

Client Application Form

You can only apply for an account if you have a Financial Adviser appointed to act on your behalf. This form is for individuals only. If you are a trust, corporate or charity please refer to the platform for the appropriate form. If there is a Power of Attorney, Court of Protection or Trustee in Bankruptcy, please complete the Client Representative Form.

Are you a US Person? Yes No

We will be unable to accept your application if you are a US Person. Please note that there are restrictions on certain products if you are not a UK Resident. Please contact your Financial Adviser if you have any queries about this.

Please complete in BLOCK CAPITALS and mark ✘ in the box where applicable.

The completed form should be sent to Client Services Team, Trimbridge House, Trim Street, Bath, BA1 1HB.

If you have any queries, please contact your Financial Adviser, or call our Client Services Team on 0345 076 6140.

Section 1 Accounts Required

Please mark ✘ in the box(es) as appropriate: One Individual Account Two Individual Accounts Joint Account

Section 1.1 First Applicant

Existing client reference (if applicable)

Title

Surname

Forename(s)

Date of Birth / /

Residential Address

Postcode

Country of Residence

Country of Domicile

Tel Home

Tel Work

Mobile

Email

Correspondence Address (if different to residential address)

Postcode

National Insurance Number

If you do not have a National Insurance Number, please mark ✘ here

Nationality

If you have dual nationality or are not a UK National, please complete the following (you may need to contact your Financial Adviser to help you answer these questions).

Non-UK nationality

If EU: EU National ID Type

National Identifier

If you do not have your National Identifier, please mark ✘ here

Failure to provide us with a National Insurance Number or other National Identifier will mean you will be unable to trade in Exchange Traded Instruments on our platform.

What online access rights do you require? Please mark ✘ in the box as appropriate:

No Online Access Enquiry Only Trading Access*

Note: The access rights you choose as an individual will also apply to any account that you may be linked to. * Trading access is not allowed if you have a Discretionary Fund Manager appointed.

Please indicate all countries outside of the UK in which you are a resident for tax purposes and the associated Tax Reference Number in the table below.

Country of Tax Residency	Tax reference number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If you are not resident in any country for tax purposes, please tick this box and provide details on a separate sheet.

Tax Regulations¹ require us to collect information about each investor's tax residency. In certain circumstances we may be obliged to share information on your policy with HMRC and may be shared with the tax authorities of another jurisdiction. (UK residents should provide their National Insurance Number).

¹ The term "tax regulations" refers to regulations created to enable automatic exchange of information and includes FATCA², various Agreements to Improve Tax Compliance entered into between the UK and its Crown Dependencies and its Overseas Territories and the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information.

² The term FATCA refers to The Foreign Account Tax Compliance provisions contained in the US Hire Act 2010.

Section 1.2 Second Applicant

Existing client reference (if applicable)

Title

Surname

Forename(s)

Date of Birth / /

Residential Address

Postcode

Country of Residence

Country of Domicile

Tel Home

Tel Work

Mobile

Email

Correspondence Address (if different to residential address)

Postcode

National Insurance Number

If you do not have a National Insurance number, please mark ✘ here

Nationality

If you have dual nationality or are not a UK National, please complete the following (you may need to contact your Financial Adviser to help you answer these questions).

Non-UK nationality

If EU: EU National ID Type

National Identifier

If you do not have your National Identifier, please mark ✘ here

Failure to provide us with a National Insurance Number or other National Identifier will mean you will be unable to trade in Exchange Traded Instruments on our platform.

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Note: The access rights you choose as an individual will also apply to any account that you may be linked to. * Trading access is not allowed if you have a Discretionary Fund Manager appointed.

Please indicate all countries outside of the UK in which you are a resident for tax purposes and the associated Tax Reference Number in the table below.

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<input type="text"/>	<input type="text"/>

If you are not resident in any country for tax purposes, please tick this box and provide details on a separate sheet.

Tax Regulations¹ require us to collect information about each investor's tax residency. In certain circumstances we may be obliged to share information on your policy with HM Revenue and Customs and may be shared with the tax authorities of another jurisdiction. (UK residents should provide their National Insurance Number).

