

Ascentric Combined Application Form

A. Please read this information before completing the form.

This form can be used to set up your Account on the Ascentric Wrap Service. It can also be used to arrange for regular or one-off payments of transfer values into the Ascentric Pensions Account (APA). Both you and your Financial Adviser are required to complete sections of this form.

Please use BLOCK CAPITALS when filling in answers.

You are receiving advice from a Financial Adviser and you should remember that your Financial Adviser is acting on your behalf not only by giving you advice, but also regarding the completion of this form.

This form has various sections for completion. Please refer to the table below to find out which sections you MUST complete:

Sections to complete/review

	Section 1 Individual Details	Section 2 Product Details	Section 3 Client bank Account Details	Section 4 APA	Section 5 Adviser Details	Section 6 Client & ISA Declaration
All Applications	✓	✓	✓		✓	✓
APA Applications	✓	✓		✓	✓	✓
For ISA Applications	✓	✓	✓		✓	✓

N.B. When completing sections 1 and 2 to open an Ascentric Pension Account or an ISA the "Second Applicant" parts do not apply. Only one individual per APA and ISA application.

Please ensure each applicable section is completed prior to returning this form, via your Financial Adviser, to the Ascentric Client Services Team, 9 Palace Yard Mews, Bath, BA1 2NH.

Any missing information may result in either a delay in processing/ allocation of payments or the return of this application. Should you require any assistance with the completion of this form please contact us on 0871 423 6100.

Additional Information

The following guides/leaflets, are available from www.ascentric.co.uk, and provide further details on some of the features and options available:

- Ascentric Key Features Document
- Ascentric Charges Document
- Ascentric Terms & Conditions
- Ascentric Adviser Brochure
- Ascentric Pension Account Adviser Brochure
- Ascentric Pension Account Client Brochure

Additional forms you may need

You may need to arrange for additional forms to be submitted in support of this application. Please mark ✗ in the box if you are enclosing any of these forms along with this application:

- Third Party Transfer Instruction form (to be used for portfolios held with a third party)
- Product Transfer form (to be used for transferring any ISA)
- Stock Transfer form (to be used to transfer any unit trust/OEIC held in the clients own name)
- CREST Transfer form (to be used to transfer any CREST eligible holding)
- Transfer Discharge Form from previous pension provider (only if applying for an APA)
- Employer Declaration Form where your employer is arranging to pay contributions to your APA
- Ascentric Drawdown Service Client Set Up form (only if applying for an APA)

Section 1 Individual Details

Select the number of applicants you require: (Please mark ✖ in the box(es) as appropriate) Single Application Two Applications Joint Account

Section 1.1 Single or First Applicant

Personal Details:

Title

Surname

Forename(s)

Date of Birth

National Insurance Number *

*** If you have a National Insurance Number you must provide it. If not, please state this and sign to confirm.**

Chosen retirement age or date

Country of Residence

Contact Details:

Tel Home

Tel Work

Mobile

Address

Post Code

First e-mail

Second e-mail

Section 1.2 Second Applicant Details

Personal Details:

Title

Surname

Forename(s)

Date of Birth

National Insurance Number *

*** If you have a National Insurance Number you must provide it. If not, please state this and sign to confirm.**

Chosen retirement age or date

Country of Residence

Contact Details: If your contact details are the same as the first applicant, please mark ✖ in this box

Tel Home

Tel Work

Mobile

Address

Post Code

First e-mail

Second e-mail

If there are more than two applicants, please complete the remaining details on a supplementary application form that can be found in the New Business section of the IFA Zone on www.ascentric.co.uk.

If you would like to create a joint account using the applicant details in sections 1.1 and 1.2, please mark ✖ in the box

Section 1.3 Access Rights

What access rights should the Account have?
(Please mark ✖ in the box(es) as appropriate)

	Single Applicant	Second Applicant	Joint Account
No Online Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enquiry Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trading Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1.4 Family Groups

Our Family Group facility enables the Ascentric platform 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 be immediate family members who all live at the same residential address.

