T001(TR)	Transact Portfolio Trust Applicants	Application
Page 1 of 12 11/07	Trust Applicants	

This application is for trust and trustee applicants only. Individual and joint applicants should use Transact Form T001. Corporate applicants should use Transact Form T001(CA).

l	Adviser Notes	
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The terms used in this Application Form shall have the meanings ascribed to them in the Transact Key Features Document and Terms and Conditions (or, in respect of Section 11 of this Application Form, the Transact Adviser Terms and Conditions).

If there is more than one Trustee, the consent or instruction of all of the Trustees will be required unless you evidence otherwise by providing to us the terms of the trust showing this not to be the case. In respect of the use of Transact Portfolio number and PIN, we will deem this to be an instruction from all Trustees, in accordance with the terms of your Portfolio. An original or a certified copy of the trust deed (and any documentation changing the beneficiaries and/or trustees since the date of the trust deed) must be submitted with this application.

This Application Form must be read in conjunction with the Transact Key Features Document and Terms and Conditions. This document is available on www.transact-online.co.uk.

If the application is being signed under a Power of Attorney, we will require the identity of the Attorney to be verified as well as that of the applicant. The original or a certified copy of the Power of Attorney appointment documentation must be submitted with this application. We will also need to record and, where necessary, verify the reason for granting the Power of Attorney.

record and, where necessary, ve	rify the reason for	granting the Power of A	ttorney.	
1 Applicant Details				
Trust Name				
Trust Address				
(PO Boxes are not acceptable and 'Ca a place of business at which a Trustee		only be to a Trustee or	Name of Principal (Contact
a place of Basiliess at Miller a Trasces	worke,		Traine of Frincipal S	
			Principal Contact T	alanhana (Wark)
			Fillicipal Contact 1	elephone (Work)
			Principal Contact T	'alanhana (Mahila)
Country	Postcode		Principal Contact 1	elephone (Mobile)
			Daily almost Country at E	
Trust Correspondence Address			Principal Contact F	ax
Trust Correspondence Addres (if different from Trust Address)) 5			
			Principal Contact E	-mail Address
Country	Postcode			
Towns of Towns				
Type of Trust				
Transact Bare Trust	<u> </u>	Transact Discounte		Transact Gift and Loan Bare Trust
Transact Flexible Trust		Transact Discounte	d Gift Flexible Trust	Transact Gift and Loan Flexible Trust
Transact Probate Trust				Trustee Investment Plans
Other (please describe the nat	cure and purpose of the	e trust in full)		
In each case, an original or appr	opriately certified o	copy of the trust deed o	r other documentary evi	dence of the terms of the trust must be provided, these are no longer the same as the trustees
stated on the trust deed.	r exhibiting the app	omunent and/or retirer	ment of trustees where t	nese are no longer the same as the trustees
Date of Establishment of the	Trust Chari	ty Commission (or eq	uivalent) registration	number (if a charitable trust)
/ /				
		Yes No	If yes, what is you	r Portfolio Number:
Do you have an existing Tran	sact Portfolio?			
1. h	D. 16.11.			
Let us know if you want this	Portfolio to have	a non-standard desig	Ination (e.g. 'ABC Trustees	s Limited - 001 Mr M Brown')





T001(TR) - Page 2 of 12

	Applicant Details	
_		

Details of Inc	dividual T	rustees		
Individual Truste Settlor's details here, a		or is also a Trustee then complete the stee 1)	Individual Truste	ee 2 (if any)
Title	Family Na	me	Title	Family Name
Given Names			Given Names	
Maiden/Previous	Name		Maiden/Previous	s Name
Dawnson and Dasid		and Address	Dawnson and Dasis	Jankiel / Desistanted Address
PO Boxes and 'Care Of				lential/Registered Address Of addresses are not acceptable
Country		Protocolo	Carratura	Poster de
Country		Postcode	Country	Postcode
Postal Address			Postal Address	
(if different from Perm	anent Residentia	l Address)	(if different from Pern	nanent Residential Address)
Country		Postcode	Country	Postcode
Talanhana (Hama		Talankana (Wasta)	Talambana (Ilam	a) Talambana (Maula)
Telephone (Home	2)	Telephone (Work)	Telephone (Hom	e) Telephone (Work)
Telephone (Mobil	e)	Fax	Telephone (Mobi	le) Fax
E-mail Address			E-mail Address	
Date of Birth		Nationality	Date of Birth	Nationality
		Nationality		
	/		/	/
Country of tax res	sidence	Tax identification number	Country of tax re	esidence Tax identification number
			IK for tax purposes, we a	are required to record your country of residence and
your personal tax io	dentification ni	umber in that country.		V N-
Do you have an e	xisting Trans	Yes No act Portfolio?	Do you have an	existing Transact Portfolio?
If yes, what is yo	ur Portfolio	Number	If was what is w	our Portfolio Number:
ii yes, what is yo	ui Portiono i	Aumber.	ii yes, what is yo	bui Fortiono Number.
Individual Truste	e 3 (if anv)		Individual Truste	ee 4 (if any)
Title	Family Na	ille	Title	Family Name
Given Names			Given Names	
Maiden/Previous	Name		Maiden/Previous	s Name
			,	





