require such advice or have received advice on this investment from a financial adviser as shown above.
- ▶ if I/we have not received advice for a Plan which requires me/us to take advice, Meteor will be unable to process my/our application.

**For and on behalf of the Trustees of the Scheme:**

**Signed:**

**Date:**

**Signed:**

**Date:**

**Note: If you have filled in and signed this Application Form, please send it to Meteor Asset Management Limited, 24/25 The Shard, 32 London Bridge Street, London, SE1 9SG or back to your financial adviser to submit the form.**

**M03411\_17 March 2025**