

# Redmayne-Bentley's Pension Dealing Account Form

This form is to be completed by the Trustees of the scheme. It should be read in conjunction with Redmayne-Bentley's Terms and Conditions and Guide to Our Services and Charges.

Name of Pension \_\_\_\_\_

Type of Pension (please select as appropriate)  SIPP  SSAS  QROPS  Other (please specify) \_\_\_\_\_

## MEMBER'S DETAILS (For single applications)

Title (eg. Mr. Mrs. Dr.) \_\_\_\_\_ Surname \_\_\_\_\_

First Names (in full) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

E-mail \_\_\_\_\_

Tel No. (Day) \_\_\_\_\_

Tel No. (Evening) \_\_\_\_\_

Tel No. (Mobile) \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If you are the primary point of contact please tick this box

**Plan/Policy Number** (if applicable) \_\_\_\_\_

## INDIVIDUALS AUTHORISED TO GIVE DEALING INSTRUCTIONS

1 \_\_\_\_\_

2 \_\_\_\_\_

### Further addresses for copy contract notes:

**Position: Member/Employer/IFA/Other** (Delete as applicable)

Title (eg. Mr. Mrs. Dr.) \_\_\_\_\_ Surname \_\_\_\_\_

First Names (in full) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

E-mail \_\_\_\_\_

Tel No. (Day) \_\_\_\_\_

**Position: Member/Employer/IFA/Other** (Delete as applicable)

Title (eg. Mr. Mrs. Dr.) \_\_\_\_\_ Surname \_\_\_\_\_

First Names (in full) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

E-mail \_\_\_\_\_

Tel No. (Day) \_\_\_\_\_

## PERMITTED INVESTMENTS

Please indicate whether, under the terms of the Trust Deed covering this scheme, the member(s) are able to deal with the following:

Options  Warrants  CFDs  Covered Warrants

[Please continue overleaf...](#)

