

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 £ |
|----------|--|------------|-----------------------|
| 2788 | FTSE® Quarterly Kick Out Plan May 2020 | | |

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.

No cheques accepted
due to COVID-19 shutdown

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 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. Yes No
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 No
6. Are you investing for income or growth? Income Growth
7. Do you understand the various factors that will influence the capital 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? 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. 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. Do you understand that you may lose some, or all, of your investment, including any investment returns to which you would otherwise have been entitled to if the bank became unable to meet its obligations on maturity or earlier encashment? Yes No
12. Do you understand the charges associated with the Plan? Yes No
13. Do you understand the tax implications of the investment? Yes No
14. Do you understand the compensation arrangements applicable to the Plan? Yes No
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 No

7. Adviser Details

Firm Name:

Financial Services Register Number:

Adviser:

Branch:

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:

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 Trustees/Authorised Parties for an Account to be opened in accordance with Meteor standard Terms and Conditions.
- ▶ apply as Trustees/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 a resident.
- ▶ agree to inform Meteor immediately should I/we/the Trust become resident(s) of the United States.
- ▶ agree to inform Meteor immediately should there be any change in the Trust'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 Trust(s).
- ▶ 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 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:

Signed:

Date:

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.