T001(TR) - Page 3 of 12

Permanent Residential/Registor PO Boxes and 'Care Of' addresses are n		Permanent Residential/Reg PO Boxes and 'Care Of' addresses a	
Country	Postcode	Country	Postcode
Postal Address (if different from Permanent Residential	Address)	Postal Address (if different from Permanent Residen	ntial Address)
Country	Postcode	Country	Postcode
		ĺ	
Telephone (Home)	Telephone (Work)	Telephone (Home)	Telephone (Work)
Telephone (Mobile)	Fax	Telephone (Mobile)	Fax
E-mail Address		E-mail Address	
Date of Birth	Nationality	Date of Birth	Nationality
/ /	Nationality	/ /	Nationality
Country of tax residence	Tax identification number	Country of tax residence	Tax identification number
Under the EU Savings Directive, wyour personal tax identification nu	there you are resident outside of the UK f mber in that country.	for tax purposes, we are required	to record your country of residence and
Do you have an existing Trans	Yes No act Portfolio?	Do you have an existing Tra	Yes No ansact Portfolio?
If yes, what is your Portfolio N		If yes, what is your Portfoli -	io Number: -
Details of any Corpora Corporate Trustee	ite Trustee		
Registered Name		Registered Number	
Registered Address		Name of Principal Contact	
		Principal Contact Telephone	e (Home)
Carrature	Postcode	Principal Contact Telephone	e (Work)
Country	rosicoue	Principal Contact Telephone	e (Mobile)
Principal Contact Fax		Principal Contact E-mail Add	dress





T001(TR) - Page 4 of 12

1 Applicant Details (continued)	
Full Names of all Directors (Executive and Non-Executive)	
(Executive and Non-Executive)	
Details of any/all registry(ies) on which the company is registered (e.g.	Companies House for England and Wales, Companies House for Scotland, the
Charity Commission registry):	
Are you in the process of being wound up (or equivalent):	
In respect of two of the above-named directors, please complete (at least one of the directors identified below must be an Executive Director)	e the following:
Director 1	Director 2
Title Family Name	Title Family Name
Given Names	Given Names
Maidan (Punniana Nama	Meiden (Dunniana Name
Maiden/Previous Name	Maiden/Previous Name
Permanent Residential/Registered Address PO Boxes and 'Care Of' addresses are not acceptable	Permanent Residential/Registered Address PO Boxes and 'Care Of' addresses are not acceptable
Country Postcode	Country Postcode
Yes No	Yes No
Do you have an existing Transact Portfolio?	Do you have an existing Transact Portfolio?
If yes, what is your Portfolio Number:	If yes, what is your Portfolio Number:
2 Details of Known Beneficiaries	
Beneficiary 1	Beneficiary 2 (if any)
Title Family Name	Title Family Name
Given Names	Given Names
Maiden/Previous Name	Maiden/Previous Name
Permanent Residential/Registered Address	Permanent Residential/Registered Address
PO Boxes and 'Care Of' addresses are not acceptable	PO Boxes and 'Care Of' addresses are not acceptable
2	a de la constante de la consta
Country Postcode	Country Postcode
Yes No Do you have an existing Transact Portfolio?	Yes No Do you have an existing Transact Portfolio?
If yes, what is your Portfolio Number:	If yes, what is your Portfolio Number:
i yes, what is your Fortiono Runnber:	11 yes, what is your Portions Number:





