

Trust Account Application Form

Please complete this form in **BLOCK CAPITALS** and return to: IFSL, Marlborough House, 59 Chorley New Road, Bolton BL1 4QP, via email at dealing@ifslfunds.com or to your financial adviser.

Section A - Trust Details Please complete this section in full as this is mandatory

If an individual has an address outside of the UK, a CRS-I form must be submitted alongside this application form.

If a company has an address outside of the UK, a CRS-E form must be submitted alongside this application form.

Full name of the Trust

Primary contact name

Trust registered address

Postcode

Country of establishment

Account number (please tick one box only)

Create new account Use my existing account please specify number

Correspondence address

Postcode

Telephone number

Email address

Nature/Purpose of the Trust

Please confirm the original source of capital

Where you have provided an email address, information and documentation relevant to the operation and maintenance of your account will be sent via email. Please tick this box if you wish to receive this via the post.

Section B - Financial Adviser's Details To be completed by your financial adviser if applicable

Adviser's name/firm

Adviser's email address

FCA/FRN number

Agency code (if known)

Please tick all which apply

Cancellation rights apply Discretionary business Advised business

Execution only Portfolio management services

Adviser's firm stamp

Section C - Trustees Please provide details for all Trustees

These are the people or entities who have responsibility for the running of the Trust and are usually listed within the Trust documentation. If there are further Trustees please include their details under separate cover.

Trustee name

Residential address

Postcode

Date of birth

D | D | M | M | Y | Y | Y | Y

Trustee name

Residential address

Postcode

Date of birth

D | D | M | M | Y | Y | Y | Y

Trustee name

Residential address

Postcode

Date of birth

D | D | M | M | Y | Y | Y | Y

Trustee name

Residential address

Postcode

Date of birth

D | D | M | M | Y | Y | Y | Y

Section D - Protector or Controller of the Trust

This is someone other than the Trustee who exercises powers over the administration of the Trust.

Name

Residential address

Postcode

Date of birth

D | D | M | M | Y | Y | Y | Y

Section E - Settlor of the Trust

This is the person who sets up the Trust and transfers control of the asset to the Trustees for the benefit of the beneficiaries.

Name

Residential address

Postcode

Date of birth

D | D | M | M | Y | Y | Y | Y

Section F - Beneficial Owners please complete this section with details of the beneficial owner(s) of the trust

A beneficial owner is an individual or company who ultimately owns or will benefit from the underlying assets of the trust. If there are further beneficial owners please include their details under separate cover.

Trust beneficial owner

Residential address

Postcode

Date of birth

D | D | M | M | Y | Y | Y | Y

Trust beneficial owner

Residential address

Postcode

Date of birth

D | D | M | M | Y | Y | Y | Y

Trust beneficial owner

Residential address

Postcode

Date of birth

D | D | M | M | Y | Y | Y | Y

Trust beneficial owner

Residential address

Postcode

Date of birth

D | D | M | M | Y | Y | Y | Y

Section G - Income Instruction & Bank Details Please tick only one option. This section is mandatory

When providing bank details please ensure these are accurate as we cannot accept any responsibility for payments made to incorrect account details which have been provided here.

REINVEST INCOME
(accumulation shares will be used where available)

PAY INCOME TO MY BANK ACCOUNT
(see below)

Cheques cannot be sent for dividend payments, if bank details are not provided income will be reinvested.

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

Section H - Investment Details

Please provide details of your investment choices. This section is mandatory

Fund name	SEDOL/ISIN of Fund	Lump sum investment	Monthly amount
1.			
2.			
3.			
4.			
5.			
TOTAL			

Lump Sum Payment can be sent via bank transfer to our client account using the following details:

Account Name: 'Investment Fund Services Limited' **Sort Code** '40-05-30' **Account Number:** '54597761' and must include the main applicants full name as a reference. Alternatively payment can be made by cheque, up to a maximum of £100,000.00, made payable to 'Investment Fund Services Limited'.

Monthly: Please ensure that section I is fully completed to allow us to process your application.

Section I - Mandate Details

Instruction to your bank or building society to pay by Direct Debit

To: The Manager

Bank/Building society _____

Address _____

Postcode _____

Name(s) of account holder(s) _____

Bank/Building society account number _____

Branch sort code - -

Please be aware that any bank details provided in this section will override any existing bank details that we may hold for you, unless otherwise stated.

Service User: Investment Fund Services Ltd (IFSL), Marlborough House, 59 Chorley New Road, Bolton BL1 4QP

Service User No:

2	4	6	5	6	6
---	---	---	---	---	---

Reference: (to be completed by IFSL)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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 and if so, details will be passed electronically to my Bank/Building Society.

Print name _____

Signature _____ Date

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



Section J - Authorised Signatories

If there is an Authorised Signatory List (ASL) in place for the Trust, please provide an original or certified copy of the most up to date version. If there is no ASL in place then any instruction will need to be signed by all Trustees.

Where a Trustee is a company, we will also need an original or certified copy of their most up to date ASL.

Section K - Trust Deed and Evidence of Registration with the TRS

Please provide:

- an original or certified copy of the original Trust Deed/Declaration of Trust.
- any subsequent Supplemental Deeds which relate to the change of Trustees.
- the Trust's registration (or exemption) with the Trust Registration Service at HMRC.

Section L - Privacy Notice

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.

Communicating with you including Direct Marketing

We'd like to let you know about IFSL investment products and services we think would be of interest to you. However, we'll only contact you if you consent by ticking the boxes below.

Your marketing preferences

I'm happy for IFSL to contact me in the following ways about investment products, services and promotional offers that may be of interest.

Please tick here: By post By phone By email

You can withdraw your consent at any time by letting us know by post, phone or email. Please note we will continue to contact you with information relevant to the operation and maintenance of your account as required by law.

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

Each Trustee must sign this section. Where a Trustee is a company, this must be signed in accordance with your most up to date signatory list. If required, please add further signatures on a separate document and attach to this application form.

- I/We declare that I/We have read and understood the relevant Key Investor Information Document (KIID), the Supplementary Information Document (SID) and the Investment Fund Services Limited 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 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)
- I/We have read the IFSL's Privacy Notice concerning the use of my/our personal data
- I/We have provided the Trust's registration (or exemption) with the Trust Registration Service (TRS) at HMRC

Trustee name

Trustee signature

Date

D | D | M | M | Y | Y | Y | Y

Trustee name

Trustee signature

Date

D | D | M | M | Y | Y | Y | Y

Trustee name

Trustee signature

Date

D | D | M | M | Y | Y | Y | Y

Trustee name

Trustee signature

Date

D | D | M | M | Y | Y | Y | Y

Section N - 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.