¹ The term "tax regulations" refers to regulations created to enable automatic exchange of information and includes FATCA², various Agreements to Improve Tax Compliance entered into between the UK and its Crown Dependencies and its Overseas Territories and the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information.

² The term FATCA refers to The Foreign Account Tax Compliance provisions contained in the US Hire Act 2010.

Section 1.3 Family Groups

Our Family Group facility enables the account charges to be based upon the consolidated assets of the group with the charges applied proportionately to each member. To sign up for Family Group charges, all applicants must meet the eligibility criteria described in the Ascentric Terms and Conditions.

Please mark **✘** in the box that applies to you:

1. More than 1 applicant linked to Family Group

2. Link to an existing account

If part 2 of the above applies, please provide appropriate client reference number:

Section 2 Product Details

Section 2.1 First Applicant

What name would you like to be shown on the new account? (Maximum 50 characters)

The name must reflect or include your surname and one initial.

Please **tick** to select which Wrappers you wish to open:

(a) General Investment Account

Cash amount with this application	How is the cash being paid? Cheque, BACS, CHAPS	Transfer/Re-registration from another wrap platform		Reserve account	Please mark ✘ in the appropriate box to indicate Wrapper type	
		Cash to be transferred	Assets to be re-registered	Cash amount not to be traded?	Advisory Wrapper*	Discretionary Wrapper**
£		£	£	£		

Do you wish to appoint a Discretionary Fund Manager

If you wish to use different investment strategies within this Wrapper, please confirm how many sub-accounts you wish to open: (maximum number is 4)

(b) Stocks and Shares ISA

I apply to subscribe for a stocks and shares ISA for the tax year 20 / 20 and each subsequent tax year until further notice.

Lump sum cash amount with this application	How is the cash being paid? Cheque, BACS, CHAPS	Transfer/Re-registration from another wrap platform		Reserve account	Please mark ✘ in the appropriate box to indicate Wrapper type	
		Cash to be transferred	Assets to be re-registered	Cash amount not to be traded?	Advisory Wrapper*	Discretionary Wrapper**
£		£	£	£		

Do you wish to appoint a Discretionary Fund Manager

If you wish to use different investment strategies within this Wrapper, please confirm how many sub-accounts you wish to open: (maximum number is 2)

Regular Monthly Subscriptions £ monthly

Date I wish the Direct Debit Instruction to start / /

Please complete the Direct Debit Instruction and return it with this form. This form can be found on the platform.

(c) Third Party Product Account

Estimated amount to be invested in this Wrapper £

Do you wish to appoint a Discretionary Fund Manager

Please mark **✘** in the appropriate box to indicate Wrapper type: Advisory Wrapper* Discretionary Wrapper**

* Advisory Wrapper - You have agreed with your Financial Adviser that they can make investments on your behalf if you approve their advice.

** Discretionary Wrapper - You have agreed with your Financial Adviser that this Wrapper will be managed solely by them, and have provided your consent for them to make all investments on your behalf.

As explained in our Terms and Conditions, Ascentric will act on all of the instructions placed by your Financial Adviser in good faith that they are acting in accordance with their agreement with yourselves.

If you have requested a third party product account is opened, we will contact the third party product provider to arrange for this account to be set up. Please provide the following details:

Third Party Product Provider Details

Provider Name Policy Number

Type of policy? e.g. Pension, Offshore Bond

Note: The opening of the Third Party Product Account is subject to the agreement of the third party product provider and website access rights/authorised signatories for this Wrapper will be determined by the third party product provider only.

If assets are to be transferred to the platform, the relevant Transfer Form(s) can be found in the Transfer section of the platform. Any cheques should be made payable to: IFDL Client Nominee A/C.

Section 2.2 Second Applicant

What name would you like to be shown on the new account?
(Maximum 50 characters) The name must reflect or include your name.

