

Trust/Charity/Corporate Application Form

This form should only be used by a legal entity such as a Trust, Charity or Corporate when setting up a Wrap Account. Please note that it is a requirement under Anti-Money Laundering rules to complete all sections of this form unless otherwise stated. Any missing information may result in

either a delay in processing or the return of this application.

Please complete and return to the Ascentric Client Services Team, 9 Palace Yard Mews, Bath, BA1 2NH. Should you require any assistance please contact us on 0871 423 6100.

Section 1 Trust, Charity or Corporate Wrap Account Details

Please enter the 'Full Name' of the Trust, Charity or Corporate Account

Trust Name, Charity or Personal Representative
For Corporates only: Name of Company

Company Registration No/Charity Registration No
Nature & Purpose of the Trust, Charity or Corporate
Country of establishment

Please note if this is a non-UK trust/foundation, we will need to carry out further due diligence.

Section 1.1 Protector or Controller Details (For Trust Accounts only)

If applicable, please complete this section for details of any Protector or Controller.

Protector/Controller Full Name

Surname

Date of Birth

National Insurance Number (if you have a National Insurance Number you must provide it. If not, please sign in the box below to confirm).

Telephone	<input style="width: 100%;" type="text"/>
Address	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
Post Code	<input style="width: 100%;" type="text"/>
First e-mail	<input style="width: 100%;" type="text"/>
Second e-mail	<input style="width: 100%;" type="text"/>

If there is more than one Protector or Controller, please print off additional sheet(s) as required and submit together with the application.

Section 1.2 Trustee/Charity Details

If applicable, please complete this section for details of any Trustee or Charity.

Full Name

Surname

Date of Birth

National Insurance Number (if you have a National Insurance Number you must provide it. If not, please sign in the box below to confirm).

Telephone	<input style="width: 100%;" type="text"/>
Address	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
Post Code	<input style="width: 100%;" type="text"/>
First e-mail	<input style="width: 100%;" type="text"/>
Second e-mail	<input style="width: 100%;" type="text"/>

If there is more than one Trustee / Charity, please print off additional sheet(s) as required and submit together with the application.

Section 1.3 Full Business Operating Details (For Corporate Accounts only)

If applicable, please complete this section for details of any Corporate Business.

Place of Business

Post Code

Telephone

First e-mail

Second e-mail

Fax Number

Registered Office

Section 1.4 Director Details (or equivalent to) (For Corporate Accounts only)

If applicable, please complete this section for details of any Corporate Director.

Full Name

Surname

Date of Birth

National Insurance Number (if you have a National Insurance Number you must provide it. If not, please sign in the box below to confirm).

Contact Details:

Telephone

Address

Post Code

First e-mail

Second e-mail

If there is more than one Director, please print off additional sheet(s) as required and submit together with the application.

Section 1.5 Beneficial Owner Details

If applicable, please complete this section for details of any Beneficial Owner.

Full Name

Surname

Date of Birth

National Insurance Number (if you have a National Insurance Number you must provide it. If not, please sign in the box below to confirm).

Contact Details:

Telephone

Address

Post Code

First e-mail

Second e-mail

If there is more than one Beneficial Owner, please print off additional sheet(s) as required and submit together with the application.

Section 1.6 Access Rights

What access rights should the Account have?
(Please mark ✗ in the box(es) as appropriate)

Protector/Controller

Trustee/Charity

Corporate Director

Beneficial Owner

No Online Access

Enquiry Only

Trading Access

Section 2 Product Details

Please mark in the appropriate box(es) for the Wrappers you wish to open and if a cash amount accompanies this application, please indicate in the box(es) provided:

General Investment Account £
 Please make cheques payable to Ascentric Client A/C

Third Party Product Account

Please provide your product partner name below

Wrap Account Name

If the Trust, Charity or Corporate would like a specific name for the account please enter here (i.e. Peter's Trust Fund).

Portfolio Value

Please enter here the estimated value of the Trust, Charity or Corporate portfolio to be registered in the Ascentric Wrap Account.

 £

Please note that certain categories of product may not be available to a Trust, Charity or Corporate Account.

Should the Trust, Charity or Corporate wish to transfer any Investment accounts onto the Ascentric Wrap platform please complete the relevant Transfer Form(s) that can be found in the Transfers section of the IFA Zone on www.ascentric.co.uk.

Section 3 Trust, Charity or Corporate Bank Account Details

Please enter bank account details to which outbound payment(s) should be made.

For any queries, to confirm details surrounding payment instructions or to set up regular client payments, please contact the Ascentric Payments Team via email on payments@ascentric.co.uk.

Bank Account Details

Names of account holder(s)

Bank/Building Society account number

Branch sort code

Full Name and Postal address of your Bank or Building Society

Name Bank/Building Society

Address

Post code

Section 3.1 Income Payment Instructions

Natural Income Payment Instructions

No income withdrawal (transfer to deposit)

Leave in income account pending instructions

Withdraw the Natural Income (This will be paid out upon receipt unless otherwise indicated below)

Wrapper(s)

Monthly Quarterly Half Yearly Annually

Regular Withdrawal Instructions

Payment from deposit (or reserve account where applicable) and withdraw the following fixed amount.

