

Mr Brad Davis
Pension Practitioner.Com
Daws House
33-35 Daws Lane
London
NW7 4SD

Our reference: 00884720

14 April, 2011

Dear Mr Davis



Client name and postcode: Hornbuckle Mitchell Trustees Ltd and Garry Schonewald, EH2 4NG
Client reference: 00565548 Designation: CONEXO01

We write with regard to your correspondence dated 29th March 2011 concerning transferring the above holding into the name of Pension Practitioner.Com and Mr Schonewald.

Unfortunately, as Pension Practioner.Com have no existing holdings with Cofunds, before we can proceed with this request we require the enclosed Investment Funds Application Form for SSAS Investments to be completed and signed, thus agreeing to our Terms and Conditions. There is no requirement for Mr Schonewald to sign the application.

Please return the completed application form to Cofunds in the enclosed prepaid envelope. Upon receipt we will proceed with your instructions.

If you have any questions, please contact us on 0845 604 4001. Calls may be recorded for training and quality purposes.

Yours sincerely



Cofunds Limited

Enclosure(s): Investment Funds Application Form for SSAS Investments
Cofunds Terms and Conditions
Pre paid envelope

Investment Funds Application Form for SSAS Investments

c.funds

The disclosure documentation applicable to this transaction is: 0 2 1 0

Please complete this Application Form using black ink in BLOCK CAPITALS and return to: Cofunds Limited, PO Box 1103, Chelmsford CM99 2XY
Please enclose a certified copy of the Trust Deed with the application.

1 Adviser Details (For adviser use only)

You will require a Cofunds authorisation code before being able to transact business. If you do not include this we will not be able to process this application.

Cofunds Intermediary Authorisation Code

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Intermediary Client/Deal Ref.

Marketing Code

1A. CONFIRMATION OF VERIFICATION OF IDENTITY (CORPORATE AND OTHER NON-PERSONAL ENTITY)

Directly authorised firm Declaration for confirmation of verification of identity.
Who has been verified?

Full name of entity
Type of entity (corporate, trust, etc)
Registered office in country of incorporation
Registered number (if any)

Relevant company Registry or regulated market listing authority

Names of directors (or equivalent)

Names of principal beneficial owners (over 25%)

I/We confirm that:

- a) the information above was obtained by me/us in relation to the customer;
- b) the evidence I/we have obtained to verify the identity of the customer(s):
(Tick one box only)
- ☐ meets the standard evidence set out within the guidance for the UK Financial sector issued by the JMLSG; or
- ☐ exceeds the standard evidence (written details of the further verification evidence taken are attached to this application).

Explanatory notes:

1. "Relevant company registry" includes other registers, such as those maintained by charity commissions (or equivalent) or chambers of commerce.
2. This confirmation cannot be used to verify the identity of any customer that falls into one of the following categories:
 - Those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification;
 - Those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering regulations; or
 - Those whose identity has been verified using the source of funds as evidence.
3. This confirmation must carry an original signature as part of the application.

1B. CONFIRMATION OF VERIFICATION OF BANK ACCOUNT DETAILS

I/We confirm that:

- ☐ The sort code, bank account number and account name within the nominated bank account section was obtained and verified by me/us in relation to the customer(s) below.
- ☐ The monies designated for investment have been drawn from an account (either by building society cheque, bankers draft or direct debit mandate) in the name(s) of the applicant(s) below.

1C. ADVISER CONFIRMATION

Full name of Regulated Firm
FSA Ref No.

Signed	Date
Name	
Position	

2 SSAS Administrator/Trustee Details (Please complete this section in full)

Please see section 4 to add additional holders.

Existing Cofunds Client Reference

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Did you receive advice from an advisor in relation to this investment?
If you do not answer this question we will assume you received advice.

☐ Advised ☐ Not Advised

Company Name

Contact Name

Company Address

Company Registered Number

Day Time Tel No. (Inc STD)

3. Designations (You can designate an account here using a maximum of 8 alpha/numeric characters)

If you wish to specify a unique designation for this account, please ensure that the designation reference does not make a meaningful word. Only the named applicants of this investment will be recognised as beneficial owners. If this section is not completed we will not designate this account. If you are funding this investment from a Cofunds Cash Account please ensure this designation is identical to that of the cash account.