Please mark in the box that applies to you:

1. More than 1 applicant linked to family group

2. Link to an existing Ascentric account

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

Section 2 Product Details

Section 2.1 Single or First Applicant

Single or First Applicant Name

Please mark in the appropriate box(es) for the Wrappers you wish to open, the source of funds and if a cash amount accompanies this application, please indicate in the box(es) provided:

General Investment Account
Please make cheques payable to Ascentric Client A/C

£

Stocks and Shares ISA
Please make cheques payable to Ascentric Client A/C

£

Ascentric Pension Account

Third Party Product Account

Source of Funds

Cheque

BACS

Transfer

(E.g. SIPPs, SSASs, Bond providers)

Please provide your product partner name(s) below:

Wrap Account Name

If you would like a specific name for your account please enter here (i.e. Peter's Retirement Fund).

Portfolio Value

Please enter here the estimated value of your portfolio to be registered on the Ascentric Wrap.

£

Should you wish to transfer any Investment accounts onto the Ascentric Wrap platform please complete the relevant Transfer Form(s) that can be found in the Transfers section of the IFA Zone on www.ascentric.co.uk.

To speed up the transfer process, always attach your client's latest valuation.

For Ascentric Pension Account applications

For existing Ascentric Wrap Account clients taking out an APA application please provide current Client Reference Number and proceed to section 5.

Section 2.2 Second Applicant

Second Applicant Name

Please mark in the appropriate box(es) for the Wrappers you wish to open, the source of funds and if a cash amount accompanies this application, please indicate in the box(es) provided:

General Investment Account
Please make cheques payable to Ascentric Client A/C

£

Stocks and Shares ISA
Please make cheques payable to Ascentric Client A/C

£

Ascentric Pension Account

Third Party Product Account

Source of Funds

Cheque

BACS

Transfer

(E.g. SIPPs, SSASs, Bond providers)

Please provide your product partner name(s) below:

Wrap Account Name

If you would like a specific name for your account please enter here (i.e. Peter's Retirement Fund).

Portfolio Value

Please enter here the estimated value of your portfolio to be registered on the Ascentric Wrap.

£

Should you wish to transfer any Investment accounts onto the Ascentric Wrap platform please complete the relevant Transfer Form(s) that can be found in the Transfers section of the IFA Zone on www.ascentric.co.uk.

To speed up the transfer process, always attach your client's latest valuation.

Section 2.3 Joint Account

Joint Applicant Name(s)

Please mark **X** in the appropriate box(es) for the Wrappers you wish to open, the source of funds and if a cash amount accompanies this application, please indicate in the box(es) provided:

General Investment Account
Please make cheques payable to Ascentric Client A/C £

Third Party Product Account

Source of Funds Cheque BACS Transfer

(E.g. Bond providers)

Please provide your product partner name(s) below:

Wrap Account Name

If you would like a specific name for your account please enter here (i.e. Peter's Retirement Fund).

Portfolio Value

Please enter here the estimated value of your portfolio to be registered on the Ascentric Wrap.

£

Should you wish to transfer any Investment accounts onto the Ascentric Wrap platform please complete the relevant Transfer Form(s) that can be found in the Transfers section of the IFA Zone on www.ascentric.co.uk.

To speed up the transfer process, always attach your client's latest valuation.

Section 3 Client Bank Account Details (Non APA)

Please enter bank account details to which outbound payment(s) should be made and ensure that the form is signed.

For any queries, to confirm details surrounding payment instructions or to set up regular client payments, please contact the Ascentric Payments Team via email on payments@ascentric.co.uk.

Single Applicant or Joint Bank Account Details

(If you are using more than one bank account please print off additional sheet(s) as required and submit together with the application.)

Names of account holder(s)

Bank/Building Society account number

Branch sort code

Full Name and Postal address of your Bank or Building Society

Name Bank/Building Society

Address

Post code

Payment Notes (if any)

Section 3.1 Income Payment Instructions

Natural Income Payment Instructions

No income withdrawal (transfer to deposit)

Leave in income account pending instructions

Withdraw the Natural Income (This will be paid out upon receipt unless otherwise indicated below)

Wrapper(s)

Monthly Quarterly Half Yearly Annually

Regular Withdrawal Instructions

Payment from deposit (or reserve account where applicable) and withdraw the following fixed amount.

Amount £

Monthly Quarterly Half Yearly Annually

Wrapper(s)

Start Date

Section 4 Ascentric Pension Account (APA)

Section 4.1 APA Eligibility

Please mark ✖ in the box(es) below which apply to you:

Do you wish to transfer another pension to this arrangement?

