





General Investment Account application form for registered pension schemes

This form can be used by the trustees of a pension scheme to apply for an AJ Bell Investcentre General Investment Account (GIA). Please read the GIA terms and conditions and the Funds & Shares Service investment fact sheet before completing this application.

Please use BLOCK CAPITALS only and blue or black ink, ticking the boxes where appropriate.

If you would like a copy of this, or any other item of our literature, in large print, Braille or in audio format, please contact us on 0345 83 99 060 or by email at enquiry@investcentre.co.uk.

User guide - pension scheme GIA application

3 1 JAN 2019

Anti-money laundering requirements

We are required to verify the identity of all trustees and scheme members via an Experian search. If the Experience in the form of identification and address verification documents for each individual. To save time, you may wish to provide these documents along with the application.

Where there is a corporate trustee, unless we have received a copy of the pension scheme's HMRC registration confirmation letter, we are required to verify them by means of a Companies House check, along with an Experian search on two of the directors.

Please note that these checks are not required for existing clients.

Helpful tips

- · Each SSAS will have its own individual trust deed. Please provide a copy of this deed with the application form (if applicable).
- Each SIPP will have a master trust deed and, where the scheme member is co-trustee, there will also be a supplemental deed.
 Please provide copies of these with the application form (if applicable).
- To enable us to classify the GIA as being exempt from the various Automatic Exchange of Information regulations (notably FATCA and CRS), please ensure that the PSTR is provided on the application form.
- · All trustees must sign the application form along with two directors of the corporate trustee (where applicable).
- Please provide a signing resolution for the corporate trustee if they have one. In the absence of a signing resolution, future
 instructions can only be made by the directors who have signed the application form.
- · Please note that a nominated contact is required. This cannot be the financial adviser.
- The account will be set up in the name of the first trustee/scheme member. Any additional trustee details are held on file. The naming of the account will be as follows:
 - <Surname of first trustee/scheme member> re <name of pension scheme> e.g. Jones re AJ Bell SIPP

Legal Entity Identifiers

For all non-natural entities we are required to obtain a reference number known as a 'Legal Entity Identifier' (LEI). This is used to identify the decision-maker and owner in respect of deals placed in reportable instruments including shares, bonds and some collective investment schemes. If you do not already have an LEI, you can find more information, and complete an application, on the London Stock Exchange website: https://www.lseg.com/LEI.

Checklist

- · Fully completed application form signed by all trustees and two directors of the corporate trustee (if applicable)
- · Copy of trust deed
- · Copy of supplemental trust deed (if applicable)
- · Signing resolution for corporate trustee (if applicable)
- · Identity and address verification for trustees, scheme members and directors (recommended)
- · Pension scheme's HMRC registration confirmation letter

Pension scheme details Full name of the pension scheme ISTRAT LIMITED SSAS PENSION SCHEME Pension Scheme Tax Reference (PSTR) 147/0110/00108/2/X Country of residence United Kingdom Type of pension scheme SIPP SSAS . Other occupational pension scheme Please enclose a copy of the trust deed and rules governing the scheme. If the GIA is for a SSAS, please note that we require the LEI in order for you to trade reportable investments or exchange-traded instruments. Legal Entity Identifier (LEI) 213800HSNNKM7O31Q745 20 digits Details of corporate trustee Name of company Cranfords Registered address 48 Chorley New Road Bolton Postcode BL1 4AP Country Gt Manch. Operating address (if different from above) Postcode Country Telephone number (If phone number is non-UK, provide full dialling code) Company registration number 09771053 Country of registration/incorporation Please provide a copy of the signing mandate for the corporate trustee if there is one.

