

BAIRD & CO. LTD Account Application Form

SIPP Gold Account Application

Baird & Co. Ltd | PO Box 71581, London, E6 9NF | Tel. 0207 474 1000 | Email: compliance@bairdmint.com

I/We confirm that I/We wish to open an account in the Company/Legal Entity name detailed on this application form with Baird & Co. Ltd. I/We will provide the documentation requested. I/We agree to the Baird & Co. Terms & Conditions published at www.bairdmint.com

SIPP (Self-Invested Personal Pension) for Gold Purchases		
(1) SIPP ACCOUNT HOLDER		
Name of SIPP Account Holder		
Address of SIPP Account Holder		
Date of Birth of SIPP Account Holder		
Contact Email for SIPP Account Holder		
Contact Telephone Number		
(2) PENSION TRUSTEE DETALS		
Pension Trustee Name		
Pension Company Name		
Registered Company Address		
Contact name		
Contact telephone number		
Contact Email		
Pension Trustee FCA number		
(3) SIPP ACCOUNT BANK DETAILS		
BANK (name of bank institution)		
Bank Address (branch address)		
Account Name		
Account Number		
Sort Code		

BAIRD & CO. LIMITED ACCOUNT OPENING FORM

SIPP ACCOUNT INFORMATION

SIPP ACCOUNT I	N	FORMATION
(1) PENSION SETTLOR DETAILS		
Please confirm how many Settlors there		
are to this SIPP Pension		
Settlor Full Name		
Settlor Date of Birth		
Settlor Address		
(2) PENSION BENEFICIARY DETALS		
Please confirm how many beneficiaries		
are named on this SIPP ACCOUNT		
Beneficiary Full Name		
Beneficiary Date of Birth		
Beneficiary		
AUTHORIED PERSONS TO THE BAIRD & CO	SIF	PP ACCOUNT
(1) persons authorised to access account in	fo	rmation
(2) persons authorised to place orders		
Authorised Person 1 (this may be a group e.g. the authorised person's list of the Pension Trustee)		
Authorised Person 1 Address		
Authorised Person 2		
Authorised Person 2 Address		
Please confirm whether the Settlor/Beneficiary of the SIPP Account is authorised to place orders on this account (if not already specified above)		YES / NO Details

BAIRD & CO. LIMITED ACCOUNT OPENING FORM

Further Information & Signature Page

	2000	
ACCOUNT INFO	PRMATION	
Please confirm you understand that only		
HMRC approved, eligible products may be		
purchased onto the SIPP ACCOUNT held		
with Baird & Co.		
If you require further details please let us know		
Please confirm how much you will spend with Baird & Co. in the first transaction		
Please confirm how much you will spend		
with Baird & Co. in the first 12 th months		
following account opening		
SIPP ACCOUNT HOLDER / BENEFICIARY SIGNAT	URE REQUIRED	
	,	
PLEASE SIGN AND DATE:		
। consent to the Baird & Co. Terms and Conditions (as published on www.bairdmint.com). I also consent		
to the required data collection as noted in the acc	-	
Agreement. I confirm that I will inform Baird & Co. of a	, , , , ,	
details provided on this application form.	, , , , . , , . , . , , . ,	
, , , , , , , , , , , , , , , , , , , ,		
PRINT NAME:		
PRINT NAME:		
PRINT NAME: SIGNATURE:	DATE:	
	DATE:	
	DATE:	
SIGNATURE:		
SIGNATURE:		
SIGNATURE: PENSION TRUSTEE / AUTHORISED SIGNATURE F PLEASE SIGN AND DATE:	REQUIRED	
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