skandia

Adviser details

Name of individual	
Name of firm	
Address of firm	
FSA number	

skandia investment solutions

application for a collective investment account

Please indicate the type of applicant for this application

Type of applicant

- ◯ Trust
- ◯ SIPP
- ◯ SSAS
- ◯ Corporate Entity (Company/Club/Association)
- ◯ EFRBS (FURBS)

This particular application form should not be used for Individual and Joint applications, for which we provide a separate form.

Please use BLOCK CAPITALS only and blue or black ink.

The Skandia Investment Solutions platform gives you access to an ISA and Collective Investment Account provided by Skandia MultiFUNDS Limited, a Collective Retirement Account and Collective Investment Bond provided by Skandia MultiFUNDS Assurance Limited and an Offshore Collective Investment Bond distributed by Skandia MultiFUNDS Limited for Old Mutual International (Guernsey) Limited.

1 Personal details

Applicant details

▶ *please quote your existing client reference number, if known*

Full name of Corporate Entity/Trust/Scheme

Registered office address ▶ *UK, Isle of Man, Guernsey or Jersey*

Postcode

Company registration number ▶ *if applicable*

Registered charity number ▶ *if applicable*

Name of person dealing with correspondence ▶ *please note the Personal Data Statement in section 11*

Correspondence address ▶ *if different from above*

Postcode

Contact telephone number ▶ *in case of query*

Names of all directors ▶ *Private companies only*

2 Scheme details (SSAS/EFRBS/SIPP)

Principal employer details (SSAS/EFRBS only)

Full name of principal employer

Registered office address ▶ *UK, Isle of Man, Guernsey or Jersey*

Postcode

Company registration number ▶ *UK companies only*

PSO/PSTR number ▶ *SIPP and SSAS only*

3 Trust/Beneficiary details

Part 1 Trust details ▶ *where applicable*

Type of trust

○ Lifetime Settlement ○ Will Trust

Full name(s) of Settlor(s)/Testator

Date of Declaration of Trust/Settlement or Testator's death ▶ *dd mm yyyy*

/ /

Trust policy details ▶ *to be completed in the case of a policy trust*

3 Trust/Beneficiary details *continued*

Part 2 Trustee details ▶ *where applicable*

First Trustee

Type of trustee

○ Individual ○ Corporate

Title

○ Mr ○ Mrs ○ Miss ○ Other ▶ *please specify*

Surname/Company name

Full forename(s)

Date of birth ▶ *dd mm yyyy*

/ /

National Insurance number

○ (✓) Please tick here if you do not have a National Insurance number

Permanent UK residential address

Postcode

Previous address ▶ *if you have changed address in the last three months*

Postcode

Country of residence

Company registration number ▶ *if applicable*

Second Trustee

Type of trustee

○ Individual ○ Corporate

Title

○ Mr ○ Mrs ○ Miss ○ Other ▶ *please specify*

Surname/Company name

Full forename(s)

Date of birth ▶ *dd mm yyyy*

/ /

National Insurance number

○ (✓) Please tick here if you do not have a National Insurance number

Permanent UK residential address

Postcode

Previous address ▶ *if you have changed address in the last three months*

Postcode

Country of residence

Company registration number ▶ *if applicable*

3 Trust/Beneficiary details *continued*

Third Trustee

Type of trustee

◯ Individual ◯ Corporate

Title

◯ Mr ◯ Mrs ◯ Miss ◯ Other ▶ *please specify*

Surname/Company name

Full forename(s)

Date of birth ▶ *dd mm yyyy*

/ /

National Insurance number

◯ (✓) Please tick here if you do not have a National Insurance number

Permanent UK residential address

Postcode

Previous address ▶ *if you have changed address in the last three months*

Postcode

Country of residence

Company registration number ▶ *if applicable*

Please provide the same information for any additional trustees on a separate sheet of paper or by using a copy of this or the previous page.