| Details | of | scheme | administrator, | /practitioner |
|---------|----|--------|----------------|---------------|
|---------|----|--------|----------------|---------------|

| Name of company/individual Cranfords | |
|--|--|
| If the scheme administrator's address is different t | o the corporate trustee's, then please complete the address below: |
| Address 48 Chorley New Road | |
| Bolton | |
| | |
| Postcode BL1 4AP | Country Gt. Manch. |
| Telephone number 0800 634 4862 | (If phone number is non-UK, provide full dialling code) |
| Email address emilym@pensionpractitioner.com | |
| FCA registration number (if applicable) n/a | |

Details of individual trustees (if any)

First individual trustee

| Title Dr/Mr/Mrs/Miss/Ms/Other Mr | | Surname Hague | | | | | | | |
|--|---|---|---|--|--|--|--|--|--|
| Forename(s) Paul Francis | | | | | | | | | |
| Date of birth 06/03/1968 | | National Insurance number NP | P825071D | | | | | | |
| Type of Tax Identification Number (if not a UK NINo) | | | | | | | | | |
| Permanent residential address 45 Wilton Crescent | | | | | | | | | |
| Alderley Edge | | | | | | | | | |
| Cheshire | | | | | | | | | |
| Country UK | | Postcode SK9 7RF | | | | | | | |
| Daytime telephone number 07711 711411 | | | (If phone number is non-UK, provide full dialling code) | | | | | | |
| Email address paul.hague@haandle.com | | | provide (all datasing ookle) | | | | | | |
| Is this trustee also a member of the pension scheme? | *************************************** | | Yes ✓ No | | | | | | |
| If the GIA is for a SIPP, please complete the following Na | ationality s | ection | | | | | | | |
| I can confirm that I am a UK national and do not have do | | | | | | | | | |
| I can confirm that I am a non-UK national or I have dua | l/multiple | nationality including UK Nationali | itv 🗍 | | | | | | |
| Please provide details of all nationalities below, including | the Natio | nal Client Identifier (NCI) and NCI | type for each country. For | | | | | | |
| details of the relevant NCI please refer to the National CI | ient Identi | ifier hierarchy in our literature section | on. | | | | | | |
| Nationality 1 British | NCI NI | P825071D | NCI type NINO | | | | | | |
| Nationality 2 (if applicable) | NCI | | NCI type | | | | | | |
| Nationality 3 (if applicable) | NCI | | NCI type | | | | | | |
| Second individual trustee | | | | | | | | | |
| Title Dr/Mr/Mrs/Miss/Ms/Other Mrs | | Surname Hague | | | | | | | |
| Forename(s) Sarah Louise | | | | | | | | | |
| Date of birth 29/04/1978 | | National Insurance number JR126479B | | | | | | | |
| Type of Tax Identification Number (if not a UK NINo) | | | | | | | | | |
| Permanent residential address 45 Wilton Crescent | | | | | | | | | |
| Alderley Edge | | | | | | | | | |
| Cheshire | | | | | | | | | |
| Country UK | | Postcode SK97RF | | | | | | | |
| Daytime telephone number 07920 854377 | Constitution and a second second | | (If phone number is non-UK, provide full dialling code) | | | | | | |
| Email address huntley_email@yahoo.co.uk | | | | | | | | | |

| Third individual trustee | |
|--|--|
| Title Dr/Mr/Mrs/Miss/Ms/Other | Surname |
| Forename(s) | |
| Date of birth | Tax Identification Number |
| Type of Tax Identification Number (if not a UK NINo) | |
| Permanent residential address | |
| | |
| | |
| Country | Postcode |
| Daytime telephone number | (If phone number is non-UK provide full dialling code |
| Email address | provide for dailing code |
| | |
| Fourth individual trustee Title Dr/Mr/Mrs/Miss/Ms/Other | |
| | Surname |
| Forename(s) | |
| Date of birth | Tax Identification Number |
| Type of Tax Identification Number (if not a UK NINo) | |
| Permanent residential address | |
| | |
| | |
| Country | Postcode |
| Daytime telephone number | (If phone number is non-UK, |
| Email address | provide full dialling code) |
| s this trustee also a member of the pension scheme? | Yes No |
| there are more than four trustees, please provide details of the or | ther trustees on a senarate sheet and attach to this application |
| any of the trustees has been at the address shown for less than theet and attach to this application. | |
| Details of pension scheme members | |
| lease provide details of any individual who is a pension scheme n ho is not a co-trustee of their individual SIPP arrangement.) | nember but who is not a trustee. (For example a SIPP member |
| irst additional pension scheme member | * |
| itle Dr/Mr/Mrs/Miss/Ms/Other Mr | Surname Hague |
| Forename(s) Paul Francis | |
| Date of hirth 06 March 1968 | National Inc. |

