

Date of birth:

# FTSE®/STOXX Step Down Kick Out Plan October 2020

# **Trustee Account Application for Pension Schemes (SIPP & SSAS)**

For extra applications, \		•			-	COID	tack iiik.					
1. Your details												
Proposers (Trustee(s)):												
Administrator's name:												
Address for												
correspondence:							Postcode:					
Scheme Name:					Sch	eme F	Reference:					
Contact name:					361	icilic i	tererece.					
Contact name.												
Email:							Tel no:					
Legal Entity Identifier:												
Please indicate the type	of pension s	cheme (tick	one box b	elow):								
A small self-administered Please note: a copy of the HMRC			d with all SSA	AS Applica	tions.		A self-invested	personal pe	nsion sch	eme (SIF	PP)	
Please list the details of	the scheme	beneficiary	below (p	lease lis	st details	of any	additional indiv	viduals on a	separate	sheet):		
Beneficiary 1							Beneficiary 2					
Full name:												
Permanent address:												
		F	Postcode:						Postcod	le:		
Date of birth:		M M Y	YY	Υ			D D M	M	ΥΥ	Υ		
Occupation:												
Telephone no:												
Email Address:												
National Insurance (NI):												
Are you a US Citizen?				Yes	No					Yes	No	
Are you a resident in the UK for tax purposes?  Yes  No					No					Yes	No	
Are you a resident for tax	purposes in	any other co	untry?	Yes	No					Yes	No	
If yes please provide deta	ails of the Co	untry(ies)										
and Tax Reference(s):												
Please list the Trustee d	etails (non-	regulated tr	usts only)	below	(please li	st deta	ails of any additi	ional individ	luals on a	separa	te shee	t):
Trustee 1							Trustee 2					
Full name:												
Permanent address:												

Postcode:

Postcode:

be Autho	r is not stipulated, by at least one authorised sigr rised Signatories. Where there is any change to tl Meteor will be entitled to rely on the previous list	he Authorised	d Signatories, please noti										
Signed:			Date:			M	M	Υ	Υ				
Signed:		Name:		Date:			M	M	Υ	Υ			
Signed:		Name:		Date:			M	М	Υ	Υ			
Signed:		Name:		Date:			M	M	Υ	Υ			
Signed:		Name:		Date:			M	M	Υ	Υ			
2. Prov	2. Provision of Future Information												
	Online Communications only		Paper-based	corresponden	ce (0	.25%	initia	al cha	rge)				
	stand that I will only receive future details of my and online, and that no further paper corresponde the.		I prefer to continue to re valuation statements, by additional initial accour	y post. I unders	stand	-			_				
Please	ensure that a valid email address is inserted in	section 1											
If you do	not have a personal email address, or you would	l like emails t	o be sent to a different ac	ldress please s	tate	that e	mail	addre	ss bel	ow.			
Alternativ	ve email address:												
	ng the Declaration for your application you are one of the email address you have provided.	authorising u	s to send notifications a	nd information	n in ı	relatio	on to	your					
For secur	rity purposes, please provide us with a password	so we can giv	ve you information over t	he telephone:									
3. Inve	stment (minimum £5000)												
Plan No.	Plan Name		Amount	(£)	) Adviser Charge %								
3152	FTSE®/STOXX Step Down Kick Out Plan October												
Please r <b>Manage</b>	ndicate the method of payment:  Cheque  make your cheque payable to Meteor Investmenement Limited Client Account. If you are sending a society cheque it should include your name in beeline.	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											
4. You	r bank details			-									
Bank:			Account holder(s):										
Account	Number:												
Bank sor	t code:	Reference (if any)/ Roll number:											

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



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# **5. Appropriateness Questions**

Using	the ticl	k boxes, please answer all 15 d	questions 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.	Looking at the categories of investor set out on page 4, which one of the following characteristics best describes you?							
	Basic I	nvestor	Informed Investor					
	Advan	ced Investor						
4.	Please	e indicate if you hold, or have	held, any of the following in	nvestments?				
	Bank I	Deposits	Structured Prod	ucts				
	Direct	equity investment	Unit Trusts					
5.	Have	you received and read a copy	of the Key Information Docu	iment (KID) for this Plan	? Yes		No	
6.	Are yo	ou investing for income or gro	owth?		Incon	ne	Grov	vth
7.	Do yo	u understand the various fact	tors that will influence the ca	apital 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.	Are you willing and financially able to bear the risks of this investment, including the risk of loss of your money?						No	
9.	Do you understand the benefits of diversification and that this Plan should only form part of your overall investment portfolio?						No	
10.		u understand that the Plan is	_		d			
		were to encash early, the am ment at the date of sale; and			Yes ed?		No	
11.		u understand that you may lo						
		ment returns to which you w e to meet its obligations on n			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 compensat	ion arrangements applicable	e to the Plan?	Yes		No	
15.	15. Are you the type of investor that this Plan is designed for, as set out on pages 3 and 4 of the brochure?						No	
6. Ac	lviser	Details						
Firm N	lame:			Financial Services Re	gister Number	:		
A I .				Danier ala				

### 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