Yes No

I have been resident in the UK during the current tax year

I have UK earnings which are chargeable to income tax

I have been resident in the UK at some time during the 5 previous tax years immediately before the current tax year and also upon joining the Ascentric Pension Account

I am a crown servant

My spouse or civil partner is a crown servant

Please mark ✖ in the most appropriate box below – one box must be marked

Do you wish to transfer another pension to this arrangement?

Employed Self employed

Unemployed Pensioner

Caring for one or more children under 16

Caring for a person aged 16 or over

In full time education

Other (Please specify below)

Section 4.2 Ascentric Pension Account (APA) Contribution

Please complete this section if single or regular contributions are to be paid into the APA.

Enhanced Protection

If you have enhanced protection, any contribution made to the APA means that you will lose this protection.

Annual Allowance

All contributions to your APA, together with any contributions to or accruals

in any other Registered Pension Schemes must be tested against the Annual Allowance which is set by HMRC. For 2010-11 this is £255,000. The APA is unable to accept contributions in excess of 100% of your total earnings which are taxable in the UK (unless under £3,600).

ALL CHEQUES TO BE MADE PAYABLE TO: "Ascentric Client A/C"

Section 4.21 Employment Details

What are your total earnings which are taxable in the UK? £

Employer name*

Employer address*

* You need only complete your employer details if you are employed (taxed under PAYE) and your employer is to contribute or your contributions are to be remitted via your employer's bank account.

Section 4.22 Personal Contributions

Frequency of regular contributions:

Monthly Quarterly Half Yearly Annually

Payment by:

Cheque Standing Order (available from www.ascentric.co.uk)

Regular date of the month that your payment is expected

Date first payment is expected

Single contribution £

Regular contribution £

Please enter amount on your cheque or standing order.

We will automatically credit basic rate tax on eligible personal contributions where the personal contribution is below £196,000. For contributions in excess of this amount, we will credit the basic rate tax to your APA once we have received it from HMRC which will typically be 6 to 11 weeks after we receive your contribution.

If you and your employer both wish to contribute to your APA, you can arrange for your payments to be set to a different date than those from your employer.

Will your personal contributions be paid to us by a third party, other than your employer?

Yes No

If yes, please provide the name and address of the third party:

Title Male Female

Surname

Forename(s)

Permanent Residential Address

Any other name the third party has been known by:

Please provide documentary evidence of the identity of any third party.

Your Financial Adviser is able to do this for you or you may supply certified copies to us. Please contact your Financial Adviser if you have any queries.

If personal contributions are to be paid by your employer, please ask your employer to complete and forward to us an Employer Declaration Form.

Section 4.23 Employer Contributions

Frequency of regular contributions:

Monthly Quarterly Half Yearly Annually

Payment by:

Cheque Standing Order
(available from www.ascentric.co.uk)

Regular date of the month that your payment is expected

Date first payment is expected

Single contribution

£

Regular contribution

£

We are not able to reclaim any tax on employer contributions.

If your employer wishes to contribute to your APA, please ask your employer to complete and forward to us an Employer Declaration Form.

Section 4.3 APA Transfers

Please complete this section if you wish to transfer pension rights from another provider to the APA.

Please print additional forms if you wish to transfer in from more than one pension scheme.

Section 4.31 Details of the transferring scheme

Full name of transferring scheme

Type of scheme being transferred (if known)

Estimated transfer value of non protected rights (if known)

£

Estimated transfer value of protected rights (if known)

£

Name of scheme administrator/trustee/insurance company

Address of scheme administrator

Policy/Account/Member number under the transferring scheme

PSTR Number (if known)

Please mark ✖ which of the following statement(s) apply:

I have not started to take any benefits from the transferring scheme (all benefits are uncrystallised)

I have started to take benefits (income drawdown) from the transferring scheme (crystallised benefits)

Part of the transfer payment relates to benefits from an ex-spouse/ex-civil partner on divorce/dissolution of a civil partnership.

Was any part of your ex-spouse's/ex-civil partner's pension already in payment at the time of divorce/dissolution of civil partnership?

Is this transfer payment part of a block transfer?

If you are transferring a crystallised arrangement, i.e. one which some benefits have been drawn from, or from which you are receiving income, please also complete the Drawdown Service Set Up form (APADSAF0709).