| Permanent residential address As above | | | | | |
|---|--------------|--------------|---|-----|-----------------------------|
| | | | | | |
| | | | | | |
| Country | | | Postcode | _ | |
| Daytime telephone number As above | | | | | (If phone number is non-UK, |
| Email address As above | | | | | provide full dialling code) |
| I can confirm that I am a UK national and do not have I can confirm that I am a non-UK national or I have du Please provide details of all nationalities below, includir details of the relevant NCI please refer to the National (| ual no | I/multiple | nationality including UK Nation | 1 | han for each assumbs. E |
| Nationality 1 As above | | NCI NE | P825071D | | NCI type Paul Hague |
| Nationality 2 (if applicable) | | NCI | | | NCI type Paul Robertson |
| Nationality 3 (if applicable) | | NCI | | Ī | NCI type |
| Second additional pension scheme member | | | | | |
| Title Dr/Mr/Mrs/Miss/Ms/Other Mrs | | | Surname Hague | | 1111 |
| Forename(s) Sarah | | | | | |
| Date of birth 29 April 1978 | | | Tax Identification Number JR12 | 264 | 179B |
| Type of Tax Identification Number (if not a UK NINo) | | | | | |
| Permanent residential address As above | | | | | |
| | | | | | |
| | | | | | |
| Country | | | Postcode | | |
| Daytime telephone number | | | | | (If phone number is non-UK, |
| Email address As above | | | | | provide full dialling code) |
| can confirm that I am a UK national and do not have do | lua | al or multip | ele nationalities | | |
| can confirm that I am a non-UK national or I have dua Please provide details of all nationalities below, including details of the relevant NCI please refer to the National CI | al/r o tł | nultiple n | ationality including UK National Client Identifier (NCI) and NCI | tv | ne for each country For |
| Nationality 1 NP825071D | | NCI JRIZ | 26479B | | NCI type NINO |
| Nationality 2 (if applicable) | | NCI | | | NCI type |
| Nationality 3 (if applicable) | NCI NCI type | | | | |

If there are more than two additional pension scheme members, please provide details of the other members on a separate sheet and attach to this application.

If any of the additional members have been resident at the address shown for less than three years, please provide their previous address(es) on a separate sheet of paper and attach it to this application.

Nominated contact

Please let us know who you would like to be your nominated point of contact for your GIA. This will be a trustee or a pension scheme member. You authorise us to provide all statements, copy documents and requests for instructions to this individual, who will be responsible for onward communication to, and providing instructions to us on behalf of, the trustees and members.

