



## Discretionary Pension Client Agreement for clients of Financial Advisers (External Provider)

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**Account name(s) (including any sub-account designation)**

**To be read in conjunction with the enclosed *Terms and Conditions***

Words and phrases used in this *Client Agreement* shown in italics have the definitions set out in the Definitions section at the end of the *Terms and Conditions*. For the purpose of this *Agreement*, references to “we” “our” or “us” refer to Investec Wealth & Investment (“IW&I”) and references to “you” or “your” refer to the party or parties named above, unless otherwise stated.

This *Client Agreement* and the other documents (as set out in Section 1 and the *Terms and Conditions*) which form the *Agreement* between us and you set out the basis upon which IW&I will provide these services to you. It replaces all prior arrangements or understandings between us and you.

**Please complete this document as comprehensively as possible. Please complete all fields as applicable; any gaps should be marked ‘not applicable’.**

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## Primary contact details

### Section 1

## Our Agreement

This *Client Agreement* should be read in conjunction with the *Terms and Conditions* (including the Annexes), Managing Your Investments document and ratecard which sets out our charges, and any other document as listed in the *Terms and Conditions*, which we may provide to you which states it is to form part of the *Agreement* between us and you.

As stated in the *Terms and Conditions*, the *Agreement* between the Trustees and us will come into force when all of the following matters have been completed:

1. We have received a completed and signed copy of this *Client Agreement*.
2. We have fulfilled our obligations under the appropriate Money Laundering legislation or regulations in respect of our engagement by new customers.

Once the above matters have been completed, and if applicable, we have re-registered your securities in the name of our *nominee company*, you will receive from us a *Commencement Letter* which sets out the date on which we shall begin to manage the Pension Scheme's portfolio in accordance with the terms of this *Agreement*.

## Suitability

For the purposes of this *Agreement*, please note that IW&I will only act in the capacity of Investment Manager and will not be responsible for establishing whether the use of Retirement Accounts, SIPPS, Income drawdown, Phased Retirement or any other retirement options are suitable for your specific circumstances. If you are in any doubt about the suitability of any of these options you should seek advice from your Independent Financial Adviser.

Due to the nature of capital markets and the volatility of *investment* returns from all types of assets there will always be the risk that investment targets are not met, and/or the capital value of your assets may be reduced. When considering your *investment* targets we will assume that your overall strategic financial planning assumptions incorporate the flexibility to accommodate some disappointment in annual returns unless you inform us otherwise.

## Our nominee services

The Pension Scheme's assets will be registered in the name of our *nominee company* and held on trust on your behalf. Our *nominee company* is a member of the CREST Settlement System and, wherever practicable, will hold your stock in uncertificated form. Assets held in our *nominee company* are subject to the rules of the *Financial Conduct Authority (FCA)*.

You should be aware that the time taken to re-register cash, assets, shares and/or securities in the name of our *nominee company* will vary dependent on a number of factors outside of our control. As such we may not be able to effect any transaction you instruct us to carry out prior to the date set out in the *Commencement Letter* and we do not accept liability for any loss you may suffer as a result of being unable to deal in your assets whilst they are in the process of re-registration in the name of our *nominee company*.

In the event that you continue to receive correspondence direct from companies or their registrars (particularly in respect of corporate actions), you should inform us immediately and retain any such documentation pending our recommendation.

## Section 1

Applicant's personal details																					
MEMBERSHIP NUMBER (IF KNOWN)																					
TITLE (MR/MRS/MISS/MS/OTHER)		FORENAME(S)				SURNAME															
OTHER NAMES (ALIAS/MAIDEN ETC)																					
PERMANENT RESIDENTIAL ADDRESS*																					
						POSTCODE															
TELEPHONE (HOME)				TELEPHONE (BUSINESS)				TELEPHONE (MOBILE)													
EMAIL ADDRESS																					
DATE OF BIRTH						MARRIED/CIVIL PARTNER				SINGLE				DIVORCED				WIDOWED			
GENDER		MALE		FEMALE		EXPECTED RETIREMENT AGE				NATIONAL INSURANCE NUMBER											
NATIONALITY																					
NATIONAL CLIENT IDENTIFIER (NCI)**																					
DUAL NATIONALITY																					
SECOND NATIONAL CLIENT IDENTIFIER (NCI)**																					
COUNTRY OF BIRTH																					
COUNTRY OF RESIDENCE																					

### Notes:

If you do not enter an expected retirement age we will assume it to be your 75th birthday. This does not affect your right to begin taking benefits at any age within the range allowed by HMRC rules.

