



LGT Wealth Management UK LLP
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Authorised and regulated by the Financial Conduct Authority ("FCA")
Member of the London Stock Exchange, FCA Register No. 471048
Registered in England OC329392, Registered office: 14 Cornhill, London EC3V 3NR

Account agreement

Trusts

1. Trust information

Name of the Trust **MDN Properties Pension Scheme**

Registered address of the Trust **C/o RC Administration Ltd**

1A Park Lane, Poynton, Cheshire

Postcode/ZIP code **SK12 1RD**

Country **United Kingdom**

If your correspondence address is different to the above address, please complete the Correspondence section on page 4.

Please insert below the name you would like to appear on your periodic reports.

Name of the account **MDN Properties Pension Scheme**

Primary contact name **Matthew Norris**

Telephone (specify country code) **07785 524134**

Fax number (specify country code)

Email address **matt@primeurban.co.uk**

Creation date of Trust **27.11.2019** YYYY

Tax residency **UK**

Type of Trust Discretionary ☒ Will Trust ☐ Other ☐ (please specify)

Please provide TRS Registration number

Please provide any other registration number if applicable (e.g. as a Charity)

2. Legal Entity Identifier (LEI)

Under MiFID II investors who are deemed legal entities must obtain an LEI* in order for investment firms to execute trades on their behalf. LGT Wealth Management UK LLP ("LGT Wealth Management", "LGT WM") can apply for LEIs on behalf of our LEI clients.

If you wish for LGT WM to apply for LEIs on your behalf, please complete the forms contained in Annex 2 beginning on page 16 and return them to us with the supporting documents listed in Annex 3 on page 19.

If you already have an LEI or are intending on applying for one directly then please complete below.

* Although not specifically defined in the legislation, legal entities include Trusts (but not Bare Trusts), Companies (Public and Private), Pension Funds (not SIPPs), Charities and Unincorporated Bodies.

Name of the legal entity

LGT WM client reference(s)

Legal Entity Identifier (LEI)

Expiry Date **DD-MM-YYYY**



Wealth
Management

3. Trust structure and signature list

Please provide the names and signatures of all of the Trustees of the Trust who are authorised to act on behalf of the Trust in connection with the account(s) (signing account documents, issuing instructions or withdrawing funds, for example). Add any further names on a separate page if necessary. Please also indicate whether the Trustees' signing authority is single or joint. Alternatively you may provide us with a copy of the authorised signatory list for the Trust, specifying any relevant signature requirements. If you do not specify any restrictions, we will act in accordance with notices, instructions and requests for payments, enter into any transactions and accept any account documents which have been signed by or agreed by any ONE of the authorised signatories.

All Trustees and, if applicable, any protector must complete the Identification Information for Individuals section on pages 11 to 14.

Trustee 1
(full name and title) Mr Matthew David Norris

Signature

Authority

Joint ☐

Single ☒

Trustee 2

(full name and title)

Sarah Elizabeth Victoria Norris

Signature

Authority

Joint ☐

Single ☒

Trustee 3

(full name and title)

Signature

Authority

Joint ☐

Single ☐

Trustee 4

(full name and title)

Signature

Authority

Joint ☐

Single ☐

OR Signature list attached ☐

If applicable, please provide the names of any other Trustee not listed above who do not have authority over the account but are Trustees of the Trust:

4. Trust beneficiaries

Please provide the names of all of the beneficiaries of the Trust and indicate in the boxes provided each beneficiary's percentage entitlement to the Trust's capital or income. Where a beneficiary is a class of person, it is sufficient to state the name and scope of the class (e.g. children of Settlor). All named beneficiaries entitled to receive assets should provide their details in the Identification Information for Individuals section at the back of this document.

Full name (including title)		Percentage	Capital	or	Income
Mr Matthew David Norris	spoken with client	100%	100%		<input checked="" type="checkbox"/>
Mrs Sarah Norris	and he is 100% beneficial owner	50%			<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>



Wealth
Management

5. Source of wealth

Please provide the name of the Settlor(s) of the Trust together with a detailed description of the source(s) of wealth that has generated the assets in the Trust, including where, geographically, the wealth was generated. In some instances it may be necessary for you to provide documentary evidence regarding your source of wealth. We need this information in order to comply with our regulatory responsibilities.

Settlor(s) (full name including title)	Mr Matthew David Norris	
Source	Approximate value	Description
From own business or employment (name and nature of business)	<input type="checkbox"/> £	Beneficiaries pension funds employment with BP Exploration Ltd United Kingdom built up a defined benefit scheme as well as a small defined contribution scheme which was consolidated into a SSAS with Dentons. The SSAS was then transferred into a QROPS (074158J). balance of his SSAS Pension (around £900k) being administered by Retirement Capital, banking with Cater Allen. He would like to use LGT to hold some of the cash balance instead of it being held with Cater Allen.
Inheritance (from whom)	<input type="checkbox"/> £	
Sale of property or own business (name and nature of business)	<input type="checkbox"/> £	
Gifts (name and details of provider)	<input type="checkbox"/> £	
Other (provide details)	<input checked="" type="checkbox"/> £ 1,385,000	pension. please see SOW details as existing client 074158J

6. Your information

All information provided by you in this Account Agreement will be used by us in accordance with applicable data protection legislation and in accordance with the provisions of the Terms of Business.

Please tick this box ☒ to confirm that, to the extent that, in completing this form, you have provided sensitive personal information you consent to us using such information to enable us to provide you with investment services (which may involve sharing such information with group companies).

We may contact you from time to time regarding our other products and services which we consider to be of specific interest to you. However, if you would prefer not to receive this information, please tick this box. ☐

7. Source of funds

Please provide details of the assets to be transferred to LGT WM.
Details of where the assets are being transferred from:

Name of remitter

Name of institution

Address

Postcode/ZIP code

Country

Amount to be invested/value of assets to be transferred

£

Please provide a detailed description of how and where the assets being transferred to LGT WM were originally generated below. If you are remitting assets, please provide a copy of your most recent valuation statement.

Money from pension

8. Additional accounts to be opened

You may need to open more than one account with us. Each account will be managed in accordance with the same investment service, objectives and risk profile unless you tell us otherwise. If your account(s) will be subject to a different investment service, objective or risk profile, you should discuss this with your Investment Manager so that they may construct your Investment Policy Statement accordingly.

Accounts which are to be set up with a different legal name or structure will require a separate Account Agreement.

Details of any accounts to be opened: **SSAS**

9. Correspondence

We will send you a portfolio valuation on a quarterly basis. The valuation will include cash statement, custody statement, market transaction report and a fees and charges summary sheet. For execution only accounts and certain other transactions, we will send contract notes to you on a transaction by transaction basis.

Correspondence will be sent to the Trust at the address given on page 1. If you wish for correspondence to be addressed elsewhere, please provide this address below.