| Communications with the nominate | ed contact will be by post, | email or secur | e messag | e. | | | | | | | | |
|--|--|-----------------------------------|---|------------|---------|--------|---------|---------|--------------|----------------|-----------|-------|
| Please tick one box below to indica | ate who is to be the nomina | ated contact: | | | | | | | | | | |
| ✓ Individual trustee | Name Paul Hague | | | | | | | | | | | |
| Pension scheme member | Name | | | | | | | | | | | V-1 |
| | | | *************************************** | | | | | | | | | |
| Funding the GIA | | | | | | | | | | | | |
| Once your application has been pro adviser to visit the AJ Bell Investcer reference will be provided as part o | ntre website and submit yo | our request onl | ine. The r | elevar | nt ban | k det | ails an | dau | se a niqu | sk yo e pay | ur mer | nt |
| Alternatively, please confirm which to be made. | of the following options you | u wish to use t | o fund the | acco | unt, ir | serti | ng the | amoi | unt a | f the | рауі | ment |
| Single payment (using a cheque |) of £ | | | | | | | | | ~~~~ | | |
| Please enclose a cheque made pay John Smith pension scheme) with th | able to 'AJ Bell Investcent his application form, | tre GIA re nam | e of pensi | ion scl | heme' | e.g. | AJ Be | eli Inv | esto | entre | GIA | re |
| Regular payment of £ | | | | ~~~ | | | | to b | e ma | ade n | non | thly. |
| Please enclose a completed GIA Di | | | | | | | | | | | | |
| Transfer in existing funds held in | a General Investment Ac | scount with a | nother pr | ovide | r. | | | | | | | |
| The approximate value of this ac | count is £ | | | | | | 2) | | | | | |
| Please enclose a completed GIA tra | nsfer form with this applica | ation form. | | | | | | | | | | |
| Nominated bank account | | | | | | | | | | | | |
| n order to make cash withdrawals fi ou would like the monies to be paid | om your GIA, please prov I. This must be in the nam | ide us with de e of the pensio | tails of the | bank e. | or bu | ilding | socie | ty ac | coun | t into | whi | ch |
| Account holder's name Istrat Limit | ted SSAS Pension Scheme | | | | | | | | | | | |
| Bank/building society account numb | er | | | | 0 | 4 | 6 | 9 | 0 | 0 | 7 | 7 |
| Sort code | | | | | | | 2 | 3 | 8 | 3 | 9 | 6 |
| Roll number (if applicable) | | | | | i | | | | | | | |
| | | | | | | | | | | | | |
| Cash withdrawals | | | | | | | | | | | | |
| f you would like to se't up regular ca he nominated account. | sh withdrawals at the outs | et, please con | plete this | section | n. We | e will | pay th | ese v | vithd | rawal | s int | to |
| Fixed amount £ | | | | | | | | | | | | |
| or | | | | | | | | | | | | |
| Consolidated natural income | | | 2.7 | | | | | | | | | |
| Please note that equalisation amount consolidated natural income is select | | | | | | | | | | you i | f | |
| requency: monthly | quarterly half y | yearly | annually | | | | | | | | | |
| Start date | End date (o _l | ptional) | | | | | | | | | | |

MM/YYYY







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Checklist

- · Fully completed application form signed by all trustees and two directors of the corporate trustee (if applicable)
- · Copy of trust deed
- · Copy of supplemental trust deed (if applicable)
- · Signing resolution for corporate trustee (if applicable)
- · Identity and address verification for trustees, scheme members and directors (recommended)
- · Pension scheme's HMRC registration confirmation letter

Pension scheme details Full name of the pension scheme ISTRAT LIMITED SSAS PENSION SCHEME Pension Scheme Tax Reference (PSTR) 147/0110/00108/2/X Country of residence United Kingdom Type of pension scheme SIPP SSAS -Other occupational pension scheme Please enclose a copy of the trust deed and rules governing the scheme. If the GIA is for a SSAS, please note that we require the LEI in order for you to trade reportable investments or exchange-traded instruments. Legal Entity Identifier (LEI) 213800HSNNKM7O31Q745 20 digits Details of corporate trustee Name of company Cranfords Registered address 48 Chorley New Road Bolton Postcode BL1 4AP Country Gt Manch. Operating address (if different from above) Postcode Country Telephone number (If phone number is non-UK, provide full dialling code) Company registration number 09771053 Country of registration/incorporation Please provide a copy of the signing mandate for the corporate trustee if there is one. Details of scheme administrator/practitioner Name of company/individual If the scheme administrator's address is different to the corporate trustee's, then please complete the address below: Address 48 Chorley New Road Bolton

Country

Gt. Manch.

