



BESPOKE
Trustees Limited

Your Assets, Your Choice, Your Future

SAPS APPLICATION FORM

SAPS NAME

The

(Bespoke) Pension Trust

Insert client name in BLOCK CAPITALS

CLIENT DETAILS

Name:

Address:

Correspondence Address (if different):

DOB: / / (DD/MM/YYYY)

Marital Status:

Home No:

Work No:

Fax:

Email:

% Shareholding in Company: %

PPS Number:

Total Remuneration include salary, BIK etc: €

Date employment commenced: / / (DD/MM/YYYY)

EXISTING PENSION BENEFITS

INSURANCE COMPANY	POLICY NUMBER	CURRENT / TRANSFER VALUE	PERSONAL / OCCUPATIONAL PENSION	CURRENT / PREVIOUS EMPLOYMENT	TRANSFER TO SAPS (Y/N)

EMPLOYER/COMPANY DETAILS Where appropriate

Name:

Trading Address:

Registered Address (if different from trading address):

Company Registration Number (CRO):

Company Tax Ref No:

Employer/Company Yr End: / / (DD/MM/YYYY)

INTRODUCER DETAILS

Company:

Contact Name:

Address:

Mobile No:

Work No:

Fax:

Email:

CHECKLIST

Please ensure the following is being returned to Bespoke Trustees Ltd to establish your SAPS:

Completed Bespoke SAPS Application Form	<input type="checkbox"/>	2 certified utility bills (no older than 3 months)	<input type="checkbox"/>
Completed Anglo Irish SAPS Bank Account Mandate	<input type="checkbox"/>	Signed and sealed 'Letter of Engagement'	<input type="checkbox"/>
Most recent P60 or salary letter from company accountant	<input type="checkbox"/>	SAPS Set Up Fee	<input type="checkbox"/>
Completed Direct Debit Mandate	<input type="checkbox"/>		

IMPORTANT NOTES

Dependants, Vested Rights and Trustees of your SAPS

- Your spouse and children are automatically included as dependants unless special instructions to the contrary are received.
- Full vested rights are provided under the Bespoke SAPS. This means that in the event of your leaving the employment of the company within 2 years of joining the scheme the value of all contributions will remain in the scheme.
- 2 trustees are appointed to a SAPS – the pensioner trustee (Bespoke Trustees Ltd) and the additional trustee (the SAPS Member).

Declarations

- I confirm that I have completed this application form to the best of my knowledge, ability, and belief. The information in this form together with the terms and conditions contained in the Bespoke Letter of Engagement and Terms of Business form the basis of the contract between Bespoke Trustees Ltd and me.
- I acknowledge that my SAPS set up will commence when Bespoke Trustees Ltd has received and accepted a fully completed application form and set up fee. My SAPS may only be submitted to the Revenue Commissioners for approval only when all documentation, information and fees requested has been provided to Bespoke Trustees Ltd.
- I am aware that there is a setup fee payable to Bespoke Trustees Ltd in respect of the SAPS set up and submission of my SAPS to the Revenue Commissioners and I agree to this fee being levied to the employer company.
- I am aware that there is a recurring annual fee payable to Bespoke Trustees Ltd in respect of the administration of the SAPS and I agree to this fee being levied to the employer company.

Data Protection Acts

The information that you have provided will be treated as confidential and retained by Bespoke Trustees Ltd as required by law. You have a right to request a copy of the information we hold about you (for which we may charge a nominal fee) and have any inaccuracies in your information corrected.

Bespoke Trustees Ltd may use the information you have provided for the purposes of providing you with additional information relating to the services of Bespoke Trustees Ltd, any of its associated companies and/or third parties.

Bespoke Trustees Ltd may share information with its associated and affiliated companies and/or carefully selected third parties, to enable those associated and affiliated companies and/or carefully selected third parties, to contact you directly in relation to the services.

If you do not agree to Bespoke Trustees Ltd's use of the information for such purposes, please tick the box provided.

SAPS Scheme Member Employer Establishing SAPS

I have read and understand the above

PENSION SCHEME MEMBER

Member (sign):

Print Name:

Date: / /

FOR OFFICE USE ONLY

AI: SP:

BI: SM:

TI: AD:

AM:

SPONSORING EMPLOYER

Director (Sign):

Print Name:

Date: / /

Director (Sign):

Director (Print Name):

Date: / /

AFFIX COMPANY SEAL HERE

FOR ADDITIONAL INFORMATION

PENSION SCHEME MANDATE To Open Deposit Account(s)

WE CERTIFY THAT at a Meeting of the Trustees of _____ (Bespoke) Pension Trust (the Pension Scheme) held on the _____ day of _____ 200_____ the following resolutions were passed:

