



# Your Island Pension (YIP) Employer Application Form

The pension built for you. Easy. Simple. Affordable.

Please complete this form to apply to join YIP. This form should be completed by an individual who has authority to act on behalf of the company, for example a Director.

## Company details

Company name: \_\_\_\_\_ (“the Company”)

Company address: \_\_\_\_\_  
\_\_\_\_\_

Company registration number: \_\_\_\_\_

Company activities/Nature of business: \_\_\_\_\_  
\_\_\_\_\_

Number of Employees who will be enrolled in YIP: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

## Authorised representative(s)

Please list the individuals who will have authority to act and/or provide instructions on behalf of the Company. This can be one individual, and in such cases that individual should be the person signing this form.

The below does not need to be an exhaustive list of all Directors, Shareholders etc. but is rather a list of individuals who the company anticipates will be involved in the set-up and ongoing management of their account with YIP, and provides authority to act on their behalf to do so.

You will be required to provide due diligence for each of the individuals noted below.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please confirm if there are more than three authorised representatives. If so, the information above will need to be provided per additional authorised representative. Please continue on a separate sheet if required.

### Shareholder(s)

Please list all individuals (or entities) who have a shareholding in the company:

Name: \_\_\_\_\_ Shareholding: \_\_\_\_\_

Name: \_\_\_\_\_ Shareholding: \_\_\_\_\_

Name: \_\_\_\_\_ Shareholding: \_\_\_\_\_

Please confirm if there are more than three Shareholders. If so, the information above will need to be provided per additional Shareholder. Please continue on a separate sheet if required.

### Bank account details

Please confirm the bank details for the account from which YIP payments will be made:

Bank name: \_\_\_\_\_

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_ Sort Code: \_\_\_\_\_

If you pay your employees' salaries via a third-party payroll provider (using a bank account under their control), please confirm the details below.

Payroll provider name: \_\_\_\_\_

Contact person: \_\_\_\_\_

**Note:** You are **not** required to complete the above payroll provider details if you use a payroll provider, but your employees' salary is paid directly from your company bank account.

## Declarations

For and on behalf of the Company I/we hereby declare and acknowledge as follows:

Sovereign Trust (Guernsey) Limited (“the Trustee”) and/or Sovereign Pension Services (CI) Limited (“the Administrator”) may utilise the services of associated companies within the Sovereign Group to collate information and documentation relating to the Company and its employees’ participation in Your Island Pension (YIP) and I/we consent to such personal information and data being supplied to associated companies for such purposes and to third parties in connection with investments under YIP if and when necessary or required for legal or regulatory purposes.

Pursuant to the provisions of the Data Protection (Bailiwick of Guernsey) Law, 2017, I/we hereby consent to personal and Company information and data contained in this form being supplied to third parties, including investment houses, banking organisations, investment and other advisers for the purposes of YIP.

The Trustee and/or Administrator may at any time disclose any information concerning YIP, any member or any benefits payable under YIP to any tax authority, regulatory or governmental body for any purposes in order to satisfy the Trustee and/or Administrator’s obligations under any applicable laws, rules or regulations which are binding on the Trustee and/or Administrator or any other regulated financial institutions. The Trustee and/or Administrator may also provide any tax authority, regulatory or governmental body with such undertakings as the Trustee and/or Administrator considers necessary for the purposes of YIP. The Trustee will operate YIP as a licensee-directed retirement scheme as defined in The Pension Scheme and Gratuity Scheme Rules, 2021.

The Trustee and/or Administrator and its associated companies have not provided the Company or its employees with any advice and do not purport to provide advice to the Company or its employees in respect of investments, taxation or other financial consequences or effects of YIP and I/we understand that employees may be required to seek their own independent advice. I/we understand that the Trustee and/or Administrator is entitled to be indemnified out of the trust fund to the extent permitted by law against any actions, claims or demands arising out of anything done or caused to be done or omitted by the Trustee and/or Administrator (whether by way of investment or otherwise) in connection with YIP unless the same shall involve or arise from any fraud, wilful misconduct or negligence on the part of the Trustee and/or Administrator or its directors or officers.

I/we undertake to advise you of any changes to the information in this Application Form within 30 days and to provide updated due diligence documentation within 30 days thereafter.

The information provided in this Application Form is true, accurate and complete. I/we confirm that the Application Form has been signed in accordance with our signatory policy and permissions (if applicable) and that the individual who has signed it is authorised to do so on behalf of the Company. I/we acknowledge that the Trustee is under no obligation to undertake checks on the signing permissions to verify this.

I/we understand that the information that we have access to via the Employer Self-Service portal is of a confidential nature and I/we agree that it will be used only for the purpose required.

Authorised representative name: \_\_\_\_\_

Authorised representative signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Due diligence requirements

In support of this Application Form please provide relevant due diligence for all Authorised Representatives and all Shareholders with more than a 25% shareholding.

You will need to provide:

1. **Proof of identification** – certified copy of passport or driving licence
2. **Proof of address** –
  - a. Certified copy of a utility bill or bank statement (dated within three months), or
  - b. Certified copy of driving licence (if not provided as proof of identification), or
  - c. Electronic/online utility bill or bank statement (dated within three months).

Electronic/online documents can be sent by email to [yip@SovereignGroup.com](mailto:yip@SovereignGroup.com). Please ensure that the email clearly identifies which company's application the documents relate to.

A cover letter that can be used by the certifier for the purposes of due diligence certification, can be found below.

## Certification cover page

Certification of a proof of identification document and/or proof of address document must be undertaken by a suitable certifier. This can be a member of a recognised professional body such as an accountant.

Suitable certifiers must in all instances not be connected or related to the individual for whom they are signing due diligence.

Certifier name: \_\_\_\_\_

Certifier position: \_\_\_\_\_

Telephone number or email address: \_\_\_\_\_

Address: \_\_\_\_\_

In respect of the authorised representative(s) and shareholders, please list all individuals whose due diligence documents you have certified.

I certify that the documents referenced below (and attached with this application) are true copies of the original documents. For proof of identification documents, I have seen the individuals and the identification documents at the same time and the photographs are true likenesses of the individual.

Title	Full name	ID document type	Address document type

Please continue on separate sheet if required.

Certifier signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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