Please **tick** to select which Wrappers you wish to open:

(a) General Investment Account

Cash amount with this application	How is the cash being paid? Cheque, BACS, CHAPS	Transfer/Re-registration from another wrap platform		Reserve account	Please mark ✖ in the appropriate box to indicate Wrapper type	
		Cash to be transferred	Assets to be re-registered	Cash amount not to be traded?	Advisory Wrapper*	Discretionary Wrapper**
£		£	£	£		

Do you wish to appoint a Discretionary Fund Manager

If you wish to use different investment strategies within this Wrapper, please confirm how many sub-accounts you wish to open: (maximum number is 4)

(b) Stocks and Shares ISA

I apply to subscribe for a stocks and shares ISA for the tax year 20 / 20 and each subsequent tax year until further notice.

Lump sum cash amount with this application	How is the cash being paid? Cheque, BACS, CHAPS	Transfer/Re-registration from another wrap platform		Reserve account	Please mark ✖ in the appropriate box to indicate Wrapper type	
		Cash to be transferred	Assets to be re-registered	Cash amount not to be traded?	Advisory Wrapper*	Discretionary Wrapper**
£		£	£	£		

Do you wish to appoint a Discretionary Fund Manager

If you wish to use different investment strategies within this Wrapper, please confirm how many sub-accounts you wish to open: (maximum number is 2)

Regular Monthly Subscriptions £ monthly Date I wish the Direct Debit Instruction to start / /

Please complete the Direct Debit Instruction and return it with this form. This form can be found on the platform.

(c) Third Party Product Account

Estimated amount to be invested in this Wrapper £

Do you wish to appoint a Discretionary Fund Manager

Please mark ✖ in the appropriate box to indicate Wrapper type: Advisory Wrapper* Discretionary Wrapper**

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Third Party Product Provider Details

Provider Name Policy Number

Type of policy? e.g. Pension, Offshore Bond

Note: The opening of the Third Party Product Account is subject to the agreement of the third party product provider and website access rights/authorised signatories for this Wrapper will be determined by the third party product provider only.

If assets are to be transferred to the platform, the relevant Transfer Form(s) can be found on the platform. Any cheques should be made payable to: IFDL Client Nominee A/C.

Section 2.3 Joint Applicant

What name would you like to be shown on the new account?
(Maximum 50 characters) The name must reflect or include your name.

Please **tick** to select which Wrappers you wish to open:

(a) General Investment Account

Cash amount with this application	How is the cash being paid? Cheque, BACS, CHAPS	Transfer/Re-registration from another wrap platform		Reserve account	Please mark ✘ in the appropriate box to indicate Wrapper type	
		Cash to be transferred	Assets to be re-registered	Cash amount not to be traded?	Advisory Wrapper*	Discretionary Wrapper**
£		£	£	£		

Do you wish to appoint a Discretionary Fund Manager

If you wish to use different investment strategies within this Wrapper, please confirm how many sub-accounts you wish to open: (maximum number is 4)

(b) Third Party Product Account

Estimated amount to be invested in this Wrapper

Do you wish to appoint a Discretionary Fund Manager

Please mark ✘ in the appropriate box to indicate Wrapper type: Advisory Wrapper* Discretionary Wrapper**

If you have requested a third party product account is opened, we will contact the third party product provider to arrange for this account to be set up. Please provide the following details:

Third Party Product Provider Details

Provider Name Policy Number

Type of policy? e.g. Pension, Offshore Bond

Note: The opening of the Third Party Product Account is subject to the agreement of the third party product provider and website access rights/authorised signatories for this Wrapper will be determined by the third party product provider only.

* Advisory Wrapper - You have agreed with your Financial Advisor that they can make investments on your behalf if you approve their advice.

** Discretionary Wrapper - You have agreed with your Financial Advisor that this Wrapper will be managed solely by them, and have provided your consent for them to make all investments on your behalf.

As explained in our Terms and Conditions, Ascentric will act on all of the instructions placed by your Financial Adviser in good faith that they are acting in accordance with their agreement with yourselves.