T001(TR) - Page 5 of 12

Details o										
Beneficiary 3 (if an	ny)				Beneficiary 4	(if any)				
tle	Family Nam	e			Title	Family	Name			
ven Names					Given Names	5				
aiden/Previous	Name				Maiden/Prev	vious Name				
, , , , , , , , , , , , , , , , , , , ,					,					
ermanent Reside	antial / Dogisto	red Address			Permanent P	Residential/Re	gistered Add	Iracc		
Boxes and 'Care Of						Care Of' addresses				
ountry		Postcode			Country		Postco	de		
o you have an e	xisting Transa	ct Portfolio?	Yes	No	Do you have	an existing T	ransact Portí	folio?	Yes	1
yes, what is yo	ur Portfolio Nı	ımber:			If ves, what	is your Portfo	lio Number:			
	_				, , , , , , , , , , , , , , , , , , , ,	_	_			
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T001(TR) - Page 6 of 12

5 Initial Cash Deposit Instructions

Please use this section for single deposit instructions. For regular deposits, go to Section 6.

	Amount by	Electronic Transfer				
Deposit Amount	Amount by Cheque	Amount by Electronic Transfer	Expected Date	Identification Reference		
£	£	£				
£	£	£				
£	£	£				
£	£	£				
£	£	£				

Payment Instructions

A Cheque/Bankers Draft

Please make payable to: Integrated Financial Arrangements plc

If the payer of the cash deposit is not an Applicant, we will require verification of the identity and address of the payer (see Section 12), in addition to the verification required of the Applicant(s).

B Electronic Transfer

Please instruct your bank/building society to send payment to:

Account Name: Integrated Financial Arrangements plc Transact Client Account

Sort code: 60-00-01

Account Number: 36298921

Bank: National Westminster Bank plc

Address: City of London Office, PO Box 12258, 1 Princes Street, London EC2R 8PA

If the payer of the cash deposit is not an Applicant, we will require verification of the identity and address of the payer (see Section 12), in addition to the verification required of the Applicant(s).

For initial deposits by way of in specie transfer, please complete the relevant transfer form and attach it to this Application Form.

6 Regular Deposit Instructions

Please specify the amounts you wish to deposit on a regular basis and when these should be taken from your bank account. Please also ensure that you supply us with a Direct Debit Mandate (T006) to enable us to deduct these monies. Please refer to the Transact Terms & Conditions for more detail.

Deposit Amount	Frequency (M, Q, H, Y)	Day (1st, 11th, or 21st)	Start Month*
£			
£			
£			
£			
£			

*This will be deemed to be the later of (i) the Start Month stated here and (ii) the month following the date on which a valid standing order instruction is in place. Please note that it takes up to 10 (ten) Business Days from the date on which your Portfolio is opened for a valid standing order instruction to be in place.

7 Buy Instructions

You may, at any time during the term of your GIA, instruct us to make purchases of investments from your available cash balance (please remember that 2% of your wrapper value must be retained as cash). If you wish to do so now, please complete the following:

Please specify below whether you want the costs and charges incurred in making any purchases set out below to be deducted on an Inclusive or Exclusive basis. "Inclusive" means that the amount of premium specified for such purchase shall be used to pay for both the investments specified and the costs and charges. "Exclusive" means that the amount of premium specified for such purchase shall be used to pay for the investments only, and the costs and charges shall be deducted separately from your Transact account in accordance with the Policy Provisions:

Inclusive	Exclusive	

Please note that all purchase instructions (including instructions to make regular purchases) are subject to the terms of the Portfolio and, in particular, to there being sufficient cleared funds (over and above the minimum Cash balance required) available to make the purchase in question. Please also note that, unless otherwise specified in the purchase instructions, we will purchase income units/shares.