Correspondence address (if different to the one given on page 1) **25 Long Grove, Seer Green, Beaconsfield, Buckinghamshire**

Postcode/ZIP code **HP9 2YN** Country **United Kingdom**

Once your account is open with us, you will be able to sign up for web services and elect our paperless option. With our paperless option, you will be able to view your portfolio valuation quarterly and your individual transactions more frequently. You will no longer receive a paper valuation from us unless you request one.

If more than one Trustee or authorised signatory wishes to receive copies of the Trust's account information, please complete the "who may have information about the account" sections beginning on page 6.

10. Tax reporting

We will send out tax packs and certificates as at 5th April each year unless you specify otherwise.

If you wish to select an alternative tax year end date, please indicate this date here: **DD-MM**

We will only produce one copy of your tax pack each year which will be sent to you at the address given on page 1. If you would like for this to be sent directly to your accountant, please provide their details below. If you have elected our paperless option, your tax pack will be available for you to view online.

Full name (including title)

Address (including company name if applicable)

Postcode/ZIP code Country

Telephone (specify country code) Email

11. Base currency

This is the currency in which your account(s) will be reported and valued (please select only one).

Base currency GBP ☐ EUR ☐ USD ☐

All income generated will be converted to your base currency.

If you would prefer income to be credited in the currency in which it is generated, please tick here ☐

12. Income distribution

Please indicate which distribution method you require for the account(s). Income will be retained in your income account unless you indicate otherwise.

Transfer to LGT WM capital account for reinvestment ☐ Transfer income earned to another LGT WM account ☐

Retain on LGT WM income account ☐ Transfer to bank account detailed below ☐

Account name Reference

How frequently would you like this transfer to be made MONTHLY ☐ QUARTERLY ☐ SEMI-ANNUAL ☐ ANNUALLY ☐

Amount (either a set amount
or entire balance on income account)

£

Entire balance from Income Account ☐

Please note that any standing instruction payments are made on the 25th day of the month (or next working day thereafter) unless otherwise instructed.

13. Trust bank details

Please provide the Trust bank account details even if you do not require regular income distributions, as we will require this information to be on file in order to process any ad-hoc cash transfer requests you may make in the future.

Payee name MDN Properties Pension Scheme

Bank name Cater Allen

Bank address Santander House, 9 Nelson Street, Bradford

Postcode/ZIP code BD1 5AN Country United Kingdom

Bank sort code/ABA number 16-57-10 Bank account number 56753305

Roll number (if applicable) IBAN number (if applicable)

SWIFT code (if applicable) Payment reference (optional)

14. Who may have information about the account(s)

If you wish to permit another person, for example your accountant or lawyer or an additional Trustee or authorised signatory to discuss the account(s) with us and be able to receive valuations, please provide us with their contact information. This person will not be able to enter into securities transactions or withdraw funds from the account(s) unless they are also a Trustee or authorised signatory. If you require any additional persons or entities to receive duplicate information about the account(s), please ask us for additional forms.

Full name (including title) **Anthony Derek Woodward**

Relationship Lawyer ☐ Accountant ☐ IFA ☒ Family member ☐ Other ☐ (specify)

Address (including company name if applicable) **6 Tollgate Business Park, Stanway, Colchester**

Postcode/ZIP code **CO3 8AB**

Country **United Kingdom**

Telephone (specify country code)

Email address **tony.woodward@quilterfa.com**

All correspondence is available to the person named above via our web access portal. Once your account is open with us, the above named person will be able to sign up for web services and elect our paperless option.

To enable the above named person to take advantage of this service, we will also require the following additional information in order to validate the person's identity.

Date of birth **15.11.1963** **YYY**

Tax ID number (e.g. National Insurance number) **NB596137D**

15.1 Who may have authority over the account(s)

Please provide details of any persons who may issue instructions or make withdrawals from the account(s) other than the Trustees or authorised signatories. If you require additional persons to have authority over the account, please ask us for additional forms.

Full name (including title)

Relationship Lawyer ☐ Accountant ☐ IFA ☐ Family member ☐ Other ☐ (specify)

Address (including company name if applicable)

Postcode/ZIP code

Country

Telephone (specify country code)

Email address

Country of birth

Date of birth **DD-MM-YYYY**

Please list all countries of tax residency along with all corresponding Tax ID numbers (e.g. National Insurance number).

Country 1

Tax code 1

Country 2

Tax code 2

Country 3

Tax code 3

Please state Nationality (or both if dual) along with corresponding MiFID II Personal Identifier (see Annex 4 on page 20).

Nationality 1

MiFID II Personal Identifier 1

Nationality 2

MiFID II Personal Identifier 2

Name of business
or employer

Nature of business
or employment

15.2 Extent of authority

Extent of authority

Authority
(tick relevant box)

Transaction authority

This allows the person with authority over your account(s) to buy, sell, transfer, exchange or otherwise dispose of any securities if your account(s) has applied for and been approved for transactions in those securities. Where you are required to sign additional documentation in order to be able to enter into certain types of transaction, this additional documentation can only be signed by you and not the person with authority over the account(s).

☐

Withdrawal authority

This allows the person with authority over the account(s) to give instructions regarding the transfer of securities or monies from your account(s) to your nominated bank account or certain third parties.

☐

Are there any limitations to this authority (e.g. joint signature required)?

YES ☐

NO ☐

If 'Yes' please specify

15.3 Investment experience

To be completed by person with authority.

Understanding your previous investment history helps us to determine what level of information to provide to you in relation to your investments.

Are you, or have you previously been employed in the financial services industry?

YES ☐

NO ☐

Do you have any professional qualifications in the field of investments?

YES ☐

NO ☐

If Yes, please provide further information

What is your highest level of education?

	Have you invested in this type of asset previously	Over what length of time have you invested in this asset class? (if applicable)	Do you have a good understanding of this asset class?
Cash Equivalents Highly liquid investments which can be easily converted into cash, such as Treasury Bills and money market funds	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
Fixed income/Debt Securities A loan or debt to a Company or government which normally pays interest	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
Equities A share in a Company that exposes you to the financial risks and rewards of that company	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
Absolute Return Funds (regulated) Products which aim to achieve positive returns in any market conditions. They may invest in any asset class and may use derivatives and leverage	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
Listed Property Products Property related products which mostly invest in direct or indirect property as well as other property related structures such as REITs, property funds, certificates or indices	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
Commodities A product with returns dependent on the return of a commodity, such as crude oil, gold or silver	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>



16. Signatures

Our agreement with you comprises this document, the Retail Client Terms of Business (the "Terms of Business"), Fee schedule, Investment and Risk Profile Questionnaire, Investment Policy Statement and any other ancillary documents ("this Agreement"). You should read the contents of this Agreement carefully to ensure that you understand them. If you have any questions please contact your investment Manager. You have been classified by us as a retail client for all transactions unless we have agreed in writing that you are a professional investor for specific investments.