Protector details ▶ *if applicable*

Type of trustee

◯ Individual ◯ Corporate

Title

◯ Mr ◯ Mrs ◯ Miss ◯ Other ▶ *please specify*

Surname/Company name

Full forename(s)

Date of birth ▶ *dd mm yyyy*

/ /

National Insurance number

◯ (✓) Please tick here if you do not have a National Insurance number

Permanent UK residential address

Postcode

Previous address ▶ *if you have changed address in the last three months*

Postcode

Country of residence

Company registration number ▶ *if applicable*

3 Trust/Beneficiary details *continued*

Part 4 Beneficiary details ▶ *if applicable (including 25% shareholders for private companies)*

First beneficiary

Title

○ Mr ○ Mrs ○ Miss ○ Other ▶ *please specify*

Surname

Full forename(s)

Date of birth ▶ *dd mm yyyy*

/ /

National Insurance number

○ (✓) Please tick here if the beneficiary does not have a National Insurance number

Permanent residential address

Postcode

Previous address ▶ *if the beneficiary has changed address in the last three months*

Postcode

Country of residence

Please provide the same information for any additional beneficiaries on a separate sheet of paper or by using a copy of this page.

4 Investment details

CIA to be topped up ▶ *if applicable*

Lump sum investment

£

○ Please tick here (✓) if this investment is to be paid by a third party and complete section 10.

○ Cheque ▶ *please enclose a cheque payable to Skandia MultiFUNDS Limited*

Cheque number

○ Electronic UK bank transfer
in favour of Skandia MultiFUNDS Limited to: Natwest. Sort Code 56-00-68.
Account number. 37632191. In the reference field on the bank transfer please enter your postcode and applicant's name to help us process your application.

Regular investment (per month) ▶ *please complete the direct debit instruction in section 9*

£

○ Please tick here (✓) if this investment is to be paid by a third party and complete section 10.

▶ *please use this section for NEW direct debit instructions only. For changes to existing instructions, please complete the Change to Account form*

Re-registration *(estimated value)*

£

▶ *please complete the re-registration authority at the end of this form*

Minimum Investment Amounts

CIA lump sum	£2,500
CIA regular	£99 a month
CIA re-registration	£2,500

5 Phased investment ▶ *not available in conjunction with portfolio rebalancing*

If you wish to phase your investment out of your cash deposit holdings and into your selected fund choice shown below, tick one of the following phasing periods: ▶ *you cannot phase into cash*

◯ 3 months ◯ 6 months ◯ 12 months

The phased investment will happen on the 1st of each month. Please choose the month and year you would like your phasing to begin. ▶ *mm yyyy*

☐☐ / ☐☐☐☐

Please note if you have chosen to phase this investment:
- Your investment will be placed into a cash deposit before the phasing begins.
- Your phasing instruction will apply to all cash deposit holdings within your account.

6 Fund choice

Please indicate the percentage that you would like to be invested in each of your selected Funds. Do NOT include any funds you are re-registering. If you wish to place any of your investment into Cash Deposit, please enter 'CASH' as the fund name.

Full name of Fund/Structured product ▶ *these will apply for all products selected*	Unit/Share type ie Inc/Acc†	Investment percentage
	TOTAL	1 0 0 %

An Investment Choice continuation sheet is available on request

† If no Unit/Share type (ie inc/acc) is stated, the accumulation units (where available) will automatically be applied. Where accumulation units have been selected and they are not available, income units will be automatically applied or vice versa. Any changes to the Unit/Share type stated above, due to error or omission by the financial adviser, will not be corrected retrospectively. If a fund instruction is illegible or otherwise invalid your investment will be placed into Cash Deposit until we receive valid instructions from you. For more information on income and accumulation Units/Shares, refer to the Funds List.

7 Portfolio rebalancing ▶ *not available for re-registration or in conjunction with phased investment*

If you wish to rebalance your portfolio back to the fund choice and proportions shown in section 6, tick one of the following frequencies:

◯ 3 months ◯ 6 months ◯ 12 months

Portfolio rebalancing will happen on the 15th of the month. Please choose the month and year you would like your rebalancing to begin ▶ *mm yyyy*

☐☐ / ☐☐☐☐

◯ If you are making an additional investment and your fund choice has changed, please tick here (✓) if you would like rebalancing to remain switched on. We will send you a form for you to confirm your rebalancing instruction.

8 Automatic income or withdrawal instruction

Type ▶ *please choose one option only*

1. Distribution of income generated by the funds ▶ *please tick* ◯

OR

2. Fixed withdrawal each payment of

£ ▶ *minimum payment £25*

In addition I wish to increase the fixed withdrawal amount annually:

◯ by 5%; or

◯ by the percentage increase in the Retail Prices Index.