If assets are to be transferred to the platform, the relevant Transfer Form(s) can be found on the platform. Any cheques should be made payable to: IFDL Client Nominee A/C.

Section 3 Bank Account Details for Withdrawals

Please provide details of the UK bank account to receive any withdrawals from the General Investment Account and/or Stocks and Shares ISA.

Any withdrawals from a Third Party Product Account will be paid to the bank account notified to us by the third party product provider.

Section 3.1 Applicants Bank Account Details

	First Applicant	Second Applicant	Joint Applicant
Name of account holder(s)			
Bank/Building Society account number			
Branch sort code			
Bank/Building Society Name			
Bank/Building Society Address			

Section 3.2 Withdrawal Instructions

Investment Income	First Applicant	Second Applicant	Joint Applicant
(i) No withdrawal of investment income account (transfer to deposit), OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Leave investment income in income account (pending instructions), OR,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Pay investment income to the bank account named in Section 3.1 above. (This will be paid out upon receipt unless otherwise indicated below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrapper income to be withdrawn from	GIA <input type="checkbox"/> ISA <input type="checkbox"/>	GIA <input type="checkbox"/> ISA <input type="checkbox"/>	GIA <input type="checkbox"/>
Frequency of investment income withdrawals	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half yearly <input type="checkbox"/> Annually <input type="checkbox"/>	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half yearly <input type="checkbox"/> Annually <input type="checkbox"/>	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half yearly <input type="checkbox"/> Annually <input type="checkbox"/>
Date income withdrawals to start*	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Regular Withdrawals	First Applicant	Second Applicant	Joint Applicant
Fixed amount to be withdrawn and paid to the bank account named in Section 3.1 above.	£ From deposit <input type="checkbox"/> or reserve <input type="checkbox"/>	£ From deposit <input type="checkbox"/> or reserve <input type="checkbox"/>	£ From deposit <input type="checkbox"/> or reserve <input type="checkbox"/>
Wrapper income to be withdrawn from	GIA <input type="checkbox"/> ISA <input type="checkbox"/>	GIA <input type="checkbox"/> ISA <input type="checkbox"/>	GIA <input type="checkbox"/>
Frequency of investment income withdrawals	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half yearly <input type="checkbox"/> Annually <input type="checkbox"/>	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half yearly <input type="checkbox"/> Annually <input type="checkbox"/>	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half yearly <input type="checkbox"/> Annually <input type="checkbox"/>
Date income withdrawals to start*	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

*Income withdrawals will only be paid if you select a start date.

Section 4 Financial Adviser Details

Please select the relevant option by marking in the appropriate box below:

1. Initial Adviser Charge

of investment % &/or fixed amount (applicable per payment in) £

Applies to:

- A. Cash Lump Sum
- B. Cash Transfers
- C. Stock Transfers

N.B. If you do not select your charge options, the percentage you have indicated will be applied to all boxes A to C.

2. Initial Adviser Charge for Regular Contributions

of investment %

Applies to:

- A. Regular Contributions

N.B. This charge can be applied on regular contributions (Direct Debits or standing orders).

3. Ongoing Adviser Charge

of investment % &/or annual fixed amount £

Applies to:

- A. Collectives (incl. Investment Trusts, ETFs & FTDs)
- B. Cash
- C. Stocks and Shares

N.B. If you do not select your charge options, the percentage you have indicated will be applied to all boxes A to C.

N.B. Please read below for further information to support charge requests:

- The Initial Adviser Charge must be requested by completing the Online Payments Instruction.
- For Direct Debits, the Initial Adviser Charge for Regular Contributions must be requested via the Direct Debit Instruction form. Alternatively, for standing orders, the Initial Adviser Charge for Regular Contributions must be requested via the Online Payment Instruction Screen.
- Ad hoc charges must be requested by completing an Ad Hoc Adviser Charge form, available on our website.
- All charges entered on this form will be stored on our system and will be used to validate all charge requests made by you or set up on your behalf.
- Ongoing Adviser Charges will be deducted monthly in arrears on a pro-rata basis.