Please mark ✖ which of the following apply to the transfer:

The transfer payment will comprise only of cash (cheque or bank transfer)

Other assets are to be transferred in specie. Where assets are to be transferred, please forward a full list of assets that are proposed to be transferred. We will then review and confirm (or otherwise) our agreement to accept the transfer.

Section 4.4 Expression of Wish – Disposal of Death Benefit

This form should be completed to provide details of those people you would like to receive any benefits payable by the APA on your death. If there is a trust in place at the date of your death, the Rules specify that we will automatically pay any lump sum death benefit due from your APA to the trust. Please be aware, however, that in certain circumstances, for example,

where there are Protected Rights funds or where you were over the age of 75 at your death, we may be obliged, due to legislation, to make payments to individuals/organisations not of your choosing.

Your Expression of Wish may be changed in writing at any time.

The Trustee of the APA is not bound by the Expression of Wish Form.

Section 4.41 Trust Nomination (Please complete if you wish us to pay benefits to a trust)

Please indicate if you wish us to pay benefits due to a trust.

Yes No

Date of Trust

Name of Trust

Name of Trustees

Address where Trust is held

Section 4.42 Individual nomination

Please complete if you wish to nominate individual beneficiaries

Beneficiary 1

Name

Address

Date of Birth

Relationship

% of Fund %

Beneficiary 2

Name

Address

Date of Birth

Relationship

% of Fund %

Please add additional beneficiaries on a separate sheet so that the total is 100%

Section 4.43 Charity Nomination (on death in ASP)

Please complete if you wish any funds to be paid to charity

Charity Name

Charity Registration Number (if known)

% of Fund %

Address

Please add additional charities on a separate sheet so that the total is 100%

Section 5 Adviser Details

Adviser Fee to be deducted:

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

<input type="checkbox"/>	1. Annual Adviser Fee:		
	of investment	fixed amount	
	<input type="text" value=""/>	<input type="text" value=""/>	
	%	£	

The Adviser Fee applies to:

- A. Collectives (incl. Investment Trusts & ETFs)
- B. Cash
- C. Stocks and Shares
- D. Non - Custody Assets
- E. Fund Manager rebates only

<input type="checkbox"/>	2. Adviser's Initial Fee:		
	of investment	fixed amount	
	<input type="text" value=""/>	<input type="text" value=""/>	
	%	£	

N.B. Please note if you do not tick your fee options, the percentage you have indicated will be applied to all boxes listed A to C.

Please note that the initial fee on trades should be entered at the point of dealing. Any other initial remuneration (for example on units transferred in or cash amounts deposited) or requests for ad hoc fees will need to be requested via the online payments function or, alternatively, by issuing an invoice to Ascentric.

Should the initial remuneration requested via the online payments function or by invoice exceed £1,000, we will need confirmation of your client's authorisation to process this payment. Therefore please ensure the box(es) are completed.

N.B. Adviser Fees will be deducted monthly in arrears on a pro-rata basis.

Section 5.1 Adviser Declaration

I hereby confirm that I have explained the relevant details covered in the documents listed below to my client (the applicant in this application form):

- Ascentric Terms & Conditions
- Ascentric Key Features Document
- Ascentric Charging Schedule

I/We confirm that:

I/we 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 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.

Firm Name

FSA Firm Ref No.

Registered Individual

Authorised Signature

Date

Section 6 Client Declaration - Data Protection Act 1998

Investment Funds Direct Limited is a member of the Royal London Group. We ("Investment Funds Direct Limited" or "IFDL") will use the information supplied on this form (including any sensitive personal information) and information we obtain from other sources for:

- Administering your investments
- Customer Services
- Dealing with your APA
- Statistical Market Research
- To prevent and detect crime

In addition, solely in order for us to carry out business effectively, that information may also be passed to:

- Our regulator
- Auditors
- Legal and financial advisers
- Other financial institutions connected with the provision of you investments (e.g. fund managers)
- Authorised agents
- Third party service providers
- Authorised Law enforcement agencies and Local Authorities

However, your personal information will not be passed to other companies outside the Royal London Group unless we have your permission to do so, are under a legal obligation or duty to do so or it is required to provide the services requested.

In order to ensure the efficient running of the investment, we may share the

information provided by you with other data processors acting on our behalf and who may be outside the European Economic Area. In this event we are bound by our obligations under the Data Protection Act to ensure your information is adequately protected.