OR

3. Withdrawals equivalent to

% ▶ *whole % of account value each year. Minimum payment £25*

Frequency ▶ *please tick*

◯ Monthly ◯ Quarterly ◯ Half-Yearly ◯ Annually

The start date for these frequencies will be the next available following your application.

OR

Jan ◯ Feb ◯ Mar ◯ Apr ◯ May ◯ Jun ◯

Jul ◯ Aug ◯ Sep ◯ Oct ◯ Nov ◯ Dec ◯

The start dates for these months will be the next available following your application, or the date you state here:

Start date 2 8 / ☐☐ / 2 0 ☐☐

Bank details for withdrawals

All automatic income and automatic withdrawal payments will be made by direct credit and we CANNOT make withdrawal payments to third parties.
Please note: Some banks or building societies cannot accept direct credits.

Name of bank/building society ▶ *this must be a UK bank/building society account*

Branch address

Postcode

Sort code

☐☐ - ☐☐ - ☐☐

Building society reference number ▶ *if applicable*

Account number

Account name

Please use this section for NEW income/automatic withdrawal instructions only. For changes to existing instructions, please complete the Change to Account form.

The options you select here will apply to all products selected for this application. Any instructions in this section will supersede existing income and automatic withdrawal instructions on the accounts specified.

9 Direct Debit instructions

Monthly direct debit investment options

Please tick (✓) the date you would like your monthly direct debit investments to be collected from your bank.

◯ 10th ◯ 20th

- Monthly direct debit investments will CONTINUE INDEFINITELY unless we hear otherwise from you.
- Direct debit collections will show on your bank statement as Skandia MultiFUNDS Limited.
- We will apply the reference number in relation to the direct debit instruction, please leave this blank.

skandia:

Instruction to your bank or building society to pay by direct debit

DIRECT Debit

Please fill in the whole form and send to:
Skandia MultiFUNDS Limited
Skandia House, Portland Terrace, Southampton SO14 7AY

Service User Number

6	9	0	6	9	7

Name and full postal address of bank or building society

To: The Manager

bank or building society

Address

Postcode

Reference number

Name(s) of accountholder(s)

Bank or building society account number

Branch sort code

_ _ - _ _ - _ _

Instruction to your bank or building society

Please pay Skandia MultiFUNDS 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 Skandia MultiFUNDS Limited and, if so, details will be passed electronically to my bank or building society.

Signature(s)

Date

/ /2 0

/ /2 0

Banks and building societies may not accept direct debit instructions for some types of account.

10 Third party payer

Any third party paying for your investment(s), including those paying by direct debit, must complete this section.

Surname/Company name

Full forename(s)

Full postal address

Postcode

Date of birth ▶ *dd mm yyyy*

/ /

I acknowledge that, in providing the investment(s) for this account:
- I am making an outright gift and will have no entitlement to the account directly or indirectly
- I am 18 years of age or over.

I acknowledge that, where this is a company, the payment provided for this investment has been accounted for appropriately.

I have read the Personal Data Statement in the Terms and Conditions and consent to my personal data being used in accordance with that statement.

Signature

Date ▶ *dd mm yyyy*

/ /

Company Registration Number ▶*UK companies only*

If there is more than one third party payer please photocopy and complete this section for each one and attach to this application.

11 Declaration, includes commission options and signature(s)

Please read this section carefully before signing and dating the declaration. This declaration is made by each applicant.

1. **I wish to invest in a CIA as indicated in section 4 of this form.**
   (a) I declare that:
   - I am 18 years of age or over;
   - I am resident and ordinarily resident in the United Kingdom, Isle of Man, Guernsey or Jersey and will inform Skandia MultiFUNDS Limited if this changes in the future. (This does not apply to top-ups);