Postcode

Telephone number

Email address

BL1 4AP

FCA registration number (if applicable)

0800 634 4862

emilym@pensionpractitioner.com

2

(If phone number is non-UK, provide full dialling code)

Details of individual trustees (if any) First individual trustee Title Dr/Mr/Mrs/Miss/Ms/Other Surname Hague Forename(s) Paul Francis Date of birth 06/03/1968 National Insurance number NP825071D Type of Tax Identification Number (if not a UK NINo) Permanent residential address 45 Wilton Crescent Alderley Edge Cheshire Country UK Postcode SK97RF Daytime telephone number 07711 711411 (If phone number is non-UK, provide full dialling code) Email address paul.hague@haandle.com Is this trustee also a member of the pension scheme? If the GIA is for a SIPP, please complete the following Nationality section I can confirm that I am a UK national and do not have dual or multiple nationalities I can confirm that I am a non-UK national or I have dual/multiple nationality including UK Nationality Please provide details of all nationalities below, including the National Client Identifier (NCI) and NCI type for each country. For details of the relevant NCI please refer to the National Client Identifier hierarchy in our literature section. Nationality 1 NCI NP825071D NCI type NINO Nationality 2 (if applicable) NCI NCI type Nationality 3 (if applicable) NCI NCI type Second individual trustee Title Dr/Mr/Mrs/Miss/Ms/Other Surname Hague Forename(s) Sarah Louise Date of birth 29/04/1978 National Insurance number JR126479B Type of Tax Identification Number (if not a UK NINo) Permanent residential address 45 Wilton Crescent

Postcode SK9 7RF

(If phone number is non-UK, provide full dialling code)

Alderley Edge

Cheshire

Country

Email address

UK

Daytime telephone number 07920 854377

huntley_email@yahoo.co.uk

| Third individual trustee | | |
|--|---------------------------------------|--|
| Title Dr/Mr/Mrs/Miss/Ms/Other | | Sumame |
| Forename(s) | | |
| Date of birth | | Tax Identification Number |
| Type of Tax Identification Number (if not a UK NINo) | | |
| Permanent residential address | | |
| | | |
| | | |
| Country | | Postcode |
| Daytime telephone number | | (If phone number is non-UK, provide full dialling code) |
| Email address | | p de la constant de l |
| | | |
| ourth individual trustee Title Dr/Mr/Mrs/Miss/Ms/Other | | Surname |
| Forename(s) | | Cantanto |
| Date of birth | | Tax Identification Number |
| Type of Tax Identification Number (if not a UK NINo) | | Tax Identification (Admine) |
| Permanent residential address | | |
| Gintanone residential address | · · · · · · · · · · · · · · · · · · · | |
| | 337 | • |
| Country | | Pactordo |
| | | Postcode (If phone number is non-UK, |
| Daytime telephone number | | provide full dialling code) |
| Email address | | |
| this trustee also a member of the pension scheme? | | Yes No |
| there are more than four trustees, please provide det | ails of the of | ther trustees on a separate sheet and attach to this application. |
| any of the trustees has been at the address shown fo neet and attach to this application. | or less than t | hree years, please provide their previous address on a separate |
| etails of pension scheme members | | |
| ease provide details of any individual who is a pension is not a co-trustee of their individual SIPP arrange | on scheme n ment.) | nember but who is not a trustee. (For example a SIPP member |
| rst additional pension scheme member | W 1000 | A |
| itle Dr/Mr/Mrs/Miss/Ms/Other Mr | | Surname Hague |
| orename(s) Paul Francis | | |
| Pate of birth 06 March 1968 | | National Insurance number |