You expressly consent to the matters referred to in Annex 2 of the Retail Client Terms of Business (the Execution Policy), agree that LGT WM will rely on the information given in this document and you appoint LGT WM to manage your account(s) in accordance with the information provided in this Agreement. You will notify LGT WM of any significant changes to your circumstances which may affect the management of your account(s).

By signing this Account Agreement you:

- confirm that you have read and accept and agree to be bound by the provisions of this Account Agreement and our Retail Client Terms of Business;
- confirm that the information provided in this Account Agreement, the Investment and Risk Profile Questionnaire and/or any applicable ancillary account documentation is complete and accurate and accept that the failure to provide some or all of the information requested in this form may affect adversely our ability to assess the suitability of your chosen investment mandate against your personal and financial circumstances;
- authorise us to rely on the instructions set out in this Account Agreement;
- confirm that you have read the risk warnings in the Terms of Business;
- consent to our Execution Policy and, in particular, you consent to our executing your orders outside a regulated market, organised trading facility or multi-lateral trading facility;
- instruct us not to make public your unexecuted limit orders in respect of shares admitted to trading on a regulated market organised trading facility or multi-lateral trading facility;
- consent to us investing monies held on your behalf in a qualifying money market fund;
- where applicable, consent to the arrangements for the custody of your investments described in the Terms of Business; and
- if you are a US person, you confirm that you have received Form ADV Part II.

I/we confirm that I am/we are the legal owner(s) of the assets in the account(s). ☒ (please tick)

Signature

Name

Matthew Norris

Date

6/12/2022

Signature

Name

Sarah Elizabeth Victoria Norris

Date

6.12.22

Signature

Name

Date

Signature

Name

Date

17. Security information

For security purposes we may from time to time ask you to provide us with a keyword or ask for other account details from you in order to be able to verify we are talking to the correct person(s) authorised on the account.

Keyword

15.4 Signature

To be completed by person with authority.

All information provided by you in this Account Agreement will be used by us in accordance with applicable data protection legislation and in accordance with the provisions of the Terms of Business.

Please tick this box ☐ to confirm that, to the extent that, in completing this form, you have provided sensitive personal information you consent to us using such information to enable us to provide you with investment services (which may involve sharing such information with group companies).

Signature of person who will have authority over your account(s)

Note: Any person identified as having either transaction authority or withdrawal authority must complete the Identification Information for Individuals section at the back of this document.

All correspondence is available to the person named above via our web access portal. Once your account is open with us, the above named person will be able to sign up for web services and elect our paperless option.

18. Account opening checklist

Please return the following forms or documents to us. If these forms or documents are not completed in full or returned to us, it will lengthen the time it will take us to open the account(s).

- ☐ Account Agreement completed in full and signed by those persons with authority to execute account agreements on behalf of the Trust.
- ☐ Investment and Risk Profile Questionnaire.
- ☐ Identification Information for Individuals (pages 12 to 15) and certified copies of passports and utility bills (less than three months old)
 - i. Each individual Trustee and, if applicable, any protector;
 - ii. The Settlor;
 - iii. All named beneficiaries entitled to receive assets
 - iv. All authorised signatories and anyone with authority over the account(s).
- ☐ Completed and signed US tax forms: In order to enter into transactions in US securities and correctly process US sourced income, we are required to ask each non-US person to complete a W8-BEN form. DO NOT complete this agreement if you are a US person.
- ☐ Certified full copy of the Trust Deed and any subsequent deed which evidences the appointment of the current Trustees and their authority to open accounts on behalf of the Trust, together with a list of authorised signatories of the Trust, if applicable. Should any of the Trustees be a corporate entity, please provide certified true copies of: Certificate of Incorporation; Memorandum and Articles of Association; an authorised signatory list.
- ☐ Signed Fee schedule.

19. Documentation certification

Persons who may certify evidence of identity are:

- a member of the judiciary, senior civil servant or serving police officer or customs officer;
- an officer of an embassy, consulate or high commission of the country of issue of the documentary evidence of identity;
- a lawyer or notary public who is a member of a recognised professional body;
- an actuary who is a member of a recognised professional body;
- an accountant who is a member of a recognised professional body;
- a director, officer or manager of a regulated financial services business which is operating in an equivalent jurisdiction.

The certifier must certify that:

- they have seen the original documentation verifying identity and/or residential address;
- the copy of the document (which is being certified) is a complete and accurate copy of the original; and
- where the documentation is to be used to verify identity of the individual and contains a photograph; the photograph contained in the document bears a true likeness to the individual requesting certification.

The certifier must sign and date the copy and provide sufficient information so that he may be contacted in the event of a query. A sufficient level of information would include his name, position or capacity, his address and telephone number or email address at which he can be contacted.

20.1 Identification information for individuals

To fulfil regulatory requirements, all Trustees, any Protector, the Settlor, all named beneficiaries entitled to receive assets, all authorised signatories and anyone with authority over the Trust account(s) must complete this section and provide us with certified copies of their current passport and a utility bill which is less than three months old. If you require additional forms to complete, please let us know. Identification Information for Individuals.

In some circumstances it may be necessary to request additional evidence of identity and we will let you know if we do require any further information from you. We may also make further checks depending, for example, on the source of funds, legal or beneficial ownership, applicant's residence/domicile, or the way the account is used.

First individual

Trustee ☒ Settlor ☐ Beneficiary ☐

Protector ☐ Signatory ☐ Individual with Authority over the Account ☐

Other ☐ (please specify)

Title (Mr, Mrs, Miss, Ms, Other. - please specify) **Mr** Surname **Norris**

Forename(s) **Matthew David**

Former/other name(s)

Residential address **25 Long Grove, Seer Green, Beaconsfield**

Postcode/ZIP code **HP9 2YN** Country **United Kingdom**

Home telephone (specify country code) Work telephone (specify country code)

Mobile (specify country code) Email address **matt@primeurban.co.uk**

Country of birth **united kingdom** Date of birth **24.05.1976** YYY

Please list all countries of tax residency along with all corresponding Tax ID numbers (e.g. National Insurance number).

Country 1 **united kingdom** Tax code 1 **JE653753B**

Country 2 Tax code 2

Country 3 Tax code 3

Please state Nationality (or both if dual) along with corresponding MiFID II Personal Identifier (see Annex 4 on page 20).