   (b) I understand that Skandia MultiFUNDS Limited will administer the CIA in accordance with UK tax legislation; and
   (c) I confirm that if withdrawals are to be paid to a beneficiary, the beneficiary is aged 18 or over.
   - I am acting as a Trustee, or on behalf of a corporate entity described in section 1 and suitably authorised to invest and deal in all aspects of this investment.
2. **I authorise Skandia MultiFUNDS Limited:**
   (a) to hold cash investments, or CIA investments, interest distributions, dividends and any other rights or proceeds in respect of those investments and any other cash; and
   (b) to sell units or shares in investments within my account to meet any charges, in accordance with the Terms and Conditions; and
   (c) to give effect to my instructions in accordance with the Terms and Conditions.
3. **I understand that I will not receive contract notes relating to transactions involving the purchase or sale of investments which are carried out on a periodic basis in the manner agreed to in this application. Details of these transactions will be set out in the half-yearly statement which will be sent to me.**
   In particular, such transactions include:
   - **regular investments payable by direct debit;**
   - **phased investments;**
   - **portfolio rebalances;**
   - **automatic withdrawals;**
   - **dividend reinvestments; and**
   - **cancellation of units to meet Skandia MultiFUNDS Limited charges.**
4. I consent to my personal data being used in accordance with the Personal Data Statement in the Terms and Conditions.
5. I have read and agree to the current Terms and Conditions and have kept a copy, together with a copy of the Key Features Document.
6. I declare that this application has been completed correctly and to the best of my knowledge and belief.

Commission options to be completed by your financial adviser:

Trail commission option ▶ *please tick one option only. If neither option is ticked fund-based trail will apply.*

◯ **Fund-based trail** up to 0.5% depending on the funds selected **OR** ◯ **Nominated trail of** ____ %

CIA minimum 0% - maximum 1.5%

You must enter nominated trail in multiples of 0.10% or 0.25%. This will be treated as an additional charge on your client's account, and will be taken on a monthly basis by us selling units/shares from the investment. Any fund-based trail commission due to be paid to you will contribute towards the nominated trail commission payment, so fewer units/shares will need to be sold. Nominated trail will apply to the amount being invested on this application form only. If you would like nominated trail on additional investments, please remember to complete this section each time.

Initial commission ▶ *If these boxes are left blank, you will receive the maximum commission amount under your agreed terms with us.*

Please enter your agreed initial commission terms for this application ____ %

Rebate from Initial commission ____ % *Please enter the % amount of commission you wish to rebate.*

You must enter initial commission in multiples of 0.10% or 0.25%
Initial commission is not available for re-registration.

Switch commission

If your client agrees to pay you an amount each time they switch funds within the investment, please enter the percentage amount here. ____ %
You may select between 0-3%, using multiples of 0.10% or 0.25%.

This will be treated as an additional charge on your client's account and will apply to all switch instructions received; it will also apply to switches where you have not given advice, unless your client states otherwise in writing.

Where my financial adviser has completed the nominated trail commission box and/or the switch commission box above, I understand and accept that these will be treated as additional charges on my account. Switch charges will apply to all switch instructions; they will even apply to switches where I have not received advice, unless I state otherwise on the appropriate form or in writing.

I confirm I have read and agree to points 1-6 of the Declaration in section 11.

Authorised signatories ▶ *all applicants must sign*

Signature	Date ▶ *dd mm yyyy*
	__ __ / __ __ / 2 0 __ __
	__ __ / __ __ / 2 0 __ __
	__ __ / __ __ / 2 0 __ __
	__ __ / __ __ / 2 0 __ __

12 Money laundering regulations 2007: applicant introduction certificate ▶ *to be completed by your financial adviser*

I/We certify that in accordance with the provisions of the UK Money Laundering Regulations 2007 and the Guidance Notes for the Financial Sector (as amended from time to time), I/we have verified the identity, address and source of funds of the applicant(s), and confirm having inspected the originals of the following documents.

FOR CORPORATE ENTITIES ONLY:

Evidence of corporate name

Type of document

Date/Issue of document ▶ *dd mm yyyy*

/ /

Evidence of corporate address

Type of document

Date/Issue of document ▶ *dd mm yyyy*

/ /

FOR TRUSTEES/BENEFICIARIES/AUTHORISED SIGNATORIES/THIRD PARTY PAYERS:

Evidence of name(s)

Name of each relevant party

Relevant Party 1

Relevant Party 2

Relevant Party 3

Relevant Party 4

Type of document(s) ▶ *inspected for evidence of name*

Relevant Party 1

Relevant Party 2

Relevant Party 3

Relevant Party 4

Date/Issue of document ▶ *dd mm yyyy*
Relevant Party 1 / /

Date/Issue of document ▶ *dd mm yyyy*
Relevant Party 2 / /

Date/Issue of document ▶ *dd mm yyyy*
Relevant Party 3 / /

Date/Issue of document ▶ *dd mm yyyy*
Relevant Party 4 / /

Reference(s)/Account number(s)