| Permanent residential address As above | | | 13-2-11 | | |
|--|---|---|---|-----------------------------|--|
| | | | - | | |
| | | | *************************************** | | |
| Country | | Postcode | | | |
| Daytime telephone number As above | | | | (If phone number is non-UK, | |
| Email address As above | | | | provide full dialling code) | |
| I can confirm that I am a UK national and do not have I can confirm that I am a non-UK national or I have du Please provide details of all nationalities below, includir | al/multi | ple nationality including UK National | 1 4. | mo for some | |
| details of the relevant NCI please refer to the National (Nationality 1 As above | Client Id | entifier hierarchy in our literature sec | tior | Դ. | |
| Nationality 2 (if applicable) | NCI | NP825071D | | NCI type Paul Hague | |
| Nationality 3 (if applicable) | NCI | · · · · · · · · · · · · · · · · · · · | 7 . | NCI type Paul Robertson | |
| 1 | NCI | 7.0 | | NCI type | |
| Second additional pension scheme member Title Dr/Mrs/Miss/Ms/Other Mrs | | | | | |
| | ~~~~ | Surname Hague | | | |
| Forename(s) Sarah | | | | | |
| Date of birth 29 April 1978 | | Tax Identification Number JR12 | 647 | 9B | |
| Type of Tax Identification Number (if not a UK NINo) | | | | | |
| Permanent residential address As above | | | | | |
| | *************************************** | | | | |
| | | | | | |
| Country | | Postcode | | | |
| Daytime telephone number | ~ | | | (If phone number is non-UK, | |
| | | Adaptive and a second a second and a second | | provide full dialling code) | |
| Email address As above | | | | | |
| can confirm that I am a UK national and do not have d | | LJ | | | |
| can confirm that I am a non-UK national or I have dua Please provide details of all nationalities below, including details of the relevant NCI please refer to the National CI | the Nat | ional Client Identifier (NCI) and NCI | tvn | e for each country, For | |
| Nationality 1 NP825071D | NCI | JR126479B | N | ICI type NINO | |
| Nationality 2 (if applicable) | NCI | | N | ICI type | |
| Nationality 3 (if applicable) | NCI NCI type | | | | |

If there are more than two additional pension scheme members, please provide details of the other members on a separate sheet and attach to this application.

If any of the additional members have been resident at the address shown for less than three years, please provide their previous address(es) on a separate sheet of paper and attach it to this application.

Nominated contact

Please let us know who you would like to be your nominated point of contact for your GIA. This will be a trustee or a pension scheme member. You authorise us to provide all statements, copy documents and requests for instructions to this individual, who will be responsible for onward communication to, and providing instructions to us on behalf of, the trustees and members.

