

## Company/Partnership Application

### Who is this application form for?

Other application forms are available to download from [www.meteoram.com](http://www.meteoram.com)

- ✓ Companies
- ✓ Partnerships
- ✗ General Investment for Individual/Joint Customers
- ✗ ISA Investment Customers
- ✗ General Investment on behalf of a child under 18
- ✗ Pensions (SIPP or SSAS)
- ✗ Trusts/Charities

### How are you applying?

Tick all that apply.

**I am an existing customer**

Complete Sections A, C, D, E, F, G

**I am a new customer**

Complete Sections B, C, D, E, F, G

**I am applying with a professional financial adviser providing advice**

You should answer all questions in Section E

Your financial adviser should complete Section F

**I am applying execution-only via a professional financial adviser**

You should answer all questions in Section E

Your financial adviser should complete Section F

**I am applying directly without a professional financial adviser**

You should answer all questions in Section E

If you have not received advice, please provide a certified copy of a recent bank statement.

### How will you send your application form?

Tick one.

**via my professional financial adviser**

Contact your financial adviser for details

**via email**

adminteam@meteoram.com

**via post**

Meteor Asset Management Limited,  
24/25 The Shard,  
32 London Bridge Street,  
London, SE1 9SG

**Apply online** by clicking 'Apply Online' on the relevant plan page on our website.

Our plans are also available on many **investment platforms**.

For more information go to [www.meteoram.com](http://www.meteoram.com)

### How will you send your funds?

Tick all that apply. Please ensure your application form and funds get to Meteor by the deadlines.

**Bank Transfer (Preferred) by 25 February 2026**

Meteor Investment Management Limited Client Account

HSBC Bank plc

Sort Code: 40-05-30

Account Number: 13692752

IBAN: GB21MIDL40053013692752

Reference: Your full name and/or Meteor account number

**Reinvestment of a matured plan**

Your funds are already with Meteor

**Cheque by 25 February 2026**

Payable to 'Meteor Investment Management Limited Client Account'

Meteor strongly discourages payment by cheque as it can increase the risk of your application being delayed and incurring additional charges.

You may be charged a fee of £40 +VAT for unpaid cheques.

### Additional Information

Please provide any further information that may be useful for this application. This may include more complex fee structures, payment methods, power of attorney (POA document required) etc.

# Quarterly Fixed Growth Recallable

February 2026 | CR10370 | XS2067308119



<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>
Existing Customers	Customer Details	Bank Details	Investment	Financial Understanding	Financial Adviser Details	Customer Declaration

## Company/Partnership Application

### Section A | Existing Customers

Complete this section if you have an existing pension account and your personal details haven't changed

Existing Account Number      Company/Partnership Name      Company Number

#### Director/Partner Details

Surname      Date of Birth

#### Important Information

- ▶ We may need to contact you for more information if we are unable to verify your application.
- ▶ If any of your personal information has changed, please enter the new information in the Section B.
- ▶ If you have completed this section and your personal information hasn't changed, continue to Section C.

### Section B | Customer Details (1/2)

New customers must complete this section in full.

Company/Partnership Name      Company Number

Legal Entity Identifier      Global Intermediary Identification No.      Ultimate Beneficial Owner

Country of Incorporation      Tax Reference      Non-UK Tax Resident?

Contact Name      Telephone/Mobile      Country      Tax Identification Number (TIN)  
Email      Telephone Password

#### Registered Address

Street Address      Address Line 2  
Town/City      County      Postcode

#### Correspondence Address (if different to Registered Address)

Street Address      Address Line 2  
Town/City      County      Postcode

#### Important Information

- ▶ Director information is captured in part 2 of Section B.

### Authorised Signatories

#### Authorised Signatory

Full Name      Signed      Date

#### Authorised Signatory

Full Name      Signed      Date

#### Important Information

- ▶ 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).
- ▶ Please list any additional individuals on a separate sheet.