Relevant Party 1

Relevant Party 2

Relevant Party 3

Relevant Party 4

12 Money laundering regulations 2007: applicant introduction certificate ▶ *to be completed by your financial adviser*

Evidence of address(es) ▶ *if required*

Type of document(s)

Relevant Party 1

Relevant Party 2

Relevant Party 3

Relevant Party 4

Date/Issue of document ▶ *dd mm yyyy*
Relevant Party 1 / /

Date/Issue of document ▶ *dd mm yyyy*
Relevant Party 2 / /

Date/Issue of document ▶ *dd mm yyyy*
Relevant Party 3 / /

Date/Issue of document ▶ *dd mm yyyy*
Relevant Party 4 / /

Reference(s)/Account number(s)

Relevant Party 1

Relevant Party 2

Relevant Party 3

Relevant Party 4

The applicant(s) name(s) and address(es) as shown on this application form correspond to my/our records.

Note: Documentation as detailed above, is required for all authorised signatories. Skandia MultiFUNDS Limited is able to accept Confirmation of Verification of Identity as set out in the JMLSG 'Guidance Notes for the financial sector 2007' as an alternative to requirements.

Financial adviser's name

Financial adviser's signature

Date ▶ *dd mm yyyy*
/ / 2 0

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skandia investment solutions

re-registration authority form

A separate form will be required for each Manager.
Please ensure all applicable sections of the form are completed as missing information will result in delay in processing or return of this application.

Please quote your existing client reference number ▶ *if known*

1 –

Application number ▶ *if applicable*

Name of Trust/Corporate Entity

Registered address of Trustee/Corporate Entity ▶ *for correspondence*

Postcode

Company registration number ▶ *UK companies only*

Authorised signatories

1. Authorised signatory's full name

Capacity

2. Authorised signatory's full name ▶ *if applicable*

Capacity

3. Authorised signatory's full name ▶ *if applicable*

Capacity

4. Authorised signatory's full name ▶ *if applicable*

Please indicate below the estimated value of the investment(s) being re-registered.

Estimated value £

- I/We hereby authorise the Manager (detailed below) to provide Skandia MultiFUNDS Limited with any information that it may require, and to re-register the funds as detailed below to Skandia MultiFUNDS (Nominees) Limited with immediate effect.
- I/We confirm that the re-registration of the funds listed will not change the beneficial ownership from (or among) the current holder(s).
- I/We confirm that this transaction is exempt from Stamp Duty Reserve Tax (SDRT) by virtue of Paragraph 6 of Schedule 19 of the Finance Act 1999.

Current Fund Manager's or product provider's details

Manager's or product provider's name

Manager's or product provider's address

Reference number ▶ *as registered with the Manager*

Fund details

▶ *Please check with the current Fund Manager or product provider and our Funds List to ensure that the funds are eligible for re-registration.*

Full names of all funds to be re-registered	Share class	Income or Accumulation (Inc or Acc)

All units/shares in the fund(s) above will be re-registered.

- I/We hereby authorise the Fund Manager or product provider (detailed in this form) to provide Skandia MultiFUNDS Limited with any information that it may require, and to re-register the funds as detailed to 'Skandia MultiFUNDS (Nominees) Limited – Designation: SIS' with immediate effect.
- I/We confirm that the re-registration of the funds listed will not change the beneficial ownership from (or among) the current holder(s).
- I/We confirm that this transaction is exempt from Stamp Duty Reserve Tax (SDRT) by virtue of Paragraph 6 of Schedule 19 of the Finance Act 1999.

The funds above are to be re-registered to 'Skandia MultiFUNDS (Nominees) Limited – Designation: SIS', Skandia House, Portland Terrace, Southampton SO14 7AY.

1. **Authorised** signature — Date ▶ *dd mm yyyy* __ __ / __ __ / 2 0 __ __
2. **Authorised** signature ▶ *if applicable* — Date ▶ *dd mm yyyy* __ __ / __ __ / 2 0 __ __
3. **Authorised** signature ▶ *if applicable* — Date ▶ *dd mm yyyy* __ __ / __ __ / 2 0 __ __
4. **Authorised** signature ▶ *if applicable* — Date ▶ *dd mm yyyy* __ __ / __ __ / 2 0 __ __

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