We do not accept applications from individuals resident in, or a citizen of the United States of America.

\* If you have resided at the above address for less than 5 years please provide your previous address details in the section entitled 'Additional Information'.

\*\* A table detailing NCI information required for each country (where applicable) can be found on the back of the 'Nominated Persons Form' in section 11 of this document. If the relevant country is not listed, please provide a valid passport number and expiry date. Should you or the second applicant have dual nationality, please complete the NCI details (where applicable) for each nationality. If you do not have the information attached, please contact your Investment Manager.

**Pension provider**

FULL NAME OF PENSION PROVIDER											
POLICY REFERENCE NUMBER											
ADDRESS											
								POSTCODE			
TELEPHONE						FACSIMILE					
EMAIL											
FCA NUMBER											
LEGAL ENTITY IDENTIFIER (LEI)*										LEI EXPIRY DATE	

**Pension trustee (if different from Pension Provider)**

FULL NAME OF TRUSTEE											
ADDRESS											
								POSTCODE			
TELEPHONE						FACSIMILE					
EMAIL											

**Managing Trustees (if different from Pension Provider)**

FULL NAME 1										TITLE	
RESIDENTIAL ADDRESS											
								POSTCODE			
						DATE OF BIRTH					
EMAIL				MOBILE				TELEPHONE			
NATIONALITY				COUNTRY OF BIRTH				COUNTRY OF RESIDENCE			

FULL NAME 1										TITLE	
RESIDENTIAL ADDRESS											
								POSTCODE			
						DATE OF BIRTH					
EMAIL				MOBILE				TELEPHONE			
NATIONALITY				COUNTRY OF BIRTH				COUNTRY OF RESIDENCE			

FULL NAME 1										TITLE	
RESIDENTIAL ADDRESS											
								POSTCODE			
						DATE OF BIRTH					
EMAIL				MOBILE				TELEPHONE			
NATIONALITY				COUNTRY OF BIRTH				COUNTRY OF RESIDENCE			

For any additional Trustees who are authorised to give instructions, please complete full name, address and date of birth details on a separate sheet of paper.

If the Scheme is a small Self-Administered Scheme, are all the Trustees members?  YES  NO  
 If no, please provide details below or on a separate sheet of paper.

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# Primary contact details

## Section 1

### Scheme administrator (if different from Managing Trustee)

FULL NAME OF SCHEME ADMINISTRATOR			
ADDRESS			
		POSTCODE	
TELEPHONE	FACSIMILE		
EMAIL			

### Pension Provider/Trustee bank details

Any funds which we hold for the Pension Scheme will be held in a bank account on the Pension Scheme's behalf subject to the FCA Client Assets Rules. If you request us to pay money to the Pension Scheme, we will normally only pay money by automated transfer to the bank or building society nominated by the Trustees below. If the Pension Scheme's account changes we will ask the Trustees to confirm this in writing in advance of payment.

ACCOUNT NAME			
BANK / BUILDING SOCIETY			
BRANCH			
SORT CODE			ACCOUNT NUMBER
BUILDING SOCIETY ROLL NUMBER			
TRUSTEE SIGNATURE		TRUSTEE SIGNATURE	

### Professional advisers (if relevant)

#### Accountant

ACCOUNTANT'S NAME			
ADDRESS			
		POSTCODE	

#### Solicitor

SOLICITOR'S NAME			
ADDRESS			
		POSTCODE	

#### Actuary

ACTUARY'S NAME			
ADDRESS			
		POSTCODE	

Section 2

**Applicant's status**

Please tick the category or status applicable for your main source of income.

