

Pension Trustee Application Form (including SIPP and SSAS) for Investment Funds, SICAV and Unit Trust Investments



Please complete in BLOCK CAPITALS using BLACK INK. **PLEASE NOTE: Any applications received that are not completed correctly may incur delays or may have to be returned to you.**

- This application is for existing SIPP/SSAS and other pension schemes that wish to invest in funds on the Fidelity platform.

Please enclose:

- For a SIPP:** Certified copy of the supplementary trust deed for the scheme naming the trustees and any deeds showing a change of trustees. Where a supplementary trust deed does not exist, please forward a certified copy of the members application to join the scheme.
- For a SSAS or other pension scheme:** Certified copy of the trust deed for the scheme naming the trustees and any deeds showing a change of trustees. We do not require copies of scheme rules or Master Trusts.
- An original or certified copy of an Authorised signatory list for any Corporate Trustee or administrator.

Certification:

Certification of Trust deeds can be by an independent financial adviser, a representative of a regulated pension trustee company, a solicitor, Bank Manager, Notary Public or Stockbroker. Certification should be in ink, and include the printed name of the certifier and their professional capacity, as well as a company stamp and contact details. It should state that the document is a true copy of the original. In some cases further verification may be required.

1 Scheme Details

Type of scheme

Personal Pension scheme/Self Invested Personal Pension (SIPP) **OR** Occupational pension scheme/Small Self-Administered Scheme (SSAS)

NAME OF SCHEME (optional)

Please note: For regulatory reasons the account has to be registered in the name(s) of the trustees. The scheme name/reference number can be added as a designation (this can not include the word 'Trust').

NEW ACCOUNT DESIGNATION (eg. Member name and or plan number)

LEGAL ENTITY IDENTIFIER (Please note your identifier in the boxes provided.)

From 3 January 2018 you will need to give us a Legal Entity Identifier (LEI) if you are going to buy, sell or switch into or out of exchange traded instruments, such as investments trusts, exchange traded funds and company shares. For information in how to apply for an LEI, please go to fca.org.uk and search for 'LEI update'.

If you have more than one LEI, please include details with this form. We may need to contact you for further information.

2 Primary Trustee Details

Please enter the details of the Primary Trustee here. This should be the Corporate Pension Trustee. Where there is no Corporate trustee, please enter the details of the lead trustee who will receive the correspondence.

NAME OF PRIMARY TRUSTEE

ADDRESS FOR CORRESPONDENCE ("Care of" and PO Box are not acceptable. Only UK addresses are eligible)
HOUSE NUMBER AND/OR HOUSE NAME

STREET, CITY, COUNTY AND COUNTRY DETAILS

POSTCODE

NAME OF ADMINISTRATOR (Optional - if a third party administrator is used)

PLEASE TURN OVER

L 0 0 0 2 7 0 1

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Details of additional Trustees

Second Trustee (if applicable)

TITLE	SURNAME	MALE	FEMALE
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRST NAME(S) IN FULL

ADDRESS ("Care of" and PO Box are not acceptable. Only UK addresses are eligible)
BUILDING NUMBER AND/OR BUILDING NAME

POSTCODE

STREET, CITY, COUNTY AND COUNTRY DETAILS

DATE OF BIRTH

Third Trustee (if applicable)

TITLE	SURNAME	MALE	FEMALE
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRST NAME(S) IN FULL

ADDRESS ("Care of" and PO Box are not acceptable. Only UK addresses are eligible)
BUILDING NUMBER AND/OR BUILDING NAME

POSTCODE

STREET, CITY, COUNTY AND COUNTRY DETAILS

DATE OF BIRTH

Fourth Trustee (if applicable)

TITLE	SURNAME	MALE	FEMALE
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRST NAME(S) IN FULL

("Care of" and PO Box are not acceptable. Only UK addresses are eligible)

POSTCODE

STREET, CITY, COUNTY AND COUNTRY DETAILS

DATE OF BIRTH

Beneficial Owner/Member Details

Member details

TITLE	SURNAME	MALE	FEMALE
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRST NAME(S) IN FULL

ADDRESS ("Care of" and PO Box are not acceptable. Only UK addresses are eligible)
BUILDING NUMBER AND/OR BUILDING NAME

POSTCODE

STREET, CITY, COUNTY AND COUNTRY DETAILS

DATE OF BIRTH

Member details (if applicable)

