Individual and Joint: Unit Trust/OEIC Application Form

For use by individual and joint applicants.

Please complete this form in **BLOCK CAPITALS** and return to: IFSL, PO Box 13586, Chelmsford, CM99 2GS, or to your financial adviser.

Section A - Personal Details of First Na	med Holder This section is mandatory	
Title Surname	First name(s)	
Permanent residential address	.,	
Postcode	Country	
Telephone number	Email address	
Date of birth	National Insurance number	L
Nationality		
Employment		
Occupation (job role)		
e.g., manager, professional, clerical, sales, self employe	d, retired, home maker etc	
Occupation sector (industry)		
e.g., education, financial services, healthcare, civil serva	ant, transport, etc. Please leave blank if you're retired or a home n	naker
How will the investment be funded?		
e.g., from salary/income, inheritance, savings, property	sale, gambling win, other	
For anti-money laundering purposes we may need to ver	ify the information provided	
Do you have an existing account with us?		
Yes No No		
Section B - Financial Adviser's Details	To be completed by your financial adviser if applicable	
Adviser's name/firm	Adviser's firm stamp	
Adviser's email address		
FCA number		
Agency code (if known)		
Please tick all which apply		
Cancellation rights apply Discretionary busines	ss Advised business	

Portfolio management services

Execution only

Section C - Joint Holders if applicable an account may have up to a maximum of three additional holders

Joint Holder	(if relevant)		
Title	Surname	First name(s)	
Permanent re	sidential address		
Postcode		County	
Telephone nu	ımber	Email address	
Date of birth	D D M M Y Y Y	National Insurance number	L L N N N N N N L
Nationality			
Employment	:		
Occupation (j	job role)		
e.g., manage	r, professional, clerical, sales, self	f employed, retired, home maker etc	
		f employed, retired, home maker etc	
Occupation s	ector (industry)		k if you're retired or a home make
Occupation s e.g., educatio	ector (industry) on, financial services, healthcare,	f employed, retired, home maker etc civil servant, transport, etc. Please leave blan	k if you're retired or a home make
Occupation s	ector (industry) on, financial services, healthcare,		k if you're retired or a home make
Occupation sets. e.g., education Joint Holder Title	ector (industry) on, financial services, healthcare, (if relevant) Surname	civil servant, transport, etc. Please leave blan	k if you're retired or a home make
Occupation see.g., education Joint Holder Title Permanent re	ector (industry) on, financial services, healthcare, (if relevant)	civil servant, transport, etc. Please leave blan First name(s)	k if you're retired or a home make
Occupation set e.g., education set of the se	ector (industry) on, financial services, healthcare, (if relevant) Surname sidential address	civil servant, transport, etc. Please leave blan First name(s) County	k if you're retired or a home make
Occupation see.g., education Joint Holder Title Permanent re Postcode Telephone nu	ector (industry) on, financial services, healthcare, (if relevant) Surname sidential address	civil servant, transport, etc. Please leave blan First name(s)	k if you're retired or a home make
Occupation s e.g., education Joint Holder Title Permanent re Postcode Telephone nu Date of birth	ector (industry) on, financial services, healthcare, (if relevant) Surname sidential address	civil servant, transport, etc. Please leave blan First name(s) County Email address	
Occupation sie.g., education Joint Holder Title Permanent re Postcode Telephone nu Date of birth Nationality	ector (industry) on, financial services, healthcare, (if relevant) Surname sidential address	civil servant, transport, etc. Please leave blan First name(s) County Email address	
Occupation s e.g., education Joint Holder Title Permanent re	ector (industry) on, financial services, healthcare, (if relevant) Surname sidential address	civil servant, transport, etc. Please leave blan First name(s) County Email address	

 $\underline{\hbox{Occupation sector (industry)}}$

e.g., education, financial services, healthcare, civil servant, transport, etc. Please leave blank if you're retired or a home maker

Section C Continued

Joint Holder (if	frelevant)		
Title	Surname	First name(s)	
Permanent resid	dential address		
Postcode		County	
Telephone num	ber	Email address	
Date of birth	D D M M Y Y Y Y	National Insurance number	L L N N N N N N L
Nationality			
Employment			
Occupation (job	o role)		
e.g., manager, p	professional, clerical, sales, self emplo	oyed, retired, home maker etc	

Occupation sector (industry)

e.g., education, financial services, healthcare, civil servant, transport, etc. Please leave blank if you're retired or a home maker

Section D - Tax residency This section is mandatory

Tax regulations require us to collect information about each investor's tax residency. In certain circumstances, we may be obliged to share information about your account with HM Revenue & Customs, who in turn may exchange this information with tax authorities of another country.

Each Account Holder must declare the country, or countries they are resident for tax purposes. You may have more than one country of residence for tax. Please list below all countries where you are resident for tax. You must complete this even if you are only a UK tax resident. If in doubt, please contact your tax advisor.

Account Holder name(s)	Country of tax residence	Tax Identification Number (TIN) not required if you're a UK tax resident

You must inform us promptly if any of this information changes.

