

Application for a SSAS holding Physical Gold.

The following document represents an application for a SSAS account with Sharps Pixley and should be read with diligence. It is required that the document is signed by The Trustee, Administrator and the Members.

Upon completion please return the original copy to your administrator.

Sharps Pixley will only accept applications from schemes registered with HMRC and require a certified copy of the Acknowledgement of Registration issued by HMRC.

Should you have any questions please contact Sharps Pixley on:

+44 (0) 207 871 0532 or email pension@sharpspixley.com

т: +44 (0) 207 871 0532

1. Details of the Small Self-Administered Scheme

SSAS Name:
Correspondence Address:
Postcode:
HMRC Registration No.
2. Employer Details
Company Name:
Address:
Postcode:
3. Administrator Details
Company Name:
Address:
Postcode:
Contact Name:
Phone Number:
Email Address:
Company Reg. Number:
FCA Reg. Number (if applicable):
HMRC Reg. Number:

4. Pension Trustee (if applicable)		
Company Name:		
Address:		
Postcode:		
Contact Name:		
Phone Number:		
Email Address:		
5. Member Trustee(s) Details - please indicate one M	dember Trustee as	recipient for online access
Name:		
Address:		
Postcode:		
Telephone:		
Email:		
Online access details to this Member: Yes or No ?	□ Yes	□ No
DOB:		
NI Number:		
Name:		
Address:		
Postcode:		
Telephone:		
Email:		
Online access details to this Member: Yes or No ?	□ Yes	□ No
DOB:		
NI Number:		

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E: info@sharpspixley.com

(For additional trustees, please copy this page) Name: Address: Postcode: Telephone: Email: Online access details to this Member: Yes or No? Yes □ No DOB: NI Number: Name: Address: Postcode: Telephone: Email: Online access details to this Member: Yes or No? Yes □ No DOB: NI Number: Name: Address: Postcode: Telephone: Email: Online access details to this Member: Yes or No? Yes □ No DOB: NI Number:

6. Scheme Bank Account Details

Account Name:
Bank Name:
Branch Address:
Postcode:
Account Number:
Sort Code:
Reference for payments back to this account:

Important to note that Sharps Pixley will only make payments to the above account. Any change to this must be authorised by the Professional Trustee.

7. Identity Verification

We require two forms of ID documents for all Members to be returned with this completed form. One should be a photo ID such as passport or driving licence and the second should be a utility bill or bank statement which is less than 3 months old.

8. Data Protection

By completing this document the signatories below confirm their approval for Sharps Pixley to use the information provided in order to meet legal and regulatory obligations and for any other purposes considered necessary.

9. Storage Fees

The fee for fully insured vaulting is 0.3% p.a based on the market value of the gold. The initial term, two years storage, must be paid in advance at time of purchase. Sharps Pixley will add a 0.6% premium to the purchase price to reflect this fee. Any fees thereafter will accrue and be settled when the gold is subsequently sold. You will receive the sale proceeds less or plus any fees that have either accrued or were already paid in advance, depending on the investment term.

9. Declaration

We hereby:

- Request that a bullion account be opened with Sharps Pixley.
- Understand and agree to Sharps Pixley's Terms and Conditions for Pension Scheme Custody and that storage costs will apply for this service as outlined above.

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- Understand that as per the HMRC requirement, the investment will be restricted to investment grade gold bars with a purity of no less than 995 eligible to be held within your SSAS. It is not possible to hold silver, platinum, palladium or gold coins within your pension.
- Understand that once confirmed, it is not possible to cancel an order. The Sharps Pixley prices are determined by live gold prices so consequently there is no statutory right to return or cancel an order once placed under the Consumer Contracts Regulations 2013.

The Trustee and Account Administrator agree that they want to open an account with Sharps Pixley and offer the services as set out in this form. Account Administrator Signature Print Name: Print Name: Date: Date: The Member(s) hereby consents to the Trustee and/or the Scheme administrator opening an account with Sharps Pixley. Scheme Trustee Signature(s) Print Name: Print Name: Date: Date:

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Print Name:	Print Name:
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