Nationality 1 **british** MiFID II Personal Identifier 1

Nationality 2 MiFID II Personal Identifier 2

Name of business or employer **Prime Urban** Nature of business or employment



Wealth
Management

20.2 Identification information for individuals

Second individual

Trustee ☒ Settlor ☐ Beneficiary ☒
Protector ☐ Signatory ☐ Individual with Authority over the Account ☐
Other ☐ (please specify)

Title (Mr, Mrs, Miss, Ms, Other, - please specify) Mrs Surname ~~Sarah~~ Nomis

Forename(s) Sarah Elizabeth Victoria

Former/other name(s)

Residential address 25 Long Grove, Seer Green, Beaconsfield

Postcode/ZIP code HP9 2YN

Country UK

Home telephone (specify country code)

Work telephone (specify country code)

Mobile (specify country code)

Email address Sarah.matt.nomis@gmail.com

Country of birth UK

Date of birth 14.12.1973

Please list all countries of tax residency along with all corresponding Tax ID numbers (e.g. National Insurance number).

Country 1 UK

Tax code 1 N2896329A

Country 2

Tax code 2

Country 3

Tax code 3

Please state Nationality (or both if dual) along with corresponding MiFID II Personal Identifier (see Annex 4 on page 20).

Nationality 1 British

MiFID II Personal Identifier 1

Nationality 2

MiFID II Personal Identifier 2

Name of business
or employer NHS

Nature of business
or employment Pharmacist



20.3 Identification information for individuals

Third individual

Trustee ☐ Settlor ☐ Beneficiary ☐
Protector ☐ Signatory ☐ Individual with Authority over the Account ☐
Other ☐ (please specify)

Title (Mr, Mrs, Miss, Ms, Other. - please specify)

Surname

Forename(s)

Former/other name(s)

Residential address

Postcode/ZIP code

Country

Home telephone (specify country code)

Work telephone (specify country code)

Mobile (specify country code)

Email address

Country of birth

Date of birth

DD-MM-YYYY

Please list all countries of tax residency along with all corresponding Tax ID numbers (e.g. National Insurance number).

Country 1

Tax code 1

Country 2

Tax code 2

Country 3

Tax code 3

Please state Nationality (or both if dual) along with corresponding MiFID II Personal Identifier (see Annex 4 on page 20).

Nationality 1

MiFID II Personal Identifier 1

Nationality 2

MiFID II Personal Identifier 2

Name of business
or employer

Nature of business
or employment



20.4 Identification information for individuals

Fourth individual

Trustee ☐

Settlor ☐

Beneficiary ☐

Protector ☐

Signatory ☐

Individual with Authority over the Account ☐

Other ☐ (please specify)

Title (Mr, Mrs, Miss, Ms, Other. - please specify)

Surname

Forename(s)

Former/other name(s)

Residential address

Postcode/ZIP code

Country

Home telephone (specify country code)

Work telephone (specify country code)

Mobile (specify country code)

Email address

Country of birth

Date of birth

DD-MM-YYYY

Please list all countries of tax residency along with all corresponding Tax ID numbers (e.g. National Insurance number).

Country 1

Tax code 1

Country 2

Tax code 2

Country 3

Tax code 3

Please state Nationality (or both if dual) along with corresponding MiFID II Personal Identifier (see Annex 4 on page 20).

Nationality 1

MiFID II Personal Identifier 1

Nationality 2

MiFID II Personal Identifier 2

Name of business
or employer

Nature of business
or employment



Wealth
Management

22. Annex 2 - Authorisation to apply for a Legal Entity Identifier (LEI)

Client reference

Client name **MDN Properties Pension Scheme**

Current address **C/o RC Administration Ltd, 1A Park Lane, Poynton, Cheshire**

Postcode/ZIP code **SK12 1RD**

Country **United Kingdom**

London Stock Exchange Plc

Date **06.12.2022**

FAO: LEI Operations Department
4th Floor
10 Paternoster Square
London
EC4M 7LS

Re: Authorisation to apply for Legal Entity Identifier (LEI)

Dear Sir or Madam,

The below named entity is authorised to apply for an LEI on our behalf and submit the corresponding declarations of intent in our name, and to take all necessary measures in this regard.

Requester Entity Name

LGT Wealth Management UK LLP

Requester Entity Address

14 CORNHILL
LONDON
EC3V 3NR

Requester contact details

Full name
Telephone
Email

Serena Peters
020 3207 8197
taxops@lgt.com

Regards,

Signature

Name

Matthew Norris

Telephone (specify country code)

07785 524134

Email address

matt@primeurban.co.uk

Position within organisation

Director ☐

Trustee ☒

Company Secretary ☐

Compliance Officer ☐

Other ☐ (please specify)

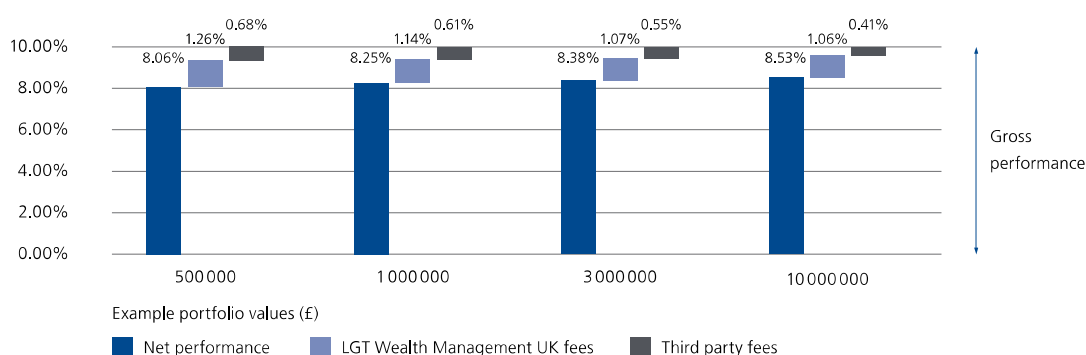
22. Annex 1 - Fees and charges

Estimated Charges

The Markets in Financial Instruments Directive II ("MiFID II") requires all firms to provide their clients with an estimated annual cost and how it will affect the investment return. The cost disclosure must be inclusive of a firm's own fees and any third party charges associated with processing and taking custody of their investments.

The cost disclosure is calculated using historical data and is only an indication of the actual costs that will be incurred. The actual costs, including third party fees, will be reported to you at the end of each year. When calculating the costs the standard fee schedule has been used. In order to demonstrate the impact the costs have on the investment return, we have assumed a gross performance of 10%. Please be aware that this figure is for illustration purposes only and does not reflect past or future performance.

