

Date of birth:

UK Defensive Kick Out Plan June 2020

Postcode:

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 v	websi	ite at v	www.m	neteora	am.con	n.											
1. Your details																		
Proposers (Trustee(s)):																		
Administrators name:																		
Address for																		
correspondence:										Postcode	٥٠							
Scheme Name:								Sche	ama P	Reference:								
Contact name:								Scrie	erric iv	deference.								
Email:										Tel no:								
Legal Entity Identifier:																		
Please indicate the type	of pension	on sch	neme (1	tick on	e box l	pelow):												
A small self-administered Please note: a copy of the HMRC				closed wi	ith all SS	AS Applic	ations.			A self-in\	ested p	ersonal	l pens	ion sc	heme (S	SIPP))	
Please list the details of	f the sche	eme b	enefic	iary be	elow (p	olease l	ist de	tails o	f any	addition	al indivi	duals o	n a se	parat	e sheet	<i>)</i> :		
Beneficiary 1 Full name:										Benefici	ary 2							
Permanent address:																		
				Pos	tcode:								ı	Postco	ode:			
Date of birth:		M	M	Pos	tcode:	Υ					М	M	Y	Postco	ode:			
Date of birth: Occupation:		М	М	Pos	tcode:	Υ					М	М	Y Y	Postco Y	ode:			
		М	М	Pos	tcode:	Υ					М	М	Y	Postco / Y	ode:			
Occupation:		М	М	Pos	tcode:	Υ					М	М	Y	Postco	y			
Occupation: Telephone no:		М	М	Pos	rtcode:	Y					М	М	Y	Postco	ode:			
Occupation: Telephone no: Email Address:		М	M	Pos	y y	Yes		No			M	M	Y	Postco	yes		No	
Occupation: Telephone no: Email Address: National Insurance (NI): Are you a US Citizen? Are you a resident in the				Υ	Y	Y		No No			M	M	Y	Postco	Yes Yes		No No	
Occupation: Telephone no: Email Address: National Insurance (NI): Are you a US Citizen?				Υ	Y	Yes					M	M	YYY	Postco	Yes			
Occupation: Telephone no: Email Address: National Insurance (NI): Are you a US Citizen? Are you a resident in the Are you a resident for tax If yes please provide deta	c purpose:	s in ar	ny othe	Y Per count	Y	Yes Yes		No			M	М	YYY	Postco	Yes Yes		No	
Occupation: Telephone no: Email Address: National Insurance (NI): Are you a US Citizen? Are you a resident in the Are you a resident for tax	c purpose:	s in ar	ny othe	Y Per count	Y	Yes Yes		No			M	M	T Y	Postco	Yes Yes		No	
Occupation: Telephone no: Email Address: National Insurance (NI): Are you a US Citizen? Are you a resident in the Are you a resident for tax If yes please provide deta	c purpose:	s in ar	ny othe	Y Per count	Y	Yes Yes		No			M	M	T Y	Postco	Yes Yes		No	
Occupation: Telephone no: Email Address: National Insurance (NI): Are you a US Citizen? Are you a resident in the Are you a resident for tax If yes please provide deta	ails of the	s in ar	ny othe	er count	Y Y	Yes Yes Yes		No No	t deta		M	M ,	Y	Y	Yes Yes Yes		No No	
Occupation: Telephone no: Email Address: National Insurance (NI): Are you a US Citizen? Are you a resident in the Are you a resident for tax If yes please provide deta and Tax Reference(s): Please list the Trustee of Trustee 1	ails of the	s in ar	ny othe	er count	Y Y	Yes Yes Yes		No No				M N	Y	Y	Yes Yes Yes		No No	
Occupation: Telephone no: Email Address: National Insurance (NI): Are you a US Citizen? Are you a resident in the Are you a resident for tax If yes please provide deta and Tax Reference(s): Please list the Trustee of	ails of the	s in ar	ny othe	er count	Y Y	Yes Yes Yes		No No		nils of any		M .	Y	Y	Yes Yes Yes		No No	