If you provide us with information about other investors, you confirm that they have appointed you to act for them to consent to the processing of their personal data and that you have informed them of our identity and the purposes (as set out above) for which their personal data will be processed.

We may carry out an identity authentication check to verify your identity. This involves checking the details you supply against those held on databases that may be accessed by the reputable third party company that carries out checks on our behalf. This includes information from the Electoral Register and fraud prevention agencies. We will use scoring methods to verify your identity. A record of this search will be kept and may be used to help other companies to verify your identity. We may also pass information to other organisations involved in the prevention of fraud and money laundering, to protect ourselves and our customers from fraud and theft. If false or inaccurate information and fraud is suspected, this will be recorded and may be shared with other organisations.

Under the terms of the Data Protection Act 1998, you are entitled to ask for a copy of the information we hold on you. A fee may be charged for this service.

In addition, if any of the information we hold on you is inaccurate or incorrect, please let us know and we will correct it. Requests should be made in writing to: Investment Funds Direct Limited, 9 Palace Yard Mews, Bath, BA1 2NH.

All applicants must read and sign this section

I/We hereby confirm that I/We have read and agree with all the information provided with this form and that I/We have read and agree to the Ascentric Terms and Conditions.

I/We confirm the following:

I/We have read and agree with all the information provided with this form.

I/We have read and agree the Terms and Conditions.

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 Independent Financial Adviser instruction to use this account for cash withdrawals.

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

I/We confirm that my/our Independent Financial Adviser has authorisation to deduct their fees as detailed in Section 5.

Section 6.1 Applying for an ISA

If applying for an ISA. I/We authorise Investment Funds Direct Ltd 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 on receipt of my written request to transfer or pay to me monies in respect of this
- Make on my behalf any claims to relief from tax in respect of ISA investments

I/We agree to ISA terms and conditions

I apply to transfer my existing ISA and/or subscribe to a stocks and shares ISA for the tax year 2010 / 2011 and each subsequent year until further notice.

For this purpose 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 a cash ISA and a stocks and shares ISA 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 and ordinarily 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 Ltd, which acts as the ISA Manager for Ascentric, if I cease to be so resident and ordinarily 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 Ltd of any other changes in my circumstances affecting any of the information on this application form
- I confirm that I have read and agree to the Terms and Conditions provided on the website: www.ascentric.co.uk and apply to invest in an Investment Funds Direct Ltd stocks and shares ISA

If you are transferring an ISA to us, you will need to complete the ISA Product Transfer Form, details of which can be found on the Transfers section of the IFA Zone on www.ascentric.co.uk.

N.B. An ISA declaration must be completed for each individual requiring a new ISA Subscription. This declaration allows for subscriptions to be made each year without the need for a new form, but ceases to be valid at the end of a tax year in which you fail to make a subscription. If/when this happens a fresh application will be required before subscriptions can re-commence.

Section 6.2 Applying for an Ascentric Pension Account

If applying for an Ascentric Pension Account (APA), by signing below you are confirming that you have read and understand the following:

I wish to apply for membership of the Investment Funds Direct SIPP (the "Scheme") using the Ascentric Pension Account (the "APA") and I agree to comply with the Scheme Rules.

My total pension input – i.e. the sum of all contributions to all pension schemes plus any growth in the beneficial value of any defined benefit schemes which I am a member of – will not be greater than 100% of my income for the relevant tax year in question, or £3,600 if greater.

I understand that it is my responsibility to inform HMRC if subsequent years' contributions exceed the annual allowance in any tax year and that I will be responsible for any resultant additional tax charge.

I have read the Key Features Document, and the Terms and Conditions of the APA, and understand them.

I agree to be bound by the Terms and Conditions of the Ascentric Pension Account.

I understand that IFDL will stop collecting any regular payments if I become ineligible for the Scheme, or if tax relief is no longer applicable to them.

I will notify IFDL within 30 days, or the next 5th April, whichever is the later, if I become ineligible to contribute.

I understand that, unless I have requested a different start date, this contract will start on the day you have received both the signed and completed Client Application Form and my first contribution (or transfer payment).

I understand that IFDL may pass information about me to third parties where required to do so in the interests of crime prevention.

I have taken advice from the Financial Adviser named in Section 6 before making this application.

(If applicable)

Applicant Name (1) (Block Capitals)

Signature

Date

Applicant Name (2) (Block Capitals) Not applicable to APA/ISA

Signature

Date