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4 Member/Co-Trustee Details (You can nominate up to 3 additional holders)

Please include the full name and address of the Member/Co-Trustee. All correspondence will be sent to the SSAS Administrator/Trustee.

Second Member/Co-Trustee

Mr/Mrs/Ms/Miss/Other
Surname
Full First Name(s)
Current Permanent Residential Address
Postcode
Time at this address yrs mths

Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth / /
D D M M Y Y Y Y	
If at current address for less than 2 years, please supply previous address and time there	
Postcode	
Time at this address yrs mths	
If more than one previous address in the last 2 years, please provide full details including the time at each address on a separate sheet of paper and staple securely to this application form.	

Third Member/Co-Trustee

Mr/Mrs/Ms/Miss/Other
Surname
Full First Name(s)
Current Permanent Residential Address
Postcode
Time at this address yrs mths

Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth / /
D D M M Y Y Y Y	
If at current address for less than 2 years, please supply previous address and time there	
Postcode	
Time at this address yrs mths	
If more than one previous address in the last 2 years, please provide full details including the time at each address on a separate sheet of paper and staple securely to this application form.	

Fourth Member/Co-Trustee

Mr/Mrs/Ms/Miss/Other
Surname
Full First Name(s)
Current Permanent Residential Address
Postcode
Time at this address yrs mths

Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth / /
D D M M Y Y Y Y	
If at current address for less than 2 years, please supply previous address and time there	
Postcode	
Time at this address yrs mths	
If more than one previous address in the last 2 years, please provide full details including the time at each address on a separate sheet of paper and staple securely to this application form.	

5 Funding your investment

I will be funding my investment by (tick all that apply)

<input type="checkbox"/> Cheque	£ .	Amount
<input type="checkbox"/> Cofunds Cash Account	£ .	Amount
<input type="checkbox"/> Monthly Direct Debit (please ensure you complete the 'Investment by Direct Debit for Monthly Savers' on page 4).		

Please ensure that all the joint holders and the designation (if specified) on this application form match this cash account.

6 Nominated Bank Account

Complete this section if you have not provided us with your nominated SSAS bank account details. If you are an existing customer, only complete this section if you would like to change your nominated SSAS bank account details. Any change to your nominated SSAS bank account will not be applied to your regular monthly investments.

You can only have one nominated SSAS bank account at any given time.

Name of Account Holder
Bank or Building Society Name and Address
Postcode

Branch Sort Code
Bank/Building Society Account Number
Building Society Roll Number

7 Income

Complete this section if you have requested income units/shares ('INC'). The option you choose will be applied to all income units/shares on this application.

Note: If you are taking regular withdrawals from your cash account you may only select the 'Cofunds Cash Account' or 'Retain in the fund' options.

<input type="checkbox"/> Consolidated Monthly Income	Income generated from your investment funds will be consolidated into your cash account and paid to your nominated SSAS bank account on a monthly basis.
<input type="checkbox"/> Cofunds Cash Account	Income generated will be paid into your cash account to be held on platform for withdrawals or future investment.
<input type="checkbox"/> Retain in the fund	Income generated from this investment will be retained in the fund.

If you do not tick one of these boxes we will select the 'Retain in the fund' option by default.

8 Investment Selection (Please refer to My Trading Terms and complete in full)

Minimum investment £1,000 per fund (Lump Sum) or £100 per month per fund (Monthly savings). Your investment will be made in the Retail Class. For details of funds available, please refer to the Fund Key Features. Please ensure the funds are available through Cofunds.

Fund Manager and Fund Name	Type of Unit/Share (delete as appropriate)*	Lump Sum Minimum £1,000 per fund	Monthly Minimum £100 per fund	Commission**		
				WAIVE All (/)	OR Specific Amount	TAKE Specific Amount
	ACC/INC	£	£		%	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">%</div>
	ACC/INC	£	£		%	
	ACC/INC	£	£		%	
	ACC/INC	£	£		%	
	ACC/INC	£	£		%	
	ACC/INC	£	£		%	
	ACC/INC	£	£		%	
	ACC/INC	£	£		%	
TOTAL INVESTMENT AMOUNT		£	£			

*ACC/INC

If you do not specify ACC or INC in this column, and have not completed section 7, Cofunds will invest into accumulation units/shares where available.