Section 4.1 Confirmation of Verification of Identity Certificate – Applicant 1

Introduction by an FCA Regulated Firm

Please complete this certificate to confirm your client's identity. This is required by us to meet anti money laundering requirements.

Important Information

- **A separate certificate must be completed for each client** (e.g. joint holders). If the payments for the client are being made by a third party, the identity of that person must also be verified and confirmation provided in a separate certificate.
- This certificate cannot be used to verify the identity of any client that falls into one of the following categories:
 - those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification;
 - those who have been subject to Simplified Due Diligence under the Money Laundering Regulations; or
 - those whose identity has been verified using the source of funds as evidence.
- This certificate must carry an original signature.
- We reserve the right to request a copy of the evidence you use to verify the identity of your client.

Part A Private Individual

Name of individual	<input type="text"/>	Individual's previous address*	<input type="text"/>
Individual's current address	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>	Postcode	<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"/>		

*Only complete if the individual has changed address in the last three months.

Part B Confirmation

I/We confirm that the information completed in Part A was obtained by me/us in relation to the client.

Please mark ✖ in one box only:

- The evidence I/we have obtained meets the standard requirements which are defined within the guidance for the UK Financial Sector issued by the Joint Money Laundering Steering Group (JMLSG); or
- The evidence I/we have obtained exceeds the standard requirements and I/we have attached the further evidence I/we used to verify the identity of my/our client to this form.

Firm Name	<input type="text"/>	FCA Individual Reference Number	<input type="text"/>
FCA Firm Reference Number	<input type="text"/>	Authorised Signature (must be signed by the RI)	<input type="text"/>
Registered Individual (RI)	<input type="text"/>	Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Section 4.1 Confirmation of Verification of Identity Certificate – Applicant 2

Introduction by an FCA Regulated Firm

Please complete this certificate to confirm your client's identity. This is required by us to meet anti money laundering requirements.

Important Information

- **A separate certificate must be completed for each client** (e.g. joint holders). If the payments for the client are being made by a third party, the identity of that person must also be verified and confirmation provided in a separate certificate.
- This certificate cannot be used to verify the identity of any client that falls into one of the following categories:
 - those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification;
 - those who have been subject to Simplified Due Diligence under the Money Laundering Regulations; or
 - those whose identity has been verified using the source of funds as evidence.
- This certificate must carry an original signature.
- We reserve the right to request a copy of the evidence you use to verify the identity of your client.

Part A Private Individual

Name of individual	<input type="text"/>	Individual's previous address*	<input type="text"/>
Individual's current address	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>	Postcode	<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"/>		

*Only complete if the individual has changed address in the last three months.

Part B Confirmation

I/We confirm that the information completed in Part A was obtained by me/us in relation to the client.

Please mark ✖ in one box only:

- The evidence I/we have obtained meets the standard requirements which are defined within the guidance for the UK Financial Sector issued by the Joint Money Laundering Steering Group (JMLSG); or
- The evidence I/we have obtained exceeds the standard requirements and I/we have attached the further evidence I/we used to verify the identity of my/our client to this form.

Firm Name	<input type="text"/>	FCA Individual Reference Number	<input type="text"/>
FCA Firm Reference Number	<input type="text"/>	Authorised Signature (must be signed by the RI)	<input type="text"/>
Registered Individual (RI)	<input type="text"/>	Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Section 4.2 Financial Adviser Declaration

To be completed by your Financial Adviser.

I hereby confirm that my client(s) has read the following documentation:

- Ascentric Terms & Conditions
- Ascentric Key Features document
- Ascentric Account Charges

I also confirm my client(s) has agreed to the deduction of charges as detailed in Section 4.

I confirm that:

I have obtained evidence to verify the identity of my client(s), which meets the standard evidence criteria set out within the guidance for the UK Financial Sector issued by Joint Money Laundering Steering Group. I understand and agree that Ascentric are reliant on me having completed this money laundering check. I also agree to provide you with copies of the ID relied upon should that be required for legal or compliance audit purposes and agree that Ascentric may need to carry out a further risk assessment should my client not be physically present for identification purposes and that Ascentric will apply enhanced due diligence checks for politically exposed persons including checks against the HM Treasury sanctions list.