Employed     
  Receiving a pension chargeable to tax     
  Self employed     
  Child under the age of 16  
 Caring for one or more children aged under 16     
  Caring for a person aged 16 or over     
  In full time education     
  Unemployed  
 Other (PLEASE STATE)

OCCUPATION (IF APPLICABLE)     
  PREVIOUS OCCUPATION (IF RETIRED OR OCCUPATION HAS CHANGED WITHIN THE LAST THREE YEARS)

**Origin of Wealth**

Please provide details of the origin of your wealth.

**Source of Funds**

Please provide details of the source of the funds being introduced into your portfolio.

Please note these requirements are not exhaustive. Further checks may be made and additional information may be requested before the account can be opened. We, along with most other UK financial services companies, subscribe to electronic data services as part of our verification process.

**Scheme particulars**

PENSION SCHEME NAME

PENSION SCHEME TAX REFERENCE

**Is the Scheme:**

(i) Defined Contribution (Money Purchase)  **or**  Defined Salary (Salary Related)  
 (ii) Contracted-In  **or**  Contracted-Out  
 (iii) Small Self-Administered Scheme  YES  NO  
 (iv) SIPP  YES  NO  
 (v) Funded/Unfunded Unapproved Retirement Benefits Scheme  YES  NO  
 (vi) Qualifying Registered Offshore Pension Scheme  YES  NO

Where appropriate, please provide a copy of the Scheme Booklet/Announcement Letter, together with copies of the latest audited accounts and actuarial valuation.

Are these documents enclosed with this Agreement?

Scheme Booklet/Announcement Letter  YES  
 Latest Audited Accounts  YES  
 Latest Actuarial Valuation  YES  N/A

# Details of the scheme/Investment policy

## Sections 2-3

Are any pensions currently being paid from the Scheme?

 YES NO

If yes, please provide full details


Do the Trustees have a responsibility to prepare and maintain a Statement of Investment Principles in accordance with the Pensions Act 1995?

 YES NO

If yes, please attach a copy of the latest statement – copy attached?

 YES NO

Is there power to employ a discretionary portfolio manager?

 YES NO

Is there power to utilise a nominee company?

 YES NO

## Section 3

### Level of portfolio risk

Which of the following statements most closely matches your attitude to portfolio risk?

Please read our Managing Your Investments document for information on our risk classifications.

 Low Low/Medium Medium Medium/High High

### Investment objectives

To enable us to understand and assist in meeting the Trustees' requirements, please tick one of the following objectives.

To achieve a **balanced return** from **income** and **capital growth**

To maximise **capital growth**

To maximise **income**

### Investment strategy

The Trustees require the Investment Manager to have regard to the need for diversification. Asset allocation between different kinds of *investment* and individual securities is to be at the discretion of the Investment Manager, subject to the restrictions imposed by the Trustees.

### Defined mandate

If you wish us to adopt an alternative investment mandate that either excludes or only includes asset classes please provide details below.


We will agree with you an appropriate benchmark that is relevant to your defined mandate.

### Time horizon

What is the timeframe for investment?

 1-5 YEARS 5-10 YEARS 10 YEARS+

Section 4

**Income options**

Anticipated Start Date for Benefits  IMMEDIATE  OTHER

Will you be taking a pension commencement lump sum?  YES  NO

If Yes, will you be taking £  or  maximum

How much of the pension portfolio managed by Investec Wealth & Investment Limited will be used to provide drawdown pension?

All  Part of Fund  Amount of income required £

Preferred payment frequency: Monthly  Quarterly  Yearly

Date of first payment:

Which of the following, if any, describe your reason for choosing to take drawdown pension payments?

Drawdown pension is being used to preserve the death benefits/tax free lump sum

Drawdown pension is being used until annuity rates can be reviewed at the next 5 year review

Drawdown pension is being used to defer annuity purchase for as long as possible

Drawdown pension is being used to generate the above level of income until the next 5 year review irrespective of capital value

Drawdown pension is being used to generate the above level of income whilst aiming to protect capital value

Drawdown pension is being used to generate the above level of income whilst aiming to protect your annuity purchasing power (assuming constant interest/annuity rates)

Other - please state

The level of income required per annum is likely to rise

The level of income required per annum can and may be reduced

0-49%

This SIPP provides 50-79%  Of total retirement income (including all income sources)

80-100%

Please indicate the importance of maintaining your income requirements. Low  Medium  High

### Section 5

#### Investment instructions or restrictions

Please note that we will not accept instructions to invest in investments other than those listed in the notes to this Section below – *Permitted Investments* (and to the extent that this restriction is inconsistent with the Trust Deed and Rules of the Pension Plan, this *Agreement* will prevail).

