

Investment Account Application Form

Investment funds

Existing Close client reference Existing Close client reference Existing Close client reference First name(s) Surmane Date of birth D D D M M Y Y Y Y Y Country of birth Country of birth Citytown of birth Marital status National insurance number Please tick this box if you have not been issued with a National insurance number. Please tick this box if you have not been issued with a National insurance number. Please tick this box if you have not been issued with a National insurance number. Please tick this box if you have not been issued with a National insurance number. Present the tip purpose of the purpose of communication, and not present the purpose of the purpose	1. Main account holder details			Please complete in BLOCK
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(home/work/mobile) Email address 5 Please tick if you would like online Yes No		Postcode		
Please tick if you would like online Yes No				
	Email address 5			
		Yes No		

2. Joint account holder details		
Existing Close client reference 1		
Title		
First name(s)		
Surname		
Date of birth		
	D D / M M / Y Y	Y
Country of birth		
City/town of birth		
Marital status		
Nationality		
National Insurance number		
	Please tick this box if you have not been in a National Insurance number.	ssued with
Tax residency 2	a National insulance number.	
Please tick this box if you are	and a like was along the whole and along a	
	only UK resident for tax purposes, if not, please of untries where you are liable to pay tax.	omplete
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** For joint account holders, only complete your preferred telephone number and email if different from the main account holder.

3. Amount to be invested 6				
Single investment amount	£			
Please tick method of payment		Cheque		BACS
Regular investment amount	£			
Frequency		Monthly		Quarterly
		Half Yearly		Yearly
Payment start date	D	D / M	М	/ Y Y Y
Approximate re-registration amount 7	£			

4. Investment fund(s) details – please indicate the fund(s) you wish to invest in below

Fund name ('X' Share class)	Inc units	Acc units	Amount 8			Income 9
	Please tick	Please tick	Regular	Single	Owner	Please tick
Bond Income Portfolio						
Select Fixed Income Portfolio						
Diversified Income Portfolio						
Conservative Portfolio						
Balanced Portfolio						
Growth Portfolio						
Managed Income						
Managed Conservative						
Managed Balanced						
Managed Growth						
Tactical Select Passive Conservative						
Tactical Select Passive Balanced						
Tactical Select Passive Growth						
		Total				

5. Managed Portfolio Service (MPS) details

Please detail the portfolio you wish to invest in below.

Portfolio name	Please tick	Amount (Minimum single investment is £30,000)	Income 9
Income Plus		£	
Conservative		3	
Balanced		3	
Growth		£	

6 Cheques should be made payable to Close Asset Management Limited.

If you are paying by Direct Debit please fill out section 16. Please allow up to 15 working days from receipt of your confirmation schedule for collection of your contribution or before the first regular instalment is collected.

We do not accept third party payments. Cheques and direct credit transfers should be issued from your personal or joint bank account. If an application is accompanied by a bankers draft or building society cheque, please ensure the bank or building society enters your name and address on the reverse of the cheque/draft and adds their stamp and signature.

- Please complete Section 13 and the Investment Account transfer authority form.
- Regular (minimum £50 per month). Single (minimum investment £1,000).
 Please indicate as an amount or a percentage.
 Owner: please select
 First client (1)
 Second client (2)
 Joint (3) as applicable.
- Please ensure the option selected is consistent across all funds.

6. Glide Path Strategy (please	complete c	only if appro	oriate)			
Amount to be invested in the G Path Strategy	ilide £					
Type of Glide Path Strategy		Close Discr (CDF)	etionary Fu	inds	MPS-F	2
Term and risk level						
Please select the term or year	and risk level	of your Glide	Path Stra	egy: 10		
CDF MPS-R						
20 years 204	6	Glide Path I		alide Path II		
25 years		Glide Path I		ilide Path II		
30 years		Glide Path I	C	ilide Path II		
Income and/or payment objective Please confirm the maximum amount of income and/or payment you will require	ectives 11					
Please confirm the frequency for receiving the income and/or	or	Monthly		uarterly		
payment.		Half Yearly	A	nnually		
Payment start date 12	D	D / M	M /	YY	Y	
7. External investment options	– please in	sert details	in the box	es below	13	
Fund name	Sec			unt		Income 9
			Regu	lar Single	Owner	Please tick
		Total				
8. Income - Dividend options	14					
Do invest dividende			Pav divide	nds to my Pr	roduct Cash	
Re-invest dividends 15			Account	ius to my Pi	oduci Oasii	
Pay dividends to my Nom Bank Account	ninated					