Amount £

Monthly Quarterly Half Yearly Annually

Wrapper(s)

I/we hereby confirm that the above bank account details are those of my/our bank account and that I/we have given our/my Independent Financial Adviser instruction to use this account for cash withdrawals and/or distribution payments.

Section 4 Financial Adviser Details

Adviser Fee to be deducted:

Please select the relevant option by marking ✖ in the appropriate box below:

1. Annual Adviser Fee:
of investment fixed amount
 % £

The Adviser Fee applies to:

- A.** Collectives (incl. Investment Trusts & ETFs)
- B.** Cash
- C.** Stocks and Shares
- D.** Non - Custody Assets
- E.** Fund Manager rebates only

2. Adviser's Initial Fee:
of investment fixed amount
 % £

N.B. Please note if you do not tick your fee options, the percentage you have indicated will be applied to all boxes listed A to C.

The initial fee on trades should be entered at the point of dealing. Any other initial remuneration (for example on units transferred in or cash amounts deposited) will need to be requested via the online payments function or, alternatively, by issuing an invoice to Ascentric.

Should the initial remuneration requested via the online payments function or by invoice exceed £1,000, we will need confirmation of the Trust, Charity or Corporate's authorisation to process this payment. Therefore please ensure the box(es) below is completed.

N.B. Adviser Fees will be deducted monthly in arrears on a pro-rata basis.

Section 4.1 Adviser Declaration

To be completed by your adviser.

I hereby confirm that my client(s) has read the following documentation:

- **Ascentric Terms & Conditions**
- **Ascentric Key Features Document**
- **Ascentric Charging Schedule**

As a guide, these are the documents that should be reviewed when taking on such a client. Copies **DO NOT** need to be provided to Ascentric (see confirmation text below):

- Death Certificate
- Grant of Probate
- Power of Attorney
- Trust Title Deeds
- Letters of instructions for payment authorisation

For Corporate Accounts only:

- Company's certificate of incorporation
- Identification for account signatories
- Source of wealth (ie. how funds were generated)

Firm Name

FSA Firm Ref No.

Registered Individual

Authorised Signature (Must be signed by the RI)

Date

I/We confirm that:

I/we have obtained evidence to verify the identity of my client(s), which meets the standard evidence criteria set out within the guidance for the UK Financial Sector issued by Joint Money Laundering Steering Group. I understand that Ascentric are reliant on me having completed this money laundering check. I also agree to provide you with copies of the ID relied upon should that be required for legal or compliance audit purposes.

Section 5 Trustee / Beneficial Owner / Director Declaration

I/We hereby confirm that I/We have read and agree with all the information provided with this form and that I/We have read and agree to the Ascentric Terms and Conditions.

I/We hereby confirm that the bank account details provided are those of my/our

bank account in Section 3 and that I/we have given our/my Independent Financial Adviser instruction to use this account for cash withdrawals.

I/We hereby confirm that our/my Independent Financial Adviser has authorisation to deduct their charge as stated in Section 4.

Data Protection Act 1998

Investment Funds Direct Limited is a member of the Royal London Group. We ("Investment Funds Direct Limited" or "IFDL") will use the information supplied on this form (including any sensitive personal information) and information we obtain from other sources for:

- Administering your investments
- Customer Services
- Dealing with your APA
- Statistical Market Research
- To prevent and detect crime

In addition, solely in order for us to carry out business effectively, that information may also be passed to:

- Our regulator
- Auditors
- Legal and financial advisers
- Other financial institutions connected with the provision of you investments (e.g. fund managers)
- Authorised agents
- Third party service providers
- Authorised Law enforcement agencies and Local Authorities

However, your personal information will not be passed to other companies outside the Royal London Group unless we have your permission to do so, are under a legal obligation or duty to do so or it is required to provide the services requested.

In order to ensure the efficient running of the investment, we may share the

information provided by you with other data processors acting on our behalf and who may be outside the European Economic Area. In this event we are bound by our obligations under the Data Protection Act to ensure your information is adequately protected.

If you provide us with information about other investors, you confirm that they have appointed you to act for them to consent to the processing of their personal data and that you have informed them of our identity and the purposes (as set out above) for which their personal data will be processed.

We may carry out an identity authentication check to verify your identity. This involves checking the details you supply against those held on databases that may be accessed by the reputable third party company that carries out checks on our behalf. This includes information from the Electoral Register and fraud prevention agencies. We will use scoring methods to verify your identity. A record of this search will be kept and may be used to help other companies to verify your identity. We may also pass information to other organisations involved in the prevention of fraud and money laundering, to protect ourselves and our customers from fraud and theft. If false or inaccurate information and fraud is suspected, this will be recorded and may be shared with other organisations.

Under the terms of the Data Protection Act 1998, you are entitled to ask for a copy of the information we hold on you. A fee may be charged for this service.

In addition, if any of the information we hold on you is inaccurate or incorrect, please let us know and we will correct it. Requests should be made in writing to: Investment Funds Direct Limited, 9 Palace Yard Mews, Bath, BA1 2NH.

Trustee

Signature

Print Name

Date

Beneficial Owner Details

Signature

Print Name

Date

Director Details

Signature

Print Name

Date

If there is more than one Trustee, Beneficial Owner or Director please print off additional sheet(s) as required and submit together with the application.