Illustration of annualised cumulative effect of charges on return



Portfolio Size	Gross performance	LGT WM fees	Third party fees	Total charges	Net performance
£500 000	10.00%	1.26%	0.68%	1.94%	8.06%
£1 000 000	10.00%	1.14%	0.61%	1.75%	8.25%
£3 000 000	10.00%	1.07%	0.55%	1.62%	8.38%
£10 000 000	10.00%	1.06%	0.41%	1.47%	8.53%

Portfolio Size	Gross performance	LGT WM fees	Third party fees	Total charges	Net performance
£500 000	£50 000	£6 300	£3 400	£9 700	£40 300
£1 000 000	£100 000	£11 400	£6 100	£17 500	£82 500
£3 000 000	£300 000	£32 100	£16 500	£48 600	£251 400
£10 000 000	£1 000 000	£106 000	£41 000	£147 000	£853 000

Standard fee schedule

Management Fee (tiered)	£0 to £500 000	1.00%
	Thereafter	0.75%
Custody Fees		0.25%
FX Spread*	Any trade below £250 000	0.30%
	Any trade above £250 000	0.08%

* LGT WM's FX Margin is applied to the mid-market quoted FX rate in order to mitigate our foreign currency exposure. The cost of this charge has been included in "LGT Wealth Management charges" within the Annual ex-post costs and charges statement.

Assets received from your account with your previous Investment Manager which are not on our recommended lists of securities will be sold unless otherwise agreed with you. Any associated costs or charges incurred will be in addition to those costs and charges disclosed above.



22. Annex 2 - Legal Entity Identifier (LEI) Registrant Authorisation – Fact find

Please complete the following form should you wish for LGT WM to apply for your LEI. The following information is required and will be passed on to UnaVista in order to apply for your LEI. Please note that if your country of incorporation is one of those detailed in the Legal Entity Identifier (LEI) – Supporting Documents or if you are an unincorporated legal entity e.g. a Trust, you will be required to provide supporting evidence. Further details are provided in the Legal Entity Identifier (LEI) – Supporting Documents.

Name of the legal entity MDN Properties Pension Scheme

LGT WM client reference(s) TBC

Country of legal formation United Kingdom

Legal form (LLP, Fund, Ltd, etc.) Pension Scheme

Headquarters address C/o RC Administration Ltd, 1A Park Lane, Poynton, Cheshire

Post/ZIP code SK12 1RD Country United Kingdom

Legal formation address as above

Post/ZIP code as above Country

Business Registry Country United Kingdom

Business Registry Name MDN Properties Pension Scheme

Business Registry Reference (e.g. company registration number)

We hereby give consent to LGT WM to submit the above information, including any supporting documentation, to the London Stock Exchange via UnaVista. The sole purpose being to apply for a Legal Entity Identifier (LEI) on our behalf.

Signature

Name

Date

Matthew Norris
Matthew Norris
06/12/2022

Signature

Name

Date

Signature

Name

Date

Signature

Name

Date



If you have multiple entities - LGT WM is authorised to request LEIs for the following entities which fall within our authorisation:

Name

23. Annex 3 - Legal Entity Identifier (LEI) – Supporting documentation

If the country of incorporation is listed below or if you are an unincorporated legal entity then please provide the necessary documents to evidence:

- Name of legal entity
- Country of legal formation
- Legal form
- Headquarters address
- Legal Formation address
- Business registry country (if applicable)
- Business registry (if applicable)
- Business Registry Reference (if applicable)

The majority of this information can be found in the Certificate of Incorporation, Trust Deeds or Charity Registration. Evidencing the headquarters address can be done via a signed letter on letter headed paper.

Country / Jurisdiction

Afghanistan	Ecuador	Micronesia (Federated State of)	Solomon Islands
Algeria	Europe	Moldova	South Africa
Andorra	Faeroe Islands	Monaco	Spain
Anguilla	Fiji	Montserrat	Sri Lanka
Antigua and Barbuda	Finland	Morocco	St Kitts and Nevis
Argentina	France	Nepal	St Lucia
Armenia	Germany	Niger	Sweden
Aruba	Greece	Oman	Switzerland
Australia	Haiti	Pakistan	Tanzania
Austria	Honduras	Panama	Thailand
Barbados	Hong Kong	Paraguay	Tonga
Belarus	Hungary	Peru	Tunisia
Bermuda	Indonesia	Philippines	Turkey
Bolivia	Ireland	Poland	Ukraine
Bosnia and Herzegovina	Italy	Portugal	United Arab Emirates
Botswana	Jamaica	Qatar	United Kingdom
Brunei Darussalam	Jordan	Republic of Montenegro	United Republic of Cameroon
Cambodia	Kazakhstan	Republic of Serbia	United States of America
Canada	Kuwait	Romania	Uruguay
Cape Verde	Liberia	Samoa	Vanuatu
Cayman Islands	Luxembourg	San Marino	Venezuela
Chile	Macedonia	Saudi Arabia	Virgin Islands (British)
China	Madagascar	Senegal	Virgin Islands (US)
Colombia	Maldives	Seychelles	
Cyprus	Malta	Sierra Leone	
Djibouti	Mauritius	Singapore	
Dominican Republic	Mexico	Slovenia	

24. Annex 4 - MiFID II Personal Identifier

ISO Code	Country	MiFID II Personal Identifier
BE	Belgium	Belgium National Number
BG	Bulgaria	Bulgarian Personal Number
CZ	Czech Republic	National Identification Number
DK	Denmark	Personal Identity Code
EE	Estonia	Estonian Personal Identification Code
ES	Spain	Tax Identification Number
FI	Finland	Personal Identity Code
GB	United Kingdom	UK National Insurance Number
GR	Greece	10 DSS Digit Investor share
HR	Croatia	Personal Identification Number
IS	Iceland	Personal Identity Code
IT	Italy	Fiscal Code
LT	Lithuania	Personal Code
LV	Latvia	Personal Code
MT	Malta	National Identification Number
NO	Norway	11 Digit Personal ID
PL	Poland	National Identification Number
PT	Portugal	Tax Number
RO	Romania	National Identification Number
SE	Sweden	Personal Identity Number
SI	Slovenia	Personal Identification Number
SK	Slovakia	Personal Number
—	All other countries	National Passport Number

Investment and Risk Profile Questionnaire

Trusts

About this document – please read carefully

Why are we asking you to complete this Questionnaire?

In order for LGT Wealth Management UK LLP ("LGT Wealth Management", "LGT WM", "we" or "us") to be able to provide our portfolio management service (the "LGT WM Portfolio Service") to the Trust, you are required to answer all of the questions within this Investment and Risk Profile Questionnaire (the "Questionnaire"). The information you provide within this Questionnaire will enable us to establish an investment strategy for the portfolio that reflects the Trust's investment objectives, attitude to risk, investment experience and financial circumstances.

What is the LGT WM Portfolio Service?

The LGT WM Portfolio Service is LGT WM's investment management service for clients who want their money looked after on an Advisory, Discretionary or Execution Only basis. For Advisory and Discretionary portfolios, your Investment Manager will utilise a carefully researched menu of investment solutions which may include retail investment products and other investments, such as equities or fixed income securities if they are deemed suitable for the Trust's proposed investment strategy.

We can select certain retail investment products or other investment solutions or products from the whole of the market. LGT WM considers itself to be unbiased, in that we are not tied to any product or providers and we do not manufacture any in-house products.

Does this Questionnaire consider all my financial needs?

