

Signed:

Signed:

FTSE® Quarterly Kick Out Plan March 2020

Account Application for Companies and Partnerships

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.

4 37 1 1 1 1																	
1. Your details																	
Company/Partnership name:																	
Address for correspondence:																	
								Pos	tcode:								
Registered company address:								Door	tcode:								
								POS	icode:								
Country of incorporation:									npany nber:								
Ultimate Beneficial Owner: (if known)								Tax	ref no:								
Contact name:								Tel	no:								
Email:																	
Legal Entity Identifier:																	
Please list director deta	ails for pri	vate com	panies or	. l /					. P. c. d								
separate sheet):				nty/partn	iers in	a partne	rship	(pleas	e list ae	etails (of any	/ ada	lition	at ina	iviau	als on	а
separate sheet): Director/Partner 1			,	nty/partn	iers in a	a partne	rship		e ust de or/Pari			y ada	lition	at ina	iviau	als on	а
				nty/partn	iers in a	a partne	rship					y ada	lition	at ina	iviau	als on	ı a
Director/Partner 1				nty/partn	iers in a	a partne	rship					y ada	lition	at ina	iviau	als on	ı a
Director/Partner 1 Surname:				nty/partn	iers in a	a partne	rship					y ada	lition	at ina	iviau	als on	ı a
Director/Partner 1 Surname: Title/Forename(s):				nty/partn	iers in a	a partne	rship					y ada	lition	at Ina	iviau	als on	ı a
Director/Partner 1 Surname: Title/Forename(s):				ccode:	iers in a	a partne	rship						Postc		iviau	als on	ıa
Director/Partner 1 Surname: Title/Forename(s):		M M	Post		Y	a partne	rship	Direct	or/Part					ode:	iviau	als on	ıa
Director/Partner 1 Surname: Title/Forename(s): Permanent address: Date of Birth:		ММ	Post	ccode:	Y			Direct	or/Part	tner 2			Postc	ode:	iviau	als on	o a
Director/Partner 1 Surname: Title/Forename(s): Permanent address:	(please list	M M	Post Y	ccode:	Y son a se	eparate:	sheet,	Direct	or/Part	tner 2	Y		Postc/ Y	ode:			
Director/Partner 1 Surname: Title/Forename(s): Permanent address: Date of Birth: Authorised signatures The exercise of any optic a number is not stipulate	(please list ons under t ed, by at le	M M t any add the Terms ast one au	Post Y itional inc and Conc athorised	ccode: Y Y dividuals ditions m signature	y on a so ust be a	e parate : authorisc se provid	sheet , ed by e the	Direct). the requames	or/Part	M M	Y of A signati	utho	Postc/ Y	ode:	ttories	6 or, will	vhere
Director/Partner 1 Surname: Title/Forename(s): Permanent address: Date of Birth: Authorised signatures The exercise of any option	(please list ons under t ed, by at leas. Where t	M M t any add the Terms ast one au here is an	Post itional inc and Conc athorised y change	ccode: Y Y dividuals ditions m signature to the Au	y s on a so ust be a e. Pleas thorise	eparate: authorisc se provid ed Signat	sheet, ed by e the ories,	Direct). the req names , please	or/Part	M M	Y of A signati	utho	Postc/ Y	ode:	ttories	6 or, will	vhere
Director/Partner 1 Surname: Title/Forename(s): Permanent address: Date of Birth: Authorised signatures The exercise of any optic a number is not stipulate be Authorised Signatorie	(please list ons under t ed, by at leas. Where t	M M t any add the Terms ast one au here is an	Post itional inc and Conc athorised y change	dividuals ditions m signature to the Au s list until	y s on a so ust be a e. Pleas thorise	eparate: authorisc se provid ed Signat	sheet, ed by e the ories,	Direct). the req names , please	or/Part	M M number mple s Meteo	Y of A signati	utho ures rriting	Postc/ Y	ode:	ttories	6 or, will	vhere
Director/Partner 1 Surname: Title/Forename(s): Permanent address: Date of Birth: Authorised signatures The exercise of any optic a number is not stipulate be Authorised Signatorie change (Meteor will be e	(please list ons under t ed, by at leas. Where t	M M t any add the Terms ast one au here is an	Post itional inc and Conc athorised y change	dividuals ditions m signature to the Au s list until	y on a so ust be a e. Pleas thorise	eparate: authorisc se provid ed Signat	sheet, ed by e the ories,	Direct). the req names , please	or/Part	M M numbe	Y er of A signat r in w	utho ures rriting	Postc/ Y	ode:	ttories	6 or, will	vhere
Director/Partner 1 Surname: Title/Forename(s): Permanent address: Date of Birth: Authorised signatures The exercise of any optic a number is not stipulate be Authorised Signatoric change (Meteor will be e	(please list ons under t ed, by at leas. Where t	M M t any add the Terms ast one au here is an	Post itional inc and Conc athorised y change	dividuals ditions m signature to the Au s list until	y on a so ust be a e. Pleas ithorise it is inf me:	eparate: authorisc se provid ed Signat	sheet, ed by e the ories,	Direct). the req names , please	or/Part	M M numbe	Y of A signat r in w	utho cures priting	Postc/ Y	ode:	ttories	6 or, will	vhere