TITLE	SURNAME	MALE	FEMALE
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRST NAME(S) IN FULL

ADDRESS ("Care of" and PO Box are not acceptable. Only UK addresses are eligible)
BUILDING NUMBER AND/OR BUILDING NAME

POSTCODE

STREET, CITY, COUNTY AND COUNTRY DETAILS

DATE OF BIRTH

Member details (if applicable)

TITLE	SURNAME	MALE	FEMALE
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRST NAME(S) IN FULL

ADDRESS ("Care of" and PO Box are not acceptable. Only UK addresses are eligible)
BUILDING NUMBER AND/OR BUILDING NAME

POSTCODE

STREET, CITY, COUNTY AND COUNTRY DETAILS

DATE OF BIRTH

Beneficial Owner/Member Details (continued)

Member details (if applicable)

TITLE

SURNAME

MALE

FEMALE

FIRST NAME(S) IN FULL

ADDRESS ("Care of" and PO Box are not acceptable. Only UK addresses are eligible)

BUILDING NUMBER AND/OR BUILDING NAME

POSTCODE

STREET, CITY, COUNTY AND COUNTRY DETAILS

DATE OF BIRTH

5 Investment Details

Please provide your fund choices and the amounts you want to invest below. It's important to write the correct fund code and name clearly inside the boxes provided using capital letters – we use the code to determine your fund choice. Fund codes can change so please ensure you enter the correct code by looking it up online.

FUND CODE

FUND NAME

LUMP SUM (£)

MONTHLY (£) *

TOTAL INVESTMENT AMOUNT (£)

INITIAL FEE AMOUNT (£)
Only applicable if you have chosen fee remuneration

If you are investing monthly you must complete your mandate details in Section 7.

TOTAL AMOUNT (£)

If investing a lump sum please refer to Section 6.

If you have selected Income funds, would you like your income to be paid out?

If yes please mark this box and provide your bank details under section 7 for your income to be credited.

PLEASE TURN OVER

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Lump Sum Payment Details

All lump sum payments should be made by cheque, payable to Fidelity.

Payment should be drawn from the company or scheme bank account. If you are sending a bankers draft or building society cheque please ensure that the back of the cheque states the name of the company or scheme account to be debited. This should be endorsed with the stamp of the bank/building society and signed by the bank official adding the endorsement.

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Mandate Details

Any bank details given in this section will override any existing bank details that we may hold for you.

This Section must be completed and will be used for:

- Paying income out to any selected funds
• Any monthly saving plans
• Any future redemption payment

Instruction to your Bank or Building Society to pay by Direct Debit. Please pay Financial Administration Services Limited Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee.



NAME(S) OF ACCOUNT HOLDER(S) — THIRD PARTIES ARE NOT ACCEPTED

ORIGINATORS REFERENCE NUMBER (Fidelity use Only)

Empty text box for account holder name

Empty text box for reference number

BANK/BUILDING SOCIETY ACCOUNT NUMBER

BRANCH SORT CODE

Grid for account number digits

Grid for branch sort code digits

BUILDING SOCIETY COLLECTION ACCOUNT NUMBER (IF APPLICABLE)*

* Building Society accounts — the sort code and building society collection account number can be obtained from your Building Society branch. Please ensure that your Building Society account will accept direct credit payments through the Banks Automated Clearing system.

NAME AND ADDRESS OF BANK OR BUILDING SOCIETY

Empty text box for bank name and address

Grid for building society collection account number digits

SIGNATURE AND DATE (YOU MUST SIGN HERE to set up a Monthly Savings Plan (MSP). You must also sign Section 10.)

Signature line with X mark

Date grid with '20' in the middle

Originators Identification Number: 624232

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Intermediary Details

This section should only be completed by Intermediaries. Please enter the appropriate details here and avoid supplying information on separate sheets.

INTERMEDIARY STAMP

Empty box for intermediary stamp

UNIQUE ADVISER NUMBER

Grid for unique adviser number digits

FCA FIRM REF NO.

I confirm that I am registered with the Financial Conduct Authority (FCA) to conduct business and my authorisation number is:

Grid for FCA firm reference number digits

OFFICE USE ONLY

Small empty box for office use only

REMUNERATION DETAILS

YES OR NO

Have you provided a personal recommendation? (please mark an X in one box only)

Two empty boxes for YES/NO selection

Please note these assets will be added to your client's fee account and if Adviser Ongoing Fee has previously been setup this will be automatically applied. An Initial Fee cannot be applied to this type of instruction.