✓	B	C	D	E	F	G
Existing Customers	Customer Details	Bank Details	Investment	Financial Understanding	Financial Adviser Details	Customer Declaration

## Company/Partnership Application

### Section B | Customer Details (2/2)

New customers must complete this section in full for all directors of private companies or partners in a partnership with 25% or more ownership

#### 1 Director/Partner

Title Forename(s) Surname Date of Birth

Occupation Industry Country of Birth Nationality

*If retired, provide former occupation and industry*

Permanent Address

Street Address Address Line 2

Town/City County Postcode

#### 2 Director/Partner

Title Forename(s) Surname Date of Birth

Occupation Industry Country of Birth Nationality

*If retired, provide former occupation and industry*

Permanent Address

Street Address Address Line 2

Town/City County Postcode

#### 3 Director/Partner

Title Forename(s) Surname Date of Birth

Occupation Industry Country of Birth Nationality

*If retired, provide former occupation and industry*

Permanent Address

Street Address Address Line 2

Town/City County Postcode

#### 4 Director/Partner

Title Forename(s) Surname Date of Birth

Occupation Industry Country of Birth Nationality

*If retired, provide former occupation and industry*

Permanent Address

Street Address Address Line 2

Town/City County Postcode

#### Important Information

▶ Please list details of any additional directors/partners on a copy of this page.

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## Company/Partnership Application

### Section C | Bank Details

Required for income/interest plans or withdrawing money when a plan ends.

Bank/Building Society Account Holder

Sort Code Account Number Reference/Roll Number

#### Important Information

▶ Bank details must be in your own name.

### Section D | Investment

You are applying for the **Quarterly Fixed Growth Recallable February 2026 | CR10370**. See front page for payment details and deadlines.

Please indicate the total amounts to be sent for this application. Complete all that apply.

£  + £  + £  = £   
*via Bank Transfer   via Cheque   via Reinvestment   Total to be funded*

Where do the funds for this investment originate from?

Savings    Property sale    Pension    Transfer    Employment    Inheritance    Other

If using a financial adviser, please state how adviser charges should be deducted. Select One:

Deduct as stated below    Deducted separately (for info only)    No adviser charges deducted

### New and Existing Customer | New Investments

Complete all fields that apply. Minimum investment £5,000. Adviser charges will be deducted from the amounts below.

#### General Investment

£  - £  or %  = £   
*Amount   Adviser charge to deduct   Investment*

### Existing Customer | Maturity Options

For existing customers wishing to make a decision on a recently matured plan.

#### Maturing Account

Account Number  £   
*Reinvestment   Estimated Maturity Proceeds*

£  - £  or %  = £  £  £   
*Amount   Adviser charge to deduct   Net Reinvestment   Retain   Withdraw*  
*Pending instruction   To bank details provided*

#### Important Information

▶ Adviser charges will be deducted from the gross amounts that we receive. For complicated charges please inform us using the Additional Information field on the front page.



## Company/Partnership Application

### Section E | Financial Understanding

#### 1 2 3 4 All Directors/Partners

All customers over 18 must answer the following questions.

To help us maximise the likelihood of you investing in something that meets your investment objectives, it is essential that you appreciate how the plan works and the risks involved. The following questions are designed to assess whether you are now able to make an informed investment decision after having read the relevant documentation.

If your answers suggest that this is not the case, we may request that you speak to your professional financial adviser for clarification or seek one if you have not obtained advice already. All questions are required to be answered.

YES NO

Do you have any financial industry experience?

Have you invested in structured products and/or deposits within the past 5 years?

Have you previously invested in any structured products and/or deposits similar to this plan?

Do you feel that you have sufficient understanding of structured products and/or deposits?

Do you feel that you have sufficient understanding of the specific plan that you are investing into?

Do you understand how Market Risk potentially impacts this plan?

Do you understand that the performance of financial markets impacts how much and when this plan pays money?

Do you understand that the ongoing value of the plan can go up as well as down?

Do you understand how Counterparty Risk potentially impacts this plan?