**Commission

The initial commission available depends on the fund selected. Please refer to My Trading Terms for details of rates and funds available through Cofunds. Please state the amount of commission you wish to waive or the percentage of commission you wish to take. You can only choose one option. Commission waivers should be entered for each fund. Please note, if you wish to waive all commission please tick the 'ALL' box. Please specify a particular percentage amount in the last column. If you choose to take commission it must be for all of the investments, as a specific percentage. Any entries, other than those detailed above, will result in investments being made at your default commission terms.

Your cheque

Cheques must be drawn on your own or your joint account. The cheque must be made payable to **Cofunds Limited**. For a Building Society cheque or bankers draft your name must appear on the front of the cheque, or on the back of the cheque accompanied by the Building Society's or bank's official stamp and signature. We do not accept payments by any other method. If joint holder cheques should be drawn by the individual joint Primary Holder or a named additional holder. We can only accept direct debit forms from the Primary Holder's account.

Your monthly savings

For monthly savings we will automatically collect on or just after the 25th day of each month. For applications received up until the last day in any month, the first direct debit collection will be made on or just after the 25th day of the following month.

9 Declaration and Authorisation

I/We confirm that:

I/We agree to be bound by:

- Your guide to investing with Cofunds, including the Key Features of Investment Funds
- Fund Key Features
- Terms and Conditions of the Cofunds Platform, including the Investment Funds Customer Agreement

My/Our signed application form (provided that my/our application is accepted by Cofunds), together with the Key Features and Terms, constitute my/our Agreement with Cofunds Limited.

I/We understand that instructions may be delayed or rejected if this application form is not complete in all respects.

You may undertake a search with a reference agency for the purposes of verifying my/our identity. To do so, the reference agency may check the details I/we supply against any particulars on any database (public or otherwise) to which they have access. They may also use my/our details in the future to assist other companies for verification purposes. A record of the search will be retained as an identity search. I/We declare that the information contained in this application form is correct to the best of my/our knowledge and belief.

I am/We are aged 18 or over.

SSAS Administrator/ Trustee Signature	X	Date
Capacity (if applicable)		
Trustee OR Second Member/ Co-Trustee Signature		Date
Capacity (if applicable)		

If you are completing this as a company you must include a copy of the Articles of Association.

Please note that all holders must sign this application.

Where there are two signatories for a corporate investor, please delete reference to primary and second holder.

Data Protection

Cofunds Limited will use your information for the administration and servicing of your investments and all other related activities. We may disclose your information to our agents and service providers for these purposes. We may also disclose your information to organisations for compliance with legal and regulatory requirements.

With the exception of the above provisions, we will not pass on your details to any other third party without your permission, but we will disclose information concerning your investment to your Nominated Adviser.

Cofunds may transfer your information to countries outside the EEA for the servicing of your investments. In such cases, contracts will be put in place to ensure that the service providers protect your information in accordance with the requirements of the Data Protection Act.

If you require a Fund prospectus, please contact your adviser or Fund Manager directly.

Issued and approved by Cofunds Limited, 1st Floor, 1 Minster Court, Mincing Lane, London EC3R 7AA.
Registered in England and Wales No. 3965289. Authorised and regulated by the Financial Services Authority (FSA) under FSA Registration No. 194734.
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Investment by Direct Debit



Instruction to your Bank or Building Society to pay Direct Debits



Please fill in the whole form and send it to:

Cofunds Limited, PO Box 1103, Chelmsford CM99 2XY.

Name and full postal address of your Bank or Building Society

To the Manager	Bank or Building Society
Address	
Postcode	

Name(s) of Account Holder(s)

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Bank/Building Society Account Number

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Branch Sort Code

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Banks and Building societies may not accept Direct Debit instructions from some types of account.

Service User No. (office use only)

6	0	0	2	6	7
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Reference Number (office use only)

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For Cofunds LTD official use only

This is not part of the instructions to your bank or building society.

Instruction to your Bank or Building Society

Please pay Cofunds Limited Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Cofunds Limited and, if so, details will be passed on electronically to my Bank/Building Society.

Signature

Date

This Guarantee should be detached and retained by the payer.

The Direct Debit Guarantee

- 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 Cofunds Ltd will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request Cofunds Ltd 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 Cofunds Ltd 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 Cofunds Ltd 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.