- 10 Please select either a term or year and in either case please select 'Glide Path I' or 'Glide Path II'.
- This amount represents the maximum amount you will receive at the frequency selected by you.
- 12 For immediate payments, unless otherwise specified, these will be made on the 1st working day of the month. Please allow a minimum of 15 working days from our receipt of this instruction before the first payment is made).
- Please only complete sections 9 and 10 if you require a regular payment to be made out of your investment.
- 14 Please indicate where you would like your dividends to be paid by ticking the appropriate box. Please note this service is not available if you are using the Glide Path Strategy.
- Please note for the Managed Portfolio Service (MPS), this option is not available.

9. Regular withdrawal facility 16

Please complete this section if you require regular withdrawals 17. Withdrawal details from the Glide Path Strategy should be completed in section 7. In both cases, payments will be made to your Nominated Bank Account below.

I wish to withdraw a fixed amount of	£		
Frequency		Monthly	Quarterly
		Half Yearly	Yearly
Payment start date	D	D / M N	/ Y Y Y Y
Or payment required on date of each month			
Payment end date	D	D / M N	/ Y Y Y
or until further notice			

10. Nominated bank account and evidence of bank accoun

I/we wish to nominate the following bank account for all withdrawal and income payments. I/we understand that the details of this account will be held securely by Close Brothers Asset Management, as my/our nominated account for withdrawals.

Where the nominated bank account is a joint account I/we acknowledge the joint account holder may be able to access the funds independently.

Account name			
Bank/Building society name			
Branch			
Sort code	-		
Account number			
Reference/Building society roll number			
Evidence of bank account I/We have provided a paper copy of of bank account in the form of (pleas) Signature account halder 1		Original postal bank statement dated within 3 months	Voided cheque
Signature account holder 1			
Print name (BLOCK CAPITALS)			
Date	D D / M	M / Y Y	YY
Signature account holder 2			
Print name (BLOCK CAPITALS)			

11. Alternative evidence of bank account (for completion by Financial Planner

I confirm that I have seen the original evidence in relation to this bank account

Signature of Financial Planner	
Print name (BLOCK CAPITALS)	
Date	D D / M M / Y Y Y

- 16 Unless specified your withdrawal will be paid on the 1st working day of the month. Payments can only be made between 1st and 28th of each month. Please allow a minimum of 15 working days from receipt of your confirmation schedule before the first payment is to be made.
- 17 For Close Discretionary Funds, a fixed amount of income is available from accumulation units only.
- 18 If this evidence is unavailable please refer to section 12 'Alternative evidence of bank account'.

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Fundr	Σ							
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s) to be	S							
Fund(s	₪							
Approximate alue of transfer		£25,000						
		07/05/2003						
	In Specie							
Transfer	Cash	>						
Name of transferring fund		ABC Fund Managers						
Owner 1								
	Owner 19 Name of transferring fund Transfer 20 Date of original Approximate Pund(s) to be invested in, please show as a Unit type Fund range to be invested in subscription 21 value of transfer percentage	Name of transferring fund Transfer 20 Subscription 21 Subscri	Name of transferring fund Transfer 20 Subscription 21 value of transfer 1 Specie	Name of transferring fund Transfer 20 Subscription 21 value of transfer Subscription 21 value of transfer Cash In Specie ABC Fund Managers AB	Name of transferring fund Transfer 20 Subscription 21 value of transfer	Name of transferring fund Transfer 20 Subscription 21 Subscri	Name of transferring fund Transfer Cash In Specie ABC Fund Managers Oxy05/2003 E25,000 ABC Fund Managers ABC Fund Managers ABC Fund Managers ABC Fund Wanagers ABC Fund Wanage	Name of transferring fund Transfer a subscription a subscription and subs

External investment options - please tick the appropriate box or complete details where necessary. Please also complete a Re-registration authority.