T001(TR) - Page 7 of 12

7	Bus	Instructions	(continued)
			(Continued

Single/One-off Buys											
Description of Asset (including undertaking name for fund or share							Amount (Specify only one or the other)				
	and any SEDOL/EPIC code or template name)						Value		Quantity		
							£				
							£				
Regular Buys	E Regular Buys										
	Description of Asset Timing							Timing			
(including undertaking name for fund or share and any SEDOL/EPIC code or template name)						Amount Frequency (M, Q, H, Y					
						£		(14, 2, 14,	,		
						£					
**************************************		. C M		1.1		£	P 1 1 1 2				
*This will be deemed to be the lathat it takes up to 10 (ten) Busin to be in place.											
8 Regular Withd	rawal	Instru	ction	ıs							
Please complete this section	n if you wo	ould like t	o recei	ve a regular incon	ne from your GIA. Shou	ld you wish	to take an	income from	any Transact		
Pension, please complete a Enter Amount or tick Sv		Pension B	enefit F	Request (T020). Timing				Destination			
Amount	Income	Freque		Day (7th,	Start	Nomina		Wrapper			
	Sweep	(M, Q, I	н, ү)	17th, or 27th)	Month*	Accou	nt	****	ppei		
£											
£											
£											
£											
£											
*This will be deemed to be the I									is in place. Please note		
that it takes up to 10 (ten) Busi				nich your Portfolio is	opened for a valid standing	order instruct	on to be in p	olace.			
9 Adviser Payme											
Please specify below the par provision of intermediary se								our behalf in	return for their		
(If you have already set these o different from those on any prev											
on this form. Please note that th		ment Types and Applicable % Rates will apply to all Portfolios being a					applied for on this form) Payment Type Applicable Rate				
ray	Initia		Appi		04		ew Cash:	Аррі	%		
	Switch: % Annual - Investments										
If you wish the Initial Advis	er navmer	nt to he n	aid on	a nortfolio establis	chment fee hasis nleas	e tick here:					
(Please refer to Clause 6.2 of on a portfolio establishment	f the Trans	act Terms	& Con	ditions for a descri	otion of what each paym	ent type mea	ns (includii	ng, for examp	le, payment		
I would also like the following	-				iection you intended her	<i>c</i> ,					
Amount	Timing										
Amount	F	Regular	ular (M, Q, H, Y)		Day (7th, 17th, or 27th)			Start Month*			
£											
£											
£											
_											

*This will be deemed to be the later of (i) the Start Month stated here and (ii) the month following the date on which a valid standing order instruction is in place. Please note that it takes up to 10 (ten) Business Days from the date on which your Portfolio is opened for a valid standing order instruction to be in place.





T001(TR) - Page 8 of 12

10 Client Declaration

We acknowledge and agree that you are relying on the information provided on this Application Form and as part of this application in making your decision to issue us with a Portfolio, that one or more Wrappers within our Portfolio could be invalidated by any failure to disclose facts which might influence your assessment of this application prior to acceptance, and that you might seek to make a claim against us for any loss which you suffer in relying on that information. Should we feel that any additional information should be brought to your attention, we undertake to immediately provide this to you, signed by us and, where relevant, our Adviser.

We apply for a Transact Portfolio and GIA Wrapper, on the Transact Key Features Document and Terms and Conditions and represent and confirm that to the best of our knowledge and belief all of the statements made above in this Application Form or provided by way of additional information are true and complete and not misleading and shall, together with such terms and conditions, and the terms applicable to any Wrapper within our Portfolio from time to time, form the basis of the contract between us and you.

We confirm that we have read and understood the Transact Key Features Document and Terms and Conditions and personal illustration and understand the charges that will be levied. We are aware of our rights to cancel our Portfolio(s) and any Wrapper within them, and the effects of any such cancellation.

We consent to the recording of our telephone calls with you.

We acknowledge, agree and undertake that:

- 1. any Investment within our Portfolio at any time will be held by TNL on the basis specified in the terms applicable to the Wrapper in question only and, accordingly, neither you nor TNL takes responsibility for the day-to-day management of any such underlying company, fund or other product of whatever description:
- 2. you do not and will not provide any advice as to the tax implications of investing in a particular Wrapper and you do not and will not provide any advice as to the suitability of any particular Investment or investment strategy;
- 3. you do not give any warranty as to the performance or profitability of our Portfolio or any part of it and, accordingly, you shall not be liable for any loss or depreciation in the value of our Portfolio or any particular Wrapper, whether such loss or depreciation may result from a fall in the value of any Investment within my Portfolio or from any other cause (but excluding any loss arising from negligence, wilful default or fraud on your part);
- 4. we have read and understood your execution policy as set out in the Transact Terms and Conditions, and hereby consent to this policy; and
- 5. we have in particular read and understood the warning set out in the Transact Terms and Conditions in respect of transactions in non-complex instruments, and therefore understand that, in undertaking intermediary financial services for us in respect of transactions in non-complex instruments, you are not required to assess the suitability of the instrument or the service provided or offered to us and, as a result, we will not benefit from the protection of the FSA rules on assessing suitability. Therefore, you will not assess whether: (i) the relevant product or service meets our investment objectives; (ii) we would be able financially to bear the risk of any loss that the product or service may cause; or (iii) we have the necessary knowledge and experience to understand the risks involved.

