

Account Application for Trustees

**Please complete this form in full using BLOCK CAPITALS and clearly in blue or black ink.
For extra applications, visit our website at www.meteoram.com.**

1. Your details

Trust Name:	<input type="text"/>		
Address for correspondence:	<input type="text"/>		
	Postcode: <input type="text"/>		
Type of Trust (if applicable):	<input type="text"/>	Name of administrators:	<input type="text"/>
Contact Name:	<input type="text"/>		
Email:	<input type="text"/>	Tel no:	<input type="text"/>
Legal Entity Identifier:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list details for Trustees and Beneficiaries with 25% or more beneficial ownership (additional individuals on a separate sheet):

Beneficiary 1

Full name:	<input type="text"/>
Permanent address:	<input type="text"/>
	Postcode: <input type="text"/>
Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Occupation:	<input type="text"/>
National Insurance (NI):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Beneficiary 2

Full name:	<input type="text"/>
Permanent address:	<input type="text"/>
	Postcode: <input type="text"/>
Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Occupation:	<input type="text"/>
National Insurance (NI):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Trustee 1

Full name:	<input type="text"/>
Permanent address:	<input type="text"/>
	Postcode: <input type="text"/>
Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country of residence:	<input type="text"/>

Trustee 2

Full name:	<input type="text"/>
Permanent address:	<input type="text"/>
	Postcode: <input type="text"/>
Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country of residence:	<input type="text"/>

Authorised signatures (please list any additional individuals on a separate sheet).

The exercise of any options under the Terms and Conditions must be authorised by the requisite number of Authorised Signatories or, where a number is not stipulated, by at least one authorised signature. Please provide the names and sample signatures of all those who will be Authorised Signatories. Where there is any change to the Authorised Signatories, please notify Meteor in writing giving the date of the change (Meteor will be entitled to rely on the previous list until it is informed otherwise).

Signed:	<input type="text"/>	Name:	<input type="text"/>	Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signed:	<input type="text"/>	Name:	<input type="text"/>	Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signed:	<input type="text"/>	Name:	<input type="text"/>	Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signed:	<input type="text"/>	Name:	<input type="text"/>	Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signed:	<input type="text"/>	Name:	<input type="text"/>	Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

2. Tax Status

Please list all countries where the Trust is resident for tax purposes (***please list any additional countries on a separate sheet***). This usually means the country(ies) where you have an obligation to pay taxes or file tax returns. Please also provide your associated Tax Identification Number (TIN). A TIN is the tax reference number issued to you by the tax office in the country where you are resident for tax purpose. Where the country does not issue a TIN, please provide an equivalent reference.

Country		TIN	
Country		TIN	
Country		TIN	
Country		TIN	

If the Trust has a Global Intermediary Identification Number (GIIN) issued by the US Inland Revenue Service, please provide it below.

GIIN:

3. Provision of Information

Online Communications only

I understand that I will only receive future details of my account via email and online, and that no further paper correspondence will be sent to me.

Please ensure that a valid email address is inserted in section 1

If you do not have a personal email address, or you would like emails to be sent to a different address please state that email address below.

Alternative email address:

By signing the Declaration for your application you are authorising us to send notifications and information in relation to your investment to the email address you have provided.

For security purposes, please provide us with a password so we can give you information over the telephone:

Paper-based correspondence (0.25% initial charge)

I prefer to continue to receive all details of my account, including valuation statements, by post. I understand that this will incur an additional initial account charge of 0.25%.

4. Investment (minimum £5000)

Plan No.	Plan Name	Amount (£)	Adviser Charge % or £
2416	FTSE® Defensive Kick Out Plan June 2019		

Please indicate how you have acquired the money you are investing:

<input type="checkbox"/> Accumulated savings	<input type="checkbox"/>	<input type="checkbox"/> Property Sale	<input type="checkbox"/>
<input type="checkbox"/> Employment	<input type="checkbox"/>	<input type="checkbox"/> Reinvestment of matured funds	<input type="checkbox"/>
<input type="checkbox"/> Inheritance	<input type="checkbox"/>	<input type="checkbox"/> Transfer from another provider	<input type="checkbox"/>
<input type="checkbox"/> Pension lump sum	<input type="checkbox"/>	<input type="checkbox"/> Other (please describe)	<input type="text"/>

Please indicate the method of payment:

Cheque

Please make your cheque payable to **Meteor Investment Management Limited Client Account**. If you are sending us a building society cheque it should include your name in brackets on the payee line.

Electronic payment

If you send money by bank transfer, the details you require are:

Meteor Investment Management Limited Client Account
HSBC Bank plc - Queen Victoria Street Branch
Sort Code: 40-05-30
Account Number: 13692752
IBAN: GB21MIDL40053013692752

5. Your bank details

Bank:

Account Number:

Bank sort code:

Account holder(s):

Reference (if any)/

Roll number:

6. Appropriateness Questions

Using the tick boxes, please answer all 15 questions below

- | | | | | | |
|-----|---|--------|--------------------------|---------------------|--------------------------|
| 1. | Have you been investing for 5 years or more? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. | Have you received investment advice? <i>If yes, go to question 4, if no you should not apply.</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. | Looking at the categories of investor set out on page 4, which one of the following characteristics best describes you? | | | | |
| | Basic Investor | | <input type="checkbox"/> | Informed Investor | <input type="checkbox"/> |
| | Advanced Investor | | <input type="checkbox"/> | | |
| 4. | Please indicate if you hold, or have held, any of the following investments? | | | | |
| | Bank Deposits | | <input type="checkbox"/> | Structured Products | <input type="checkbox"/> |
| | Direct equity investment | | <input type="checkbox"/> | Unit Trusts | <input type="checkbox"/> |
| 5. | Have you received and read a copy of the Key Information Document (KID) for this Plan? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. | Are you investing for income or growth? | Income | <input type="checkbox"/> | Growth | <input type="checkbox"/> |
| 7. | Do you understand the various factors that will influence the capital and potential investment returns payable from this Plan, and that in the event of adverse market conditions you may not receive any growth payment? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8. | Are you willing and financially able to bear the risks of this investment, including the risk of loss of your money? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 9. | Do you understand the benefits of diversification and that this Plan should only form part of your overall investment portfolio? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 10. | Do you understand that the Plan is designed to be held for the full investment term and if you were to cash in early the amount you receive would depend on the value of the Securities at the date of sale and that this value could be less than the amount you invested? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 11. | Do you understand that if the Counterparty were unable to pay the amounts due when the Plan matures, or on earlier encashment, you may lose some, or all, of your investment, as well as any growth payment to which you would otherwise have been entitled? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 12. | Do you understand the charges associated with the Plan? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 13. | Do you understand the tax implications of the investment? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 14. | Do you understand the compensation arrangements applicable to the Plan? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 15. | Are you the type of investor that this Plan is designed for, as set out on pages 3 and 4 of the brochure? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

7. Adviser Details

Firm Name:

Financial Services Register Number:

Adviser:

Branch:

