RAYMOND JAMES

Trust Owner Information - In	direct Interest Holders				
	Trust Owner 3	Trust Owner 4			
Trust owner type Settlor, Protector, Trustee, Beneficiary, Controlling Person					
Personal Details the same as Trustee	1 2 3 4	1 2 3 4			
Title					
Forename					
Middle name					
Surname					
Date of birth	DD MM YYYY	DD MM YVYY			
Gender	Male Female	Male Female			
Primary Residential Address					
Address line 1					
Address line 2					
Address line 3					
City/Town					
Postcode					
Country					
Correspondence address if different from above					
Primary contact telephone number					
Email address					
Countries of Tax Residency state primary first					
Tax Residency Identifier No.*					
Are you a US Person?**	No Yes	No Yes			
Countries of Citizenship state primary first					
Nationality state primary first					
Place of birth Town					
Country					
Occupation					
Holding %					

If you have a National Insurance number, this can be found on your National Insurance Card, payslip, form P45 or P60, pension order book or letters from HM Revenue and Customs or Department for Work and Pensions.

We have limited options for US Persons. For a definition of US Person please refer to the IRS website: https://www.irs.gov/individuals/international-taxpayers/foreign-persons

TRUST AND SELF-CERTIFICATION **RAYMOND JAMES ACCOUNT FORM** iii. Certified or otherwise deemed Compliant FI iv. Non-Participating FI v. Other reason - please specify Or is this Trust a Non-Financial Institution (NFE)? i. Active NFE ii. Passive NFE Please complete the Controlling Person Self-Declaration on page 20 iii. Direct Reporting NFE Please provide the NFE's GIIN: iv. Sponsored Direct Reporting NFE Please provide the NFE's GIIN: **CRS Classification** i. Managed Investment Entity ii. Financial Institution other than a Managed Investment iii. Non-Reporting Financial Institution

iv. Active NFE

v. Passive NFE

Please complete the Controlling Person Self-Declaration on page 20

RAYMOND JAMES

Declaration

We declare, we:

- · have read this form and to the best of our knowledge and belief, the information we have provided is correct; and
- shall notify our Wealth Manager immediately of any change to: i) the information in this Account Form; ii) our personal circumstances; and/or iii) our objectives; and
- are the Trustee(s) for the beneficiary named in this Account Form.

By completing and signing this Account Form, we:

- confirm we have been provided with Raymond James' Terms of Business and the Schedule of Fees and Charges which we have had
 the opportunity to read;
- confirm we wish to enter into the Agreement with Raymond James and understand the Agreement consists of this Account Form, the Raymond James Terms of Business, the Schedule of Fees and Charges and the Rates and Charges document; and

	ur personal identification and verifying my address inte					
Trustee 1						
Full name Please print	Julie Elizabeth McMahon					
Capacity	Trustee X or state capacity in which you are acting Trustee					
Signature	Juli & Mc Mahon Date	04 04 2021.				
Trustee 2						
Full name Please print						
Capacity	Trustee or state capacity in which you are acting					
Signature	Niegse sign here	DD MM AAAA				
Trustee 3						
Full name Please print						
Capacity	Trustee or state capacity in which you are acting					
Signature	A Please sign item	DD MM YYYY				
Trustee 4						
Full name Please print						
Capacity	Trustee or state capacity in which you are acting					
Signature	M Please sign here	DD MW AAAA				
Wealth Manager Declaration	on					
I declare, I:		nowledge:				
 have read this form and confirm that t agree to notify Raymond James imme 	he information provided is correct to the best of my kr diately of any significant changes; and	lowicuse,				
agree to notify Raymond James of any	change to the agreed portfolio mandate or service lev	el.				
Full name Please print	Julie Elizabeth	McMahon.				
Signature	Awid & Mc Mah. Date	ay of 2021 '				
	Page 21 of 21	RJ0121				

Declaration

We declare, we:

- have read this form and to the best of our knowledge and belief, the information we have provided is correct; and
- shall notify our Wealth Manager immediately of any change to: i) the information in this Account Form; ii) our personal circumstances; and/or iii) our objectives; and
- are the Trustee(s) for the beneficiary named in this Account Form.

By completing and signing this Account Form, we:

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the opportunity to read;

the opportunity to read;						
 confirm we wish to enter into 	the Agreement with Raymond James and underst	and the Agreem	ent consists	of this	Account Form.	
the Raymond James Terms of	Business, the Schedule of Fees and Charges and th	e Rates and Cha	arges docum	ent; and	d	
 consent to Raymond James va 	lidating our personal identification and verifying m	ny address inter	nally or thro	ugh a th	ird party.	
Trustee 1						
Full name Please print	Julie Elizabeth McMahon		¥ ************************************	Part of the same o		
Capacity	Trustee x or state capacity in which you are acting Trustee					
Signature	Julis & Mc Makes	Date	04	04	2021,	
Trustee 2						
Full name Please print						
Capacity	Trustee or state capacity in					
Ciamatuua	which you are acting L					
Signature	X Please sign here	Date	00	MAN	AAAA	
Trustee 3						
Full name Please print						
Capacity	Trustee or state capacity in which you are acting					
Signature	A Please sign here	Date	OD	MM	YYYY	
Trustee 4	-					
Full name Please print			**************************************			
Capacity	Trustee or state capacity in which you are acting		Marine Company			
ignature	X Please sign here	Date	DD	NAM	ANNA	
Wealth Manager Decla	aration		CONTRACTOR OF THE PARTY OF THE	P-9-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	4	
declare, I:						
	m that the information provided is correct to the b	est of my knowl	edge;			
	s immediately of any significant changes; and					
agree to notify Raymond James	s of any change to the agreed portfolio mandate o	r service level.				
ull name Please print	Julie Elizabe	th 1	noMo	a hor	7 .	
ignature	Juli & McMah	Date	3400 0	411 8	2021	
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