Section E - Investment Selection This section is mandatory

Fund name	ISIN of Fund (as shown in KIID)	Lump sum amount	Monthly amount
1.			
2.			
3.			
4.			
5.			
	TOTAL	£	£
Investing a lump sum: Phone us, to pay by debit card.			IS.
Investing a lump sum: Phone us, to pay by debit card. Alternatively, you can pay by cheque, made Investing monthly: Please complete Sectio	e payable to Investment Fund Servi	ces Limited.	
You can find minimum investment amounts Investing a lump sum: Phone us, to pay by debit card. Alternatively, you can pay by cheque, made Investing monthly: Please complete Section your reference. Payment must come from an account holder	e payable to Investment Fund Servi o n G Mandate Details. Detach and k	ces Limited. eep the Direct Debit Gu	
Investing a lump sum: Phone us, to pay by debit card. Alternatively, you can pay by cheque, made Investing monthly: Please complete Section your reference. Payment must come from an account holder	e payable to Investment Fund Servi on G Mandate Details. Detach and k	ces Limited. eep the Direct Debit Gu rom a third party.	uarantee for
Investing a lump sum: Phone us, to pay by debit card. Alternatively, you can pay by cheque, made Investing monthly: Please complete Section your reference.	e payable to Investment Fund Servi on G Mandate Details. Detach and k	ces Limited. eep the Direct Debit Gu rom a third party.	uarantee for
Investing a lump sum: Phone us, to pay by debit card. Alternatively, you can pay by cheque, made Investing monthly: Please complete Section your reference. Payment must come from an account holder Section F - Future Income and	e payable to Investment Fund Servi on G Mandate Details. Detach and k r. We're unable to accept payment fr	ces Limited. eep the Direct Debit Gu rom a third party. This section is mandate	parantee for

Withdrawals

When you choose to take out part, or all, of your investment, we'll make payment direct into a nominated bank account.

Nominated bank

Please provide personal bank details for any future income and withdrawals to be paid to. Payment can only be made to an account holder.

We don't offer payment by cheque.		
Name of bank/building society		
Name of account holder		
Bank account number	Sort code	x x - x x - x x
Roll number/building society reference (if applicable)		

Section G - Mandate Details Instruction to your bank or building society to pay by Direct Debit

To: The Manager	Service User: Investment Fund Services Ltd (IFSL), Marlborough House, 59 Chorley New Road, Bolton BL1 4QP		
Bank/Building society	Service User No: 2 4 6 5 6 6 DIRECT		
<u>Address</u> Postcode	Reference: (to be completed by IFSL)		
Name(s) of account holder(s)	Instruction to your Bank or Building Society: Please pay IFSL Direct Debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with IFSL an if so, details will be passed electronically to my Bank/Building Societ		
Bank/Building society account number	Print name		
Branch sort code	Signature Date D D M M Y Y Y		

will override any existing bank details that we may hold for you, be collected.
unless otherwise stated.

We will write to you to confirm the date on which your Direct Debit will

Section H - Privacy Notice

Please be aware that any bank details provided in this section

We're committed to processing the personal data that you provide to us in line with the latest data protection and data privacy legislation in force within the United Kingdom. We'll use your information in order to provide the service detailed in this Application Form and to administer your investments, communicate with you and provide information on our products and services when you request it, to meet our legal obligations and for the purposes of fraud prevention.

Our full Privacy Notice

It's important that you read our full Privacy Notice, which explains how the personal information you give us will be used. The Privacy Notice can be found on our website at **www.ifslfunds.com**, or you can ask us for a copy.

Section I - Declaration Please ensure that you read and sign this section as this is mandatory

- I/We declare that I/We have read and understood the relevant Key Investor Information Document (KIID), the Supplementary Information Document (SID) and the IFSL Terms & Conditions and agree to be bound to these. I/We understand that these documents form part of the terms and conditions of my/our investment in the fund(s) and are available at www.ifslfunds.com
- I/We acknowledge that the full prospectus of the relevant fund(s) (which includes the risk warnings relevant to the fund(s) along with details of minimum investment amounts of the fund(s) and the dealing time deadlines for processing of subscriptions), are available from IFSL and also at www.ifslfunds.com
- To the best of my/our knowledge and belief, all statements made in this application form are true and correct and I/We shall inform the plan manager immediately of any changes herein
- I/We declare that I am/We are 18 years of age or over and I/We wish to buy units/shares as set out above at the buying price prevailing at the first valuation point following receipt of this completed application
- I/We declare that I am not/We are not US Person(s) (either a resident or citizen) and acknowledge that US Persons cannot hold units/shares in the fund(s)
- All subscriptions made and to be made belong to me/us
- I/We have read the IFSL Privacy Notice concerning the use of my/our personal data

Holder 1

Client name		
Client signature	Date	D D M M Y Y Y
Holder 2		
Client name		
Client signature	Date	D D M M Y Y Y Y
Holder 3		
Client name		
Client signature	Date	D D M M Y Y Y Y
Holder 4		
Client name		
Client signature	Date	D D M M Y Y Y Y

Section J - The Direct Debit Guarantee Please retain for your own records

Banks and Building Societies may not accept Direct Debit Instructions for some types of account. This guarantee should be detached and retained by the payer.

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit IFSL will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request IFSL to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by IFSL or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society



- If you receive a refund you are not entitled to, you must pay it back when IFSL asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.