

Date of birth:

FTSE® Quarterly Kick Out Plan March 2020

Trustee Account Application for Pension Schemes (SIPP & SSAS)

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.

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1. Your details				
Proposers (Trustee(s)):				
Administrator's name:				
Address for correspondence:				
			Postcode:	
Scheme Name:		Scheme	Reference:	
Contact name:				
Email:			Tel no:	
Legal Entity Identifier:				
Please indicate the type	of pension scheme (tick one box b	pelow):		
A small self-administered Please note: a copy of the HMRC	d scheme (SSAS) Capproval letter must be enclosed with all SS.	AS Applications.	A self-invested personal pension scheme (SIPP)	
Please list the details of Beneficiary 1	f the scheme beneficiary below (p	olease list details of an	y additional individuals on a separate sheet): Beneficiary 2	
Full name:				
Permanent address:	Dartondo			
Data afficials	Postcode:		Postcode:	
Date of birth:	D D M M Y Y Y	Y	D D M M Y Y Y Y	
Occupation:				
Telephone no:				
Email Address:				
National Insurance (NI):				
Are you a resident in the	LIV for tay purposes?	Yes No	Yes No	
Are you a resident in the Are you a resident for tax	c purposes in any other country?	Yes No	Yes No	
If yes please provide deta				
and Tax Reference(s):				
Please list the Trustee d	details (non-regulated trusts only) below (please list det	tails of any additional individuals on a separate sheet)):
Trustee 1		,	Trustee 2	
Full name:				
Permanent address:				
	Postcode:		Postcode:	

The exer a number be Autho	sed signatures (please list any additional individencies of any options under the Terms and Conditioner is not stipulated, by at least one authorised signorised Signatories. Where there is any change to the (Meteor will be entitled to rely on the previous list)	ns must be a nature. Pleas he Authorise	authorised by the requisite se provide the names and sed Signatories, please notif	sample signat	ures	of all t	those	who	will				
Signed:		Name:		Date:			M	М	Υ	Υ			
Signed:		Name:		Date:			M	M	Υ	Υ			
Signed:		Name:		Date:			M	M	Υ	Υ			
Signed:		Name:		Date:			M	M	Υ	Υ			
Signed:		Name:		Date:			M	M	Υ	Υ			
2. Pro	2. Provision of Future Information												
	Online Communications only		Paper-based o	corresponden	ce (0	.25%	initia	al cha	rge)				
	stand that I will only receive future details of my a and online, and that no further paper corresponde me.		I prefer to continue to re valuation statements, by additional initial accoun	post. I under	stanc	-			_				
Please	ensure that a valid email address is inserted in	section 1											
If you do	o not have a personal email address, or you would	like emails	to be sent to a different ad	ldress please s	state	that e	mail a	addre	ess be	low.			
Alternat	ive email address:												
	ng the Declaration for your application you are a ent to the email address you have provided.	authorising	us to send notifications a	nd informatio	n in r	relatio	on to	your					
	rity purposes, please provide us with a password	so we can g	ive you information over tl	he telephone:									
3. Inve	estment (minimum £5000)												
Plan	Plan												
No.			Amount (£)			uvise	I Clia	iige 🤊	OUI E				
2656	FTSE® Quarterly Kick Out Plan March 2020												
Please i	ndicate the method of payment:												
	Cheque		Electronic pay	yment									
	make your cheque payable to Meteor Investment		If you send money by ba	ink transfer, th	e det	tails y	ou red	quire	are:				
Management Limited Client Account. If you are sending us a building society cheque it should include your name in brackets on the payee line. Meteor Investment Management Limited Client Account HSBC Bank plc - Queen Victoria Street Branch Sort Code: 40-05-30													
Account Number: 13692752 IBAN: GB21MIDL40053013692752													
4. You	ır bank details												
Bank:			Account holder(s):										
Account	Number:												
Bank so	Bank sort code: Reference (if any)/ Roll number:												



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5. Appropriateness Questions

Using	the tick	a boxes, please answer all 15 q	uestions 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 investon eteristics best describes you?	or set out on page 4, which or	ne of the following			
	Basic I	nvestor	Informed Investor				
	Advan	ced Investor					
4.	Please	indicate if you hold, or have	held, any of the following in	vestments?			
	Bank [Deposits	Structured Produ	cts			
	Direct	equity investment	Unit Trusts				
5.	Have	ou received and read a copy	of the Key Information Docui	ment (KID) for this Plai	1? Yes	No	
6.	Are yo	u investing for income or gro	wth?		Income	Growth	
7.	Do you	u understand the various fact	ors that will influence the ca	pital and potential			
	investment returns payable from this Plan, and that in adverse market conditions, this may mean you will not receive any investment return at all?					No	
8.	-	u willing and financially able your money?	to bear the risks of this inves	stment, including the r	risk of Yes	No	
9.	Do you understand the benefits of diversification and that this Plan should only form part of your overall investment portfolio?					No	
10.	if you	u understand that the Plan is were to encash early, the amo ment at the date of sale; and	ount you receive would depe	nd on the value of the	Yes	No	
11.	invest	u understand that you may lo ment returns to which you wo e to meet its obligations on m	ould otherwise have been en	titled to if the bank be	came Yes	No	
12.	Do you	understand the charges asso	ociated with the Plan?		Yes	No	
13.	Do you	uunderstand the tax implicat	ions of the investment?		Yes	No	
14.	Do you	understand the compensati	on arrangements applicable	to the Plan?	Yes	No	
15.	Are yo	u the type of investor that th	is Plan is designed for, as set	out on pages 3 and 4 o	f the Yes	No	
6. Ad	dviser	Details					
	Name:			Financial Services Re	egister Number:		
Advis	or.			Branch:	-		

7. 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.

igned:	Date:		M	М	Υ	Υ	Υ	Υ
igned:	Date:				Y	Y	Y	Y

8. 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 Trustees/Authorised Parties for an Account to be opened in accordance with Meteor standard Terms and Conditions.
- 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 the scheme beneficiary become resident(s) of the United States.
- > agree to inform Meteor immediately should there be any change in the scheme beneficiary'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 of the Scheme(s).
- the investing scheme is a registered pension scheme under Part 4 of the Finance Act 2004 (or an application for its registration has been made) and I/We undertake to advise Meteor immediately if it ceases to be a registered pension scheme or if its application for registration is withdrawn or refused.
- I/we will tell Meteor if the Scheme is not granted exempt approval or if that approval is withdrawn.
- I/we understand and agree that any investments in the Plan will be allocated in accordance with my/our instructions to Meteor.
- 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.
- 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 authorise Meteor:

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

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.

For and on behalf of the Trustees of the Scheme:

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