Please indicate in the box below whether there are any *investment* instructions or restrictions. If no restrictions are specified, we may recommend to you any *investment* or that you enter into a transaction on any market referred to in Section 6 of our *Terms and Conditions* which we believe to be suitable for you.

Either:

INVESTMENT INSTRUCTIONS  
OR RESTRICTIONS

or

THERE ARE NO  
INVESTMENT RESTRICTIONS

PLEASE TICK BOX AND SPECIFY IN THE SPACE BELOW

PLEASE TICK BOX

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**Note:** The following are generally regarded as being *Permitted Investments*:

- Unit Trusts (resident in the *UK* and authorised, non-resident but subject to *FCA* regulation, and recognised US mutual funds).
- Investment Trust shares through investment trust savings schemes or investment plans (operated by persons *UK* resident and authorised or non-resident but subject to *FCA* regulation).
- OEICS (Open Ended Investment Company Shares).
- Stocks and Shares traded on any stock exchange recognised by HM Revenue & Customs (HMRC) (including the AIM) including equities, fixed interest securities issued by the government or other bodies, debenture stock or other loan stock, warrants for equities, permanent interest bearing shares and convertible securities.
- Futures and options traded on any recognised stock exchange in currencies, equities, bonds and long or short positions or options.
- Insurance Company managed and unit linked funds – Investment policies or unit linked funds of a *UK* insurance company or within the EEC authorised under Article 6 of the First Life Insurance Directive.
- Traded endowment policies traded by a *FCA* regulated person.
- Deposit accounts with an authorised institution.
- UCITS (Undertaking for Collective Investment Schemes in Transferable Securities).
- Depository Interests including CREST.
- Your pension provider may impose additional restrictions.

#### Portfolio operation

The Investment Manager is to manage the portfolio on the basis set out in Part 4 to the Financial Policy and Investment Powers section, in accordance with the Statement of Investment Principles.

#### Benchmark

As outlined in our *Terms and Conditions*, performance will be measured against an appropriate benchmark. The suggested benchmarks to be used are detailed in the Managing Your Investment brochure. However, if the Trustees wish to adopt a bespoke index, please provide details of this below or on a separate sheet of paper.

(INSERT DETAILS OF BESPOKE BENCHMARK)
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#### Communication

Instructions from the Trustees will be accepted in accordance with the written investment authority held by the investment manager.

#### Valuations and investment reports

A valuation of your portfolio will be produced on the  DAY of  MONTH

(not later than three months from the commencement date of the *Agreement*) and thereafter at quarterly intervals.

The Investment Manager will provide the following quarterly reports:

- (a) a valuation in the Investment Manager's standard form;
- (b) a comparison of the portfolio return in relation to the agreed benchmark.



## Section 6

### Pension Advice

Did you receive advice to take out your Pension Plan?  YES  NO

Please ensure that details of your *financial adviser* are recorded on page 13.

## Section 7

### Despatch of correspondence & confirmation of trades

Please indicate below to whom you would like valuations, general correspondence and tax information to be sent.

<b>Provide Valuations to:</b>	ME <input type="checkbox"/>	MY FINANCIAL ADVISER FIRM <input type="checkbox"/>	PENSION PROVIDER <input type="checkbox"/>
<b>Provide confirmation of trades to:</b>	ME <input type="checkbox"/>	MY FINANCIAL ADVISER FIRM <input type="checkbox"/>	PENSION PROVIDER <input type="checkbox"/>
<b>Provide general correspondence to:</b>	ME <input type="checkbox"/>	MY FINANCIAL ADVISER FIRM <input type="checkbox"/>	PENSION PROVIDER <input type="checkbox"/>
<b>Provide Tax Pack to:</b>	ME <input type="checkbox"/>	MY FINANCIAL ADVISER FIRM <input type="checkbox"/>	PENSION PROVIDER <input checked="" type="checkbox"/>
<b>If you would prefer we can undertake all communication via your <i>Financial Adviser</i>* (please tick)</b>	<input type="checkbox"/>		

\* If you request Valuations (including any digital valuations), Loss Notifications and/or all communications to be sent to your *Financial Adviser* only, your *Financial Adviser* will be responsible for forwarding all of these communications to you in a timely manner. If no boxes are ticked, we shall forward the documents to you.