We authorise Integrated Financial Arrangements plc:

- 1. to hold our cash, subscriptions, investments, interest, dividends, and any other rights or proceeds in respect of those investments or cash;
- 2. to make on our behalf any claims to relief from tax in respect of our investments;
- 3. on our request, transfer or pay to us investments, interest, dividends, rights or other proceeds in respect of such investments or cash; and
- 4. to make the adviser payments specified in this form on our behalf.

We have, where we have felt necessary, sought independent specialist advice.

We understand and agree that the contract that we are applying to enter into with you will be subject to English law and that the terms of our Portfolio and each Wrapper will be in the English language.

We hereby request that you open a Portfolio (constituted by a GIA Wrapper) in our name.

We confirm that to the best of our knowledge and belief (having made due and careful enquiry) we are not subject to any taxation, exchange control, legislation or regulation that would make this application unlawful.

We hereby appoint as our "Adviser" the firm whose details are set out in Section 11 below.

Data Protection

We consent that any personal information obtained by you (whether contained in this Application Form or otherwise and whether stored electronically or otherwise) may be held and used or disclosed to a third party to enable you to process this application, and to enable Integrated Financial Arrangements plc to process our Transact General Investment Account, or (in each case) any subsequent transactions and to communicate with us directly or indirectly for any purpose. For the avoidance of doubt, this includes the provision of relevant information to our agents and custodians from time to time.

Trustee 1 Signature	Trustee 2 Signature
×	×
Print Name	Print Name
Date	Date
/ /	/ /
Country where signed	Country where signed





T001(TR) - Page 9 of 12

10 Client Declaration (continued)	
Trustee 3	Trustee 4
Signature	Signature
Signature	Signature
X	X
Print Name	Print Name
Date	Date
Date	Date
/ /	1 1
Country where signed	Country where signed
Authorised Signatory of Corporate Trustee	
Signature	
Signature	
X	
Print Name	
Date	
Date	
/ /	
Country where signed	
11 Adviser Details and Declarations	
11 Adviser Details and Declarations	
11 Adviser Details and Declarations Firm Name	Firm's Transact Number
	Firm's Transact Number
Firm Name	
	Firm's Transact Number
Firm Name	
Firm Name	FSA Number (FRN)
Firm Name	
Firm Name	FSA Number (FRN)
Firm Name Firm Address	FSA Number (FRN)
Firm Name	FSA Number (FRN)
Firm Name Firm Address	FSA Number (FRN)
Firm Name Firm Address	FSA Number (FRN)
Firm Name Firm Address Country Postcode	FSA Number (FRN) Network Name (if any)
Firm Name Firm Address	FSA Number (FRN)
Firm Name Firm Address Country Postcode	FSA Number (FRN) Network Name (if any)
Firm Name Firm Address Country Postcode	FSA Number (FRN) Network Name (if any) Individual's Transact Number
Firm Name Firm Address Country Postcode	FSA Number (FRN) Network Name (if any)
Firm Name Firm Address Country Postcode	FSA Number (FRN) Network Name (if any) Individual's Transact Number
Firm Address Country Postcode Registered Individual Name I/We confirm that I/we have read and understood the Transact Adviser	FSA Number (FRN) Network Name (if any) Individual's Transact Number
Firm Name Firm Address Country Postcode Registered Individual Name	FSA Number (FRN) Network Name (if any) Individual's Transact Number FSA Number (IRN)
Firm Address Country Postcode Registered Individual Name I/We confirm that I/we have read and understood the Transact Adviser to time amended by Integrated Financial Arrangements plc. I/We confirm that I/we have informed each individual for whom identity.	FSA Number (FRN) Network Name (if any) Individual's Transact Number FSA Number (IRN) Terms and Conditions and I/we agree to be bound by the same, as from time and address verification is required that you may, at your sole discretion,
Firm Address Country Postcode Registered Individual Name I/We confirm that I/we have read and understood the Transact Adviser to time amended by Integrated Financial Arrangements plc.	FSA Number (FRN) Network Name (if any) Individual's Transact Number FSA Number (IRN) Terms and Conditions and I/we agree to be bound by the same, as from time and address verification is required that you may, at your sole discretion,
Firm Address Country Postcode Registered Individual Name I/We confirm that I/we have read and understood the Transact Adviser to time amended by Integrated Financial Arrangements plc. I/We confirm that I/we have informed each individual for whom identity undertake a search on a third party electronic database in order to satisfactors.	FSA Number (FRN) Network Name (if any) Individual's Transact Number FSA Number (IRN) Terms and Conditions and I/we agree to be bound by the same, as from time of any and address verification is required that you may, at your sole discretion, sfy yourself as to the identity and/or address of any such individual.
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Firm Address Country Postcode Registered Individual Name I/We confirm that I/we have read and understood the Transact Adviser to time amended by Integrated Financial Arrangements plc. I/We confirm that I/we have informed each individual for whom identity undertake a search on a third party electronic database in order to satisfactors.	FSA Number (FRN) Network Name (if any) Individual's Transact Number FSA Number (IRN) Terms and Conditions and I/we agree to be bound by the same, as from time of any and address verification is required that you may, at your sole discretion, sfy yourself as to the identity and/or address of any such individual.