Under the rules of the Financial Conduct Authority (the "FCA"), LGT WM is classified as a 'restricted adviser'. This limits the type and scope of the products we may purchase for the Trust, advise you upon or recommend to you as part of the LGT WM Portfolio Service.

LGT WM does, however, offer a separate Wealth Planning Service which can provide you with a review of the Trust's broader financial planning requirements. Should you wish to utilise LGT WM's Wealth Planning Service, you should request that your Investment Manager engage the services of the Wealth Planning team on their behalf. A member of the Wealth Planning team will then become involved in the preparation of the Trust's Investment Policy Statement which will take into account the Trust's wider financial requirements.

What happens if you do not complete this Questionnaire?

The Financial Conduct Authority (the UK financial regulator) requires all regulated firms to obtain the information requested in this Questionnaire before acting on a client's behalf. If you do not complete this Questionnaire in full, we may not be able to advise you upon or manage the Trust's investments.

What happens after you have completed this Questionnaire?

Upon receipt of this completed Questionnaire, your Investment Manager will endeavour to identify and discuss with you (if applicable) any responses that appear to be inconsistent. Your Investment Manager will then propose an Investment Policy Statement which will act as our agreement with you regarding the circumstances, objectives and constraints that govern the way in which we will manage the portfolio.

Who should sign this Questionnaire?

This Questionnaire should, in all cases be completed and signed by the Trustees, or duly appointed representative(s).

What happens if you have a change in circumstances?

It is important that you notify us promptly should there be any material changes to the information you provide in this Questionnaire so that we may, if necessary, make changes to tailor the Trust's portfolio appropriately to your new circumstances and requirements.

What if you do not understand something in this Questionnaire?

Should you have any questions or concerns regarding the content of this Questionnaire, please contact your Investment Manager.

What types of investments are considered retail investment products?

The broad definition of retail investment products may include (but is not limited to) investment products such as unit trusts, investment trusts, structured products and unregulated hedge funds, as used in our Advisory and Discretionary Portfolio Management Services. It may also include life and pensions products that our Wealth Planning Team would be able to advise upon.

Policy statement

As Trustees, you will be exclusively responsible for compliance with the Trustee Act 2000 as amended from time to time ("the Act"). If we provide a discretionary service, the Act requires you to prepare and regularly review an appropriate policy statement. If you do not provide us with a policy statement of your own, you agree that we shall be entitled to use the information provided by you in this Questionnaire to prepare an Investment Policy Statement which once completed and signed by you, we may treat as your policy statement pursuant to the Act.

If you provide us with a policy statement of your own we draw your attention to the possibility that matters defined in it such as risk profiles, account composition and account objectives may differ from our own descriptions as set out in this Questionnaire. The Act requires you to ensure that we comply with the policy statement and that you keep under review the terms under which we provide our service. The effect of these obligations under the Act is that, as the contractual basis of the relationship between us is contained exclusively in our Agreement with you, it is your responsibility as Trustees to set out, review and, where necessary, amend your instructions and account objectives as set out in this Questionnaire and the Investment Policy Statement prepared on the basis thereof, or otherwise, to ensure that they are, and remain, in conformity with your policy statement.

1. Accounts covered in this portfolio

Please describe the type of account(s) (e.g. personal portfolio, SIPP, ISA, etc.) that make up the Trust's portfolio, the approximate value and currency of each, and the basis upon which you would like the portfolio managed. The Trustees must be the legal owners of all the accounts listed.

Discretionary (D) – We will manage your portfolio at our complete discretion and will select investments that we deem appropriate for your portfolio given your risk profile, objectives and any specific exclusions.

Advisory (A) – We will make recommendations that we feel are appropriate for your portfolio given your risk profile and objectives but must obtain approval from the Trustees before executing any such recommendations.

Executions-only (E) – The Trustees will make their own investment decisions and instruct us to execute them on the Trust's behalf.

Name of portfolio **MDN Properties Pension Scheme**

Type of Portfolio DISCRETIONARY ☒ ADVISORY ☐ EXECUTION-ONLY ☐

Account number	Type of account (e.g. ISA, SIPP)	Approximate value
Account 1	SSAS (Trust)	£ 680,000
Account 2		£
Account 3		£
Account 4		£
Account 5		£
Account 6		£
Account 7		£
Account 8		£
Total value		£

Please note: unless otherwise indicated, the above mentioned accounts will be managed on a consolidated basis. This may mean that the risk profile of individual accounts may vary from time to time but the aggregate composition of assets across all applicable accounts listed above will, at all times, reflect the key risk profile indicated herein or as may be set out in the Investment Policy Statement.

2. Financial information

Please provide details of the Trust's current financial situation. We ask for this information in order to enable us to provide you with an investment portfolio that is suitable for your needs. Depending on the answers that you give, we may ask you for additional financial information.

Should the underlying beneficiary(s) be different to the signatories associated with this portfolio, they will be required to complete a separate IRPQ. Please contact your Investment Manager who will be able to provide further guidance in relation to this.

The information requested below is essential and will assist us in working with you to establish the right risk profile and investment strategy for the Trust's portfolio. We appreciate that you are giving us sensitive information and assure you that this information will remain confidential.

	<i>Approximate value</i>
What is the Trust's total annual income (net of any taxes)?	£ 0
Please indicate sources of income	
<i>Source</i>	<i>Value</i>
	£ 0
	£ 0
	£ 0
What is the total of the Trust's annual financial commitments?	£ 0
What is the value of all the Trust's investible assets? (Monies currently invested or available for investment, excluding property, business interests, and any pension assets)	£ 0
What is the value of the Trust's accumulated pension benefits?	£ 1,385,000
What is the value of the Trust's property interests (if any)?	£ 0
What is the value of the Trust's unquoted business interests (if any)?	£ 0
What is the value of the Trust's other assets (if any)?	£ 0
Total value of assets	£ 0
What is the total value of the Trust's liabilities?	£ 0
Total net worth (total value of assets minus total value of your liabilities)	£ 1,385,000

3. Investment objectives

For discretionary and advisory portfolios only.

If you are only opening an execution-only portfolio please proceed to the investment experience section.

Please confirm the purpose of the portfolio

(For example, to provide income or capital growth, perhaps to meet specific future commitments (school fees or mortgage), to fund your retirement, protect against inflation)

Grow for retirement

Which of the following would you describe as most important to you?

