



### INSTRUCTIONS FOR COMPLETION

- Complete in BLOCK LETTERS and sign and date at the end of the application form.
- KYC - Please provide Proof of Identity and Proof of permanent Address. Proof of Identity can be in the form of a valid ID card or Passport, and Proof of Address in the form of bank statement or utility bill (dated no longer than 3 months from date), this is not required if your permanent address is the one on your ID Card.
- Please send the completed application together with the supporting documentation to: CCGM Pension Administrators Ltd., Ewropa Business Centre, Triq Dun Karm, Birkirkara, BKR 9034, Malta.

### SCHEME TYPE - Please choose from the following options

Private Pension Scheme    Occupational Pension Scheme\*

\*I hereby authorise my employer to deduct the scheme contributions mentioned in page 2 on my behalf directly from my salary

### DETAILS OF SCHEME MEMBER

Title	Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender		
<input type="radio"/> Male <input type="radio"/> Female		
House Name/No.	Street Name	
<input type="text"/>	<input type="text"/>	
City	Postcode/ZIP	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Residence	Nationality	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Place	Marital Status	ID/Passport No
<input type="text"/>	<input type="text"/>	<input type="text"/>
Landline Number	Mobile Number	Tax Registration No. (ID Card for Maltese persons)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		
Employment Status	Position	Company
<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Country	Are you a politically exposed person?	
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	



### NEXT OF KIN - Please provide details of your next of kin

Title	Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to scheme member	Telephone No.	ID/Passport number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is the person in question a PEP?  
 Yes  No

### SOURCE OF FUNDS

Source of Funds  If other please specify

Investment Income  
 Accumulation of income/savings  
 Employment Income

### SCHEME CONTRIBUTIONS

Please provide details of the amount and frequency of your contributions.  
In order to avail of the maximum tax credits available in 2018 your contributions should not exceed €1,000 during 2018.

Initial Contribution amount (excluding fees)	On-going Contribution amount (excluding fees)	Contribution Frequency
<input type="text"/>	<input type="text"/>	<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-Annually <input type="radio"/> Annually

Would you like us to increase your contributions in subsequent years in order to avail of the maximum amount of eligible to tax rebate?

Yes  No

### STRATEGY CHOICE

Risk Strategy

Conservative  Balanced  Aggressive Strategy

All financial investments involve some element of risk, it is important you fully understand the investment strategy you would like to proceed with.

The value of the units in the selected funds can fluctuate, the price of the units can go down as well as up, and the amount invested is not guaranteed. You may get less back than the amount you invested. Information on past performance is not necessarily a guide to future performance and should not be relied upon.

I confirm I fully understand the strategy I have chosen and the investment risks involved.



### SEPA DIRECT DEBIT MANDATE

By completing and signing this mandate, you confirm that you authorise CCGM Pension Administrators Ltd to send instructions to your bank to debit your account, and you authorise your bank to debit your account in accordance with instructions from CCGM. As part of your rights, you are entitled to a refund from your bank under terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Additional transaction costs will be incurred in the case of incorrect information provided to CCGM or insufficient funds held in the nominated account.

Bank A/C Name

Type of Payments

Recurrent Payment  One Off Payment

Bank Name

IBAN

### CREDITOR'S NAME

#### **CCGM Pension Administrators Ltd - Lifetime Private Pensions Scheme A/C**

Ewropa Business Centre , Dun Karm Street, Birkirkara, BKR 9034

Account Name: CCGM PENSION ADMIN LTD AS TRUST OF THE LIFETIME PRV PENSION

IBAN: MT27 VALL 2201 3000 0000 4002 4380 766

#### **CCGM Pension Administrators Ltd - Lifetime Occupational Pensions Scheme A/C**

Ewropa Business Centre , Dun Karm Street, Birkirkara, BKR 9034



### TERMS AND CONDITIONS

1. The submission and acceptance of this application is regulated by the terms, conditions set out herein, and those specified in the General Terms & Conditions.
2. By delivering a completed Application Form, you warrant that your remittance will be honoured on first presentation and agree that, if such remittance is not so honoured, you will not be entitled to receive scheme Document. You hereby agree that the application and contract resulting therefrom will be governed by and construed in accordance with the Laws of Malta and, that you submit to the jurisdiction of the Courts of Malta - warrant that you are legally capable to enter into a contract under your personal name.
3. Reference to the masculine includes the feminine and the singular includes the plural and vice versa, unless the context requires otherwise.
4. Lifetime Pensions retains the right to refuse this application and to return contributions made.
5. Your rights regarding the direct debit mandate are explained in a statement that you can obtain from your bank.

### DECLARATION

By signing this agreement, you confirm that you have read, understood and agree to the General Terms and Conditions, which together form an integral part of this agreement. You also declare that the information provided is true and accurate to the best of your knowledge. It is important for you to advise CCGM Pension Administrators Ltd (CCGM) promptly of any material changes to the information that you have provided.

You declare that you are acting for your own account and that you are acting as a person within the categories under Regulation 7 of the Prevention of Money Laundering and Funding of Terrorism Regulations.

All contributions made to the scheme shall be from your own assets or from the assets of your spouse. You are ordinarily resident for tax purposes in Malta and will inform CCGM if this ceases to be the case. Your full name, residential address, tax registration number, identity card or passport, and date of birth has been provided to CCGM.

I agree that information about me may be used by CCGM in terms of the Data Protection act, as amended, and other third parties with whom CCGM may have a relationship for the provision of services. The information provided by you in connection with the services requested may be disclosed to the relative authorities and or other third parties for the purpose of fraud prevention, audits and other legal obligations binding on CCGM. I declare that I am not a US person nor acting for or on behalf of a US person.

I further understand and agree that CCGM shall have a right to refuse to process any request or to continue with the provision of the Services until all the documentation in terms of current laws and regulations is provided.

Applicant's Name & Surname

Date

Signature

### INTERNAL USE ONLY

Compliance Officer

Signature