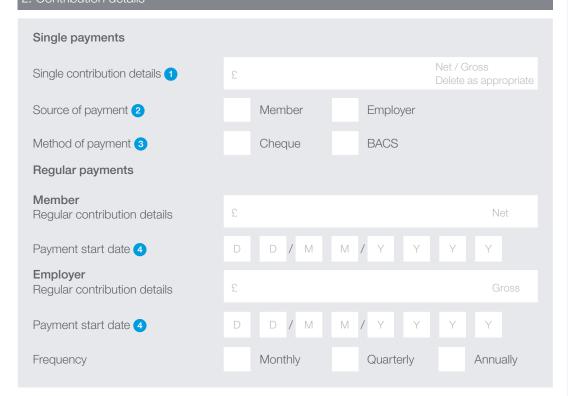


Close SIPP Contribution Form



2 Contribution details



Please note any applications that are not completed correctly may incur delays or may have to be returned to you.

- All Member contributions should be made net of basic rate tax. We will reclaim the basic rate tax from HM Revenue & Customs and add this to your Close SIPP. All Employer contributions should be paid gross.
- Please indicate whether this is a personal contribution or it is being paid by your employer.
- 3 Cheques should be made payable to Close Asset Management Limited. Your name should also be written on the cheque. For Employer contributions, the cheque must be drawn on a UK bank or building society account in your employer's name.

Please note payments made by BACS transfer must include client surname and initial in the reference field.

4 This can be any date between 1st and 28th of a month.

Please complete the Direct Debit mandate at the back of this form. If your Employer is making the contributions on your behalf, they will need to complete and sign the Direct Debit mandate.

Please allow 15 working days from our receipt of your application for the first payment to be collected.

3. Employer details 5	
Company name	
Company address	
	Postcode
Company registration number	

	Postcode	
Company registration number		
4. Employment status 6		
Employed		In full-time education
Self-employed		Caring for one or more children under the age of 16
Unemployed		Caring for a person aged 16 or over
Pensioner		Other (please specify below)

5. Investment details

Close Discretionary Funds

How would you like to invest the money in your account?

Close Discretionary Fund (X Class)	Inc units	Acc units	£ Investment	OR	% Investment
Sustainable Bond Portfolio			£	OR	%
Select Fixed Income Portfolio			£	OR	%
Diversified Income Portfolio			£	OR	%
Conservative Portfolio			£	OR	%
Balanced Portfolio			£	OR	%
Sustainable Balanced Portfolio			£	OR	%
Growth Portfolio			£	OR	%
Managed Income Fund			£	OR	%
Managed Conservative Fund			£	OR	%
Managed Balanced Fund			£	OR	%
Managed Growth Fund			£	OR	%
Tactical Select Passive Conservative Fund			£	OR	%
Tactical Select Passive Balanced Fund			£	OR	%
Tactical Select Passive Growth Fund			£	OR	%

- 5 This section should be completed if your employer is making contributions to your Close SIPP.
- 6 Select the option (one only) that best describes your status.

6. Managed Portfolio Service (MPS)

	£ Investment	OR	% Investment
Income Plus	£	OR	%
Conservative	£	OR	%
Balanced	£	OR	%
Growth	£	OR	%

7. Discretionary Managed Service (DMS)

	£ Investment	OR	% Investment	Fee for investment management
Defensive Income	£	OR	%	%
Income Plus	£	OR	%	%
Conservative	£	OR	%	%
Balanced	£	OR	%	%
Growth	£	OR	%	%

Tick here for the Socially Responsible Investment Portfolio

Stock Restrictions - DMS

Are there any equities that we should not purchase?

Name(s) of equity(ies)

8. Glide Path strategy

Glide Path term	Glide Path risk level	£ Investment
20 years	Glide Path I	£
25 years	Glide Path II	
30 years		

9. External Manager Funds

External fund name	Sedol code	Inc/Acc	£ Investment	OR	% Investment
			£	OR	%
			£	OR	%
			£	OR	%
			£	OR	%
			£	OR	%
			£	OR	%
			£	OR	%
			£	OR	%
			£	OR	%
			£	OR	%

10. Declaration and signature

- I declare that, to the best of my knowledge, the details provided in this form are correct, complete and not misleading and that the information provided when the SIPP was established is still valid.
- I understand it is a serious offence to make false statements: the penalties are severe and could lead to prosecution.

Signature – Adviser or account holder			
Adviser name or account holder name (BLOCK CAPITALS)			
Date of signature	D	D / M M / Y Y Y	

11. Employer declaration 🕇

- We understand that as the employer we have no rights to any benefits which are payable under the terms of this plan and the rules of the scheme (which may be amended from time to time).
- We agree to pay the contributions detailed on this form until further notice and will notify Close Brothers Asset Management of any changes to the payments.
- We will advise you immediately if the member leaves our employment.
- We understand that to enable us to make employer contributions to the members SIPP, Close Brothers Asset Management will need to verify the identity of the company.

Signature – For and on behalf of the employer	
Print name (BLOCK CAPITALS)	
Job title	
Date of signature	D D / M M / Y Y Y

7 To be completed when your employer is making a contribution to your Close SIPP. To set up a regular contribution, please complete the Direct Debit instruction below and sign and date the form where indicated.

Please retain this guarantee for your records.

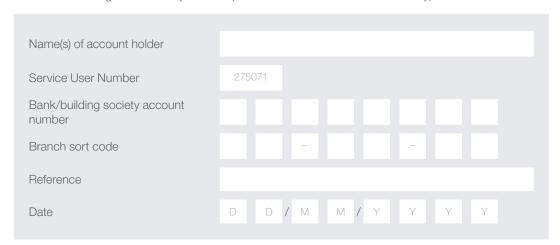
The Direct Debit Guarantee

- 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.

12. 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 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.

To set up a regular contribution, please complete the Direct Debit instruction below and sign and date the form where indicated.

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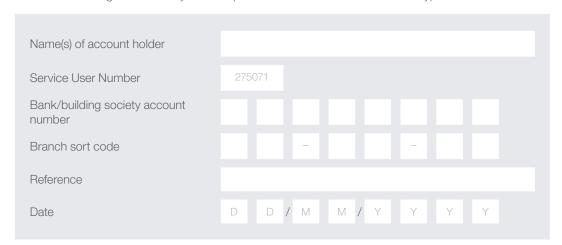
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Name and full postal address of your bank or building society

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

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Management Limited Direct
Debits from the account
detailed in this Instruction
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