| | Communications with the nominate | ed contac | ct will be by post, ema | il or secu | re mes | ssage. | | | | | | | | | |
|----------|---|--------------------------|---|-------------------------|----------------------|----------------------------|------------|--------|---------------|------------------|---------------|--------|--------|--------|-------|
| | Please tick one box below to indica | ate who is | s to be the nominated | contact: | | | | | | | | | | | |
| | ✓ Individual trustee | Name | Paul Hague | | | | | | | 799 | | | | - | |
| | Pension scheme member | Name | | | | | | | | | | | | | |
| | Funding the GIA | | | | | | • | | | | | | | | |
| | Once your application has been pro adviser to visit the AJ Bell Investcer reference will be provided as part of | ntre webs f this prod | site and submit your r cess, removing the re | equest or equiremer | nline, T nt for a | he relevany paper | ant b | ank of | deta e su | ils an ıbmitt | id a u ed. | nique | e pay | ymer | |
| | Alternatively, please confirm which to be made. | or the toll | owing options you wi | sh to use | to fun | d the acc | count, | , inse | ertin | g the | amo | unt o | f the | payı | ment |
| | Single payment (using a cheque |) of £ | | | | | 00000 | | | | | | | | |
| | Please enclose a cheque made pay John Smith pension scheme) with the | able to 'Anis applic | AJ Bell Investcentre (ation form. | SIA re nar | ne of p | ension s | chem | ne' (e | e.g. <i>i</i> | AJ Be | eli Inv | estce | entre | GIA | \ re |
| | Regular payment of £ | | | | | | military . | | | | to b | e ma | ide i | mon | thiv. |
| | Please enclose a completed GIA Dia | rect Debit | t mandate with this a | oplication | form. | | | | | | | | | | |
| | Transfer in existing funds held in | a Genera | al Investment Accou | ınt with a | nothe | r provid | ler. | | | | | | | | |
| | The approximate value of this ac | count is | £ | 4 | | | | | | | | | | | |
| 1 | Please enclose a completed GIA tra | nsfer forn | n with this application | form. | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | Nominated bank account | | | 1000 | 102 | | | | E | | | | | | |
|) | in order to make cash withdrawals fr you would like the monies to be paid | rom your I. This mu | GIA, please provide ust be in the name of | us with de the pensi | etails o ion sch | f the bar ieme. | nk or l | build | ling | socie | ty acc | count | t into | whi | ch |
| Γ | | | ension Scheme | - | | | | | | | | | | | |
| E | Bank/building society account numb | er | | | | | | 0 | 4 | 6 | 9 | 0 | 0 | 7 | 7 |
| 5 | Sort code | | | | | | | | | 2 | 3 | 8 | 3 | 9 | 6 |
| F | Roll number (if applicable) | | | | | | | | | | | | | | |
| | | | | | | | | | , p | | | | | | |
| (| Cash withdrawals | | | | | | | | | | | | | | |
| li ti | f you would like to set up regular cas he nominated account. | sh withdra | awals at the outset, p | lease cor | nplete | this sect | ion. V | Ne v | vill p | ay th | ese w | vithdr | awa | ls int | to |
| | Fixed amount £ | | | | | | | | | | | | | | |
| Γ | Or Consolidated natural income | | | | | | | | | | | | | | |
| P | —— Please note that equalisation amount onsolidated natural income is select | ts are not | t classed as consolidatellisation amounts v | ated natu | ral inco | · ome and e-off with | will tl | here | fore | not b | e pai | d to y | you i | f | |
| | requency: monthly | quarter | r1 | | annı | | a. a | ui 10 | quo | or to k | ,0 1110 | uc, | | | |
| S | start date | | End date (option | al) Y Y | Y | | | | | | | | | | |

If you would like to receive your payments for a specific period of time, please enter an end date above.

Payment will be made to your nominated bank/building society by BACS on the first working day of the month. The money should be available in the nominated account within four working days. Please note, we will need to be in receipt of this form at least five working days before the first payment is due.

Adviser's details

| Adviser's name Paul Robertson | SCA number SCA911251 | | | |
|--------------------------------------|-------------------------------|--|--|--|
| Adviser's firm TAG Wealth Management | Telephone number 07772 756114 | | | |
| Email address | | | | |

Adviser charging

Please provide details of any adviser charges that you and your adviser have agreed should be paid from your GIA.

Initial adviser charge

Either

| Fixed | £ | |
|-------|---|--|
| | | |

or

Payment-related (applies to all initial/additional payments-in and transfers-in from other General Investment Accounts).

| M 88 XX3 | S - 1880 1. 1980 1. 1980 1. 1980 1. 1980 1. 1980 1. 1980 1. 1980 1. 1980 1. 1980 1. 1980 1. 1980 1. 1980 1. 19 |
|-----------------|--|
| Single payment | % |
| Regular payment | % |
| Transfer | % |

Ongoing/renewal adviser charges

Either

| Fixed £ | p.a. | or | Fund-related 1 | 9/ 5 0 |
|---------|------|----|----------------|--------|
| | | | | % p.a. |

Notes: VAT will be applied to initial and ongoing adviser charges on the basis notified to us by your adviser. Your adviser will inform you whether VAT will apply to these charges.

It is your adviser's responsibility to instruct us to stop paying initial charges on regular payments when the agreed arrangement comes to an end.

Application and declarations

Please read the following carefully before you sign.

