

Pension (Self-Administered)

Account Information



Date: _____

Client Code:

Dealer Number:

Advisory Account

Discretionary Account

1. Pension Details (Please use Block Capitals)

Name of Pension Fund

2. Address (Pension Fund Registered Address)

Address (For correspondence if different from above)

3. Trustees (Names & Contact Telephone Numbers)

Trustee Name:		Telephone:	
		Email:	
Trustee Name:		Telephone:	
		Email:	

4. Pension Details

Revenue Commissioner Reference Number	
Date of Annual Valuation	
Pensions Board Reference Number	

5. Name and Address of Bank / Building Society:

A/C Name: _____

Bank Sort Code:

Bank Account No:

Note: We may contact your bank for a reference

IBAN Number:

BIC Code:

Financial Background

Your answers to the following questions will help us to understand your investment and financial needs and to give you a better investment service. The information supplied by you on this form will be retained by us on electronic file and may only be disclosed to a relevant authority in compliance with legal or regulatory requirements.

6. Value of Pension Assets

Please give approximate figures and also indicate if asset could be easily liquidated.
(Please state N/A (Non Applicable) where required below)

Investment Properties € _____

(Borrowings) € _____

Net Value € _____

Cash deposits € _____

Post Office € _____

Shares € _____

Fixed Interest € _____

Investment Funds € _____

Other Assets € _____

Total Value of Assets € _____

7. Regular Financial Commitments of the Pension (if any) €_____ P.A.

8. Please give initial investment amount €_____

9. Source of funds

- Savings
- Inheritance
- Sale of Property
- Sale of Business
- Rental Income
- Other, please specify _____

Investment Objectives

10. Investment Objectives

Please indicate which of the following statements best describes your requirements:

- a) you want to protect your principal at all costs. You are extremely risk averse and do not want to take any greater risk than is necessary to preserve your initial investment and / or maintain the steady income you receive from it.
- b) you want your investment to keep in line with inflation but keep your risk to a minimum. You are looking to the future but have a low risk tolerance and are willing to limit your growth investments to low risk or risk free investments.
- c) you want moderate growth but a limited amount of risk. You are willing to accept slower growth on your investments in exchange for a lower amount of portfolio risk.
- d) you seek high returns, but not at the expense of too much risk. You are investing primarily for growth.
- e) your objective is maximum growth, and you are willing to risk the loss of some, or even most, of your principal to receive higher returns on your investment.

11. Risk Profile

How would you describe the current risk profile of your existing assets?

- 1 2 3 4 5 6 7 8 9 10

Low Medium High

Please give an explanation if your current risk profile is different to your investment objectives stated above.

12. What is the purpose of your investment?

13. Please indicate approximate annual income expectation (if any) from your investment with us:

€_____

14. Time Horizon

Generally, the longer your money remains invested, the greater the potential for growth as market trends and fluctuations tend to smooth out over time. Bearing this in mind, for how long are you planning to invest your money?

- <1 year 1-3 years 3-5 years 5 years +

15. Please state any on-going funds for investment € _____

16. What is your average anticipated transaction size? € _____

17. Permitted Investment Instruments

Please tick which instruments you wish to invest in and indicate if you require any minimum or maximum values, or percentages to be invested in any one type of instrument.

Value or % of portfolio

- € denominated equities _____
- Other equities _____
- Cash deposits _____
- Government bonds _____
- Corporate bonds _____
- Derivatives, incl. CFDs _____
- Unquoted Investments _____
- Other, please specify _____

Other Comments (if any):

18. Other investment considerations

Please specify if there is any other information, including any restrictions that you feel may be relevant to your investment objectives e.g. ethical investments only

Knowledge and Experience

(The following questions are to be completed by person(s) making the decisions on behalf of the Pension).

19. Do the Trustees hold any qualifications that are relevant to making investment decisions or are you a member of a relevant professional body? Please give details

20. Do the Trustees have any other experience relevant to making investment decisions? Please give details

21. Please answer the questions in relation to your knowledge and experience of different financial instruments.

	1. Shares	2. Bonds	3. Derivatives	4. Investment Funds	5. Any other instruments
Have you dealt in this instrument before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please answer questions below:					
Please specify type:	N/A	<input type="checkbox"/> Corporate Bonds <input type="checkbox"/> Government Bonds	<input type="checkbox"/> Margins <input type="checkbox"/> Futures <input type="checkbox"/> Warrants <input type="checkbox"/> Options <input type="checkbox"/> CFDs Other _____		
In what capacity?	<input type="checkbox"/> Execution only <input type="checkbox"/> Advisory <input type="checkbox"/> Managed Portfolio	<input type="checkbox"/> Execution only <input type="checkbox"/> Advisory <input type="checkbox"/> Managed Portfolio	<input type="checkbox"/> Execution only <input type="checkbox"/> Advisory <input type="checkbox"/> Managed Portfolio	<input type="checkbox"/> Execution only <input type="checkbox"/> Advisory <input type="checkbox"/> Managed Portfolio	<input type="checkbox"/> Execution only <input type="checkbox"/> Advisory <input type="checkbox"/> Managed Portfolio
How would you describe your knowledge and understanding of this financial instrument?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 Basic <input type="checkbox"/> 3 Good <input type="checkbox"/> 4 Extensive <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 Basic <input type="checkbox"/> 3 Good <input type="checkbox"/> 4 Extensive <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 Basic <input type="checkbox"/> 3 Good <input type="checkbox"/> 4 Extensive <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 Basic <input type="checkbox"/> 3 Good <input type="checkbox"/> 4 Extensive <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 Basic <input type="checkbox"/> 3 Good <input type="checkbox"/> 4 Extensive <input type="checkbox"/> 5
How often do you deal in this financial instrument?	_____ per month	_____ per month	_____ per month	_____ per month	_____ per month
How large are these transactions?					
How long have you been dealing in this financial instrument?	_____ years _____ months	_____ years _____ months	_____ years _____ months	_____ years _____ months	_____ years _____ months

22 . Please state the names of those persons authorised to operate the account (Please note Bloxham shall be informed in writing of any amendments to the schedule of authorised signatories below.)

Trustee / Authorised Person

Name A (Block Capitals) _____

Specimen Signature _____

Name B (Block Capitals) _____

Specimen Signature _____

Identification

Under the Criminal Justice Act, 1994 in relation to Money Laundering, We are required to obtain certain documentation. In this regard, please provide the following:

- Letter from the Revenue Commissioners approving the Pension Scheme & Pension Board Reference number
- Copy of Pension Trust Deed
- Identification for two Trustees i.e. certified ID & two address proof for each Trustee
- Confirmation that the Trustees are aware of the true identity of the underlying principals

We, the undersigned, state that the above information is correct.

Signed: Trustee 1

Signed: Trustee 2

Date

For Office Use Only

Approved by:

Date:

Signature

BLOXHAM 

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