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| A. Capital Preservation – I want the portfolio to maintain its current nominal value | <input type="checkbox"/> |
| B. Income – The primary need is for this portfolio to provide an income | <input type="checkbox"/> |
| C. A combination of income and capital growth – I wish to grow the value of the portfolio but I also need it to provide some income | <input type="checkbox"/> |
| D. Capital growth – I want to grow the value of the portfolio and have no need for it to provide an income | <input checked="" type="checkbox"/> |

If you answered *B* or *C* above, are you intending to:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| A. Withdraw all of the income produced by the portfolio even though this income may fluctuate in value | <input type="checkbox"/> |
| B. Withdraw a target income regardless of the amount of income the portfolio provides (please be aware this would mean any shortfall is taken from the capital) | <input type="checkbox"/> |
| C. Reinvest any income produced by the portfolio | <input checked="" type="checkbox"/> |
| D. Retain any income the portfolio produces on the income account | <input type="checkbox"/> |

If you answered *B* above, please indicate the target income: £

Do you have any preference as to which account(s) in the portfolio any income is drawn from?

Account number (as listed previously)

If you have specific future commitments please provide details of what they are and when you expect to need to meet them:

Amount	Purpose	Approximate date
£		DD-MM-YYYY
£		DD-MM-YYYY
£		DD-MM-YYYY
£		DD-MM-YYYY
£		DD-MM-YYYY
£		DD-MM-YYYY

Are or will the beneficiary(s) be reliant on any income being withdrawn to maintain their standard of living either now or in the future? YES ☒ NO ☐

What is the investment time horizon for this portfolio? That is, for how long do you intend to invest the money before you expect to withdraw all or most of it?

Under 1 year ☐ 1 to 5 years ☐ 5 to 10 years ☐ 10 years or more ☒

4. Investment experience

Understanding your previous investment history helps us to work with you to select the right investment risk profile and strategy for the portfolio and to determine what level of information to provide to you in relation to the Trust's investments.

	Trustee 1	Trustee 2
Are you, or have you previously been employed in the financial services industry?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

If Yes, in what capacity?

Trustee 1	Trustee 2
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

	Trustee 1	Trustee 2
Do you have any professional qualifications in the field of investments?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

If Yes, please provide further information

Trustee 1	Trustee 2
masters <hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

What is your highest level of education?

Trustee 1	Trustee 2
<hr/>	<hr/>



	Have you invested in this type of asset previously		Over what length of time have you invested in this asset class? (if applicable)		Do you have a good understanding of this asset class?	
	Tr. 1	Tr. 2	Tr. 1	Tr. 2	Tr. 1	Tr. 2
Cash Equivalents Highly liquid investments which can be easily converted into cash, such as Treasury Bills and money market funds	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Fixed income/Debt Securities A loan or debt to a Company or government which normally pays interest	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Equities A share in a Company that exposes you to the financial risks and rewards of that company	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Absolute Return Funds (regulated) Products which aim to achieve positive returns in any market conditions. They may invest in any asset class and may use derivatives and leverage	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Listed Property Products Property related products which mostly invest in direct or indirect property as well as other property related structures such as REITs, property funds, certificates or indices	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Commodities A product with returns dependent on the return of a commodity, such as crude oil, gold or silver	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Please provide any further additional information

Trustee 1

Trustee 2

5. Investment risks

In seeking investment returns above those available from high quality bank deposits it is necessary to take some form of risk. These questions are designed to help us to understand the Trust's ability to withstand capital loss and your appetite for the various risks involved in investing.

It is important that we understand your **risk appetite** or **willingness to take risk**. In relation to this portfolio, how do you feel about investing in volatile assets (e.g. equities) that might expose your portfolio to fluctuations in value and losses?

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| I do not want to take any risk of the Trust's capital falling in value | <input type="checkbox"/> |
| I don't mind taking some risk with the Trust's capital but I would be uncomfortable with large fluctuations in its value | <input checked="" type="checkbox"/> |
| I'm comfortable that the Trust can afford large fluctuations in capital and I'm willing to absorb these if there is the possibility that the Trust's capital may grow in the long term. | <input type="checkbox"/> |

We understand that the Trust's **capacity for loss** and the impact that losses might have on the ability to meet the investment objectives of the Trust may differ from the Trust's willingness to take risk. With this in mind and in relation to this portfolio how would you describe the Trust's **ability to absorb capital losses** and fluctuations in the value of the portfolio?

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| The Trust is unable to accept any losses to the capital | <input type="checkbox"/> |
| The Trust can accept a small amount of loss. In extreme circumstances, a drop of 20% or less in the value of the portfolio would not have a material impact on the Trust's overall financial position | <input checked="" type="checkbox"/> |
| The Trust can accept some loss. Falls of up to 35% in the value of the portfolio would not have a significant impact on the Trust's overall financial position | <input type="checkbox"/> |
| The Trust is financially able to accept the possibility of large losses (above 35%) in the portfolio without it having a significant impact on the Trust's overall financial position | <input type="checkbox"/> |

At some point in the future you may need the money in this portfolio. With this in mind, how would you describe the Trust's ability to absorb losses or fluctuations in the value of the portfolio based on the Trust's anticipated future needs?

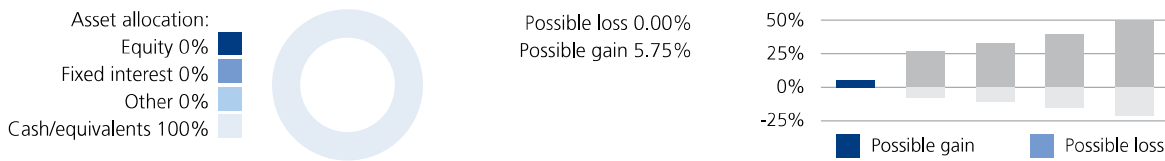
- | | |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| The Trust will be entirely reliant on the funds in this portfolio | <input type="checkbox"/> |
| The Trust has other sources of wealth or income, but this portfolio will still be needed | <input checked="" type="checkbox"/> |
| The Trust significant assets/income from other sources and the money in this portfolio is not earmarked for any particular needs. | <input type="checkbox"/> |

6. Risk profile

Taking into consideration the answers you have provided in the previous questions, which of the following statements best summarises the Trust's risk and return objectives? Please review the charts included in each section when considering your answer and tick the box you believe is most applicable to you.

Very low

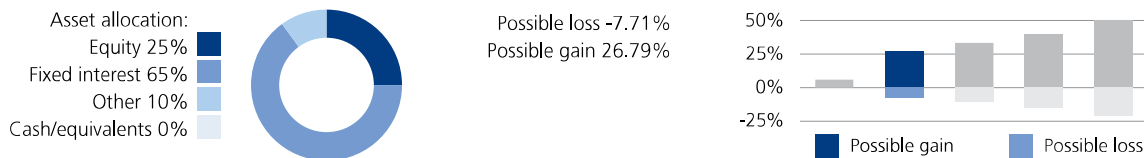
The only objective is to preserve capital in nominal terms. You are aware the effect of inflation may erode the real value of the portfolio. A very low risk portfolio will be invested entirely in cash or cash equivalents and so is unlikely to have periods of negative returns but will have limited growth potential. We would suggest a minimum investment period of 1 year for this type of risk profile.