Please mark in this box if your client(s) identity was verified without **face-to-face** contact.

N.B. The Registered Individual or Firm Principal/Director must sign and date.

Firm Name

FCA Firm Ref No.

Registered Individual (RI)

FCA Individual Reference Number

Authorised Signature (must be signed by the RI)

Date

Section 5 Client Declaration

Before signing this Declaration you should read the Ascentric Terms and Conditions and the Ascentric Charges Schedule carefully. These documents give you important information about your Wrap Account and form the basis of the contract between you and Investment Funds Direct Limited. If there is anything that you do not understand, you should contact your Financial Adviser.

By signing this Application Form I/we agree that:

(a) I/We wish to open an Account with Ascentric in accordance with the published Terms and Conditions, which I/we acknowledge having received and to which I/we agree to be bound and any subsequent amendments which Ascentric may inform me/us of from time to time.

(b) I/We confirm that the bank account details in Section 3 are those of my/ our bank account and that I/we have given my/our Financial Adviser instruction to use this account for cash withdrawals.

(c) I/We confirm that my/our Financial Adviser has authorisation to deduct their charges as detailed in Section 4. I/We understand that on cancellation or closure of the Platform Account, Investment Funds Direct Limited will not refund these Adviser Charges. I/We will need to negotiate with my/our Financial Adviser about refunding any of these Adviser Charges.

(d) I/We declare that this application has been completed to the best of my knowledge and belief.

(e) I/We confirm that the information contained within this application form is true and correct. I/We agree to notify you immediately in the event that the information I/we have provided to you changes.

Section 5.1 Applying for an ISA

ISA Subscriptions only

I declare that:

- All subscriptions made, and to be made, belong to me;
- I am 18 years of age or over;
- I have not subscribed and will not subscribe more than the overall annual subscription limit in total to any combination of permitted ISAs in the same tax year;
- I have not subscribed and will not subscribe to another stocks and shares ISA in the same tax year that I subscribe to this stocks and shares ISA;
- I am resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of Section 28 of Income Tax (Earnings & Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or I am married to, or in a civil partnership with, a person who performs such duties;
- I will inform Investment Funds Direct Limited, which acts as the ISA Manager for Ascentric, if I cease to be so resident or to perform such

duties or be married to, or in a civil partnership with, a person who performs such duties;

- I will inform Investment Funds Direct Limited of any other changes in my circumstances affecting any of the information on this application form; and

- I declare that I am not making this application on behalf of a non-individual entity.

ISA Subscriptions and ISA Transfers

I authorise Investment Funds Direct Limited to:

- Hold my cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash; and
- Make on my behalf any claims to relief from tax in respect of ISA investments.

I agree to the ISA Terms and Conditions.

I declare that this application has been completed to the best of my knowledge and belief.

Data Protection

As described in our Terms and Conditions, the personal data that you provide to Investment Funds Direct Limited under this Application will be used by us in compliance with our obligations under the Data Protection Act 1998 and (with effect from 25 May 2018) the General Data Protection Regulation (EU Regulation 2016/679), along with applicable legislation amending, supplementing or replacing the General Data Protection Regulation (together, "Applicable Data Protection Law").

Our Privacy Policy explains how personal data will be collected, used and stored by us and will set out further information required to be provided under Applicable Data Protection Law to the individual to whom the personal data relates. Please see our Privacy Policy (which we will update from time to time) for more information. This is available from your Financial Adviser or on the Platform. If you provide us with information about other investors, you confirm that you will pass on a copy of our Privacy Policy to them so that they are aware of how their personal data will be collected, used and stored by us.

First Applicant Name (Block Capitals)

First Applicant Signature

Date

 / /

(If applicable)

Second Applicant Name (Block Capitals)

Second Applicant Signature

Date

 / /