Later training investing in options - please not under application of transfer independent of the invested in please show	Transfer			Date of original Approximate value of	Complete a recognition authority. Find(s) to be invested in please show as a percentage	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			subscription 21			
	Cash	Cash In Specie				

- 19 Owner: please select First client (1) Second client (2) Joint (3) as applicable.
- 20 Is the transfer in cash or in specie? Please tick.
- 21 If not known write NK.

Key:

BI = Bond Income

SFI = Select Fixed Income

DI = Diversified Income

MI = Managed Income

Co = Conservative

B = Balanced G = Growth

M = Managed

P = Portfolio

TS = Tactical Select

MPS CI = Managed Portfolio Service Cautious Income

MPS = Managed Portfolio

Service

MPS-R = Managed Portfolio

Service – Retirement

13. Fixed Term Deposits 22

If you wish to invest in a Close Treasury Fixed Term Deposit please indicate below. Please be aware that this will be held in a separate Investment Account.

Type of Fixed Rate	Amount £ (minimum £10,000 maximum £1million)
1 year income	2
2 year income	£
3 year income	£
2 year growth	£
3 year growth	£

14. Declaration and signature 23

This service is provided in accordance with our Terms and Conditions that we intend to rely on. For your own benefit and protection you should read these terms carefully before signing them. If you do not understand any point please ask for further information.

- I am/ We are willing for the Company, and anyone authorised by the Company to call on me/us by telephone, visit, or otherwise communicate with me/us at all reasonable times for the purposes of or connection with the Service or other services offered by the Company or an associate.
- I/We have read and understood the risk warning set out in the Terms and Conditions and Key Features Document or Key Investor Information Document.

Signature – Main account holder	
Print name (BLOCK CAPITALS)	
Date	D D / M M / Y Y Y
Signature – Joint account holder	
Print name (BLOCK CAPITALS)	
Date	D D / M M / Y Y Y

Checklist, please tick to ensure you have: (*mandatory)

supplied your postcode, date of birth, National Insurance number and email	*read and understood the Terms & Conditions
made cheques payable to "Close Asset Management Limited"	*signed the declaration(s) in section 15
completed and signed the Direct Debit mandate form, where applicable	

- Where income is payable it will be in accordance with our Terms and Conditions.
- Note: All signatures are required for jointly owned portfolios or investments.

Close Brothers Asset Management is a trading name of Close Asset Management Limited and Close Asset Management (UK) Limited. Both companies are part of the Close Brothers Group plc group of companies, are registered in England and Wales and are authorised and regulated by the Financial Conduct Authority. Registered office: 10 Crown Place, London EC2A 4FT. VAT registration number: 245 5013 86.

To set up a regular savings plan or to make a single payment please complete the Direct Debit instruction below and sign and date the form where indicated.

Please retain this guarantee for your records.

The Direct Debit Guarantee

- This guarantee is offered by all banks and building societies that accept instructions to pay by Direct Debit.
- If there are any changes to the amount, date or frequency of your Direct Debit Close Asset Management Limited will notify you 10 business days in advance of your account being debited or as otherwise agreed. If you request Close Asset Management Limited to collect a payment, confirmation of the amount and the date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Close Asset Management Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when Close Asset Management Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society.
 Written confirmation may be required. Please notify us.

15. Direct Debit Mandate

Instruction to your bank or building society to pay by Direct Debit.

Please pay Close Asset Management Limited from the account detailed in this instruction subject to the safeguards assured Direct Debit Guarantee. I understand that this instruction may remain with Close Asset Management Limited and, if so, details will be passed electronically to my bank/building society. Banks and building societies may not accept Direct Debit instructions for some types of accounts.

Name(s) of account holder – third parties are not accepted Service User Number	275071
Bank/building society account number	
Branch sort code	
Reference	
Date	D D / M M / Y Y Y

Name and full postal address of your bank or building society

To: The Manager	
Bank or building society name and address	
	Postcode
Print name (BLOCK CAPITALS)	
Signature	
Date	D D / M M / Y Y Y



Instructions to your bank or building society

Please pay Close Asset
Management Limited Direct
Debits from the account
detailed in this Instruction
subject to the safeguards
assured by the Direct Debit
Guarantee. I understand that
this Instruction may remain
with Close Asset Management
Limited and, if so, details will
be passed electronically to
my bank/ building society.