Authorised signatory for and on behalf of the Adviser



T001(TR) - Page 10 of 12

12 Adviser's Confirmation of Verification of Identity

We are required by law to verify the identity and residential address of all applicants. We can satisfy our legal requirements by verifying this information directly with the applicant(s), or by accepting your (the Adviser's) declaration of your verification of this information with the applicant.

If you (the Adviser) do not complete the following declaration/provide the required documentation, we will contact the applicant direct in order to verify this information.

Please Note: Where there is a single corporate Trustee please complete as if the two directors whose details appear in Section 1 above were 'Trustee 1' and 'Trustee 2'. Where there are individual trustees as well as a corporate trustee, please complete as if the two directors whose details appear in Section 1 above were 'Trustee 3' and 'Trustee 4'.

Con	firmations:								
	stee 1 se details appear in Section 1 above)	Trustee 2 (whose details appear in Section 1 above) Where Trustee 2 has moved house in the three months prior to the date of this Application Form, please specify their previous address below: Previous Residential Address							
the	re Trustee 1 has moved house in the three months prior to date of this Application Form, please specify their previous ress below:								
Pre	vious Residential Address								
Cou	ntry Postcode	Country Postcode							
	e Registered Individual named in Section 11 above, hereby irm that:	I, the Registered Individual named in Section 11 above, hereby confirm that:							
(i)	the information set out in Section 1 above in respect of the person named in that section as 'Trustee 1' and, where Trustee 1 has changed address in the three months prior to the date of this Application Form, the information set out in the paragraph above, was obtained by me/my firm in relation to Trustee 1; and	(i) the information set out in Section 1 above in respect of the person named in that section as 'Trustee 2' and, where Trustee 2 has changed address in the three months prior to the date of this Application Form, the information set out in the paragraph above, was obtained by me/my firm in relation to Trustee 2; and							
(ii)	the evidence which I/we have obtained to verify the identity of Trustee 1: (tick one box only)	(ii) the evidence which I/we have obtained to verify the identity of Trustee 2: (tick one box only)							
	meets the standard evidence set out within the Guidance for the UK Financial Sector issued by the Joint Money Laundering Steering Group OR	meets the standard evidence set out within the Guidance for the UK Financial Sector issued by the Joint Money Laundering Steering Group OR							
	exceeds the standard evidence set out within the Guidance for the UK Financial Sector issued by the Joint Money Laundering Steering Group (written details of the further verification evidence taken are attached to this Application Form)	exceeds the standard evidence set out within the Guidance fo the UK Financial Sector issued by the Joint Money Laundering Steering Group (written details of the further verification evidence taken are attached to this Application Form)							
	stee 3 se details appear in Section 1 above)	Trustee 4 (whose details appear in Section 1 above)							
the	re Trustee 3 has moved house in the three months prior to date of this Application Form, please specify their previous ress below:	Where Trustee 4 has moved house in the three months prior to the date of this Application Form , please specify their previous address below:							
Pre	vious Residential Address	Previous Residential Address							
H									
L									
Cou	ntry Postcode	Country Postcode							
	e Registered Individual named in Section 11 above, hereby irm that:	I, the Registered Individual named in Section $11\ \mathrm{above}$, hereby confirm that:							
(i)	the information set out in Section 1 above in respect of the person named in that section as 'Trustee 3' and, where Trustee 3 has changed address in the three months prior to the date of this	(i) the information set out in Section 1 above in respect of the person named in that section as 'Trustee 4' and, where Trustee 4 has changed address in the three months prior to the date of this							