☐


The pie chart is a neutral asset allocation typical for this type of portfolio based on LGT WM's internal guidelines. The bar chart is intended to illustrate the potential gains and losses associated with the various risk profiles based on figures from the last 10 years. This is not intended to be a prediction of any future performance of your portfolio.

Low

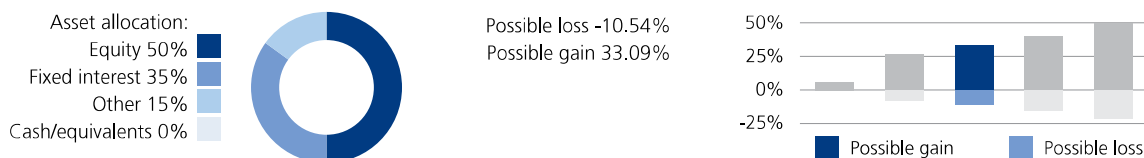
The primary objective is to preserve capital. You are comfortable with the small fluctuations in value that may result from this investment strategy but you would not feel comfortable with a significant exposure to investments which may fall substantially in value. A low risk portfolio is likely to be invested primarily in cash and bonds, with the potential for an allocation to equities and other higher risk assets. You understand that the returns from this strategy may not be sufficient to maintain the inflation-adjusted value of your assets. We would suggest a minimum investment period of 3 years for this type of risk profile.

☐


The pie chart is a neutral asset allocation typical for this type of portfolio based on LGT WM's internal guidelines. The bar chart is intended to illustrate the potential gains and losses associated with the various risk profiles based on figures from the last 10 years. This is not intended to be a prediction of any future performance of your portfolio.

Medium

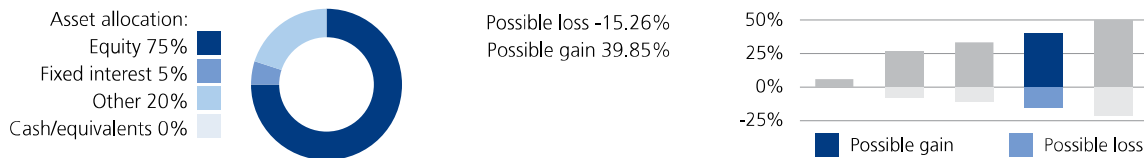
The Trust wishes to appreciate the capital value of the portfolio in excess of the rate of inflation but limit fluctuations in the value by investing in a diverse portfolio of assets. A medium risk portfolio is likely to be invested in cash, bonds, equities and other higher risk assets. We would suggest a minimum investment period of 5 years for this type of risk profile.

☐


The pie chart is a neutral asset allocation typical for this type of portfolio based on LGT WM's internal guidelines. The bar chart is intended to illustrate the potential gains and losses associated with the various risk profiles based on figures from the last 10 years. This is not intended to be a prediction of any future performance of your portfolio.

High

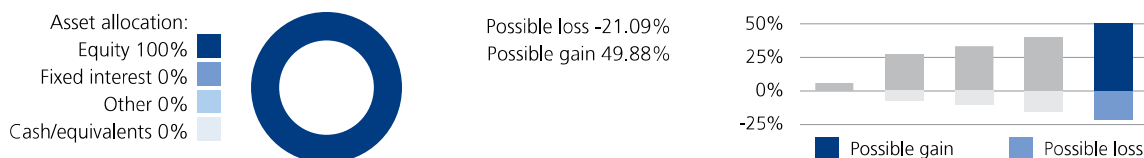
The Trust has a high tolerance for risk and you wish to target above average returns. You understand that this may result in a high risk of fluctuations in the value of the portfolio and potential loss of capital. A high risk portfolio is likely to be invested in a diverse range of asset classes but with a bias towards equities and other higher risk assets. We would suggest a minimum investment period of 5 years for this type of risk profile. ☒



The pie chart is a neutral asset allocation typical for this type of portfolio based on LGT WM's internal guidelines. The bar chart is intended to illustrate the potential gains and losses associated with the various risk profiles based on figures from the last 10 years. This is not intended to be a prediction of any future performance of your portfolio.

Very high

The Trust has a high tolerance for risk and wishes to aggressively target high returns and/or wishes to allow concentrated exposure to a single asset class or individual assets, and for the selection of such assets/asset classes to vary from time to time. You understand that this may result in large fluctuations in the value of the portfolio and potentially expose the portfolio to significant loss of capital as you pursue high returns. The Trust understands the trade-off between risk and return. We would suggest a minimum investment period of 7 years for this type of risk profile. ☐



The pie chart is a neutral asset allocation typical for this type of portfolio based on LGT WM's internal guidelines. The bar chart is intended to illustrate the potential gains and losses associated with the various risk profiles based on figures from the last 10 years. This is not intended to be a prediction of any future performance of your portfolio.

7. Investment strategy

Do you have any specific investment restrictions of which we need to be aware? It is very important that we agree at the outset of our relationship whether it is possible for us to comply with any investment restrictions that you may wish to apply to your portfolio.

Are there any specific investments that you do not wish to hold in the portfolio?

Does the portfolio contain any securities that you do not wish to sell (e.g an employee shareholding or particular securities that are capital gains constrained)? Is so, please indicate below:

Some investors are looking to incorporate the concept of the long term sustainability of our environment and society into the way their investment portfolio is being managed. Please advise if you have any such considerations which should be taken into account when developing your strategy:



Wealth
Management

All of our portfolios are tailored to fit our client's individual circumstances and objectives. However you may have a very specific strategy to achieve your objectives that will require your Investment Manager to adhere to a particular portfolio composition. You understand that you may be exposing yourself to additional risk by following such a strategy. Please use the box below to detail your required strategy:

Are there any other investments that have not been listed as part of the standard asset classes you would like us to specifically consider including as part of your portfolio? If so please detail them in the box below:

8. Signatures

This Questionnaire together with the Account Agreement, Terms of Business, Investment Policy Statement, Risk Warnings, Fee schedule and any other ancillary documents, comprise your agreement with us. You should read these documents carefully to ensure that you understand them. If you have any questions, please contact your Investment Manager. You expressly consent to our management of the portfolio on the basis of your risk profile as indicated herein and as set out in the Investment Policy Statement, and you undertake to notify us of any changes to circumstances which may affect this, in order that we may modify your portfolio management arrangements, as appropriate.

A proportion of your portfolio may be invested in assets which may involve higher or lower risk than the level of risk indicated herein and as set out in the Investment Policy Statement. However, the overall risk profile of the portfolio will be in line with your stated risk tolerance. For example, a well diversified portfolio with a medium risk profile may contain both low risk and high risk investments and thus maintain a medium level of risk on balance.

Signature

Name **Matthew Norris**

Date **06.12.2022**

Signature

Name **Sarah Elizabeth Victoria Norris**

Date **6.12.22**