Name:

Name:

2. Tax Status

Please list all countries where the company/partnership 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 the associated Tax Identification
Number (TIN). A TIN is the tax reference number issued to you by the tax office in the country where the company/partnership 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 company/partnership has a Global Intermediary Identification Number (GIIN) issued by the US Inland Revenue Service, please provide it in the box 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.

additional initial account charge of 0.25%.

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:

4. Investment (minimum £5000)

Plan No.	Plan Name	Amount (£)	Adviser Charge % or £
2656	FTSE® Quarterly Kick Out Plan March 2020		

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

Accumulated savings	Property Sale
Employment	Reinvestment of matured funds
Inheritance	Transfer from another provider
Pension lump sum	Other (please describe)
Please indicate the method of payment:	

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.

If you send money by ba Meteor Investment Mar HSBC Bank plc - Queen

Electronic payment

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

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

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

Cheque

Bank:			Account holder(s):		
Account Number:					
Bank sort code:	-	-	Reference (if any)/		
			Roll number:		



FTSE® Quarterly Kick Out Plan March 2020

6. Appropriateness Questions

Using	the tick	k boxes, please answer all 15 que	estions below					
1.	Have you been investing for 5 years or more?						No	
2.	Have you received investment advice? If "YES", go to question 4. Please note that if you select "NO" and this Plan requires you to take advice, we will not be able to process your application.						No	
3.		ng at the categories of investor cteristics best describes you?	set out on page 4, which o	ne of the followir	ng			
	Basic I	nvestor	Informed Investor					
	Advan	ced Investor						
4.	Please	e indicate if you hold, or have h	eld, any of the following in	vestments?				
	Bank [Deposits	Structured Produ	ıcts				
	Direct	equity investment	Unit Trusts					
5.	Have y	you received and read a copy of	the Key Information Docu	ment (KID) for th	is Plan?	Yes	No	
6.	Are yo	u investing for income or grow	th?			Income	Growth	
7.	Do you	u understand the various factor	s that will influence the ca	pital and potent	ial			
	investment returns payable from this Plan, and that in adverse market conditions, this may mean you will not receive any investment return at all?					Yes	No	
8.	Are you willing and financially able to bear the risks of this investment, including the risk of loss of your money?					Yes	No	
9.	Do you understand the benefits of diversification and that this Plan should only form part of your overall investment portfolio?					Yes	No	
10.	10. Do you understand that the Plan is designed to be held for the full investment term; and if you were to encash early, the amount you receive would depend on the value of the investment at the date of sale; and this value could be less than the amount you invested?					Yes	No	
11.	invest	u understand that you may lose ment returns to which you wou e to meet its obligations on mat	ıld otherwise have been er	ntitled to if the ba	-	Yes	No	
12.	Do you	u understand the charges assoc	iated with the Plan?			Yes	No	
13.	Do you	u understand the tax implicatio	ns of the investment?			Yes	No	
14.	Do you	u understand the compensation	n arrangements applicable	to the Plan?		Yes	No	
15.	Are yo	u the type of investor that this ure?	Plan is designed for, as set	out on pages 3 a	nd 4 of the	Yes	No	
7 Δ4	dvicar	Details						
	Name:	Details		Financial Serv	rices Register N	umher		
	Turric.			n manetat set v	rees register in	annoch.		

