

TRUST AND SELF-CERTIFICATION  
ACCOUNT FORM

RAYMOND JAMES

Trust Owner Information – Indirect Interest Holders

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

\* 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>

# RAYMOND JAMES

- iv. Non-Participating FI
- ☐

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i. Active NFE ☐

ii. Passive NFE ☐iii. Direct Reporting NFE ☐

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iv. Sponsored Direct Reporting NFE ☐

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i. Managed Investment Entity ☐

ii. Financial Institution *other than a Managed Investment Entity* ☐

iii. Non-Reporting Financial Institution ☒ Xiv. Active NFE ☐v. Passive NFE ☐

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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
- consent to Raymond James validating our personal identification and verifying my address internally or through a third party.

**Trustee 1**

Full name *Please print*

Julie Elizabeth McMahon

Capacity

Trustee ☒ or state capacity in which you are acting

Trustee

Signature

Julie E McMahon

Date 04 04 2021

**Trustee 2**

Full name *Please print*

Capacity

Trustee ☐ or state capacity in which you are acting

Signature

X Please sign here

Date DD MM YYYY

**Trustee 3**

Full name *Please print*

Capacity

Trustee ☐ or state capacity in which you are acting

Signature

X Please sign here

Date DD MM YYYY

**Trustee 4**

Full name *Please print*

Capacity

Trustee ☐ or state capacity in which you are acting

Signature

X Please sign here

Date DD MM YYYY

**Wealth Manager Declaration**

**I declare, I:**

- have read this form and confirm that the information provided is correct to the best of my knowledge;
- agree to notify Raymond James immediately of any significant changes; and
- agree to notify Raymond James of any change to the agreed portfolio mandate or service level.

Full name *Please print*

Julie Elizabeth McMahon

Signature

Julie E McMahon

Date 04 04 2021



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ACCOUNT FORM

RAYMOND JAMES

**Declaration**

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- consent to Raymond James validating our personal identification and verifying my address internally or through a third party.

**Trustee 1**

Full name *Please print*

Julie Elizabeth McMahon

Capacity

Trustee ☒ or state capacity in which you are acting

Trustee

Signature

Julie E. McMahon

Date

04 04 2021

**Trustee 2**

Full name *Please print*

Capacity

Trustee ☐ or state capacity in which you are acting

Signature

X Please sign here

Date

DD MM YYYY

**Trustee 3**

Full name *Please print*

Capacity

Trustee ☐ or state capacity in which you are acting

Signature

X Please sign here

Date

DD MM YYYY

**Trustee 4**

Full name *Please print*

Capacity

Trustee ☐ or state capacity in which you are acting

Signature

X Please sign here

Date

DD MM YYYY

**Wealth Manager Declaration**

I declare, I:

- have read this form and confirm that the information provided is correct to the best of my knowledge;
- agree to notify Raymond James immediately of any significant changes; and
- agree to notify Raymond James of any change to the agreed portfolio mandate or service level.

Full name *Please print*

Julie Elizabeth McMahon

Signature

Julie E. McMahon

Date

04 04 2021