### IW&I Online

The IW&I Online service will provide you with secure access to real time holdings, asset allocation, quarterly valuations and many additional features.

To use this service, please provide a memorable six letter word that will be used for security purposes.

Applicant 1

By using the IW&I Online service you will have access to your valuations online and you will be notified by email when they are available to view. **We will not send you paper copies of your valuation by post.**

However, if you would prefer to receive paper copies of your valuations by post please tick this box

#### Please Note:

1. Each applicant must have their own email address and preferably mobile telephone number.
2. Kindly ensure that you have provided both the email address and mobile telephone number within Section 1 of this form.
3. We will send you an email outlining how to log in for the first time. You will be required to have the six letter memorable word above to hand.
4. Please refer to our full Terms and Conditions document for details of the terms and conditions applicable for IW&I Online.

### Instructions from any *nominated person*

If you wish to appoint any *nominated person* or entity to pass instructions to us in respect of the operation of your account (e.g. spouse, partner, other adviser, etc.) please complete the separate nomination form at the back of this document,

Please tick relevant box and complete section listed

Nominated entity (e.g. Solicitors, Accountant, etc.)	<input type="checkbox"/>	Section 10
Nominated person (e.g. spouse, relative, adviser etc.)	<input type="checkbox"/>	Section 11

## Communication with other parties/Instructions

### Sections 7-8

#### Information to other persons

If you wish us to give information to other persons in respect of the operation of your account (e.g. Solicitor, Accountant, etc.), please list them below.

If after the date of this *Client Agreement* your wishes change, please notify us in writing in accordance with Section 42 of the *Terms and Conditions*.

Please send copy information to the following parties:

Correspondence     Statements     Contract Notes     Valuations     Accountants Pack

NAME

ADDRESS

POSTCODE

Correspondence     Statements     Contract Notes     Valuations     Accountants Pack

NAME

ADDRESS

POSTCODE

## Section 8

#### Communication preferences

We would like to use your details to keep in touch by sending information which we believe is relevant and useful to you. This information may include investment news and insights alongside marketing updates and exclusive event invites.

To help further develop and understand the right information and services that we can provide, we may also use your information for internal marketing analytics.

Please confirm how you would like to receive investment news and insights alongside marketing updates and exclusive event invites from IW&I:

*(Please tick all that apply)*

Email:     Post:     SMS:     Social Media Messaging:

In order for us to continue to develop and grow our business, we would like your permission to share some of your information with selected third-party partners.

Yes, I am happy for my information to be shared securely with carefully selected marketing partners to help Investec Wealth & Investment better understand the needs and interests of current and future clients through analytics and insight.

For more information on this and how we treat your data securely, please see our Data Protection Notice.

At any time you can change your mind and opt-out or update your communication preferences by contacting: [communications@investecwin.co.uk](mailto:communications@investecwin.co.uk) or by contacting your Investment Manager.

**Authority to communicate by fax and email**

Please note that given the data security issues surrounding the sending of unencrypted emails, should you, or any nominated person on your behalf communicate with us by fax or email or request that we provide information to you or any *nominated person* by email the following provisions will apply:

***Where you communicate with us by fax or email***

You give us authority to receive instructions from you by email and fax in relation to the matters listed below and in relation to any other matters connected with your account and the relationship between us and you.

- 1) This authority shall extend to the matters listed below only or in any way connected with your account and the relationship between us and you:
  - a) the transfer of funds between accounts in your name(s);
  - b) the processing / amendment / cancellation of other information relating to this account.
- 2) Where instructions received by us are given by email, we give no guarantee as to the timeliness or execution of those instructions, including cases, for example, where the addressee at our offices is not available or is away or our email systems are not available. You should not assume that any email has been received by us and/or actioned unless you have received either an email and/or telephone call acknowledging our receipt.