I/we declare that:

- 1. I am/we are aged 18 years or over.
- 2. The declarations and information contained in this form are true, correct, complete and not misleading to the best of my/our knowledge and belief, and I/we undertake to notify AJ Bell Investcentre of any changes without delay. This includes changes to the trustees or pension scheme members, or to their details.
- 3. I/we have been recommended and given the opportunity to read, ensure that I/we understand and retain a copy of the AJ Bell Investcentre GIA terms and conditions and charges and rates and that I/we understand that the details contained in those documents and this application form constitute the agreement between me/us and AJ Bell Investcentre.
- 4. All payments made, and to be made, to the GIA belong to the applicant(s).
- 5. I/we confirm that I am/we are not resident for tax purposes or a citizen of any country other than those I/we entered in my/our application.
- 6. I/we understand that for UK-registered pension schemes you will treat the pension scheme as an Exempt Beneficial Owner for the purpose of FATCA and an Excluded Account for the purpose of the CRS, as permitted under The International Tax Compliance Regulations 2015 and The International Tax Compliance (Crown Dependencies & Gibraltar) Regulations 2014 as amended from time to time, meaning the GIA is exempt from reporting requirements.

I/we confirm that you are authorised to:

- a) Make whatever checks are necessary to verify my/our identity, as required to comply with the Money Laundering Regulations.
- b) Provide information to and accept instructions from my/our adviser named above in relation to all matters related to my/our GIA, including instructions for the purchase and sale of investments, as if they had been direct instructions from me/us.
- c) Deduct the adviser charges detailed above from my/our GIA and pay them to my/our adviser.

I/we confirm that I/we have not relied on any financial, investment or other advice given by AJ Bell Investcentre when making the decision to apply for this GIA.

Data privacy statement

We'll use the information you provide to check your identity – and the identity of anyone else who funds an investment made in your name – with credit reference and fraud prevention agencies. These agencies will record our checks and will make that record available so others are able to verify your identity.

So we can thoroughly check the available data, we verify your identity using scoring methods. If you supply false or inaccurate information and we suspect fraud, we'll inform the fraud prevention agencies.

If we can't verify your identity by electronic means, we may ask you for additional information.

Depending how the data has been processed, and subject to some exemptions, you have a number of legal rights about your personal information. These include:

- · To access personal information
- To rectify/erase personal information
- To restrict the processing of your personal information
- To transfer your personal information
- To object to the processing of personal information
- To object to how we use your personal information for direct marketing purposes
- To obtain a copy of personal information safeguards used for transfers outside your jurisdiction
- To lodge a complaint with your local supervisory authority

To exercise these rights (or request details of the credit reference and fraud prevention agencies from which we obtain information and record information about you), please contact us. For more information see our privacy policy on www.investcentre.co.uk.

This application must be signed and dated by all of the trustees. If there is a corporate trustee the application must be signed by two directors or authorised signatories of the corporate trustee. If the corporate trustee has a signing mandate, please provide a copy.

All trustees must ensure that they have read the appropriate declarations before signing.

| Corporate trustee (if any) | | |
|--|------|------------|
| Name CRANFORDS TRUSTEE'S LIMITED. | Date | 14/5/2019. |
| Signature | | |
| Position DIRECTOR | | |
| Corporate trustee (if any) | | |
| Name | Date | |
| Signature | | |
| Position | | |
| Individual trustee 1 | | |
| Name Paul Hague | Date | 24/01/2019 |
| Signature 1945 | | |
| Individual trustee 2 | | |
| Name Sarah Hague | Date | 24/01/2019 |
| Signature Sulfleye | | |
| ndividual trustee 3 | | - |
| Name | Date | |
| Signature | | |
| ndividual trustee 4 | 3 | |
| Name | Date | |
| Signature | 14 | |
| The state of the s | | |

Please provide further signatures if there are more than four individual trustees.

Once completed and signed the form should be returned to AJ Beil Investcentre, 4 Exchange Quay, Salford Quays, Manchester M5 3EE.