An Adviser Ongoing Fee cannot be applied to this type of investment using an application form. If you would like to setup an Adviser Ongoing Fee this must be done online once the assets have been received.

VERIFICATION OF IDENTITY

I/We confirm and consent to Fidelity's reliance on the fact that I/we have verified the client in accordance with the UK Money Laundering Regulations and standards set in guidance issued by the JMLSG and will retain the supporting documentation for 5 years after the end of the relationship with the client.

Empty box for verification confirmation

This confirmation must carry an original signature or electronic equivalent.

I/We confirm that I/we have provided the client with the appropriate documentation for their investment:

- The Key Features Document - Doing Business with Fidelity Adviser Solutions.
• The key information document applicable to my/our investment.
• The Fidelity Adviser Solutions Client Terms.

Signature line with X mark

Date grid with '20' in the middle

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Important Documents

My/Our adviser has provided me/us with the following documents either as an electronic version, which I/we have saved or printed, or as a paper copy:

- The Key Features Document - Doing Business with Fidelity Adviser Solutions.
- The key information document applicable to my/our investment.
- The Fidelity Adviser Solutions Client Terms.

Important Notice: If you have not received one or all of the documents listed above, please contact your adviser.

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Declaration and Signature

By signing the form I/we confirm that this application is for a UK registered pension or plan that:

- is solely tax resident in the UK.
- meets the definition of an exempt beneficial owner under the International Tax Compliance Regulations 2015 for the purposes of FATCA.
- meets the definition of a non reporting financial institution under the International Tax Compliance Regulations 2015 for the purposes of the Common Reporting Standard.

I/We understand that the information I/we provide on this application form will be processed in accordance with Fidelity's data protection statement contained in the Fidelity Adviser Solutions Client Terms referred to below.

I/We understand that such information will be held in confidence and not passed to any company other than as outlined without our permission or unless required by law.

I/We confirm that I/we have included the following information in order to complete this application: company documents; a complete list of company directors, together with specimen signatures (this should include details of signing rights, otherwise Fidelity will accept future instructions from two authorised directors, or one director and the company secretary); a certified copy of the relevant board minutes or written resolution of the directors, confirming that the company is authorised by its directors to invest corporate monies into collective investment schemes. I/We agree to provide Fidelity with written details of future changes of company directors together with specimen signatures.

I/We declare that:

- I/We have read the latest Key Features Document - Doing Business with Fidelity Adviser Solutions.
- I/We have read the latest key information document.
- I/We accept the Fidelity Adviser Solutions Client Terms.
- The information given by me/us is correct to the best of my/our knowledge, and I/we will inform Fidelity immediately of any changes to the information contained therein.

SIGNATURE(S) OF ALL NAMED TRUSTEES AND DATE (YOU MUST SIGN HERE - Please ensure all relevant sections are completed as per the instructions on this form)
If you are signing the application form by Power of Attorney, please call Fidelity for the details of documentation that is required for this to be acceptable.

You must provide a SIGNATURE for EACH NAMED TRUSTEE

Two authorised signatories are required to sign on behalf of a corporate entity, in addition to any additional trustees. The beneficial owner/member does not need to sign here.

FIRST CORPORATE BODY SIGNATURE

X X

FIRST CORPORATE BODY PRINT NAME

SECOND CORPORATE BODY SIGNATURE

X X

SECOND CORPORATE BODY PRINT NAME

FIRST TRUSTEE SIGNATURE

X X

FIRST TRUSTEE PRINT NAME

SECOND TRUSTEE SIGNATURE

X X

SECOND TRUSTEE PRINT NAME

THIRD TRUSTEE SIGNATURE

X X

THIRD TRUSTEE PRINT NAME

FOURTH TRUSTEE SIGNATURE

X X

FOURTH TRUSTEE PRINT NAME

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If you have any queries about this form please ask your Intermediary, or ring our ServiceLine on 0800 358 4060. Please send your completed form to your Intermediary or to Fidelity International (IMS), PO Box 80, Tonbridge, TN11 9YA. Issued by Financial Administration Services Limited, authorised and regulated in the UK by the Financial Conduct Authority. Fidelity™ and its logo are trademarks of FIL Limited.