Are you prepared to hold this investment for the full term of the plan?

Do you understand that if you decided to withdraw from the plan early, you could receive less than what you initially invested?

**If you answered 'No' to any of the questions above, this plan may not be appropriate for you. Do you still want to proceed?**

Yes, I understand the plan and the risks involved. I would like to proceed and I will strongly consider seeking financial advice, if applicable.

### Additional Support

Are there any personal circumstances you would like to make us aware of to enable us to better support you?

Yes (Describe below)

No

*You may benefit from extra support*

*There is nothing to disclose*

If Yes, please describe your personal circumstances

### Important Information

- ▶ Please note, Meteor does not provide tailored advice on customers' specific needs, or if they fall within the target market.
- ▶ If you are investing via a professional financial adviser, they are required to complete Section F.
- ▶ If you are not investing via a professional financial adviser, continue to Section G.

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## Company/Partnership Application

### Section F | Financial Adviser Details

If no financial adviser is involved, you do not have to complete this section. Your financial adviser should complete this section.

#### Company Details

Firm Name

Branch (if applicable)

Financial Services Register Number

#### Did you provide professional financial advice in relation to this application?

Yes

*This is an advised sale and I have conducted a suitability assessment*

No

*This is a non-advised sale with appropriateness assessment only*

#### Have you assessed the customer(s) as falling within the Target Market for which the plan has been designed?

Yes

*They are within the Target Market*

No (Describe below)

*They are outside the Target Market*

If No, please describe below

#### Are there any personal circumstances we should be made aware of to enable us to better support the customer(s)?

Yes (Describe below)

*They may benefit from extra support*

No

*There is nothing to disclose*

If Yes, please describe below

#### In submitting this application on behalf of the customer(s), the financial adviser declares that:

- ▶ they have met the customer(s), face-to-face, and confirm based on review of their ID documents that they are the individual(s) stated in the application form.
- ▶ they confirm that they have carried out the appropriate identity checks on all parties, in line with the requirements set out in the money laundering regulations, relevant to this application and have retained copies of the completed Identity and address Verification documentation, which they understand Meteor may request at any time and may rely on.
- ▶ they have seen all original documents and those requiring a signature have been signed.
- ▶ they acknowledge that we may request and rely upon this information, and they agree that any request will be fulfilled within two days.
- ▶ they acknowledge that, where we consider we have not been able to satisfy all necessary obligations, we may decide not to proceed with the application.
- ▶ they acknowledge their responsibility to evaluate all available information on the plan and confirm that where they have given advice, they have the necessary knowledge and experience to be deemed competent to the circumstances and investment objectives of the customer(s). Where advice was not given, they have assessed the plan to be appropriate for the customer(s) circumstances and investment objectives.
- ▶ they have provided the investor with the relevant plan documentation including the brochure and, where applicable, the Key Information Document, the Terms and Conditions and the Counterparty's Offering Documentation.
- ▶ they will inform Meteor of any material changes to the status of the customer(s) that could impact the product and service the customer(s) receive. This includes but is not limited to, changes to personal and contact details, customer categorisation, specific circumstances and citizenship.
- ▶ this application has been completed to the best of their knowledge and belief and they have agreed any adviser charge with the customer(s).
- ▶ they have taken action to understand any personal circumstances that may give rise to specific support required by the customer(s).
- ▶ consent has been given by the customer(s) to share any sensitive information that has been provided.

#### By signing below, the Financial Adviser agrees to the declarations above

Financial Adviser

Full Name

Email

Signed

Date

#### Important Information

- ▶ To enable us to comply with money laundering and terrorist financing regulations, we need to verify the identity of customers.
- ▶ Please note, investment advice is required for some of our plans. Please refer to the plan documentation for more information.
- ▶ A signed Terms of Business agreement is required to facilitate adviser charges.
- ▶ Adviser charges will be deducted from the gross total of funds received. Any other arrangements should be outlined in Additional Information.