Postcode:

Signed: Name: Date: D D M Signed: Name: Date: D D M			
Signed: Name: Date: D D M	М	Y	
	М	Y	
Signed: Name: Date: D D M	М	Y	
Signed: Name: Date: D D M	М	Y	
Signed: Name: Date: D D M	М	Y	
2. Provision of Future Information			
Online Communications only Paper-based correspondence (0.25% initial	lcharg	ge)	
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. I prefer to continue to receive all details of my account, valuation statements, by post. I understand that this will 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 a	ddress	s belov	1.
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.	our		
For security purposes, please provide us with a password so we can give you information over the telephone:			
To security parposes, prease provide as with a password so we can give you information over the telephone.			
3. Investment (minimum £5000)			
	rge %	or £	
3. Investment (minimum £5000) Plan Plan Name Amount (£) Adviser Char	rge % (or £	
3. Investment (minimum £5000) Plan No. Plan Name Amount (£) Adviser Char 2898 UK Defensive Kick Out Plan June 2020 Please indicate the method of payment:	rge %	or £	
3. Investment (minimum £5000) Plan No. Plan Name Amount (£) Adviser Char 2898 UK Defensive Kick Out Plan June 2020 Please indicate the method of payment: Cheque Electronic payment			
3. Investment (minimum £5000) Plan No. Plan Name Amount (£) Adviser Char 2898 UK Defensive Kick Out Plan June 2020 Please indicate the method of payment: Cheque Electronic payment Please make your cheque payable to Meteor Investment Management Limited Client Account. If you are sending us a	uire ar		
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The exercise of any options under the Terms and Conditions must be authorised by the requisite number of Authorised Signatories or, where

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

No cheques accepted due to COVID-19 shutdown



UK Defensive Kick Out Plan June 2020

5. Appropriateness Questions

Using	the tic	k boxes, please answer all 15 c	questions below			
1.	Have	you been investing for 5 years	Yes	No		
2.		you received investment advi and this Plan requires you to t		No		
3.		ng at the categories of investo cteristics best describes you?				
	Basic	Investor	Informed Investor			
	Advan	ced Investor				
4.	Pleas	e indicate if you hold, or have	held, any of the following i	nvestments?		
	Bank	Deposits	Structured Prod	lucts		
	Direct	equity investment	Unit Trusts			
5.	Have	you received and read a copy	of the Key Information Doc	ument (KID) for this Plan?	Yes	No
6.	Are yo	ou investing for income or gro	wth?		Income	Growth
7.	invest	u understand the various fact tment returns payable from t you will not receive any inve	nay Yes	No		
8.		ou willing and financially able f your money?	k of Yes	No		
9.		u understand the benefits of overall investment portfolio?	diversification and that this	Plan should only form par	rt of Yes	No
10.	if you	u understand that the Plan is were to encash early, the am tment at the date of sale; and	Yes	No		
11.	invest	u understand that you may lo tment returns to which you w e to meet its obligations on m	ould otherwise have been e	ntitled to if the bank beca	me Yes	No
12.	Do yo	u understand the charges ass	ociated with the Plan?		Yes	No
13.	Do yo	u understand the tax implica	tions of the investment?		Yes	No
14.	Do yo	u understand the compensati	on arrangements applicable	e to the Plan?	Yes	No
15.	Are yo	ou the type of investor that th ure?	is Plan is designed for, as se	et out on pages 3 and 4 of t	he Yes	No
6. Ad	dviser	· Details				
Firm I	Name:			Financial Services Regi	ster Number:	
Advis	er:			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.

Signed:	Date:		M	М	Υ	Υ	Υ	Υ

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.
- papply 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	М	Υ	Υ	Υ	Υ
Signed:	Date:		М	M	Υ	Υ	Υ	Υ