PART 1

- 1) THAT Anglo Irish Bank Corporation plc (the "Bank") be and is hereby requested and authorised to open in the name of the Trustees of the Pension Scheme such deposit account(s) as may now or from time to time be considered appropriate for the receipt and disbursement of the Pension Scheme's monies placed on deposit and to give effect to any order, direction, request or instruction given by the Pension Scheme to the Bank relating to withdrawals and transfers from such account(s) from time to time effected, made or given in accordance with the signing instructions in part 3 hereof.
- 2) THAT this mandate, having been notified to the Bank, shall remain in force unless and until altered or varied by new instructions given pursuant to a decision to the Board of Trustees advised to the Bank in writing (in the form of a certified extract from the minutes of the relevant meeting or a supplemental mandate) signed by two Trustees of the Pension Scheme (including the Pensioneer Trustee) whereupon such new or supplemental instructions giving effect to such decision (to the extent that the same shall be at variance or inconsistent herewith) shall replace or alter, as the case may be, the instructions herein contained.
- 3) THAT the Bank be furnished with the original Trust Deed of the Pension Scheme (for sighting purposes only), together with a list (see below) containing full names, addresses and specimens of the signatures of the Trustees of the Pension Scheme or a memorandum in lieu signed by at least two Trustees of the Pension Scheme and that the Bank be informed by notice in writing, signed by at least two Trustees (including the Pensioneer Trustee) and as soon as may be, of any change taking place from time to time in the Trustees of the Pension Scheme.
- 4) THAT the Bank be assisted in the discharge of its anti-money laundering responsibilities by providing such information and evidence which the Bank may request from time to time in this regard.

PART 2 List of Trustees

TITLE	NAME	CLIENT MAILING ADDRESS
Additional Trustee		
Additional Trustee		
Pensioneer Trustee	Bespoke Trustees Ltd	

PART 3 Signing Instructions

SIGNING	PENSION SCHEME	SPECIMEN SIGNATURE
	Additional Trustee	
	Additional Trustee	
Bespoke Trustees Ltd	Pensioneer Trustee	See PART 4

PART 4

The Authorised Signatory for Bespoke Trustees Limited will be drawn from the approved schedule of authorised signatories, which is held by the Bank on the date of completion of this mandate. This approved schedule may be amended from time to time as agreed by the Bank and Bespoke Trustees Ltd.

Person/persons authorised to sign on this account*

Any One of the Additional Trustees AND Any One of the Bespoke Trustees Limited signatories

*At the discretion of the Bank on the instructions or purported instructions of any of the authorised signatories however given or originated including fax, telex, telephone or by any electronic system used by the bank from time to time, capable of receiving and obeying instructions for the withdrawal or transfer of money from accounts. The Bank may also at its discretion require at any time the signatures of all authorised signatories to operate the account.

WARNING: The Bank is permitted to act on the instructions on the Account set out above. For example, where some but not all of the account holders are signatories on the Account, those signatories have access to and may withdraw all of the funds in the Account without requiring the consent of the account holders.

CERTIFIED A TRUE COPY

Additional Trustee

Additional Trustee

Dated: _____ day of _____ 200_____



Subject to the Banks usual terms and conditions

CONFIRMATION OF FACE TO FACE MEETING

Signature of Adviser

Name of Adviser



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INSTRUCTION TO YOUR BANK TO PAY DIRECT DEBITS

Please complete sections 1 to 4 to instruct your bank to make payments directly from the employer bank account.

Originators Identification No:

Originators Reference:

1. NAME AND ADDRESS OF EMPLOYER BANK & BRANCH

Bank:

Branch:

2. NAME OF ACCOUNT

Account Name:

3. SORT CODE AND ACCOUNT NUMBER

Sort Code:

Account No:

4. INSTRUCTION TO THE BANK AND SIGNATURE

- I instruct you to pay Direct Debits from the above account at the request of Bespoke Trustees Limited.
- I confirm that the amounts to be debited are variable and may be debited on various dates.
- I shall duly notify the Bank in writing if I wish to cancel this instruction.
- I shall also so notify Bespoke Trustees Limited of such cancellation.

Signature:

Date: / / (DD/MM/YYYY)

Signature:

Date: / / (DD/MM/YYYY)

THE DIRECT DEBIT GUARANTEE

This is a guarantee provided by your own bank as a member of the Direct Debit Scheme in which banks and originators of Direct Debits participate.

- If you authorise payment by Direct Debit, then:

Your Direct Debit Originator will notify you in advance of the amounts to be debited to your account.

Your bank will accept and pay such debits, provided that your account has sufficient available funds.

- If it is established that an unauthorised Direct Debit was charged to your account, you are guaranteed a prompt refund by your bank of the amount so charged.
- You can cancel the Direct Debit Instruction in good time by writing to your bank.



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