Trustee 3: (tick one box only)

Application Form, the information set out in the paragraph above,

was obtained by me/my firm in relation to Trustee 3; and

(ii) the evidence which I/we have obtained to verify the identity of



Application Form, the information set out in the paragraph above,

was obtained by me/my firm in relation to Trustee 4; and

(ii) the evidence which I/we have obtained to verify the identity of

Trustee 4: (tick one box only)

T001(TR) - Page 11 of 12

12	Ad	viser's Confirmation of Verification of Ide	entity (co	ntinu	ied)					
and (i) (ii)	OR , whee	meets the standard evidence set out within the Guidance for the UK Financial Sector issued by the Joint Money Laundering Steering Group exceeds the standard evidence set out within the Guidance for the UK Financial Sector issued by the Joint Money Laundering Steering Group (written details of the further verification evidence taken are attached to this Application Form) are there is a Corporate Trustee , I, the Registered Individual information set out in Section 1 above in respect of the application evidence which I/we have obtained to verify the identity of the meets the standard evidence set out within the Guidance for Group exceeds the standard evidence set out within the Guidance for Group (written details of the further verification evidence taken the Application Form is being signed for an Applicant under	named in Sect ant was obtain a Corporate Tru the UK Finan for the UK Fina ken are attach	mee for t Laure exce the l Stee evide cion 11 and the stee evide cial Second se	ts the standard evenue to the UK Financial Secondering Steering Godes the standard elector in the control of th	ector issued roup vidence set issued by to details of the confirmation to the confirm	out with be Join the furth a that: Corpor	thin the the thin the	Guidar Laund fication orm) tee; ar	nce for ering
initia	al cas	h deposit payments or Investment transfers:								
Atto	rney	/Payer 1	Attorne	y/Paye	er 2					
Nan	ne of	Attorney/Payer 1	Name o	f Attor	ney/Payer 2					
Resi	ident	ial Address of Attorney/Payer 1	Resider	ntial Ad	ldress of Attorne	y/Payer 2	!			
Cou	ntry	Postcode	Country				е			
prev	ious	the date of this Application Form, please specify their address below: Residential Address	previous	addres	ate of this Applic is below: dential Address	ation Forr	п, ріес	se spec	ny thei	
Cou	ntry	Postcode	Country	/		Postcod	e			
		gistered Individual named in Section 11 above, hereby confirm re there is a person detailed above as 'Attorney/Payer 1':			d Individual name re is a person deta					
(i)	the pers Atto to the	information set out in Section 1 above in respect of the son named in that section as 'Attorney/Payer 1' and, where remey/Payer 1 has changed address in the three months prior he date of this Application Form, the information set out in paragraph above, was obtained by me/my firm in relation to prior the date of this Application Form, the information set out in paragraph above, was obtained by me/my firm in relation to prior the date of the section of the date of the section of the	(i) the pe Att	e inform rson na corney/f the dat e paragi	nation set out in Somed in that section Payer 2 has change of this Application raph above, was on Payer 2; and	ection 1 ab n as 'Attorr ed address on Form, th	ove in ney/Par in the e infor	respect /er 2' a three n mation	of the nd, who nonths set out	ere prior in
(ii)		evidence which I/we have obtained to verify the identity of imey/Payer 1: (tick one box only) meets the standard evidence set out within the Guidance for the UK Financial Sector issued by the Joint Money Laundering Steering Group exceeds the standard evidence set out within the Guidance for the UK Financial Sector issued by the Joint Money Laundering Steering Group (written details of the further verification evidence taken are attached to this Application		mee for Lau exc for Lau	nce which I/we have 2: (tick one best the standard extremely the UK Financial Steering Countries the UK Financial Steering Codering Steering Codering Steering Codering Steering Codering Codering Steering Steering Codering Steering Steering Codering Steering Steeri	ox only) vidence set ector issue Group evidence s ector issue Group (writi	out w d by th et out d by th ten de	ithin the Joint within the Joint calls of the state of th	e Guida Money he Gui Money he furt	nce dance her
		Form)		For						
Sign	natur	e	Date							
x				/	/					
		ed Individual								
Dea										



T001(TR) - Page 12 of 12

13 Attachments
The following forms/documents are attached to this application form:

Once completed, please submit this form to:

Integrated Financial Arrangements plc Domain House 5–7 Singer Street London EC2A 4BQ