8. Adviser Declaration

- I confirm that all dealings with the investor have been carried out in accordance with the requirements of the FCA Handbook and in accordance with my obligations under Meteor's current Terms of Business.
- I acknowledge my responsibility to evaluate all information on the Plan and confirm that where I have given advice, I have the necessary knowledge and experience to be deemed competent to assess the Plan and its suitability to an applicant's circumstances and investment objectives.
- ▶ I have provided the investor with a Plan Brochure and Key Information Document.
- I declare that this application has been completed to the best of my knowledge and belief and I have agreed any adviser charge with the applicant.
- I confirm that I have carried out the appropriate identity checks on all parties relevant to this application and have retained copies of the completed Verification of Identity Certificates and supporting documentation, which I understand Meteor may request at any time and may rely on.
- ▶ I confirm that I have determined that the applicant meets the criteria to invest in this Plan.

Signed: Date: D D M M Y Y Y	Υ
-----------------------------	---

9. Declaration

I/We declare that I/we:

- have carefully read the Key Information Document and the Brochure, including the Plan Terms and Conditions.
- agree that Meteor will hold personal and financial information on me/us for the purposes set out in the Terms and Conditions only.
- accept the terms under which the Plan will be managed and the mode of providing me/us with information concerning the Plan.
- apply as Authorised Parties for an Account to be opened in accordance with Meteor standard Terms and Conditions.
- apply as Authorised Parties for the Plan listed overleaf.
- have completed this form to the best of my/our knowledge and belief and the information given in the application, whether in handwriting or not, is true and complete.
- am/are not, or acting on the behalf of, a resident of the United States; and that I/we will not assist any person who is so resident.
- agree to inform Meteor immediately should I/we become resident(s) of the United States.
- agree to inform Meteor immediately should there be any change in the company/partnership's residency for tax purposes.
- will inform Meteor without delay of any change in my/our circumstances affecting any of the information in this form.

I/We confirm that:

- my/our powers of investment, and delegation of those powers, permit me/us to invest the assets or part of them not less than the part which I/we propose to invest, in the Plan to be applied for.
- I/we understand and agree that any investments in the Plan will be allocated in accordance with my/our instructions to Meteor (which includes any set out in the '4. Investment' section of this application).
- if I/we have received financial advice, I/we confirm my/our financial adviser is not acting as agent to the Issuer or its affiliates.
- I/we have agreed the amount of any initial adviser charge for these investments as shown overleaf and note that the agreed terms will be confirmed to me by Meteor on acceptance of such instruction.

I/We understand that:

- Meteor does not provide investment advice and confirm that I/we either do not require such advice or have received advice on this investment from a financial adviser as shown above.
- if I/we have not received advice for a Plan which requires me/us to take advice, Meteor will be unable to process my/our application.
- this application and the Terms and Conditions referred to above shall form the basis of the contract between me/us and Meteor. I/we acknowledge receipt of the Terms and Conditions, further copies of which are available on request.

I/We authorise Meteor:

to hold my/our cash subscription, Direct investments, interest, dividends and other rights or proceeds in respect of those investments and any cash or other proceeds.

Signed:	Date:		M	M	Υ	Υ	Υ	Υ
Signed:	Date:		M	M	Υ	Υ	Υ	Υ

Note: If you have filled in and signed this Application Form, please send it to Meteor Asset Management Limited, 55 King William Street, London, EC4R 9AD or back to your financial adviser to submit the form.