

# FTSE Annual Step Down to 80 Kick Out Plan March 2024 | HS8328

# **Account Application for Trustees**

Please complete this form in full, answering ALL questions clearly. Incomplete forms will cause application delays or may be rejected. For extra applications, visit our website at www.meteoram.com.

| 1. Your details   |  |                                   |  |                       |
|---|--|-----------------------------------|--|-----------------------|
| Trust Name:   |  |                                   |  |                       |
| Address for correspondence:   |  |                                   |  |                       |
| Type of Trust (if applicable):  |  | Name o<br>adminis                 |  |                       |
| Contact Name:   |  |                                   |  |                       |
| Email:  |  |                                   | Tel no:  |                       |
| Legal Entity Identifier   | :  |                                   |  |                       |
| Please list details for   | r Trustees and Beneficiaries   | s with 25% or more beneficial ov  | wnership (additional individuals o   | on a separate sheet): |
| Full name:  | Beneficiary 1  |                                   | Beneficiary 2  |                       |
| Permanent address:  |  |                                   |  |                       |
| Date of birth:  |  |                                   |  |                       |
| Occupation:   |  |                                   |  |                       |
| National Insurance (N   | II):   |                                   |  |                       |
|   | Trustee 1  |                                   | Trustee 2  |                       |
| Full name:  |  |                                   |  |                       |
| Permanent address:  |  |                                   |  |                       |
|   |  |                                   |  |                       |
|   |  |                                   |  |                       |
| Date of birth:  |  |                                   |  |                       |
| Country of residence:   |  |                                   |  |                       |
| The exercise of any op<br>a number is not stipul<br>be Authorised Signato | otions under the Terms and C<br>lated, by at least one authori<br>ories. Where there is any char | sed signature. Please provide the | the requisite number of Authorise<br>names and sample signatures of a<br>, please notify Meteor in writing giv | ıll those who will    |
| Signed:   |  | Name:                             | Date:  |                       |
| Signed:   |  | Name:                             | Date:  |                       |
| Signed:   |  | Name:                             | Date:  |                       |
| Signed:   |  | Name:                             | Date:  |                       |
| Signed:   |  | Name:                             | Date:  |                       |

## 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

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 £5,000)

| Plan<br>No. | Plan Name  | Amount (£) | Adviser Charge<br>% or £ | Total amount including charges |
|-------------|--|------------|--------------------------|--------------------------------|
| 8328        | FTSE Annual Step Down to 80 Kick Out Plan March 2024 |            |                          |                                |

## 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)        |

## **Payment:**

Please send funds via electronic bank transfer. If your bank is operating Confirmation of Payee, it should confirm that you are paying 'Meteor Investment Management Limited'. The details you require are:

Meteor Investment Management Limited Client Account HSBC Bank plc Sort Code: 40-05-30 Account Number: 13692752

Account Number: 13692752 IBAN: GB21MIDL40053013692752

We strongly discourage cheques as they can increase the risk of your application being delayed and being subject to additional charges. Tick here if you are paying by cheque:

## 5. Your bank details

| Bank:           | Account holder(s):  |
|-----------------|---------------------|
| Account Number: |                     |
|                 | Reference (if any)/ |



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## 6. Appropriateness Questions and Declaration

| I.       | Have you been investing for 5 years or n  | iore?  | Yes   | NO       |
|----------|---|--|---|----------|
| 2.<br>3. | 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.  Looking at the categories of investor set out below, which one of the following |  | Yes No  |          |
|          | characteristics best describes you?   |  |   |          |
|          | Basic Investor  | Informed Investor  | Advanced Investo  | or       |
| 4.       | Basic knowledge of relevant financial products and/or no financial industry experience.  Please indicate if you hold, or have held  | Average knowledge of relevant financial products and/or some financial industry experience.  , any of the following investments? | Good knowledge<br>financial product<br>financial industry | s and/or |
|          | Bank Deposits   | Unit Trusts  |   |          |
|          | Direct equity investment  | Structured Products  |   |          |
| 5.       | Have you received and read a copy of th   | e Key Information Document (KID) for this Plan?  | Yes   | No       |
| 6.       | Are the following statements true?  |  | Yes   | No       |
|          | I/We:   |  |   |          |

- confirm that the potential returns available from the Plan are consistent with my/our investment objectives.
- understand the various factors that will influence the capital and potential returns payable from this Plan, and that in adverse market conditions, this may mean that I/we will not receive any interest or investment return at all.
- am/are willing and financially able to bear the risk of this investment, including the risk of loss to my/our money.
- understand the benefits of diversification and that this Plan should only form part of my/our overall investment portfolio.
- understand that the Plan is designed to be held for the full investment term; and if I/we were to encash early, the amount that I/we would receive would depend on the value of the investment at the date of sale; and this value could be less than the amount that I/we invested.
- understand that I/we may lose some, or all, of my/our investment, including any interest or investment returns to which I/we would otherwise have been entitled to if the bank became unable to meet its obligations at maturity or earlier encashment.
- understand the charges associated with the Plan.
- understand the personal tax implications of my/our investment.
- understand the compensation arrangements applicable to the Plan.
- am/are the type of investor that this Plan is designed for, as set out in the brochure.

If NO, please provide details below:

If NO, please provide details below:

## 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's 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.
- b 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 undertake to inform Meteor of any changes to either the Trustees/Authorised Persons or Beneficiaries named in this Application.

## 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, 24/25 The Shard, 32 London Bridge Street, London, SE1 9SG or back to your financial adviser to submit the form.