

PENSION PROVIDER SETUP FORM THIRD PARTY INVESTMENT ACCOUNTS (TPIA)

This document is for pension providers who wish to hold the Embark Third Party Investment Account (TPIA) within their pension offering.

SECTION 1: PENSION PROVIDER DETAILS

Firm name

Central email address

Phone number

Firm Legal Entity Identifier (LEI)

FCA Authorisation number

HMRC Tax reference number

FATCA classification

GIIN number

CRS classification

UTR number

Correspondence address

Postcode

Enable adviser charging? Yes No

SECTION 2: PENSION PROVIDER BANK ACCOUNT DETAILS

Bank name

Address

City

Postcode

Bank account name

Bank account number

Sort code

SECTION 3: AUTHORISED USER DETAILS

Name Email

Name Email

Note: Authorised Users have the ability to register new Read Only Users, remove existing Read Only Users and change passwords. Authorised Users do not have access to any account information.

NOTES

Once the details of the pension provider have been captured on the Embark platform, user names and temporary passwords will be issued to each Authorised User named above. Authorised Users will be able to create Admin Users, Admin Users will have read only access to be able to log into each Embark TPIA registered to your pension scheme and check valuations and other documentation. The Embark platform hold your pension account reference to make searching for the correct client easy.

When a financial adviser wishes to set up a new TPIA in the name of your pension scheme, they will set up a new TPIA in the name of your pension scheme but with specific reference to the member to distinguish one TPIA in your name from another. They will then instruct the pension scheme to transfer funds from the pension scheme into the relevant TPIA.

The Embark platform will treat the pension scheme as a retail client for each TPIA registered in its name.

No cancellation rights will be issued when a TPIA is opened in the name of a pension scheme.

DECLARATION

I confirm the information provided in this Third Party Investment Account Pension Provider Set-Up Form is true, accurate and complete.

SIGNATORY 1

Signed*

Name

Position

Date

D	D	M	M	Y	Y
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SIGNATORY 2

Signed*

Name

Position

Date

D	D	M	M	Y	Y
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*Original signatures required signed for and on behalf of the pension provider.