***Where you request that we provide information to you by email***

- 1) you confirm that you are responsible for the security and access to your email account.
- 2) unless you inform us otherwise we are entitled to assume that the email address given below remains current.

EMAIL ADDRESS:

We shall not normally accept instructions given by email. You should also be aware that email is not a secure medium and therefore any instructions received by us purporting to be from you by email will be actioned but no liability will be accepted for any false instructions or lateness whatsoever. We shall have no obligation to verify the authenticity of any email sent to us and we reserve the right to not action instructions if we believe such instructions could be fraudulent. In such circumstances we will contact you by telephone to verify whether the instructions are genuine.

This authority shall continue in full force and effect until we receive from you, in writing in accordance with the provisions of Section 32 of the Terms and Conditions in a form other than by email or fax, different instructions.

**Please note that this instruction does not extend to the transfer of unsold stock out of our nominee company or safe custody, nor to paying money away to third parties.**

# Declarations

## Section 9

### Section 9

#### Declarations

Each party hereby declares:-

A copy of the *IW&I Terms and Conditions* have been provided to me/us and I/we have read and understood the contents and agree that they will apply to the management of this account.

I/We confirm that the information within this *Client Agreement* has been completed to the best of my/our knowledge.

I/We have been provided with a copy of the IW&I rate card which sets out the fees applicable to the management of this account.

I/We authorise you to release information in relation to my/our investments and myself/ourselves to my/our Pension Provider.

I/We authorise you to release information in relation to my/our investments and myself/ourselves to my/our *financial adviser firm*.

I/We authorise you to accept instructions in relation to my/our investment mandate from my/our *financial adviser firm*  Please Tick

I/We authorise you to accept instructions in relation to payments from my/our account from my/our *financial adviser firm*  Please Tick

I/We authorise you to facilitate the payment as outlined below to my/our *financial adviser firm*.

I/We confirm that I/we give you prior express consent, where in exceptional circumstances you agree to retain a limit order for more than one day, not to publish those limit orders.

I/We confirm that I/we give you prior express consent to deal off-market as detailed in the Order Execution Policy in the Annexes of the *Terms and Conditions*.

#### Signed by Member of the Pension Scheme

<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"/>
PLEASE PRINT NAME									

#### Signed by the Trustee of the Pension Scheme\*

<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"/>
PLEASE PRINT NAME									

\*Please note, Trustee Signature is not required from certain pension providers.

#### Adviser agreed remuneration

I/We understand that any adviser agreed remuneration facilitated by IW&I to my/our *financial adviser firm* can only be undertaken provided that my/our *financial adviser firm* has confirmed with my/our SIPP/Pension adviser that this is acceptable and remuneration is not also being taken from any other source. Alternatively any remuneration will be paid by the pension provider. For either option above, any adviser agreed remuneration to be paid has been fully explained to me/us by my/our *financial adviser firm*.

#### Non-recurring adviser agreed remuneration

I/We confirm that I/we agree to the payment of non-recurring adviser agreed remuneration of (enter £ value or % of investment) **inclusive** of any VAT that may be applicable.

#### Recurring adviser agreed remuneration (for this and any additional investment)

I/We confirm that I/we agree to the payment of recurring adviser agreed remuneration to Vision I.F.P. Ltd **inclusive** of any VAT that may be payable, of:

- Adviser Charge (enter £ value or % of investment)  per annum
- In respect of due diligence on the discretionary fund management marketplace and on investment portal provision  per annum
- Total  per annum

Please note we will continue to pay your adviser at the agreed rate unless we hear from you in writing.

#### Investec Wealth & Investment charges

The basis of IW&I charge(s) that will be applied across all of the account(s) stated above will be as follows:

Investec Annual Management Charge  plus VAT on the first £1m and  plus VAT thereafter

# To Investec Wealth & Investment

This is our standard client agreement upon which we intend to rely. For your own benefit and protection, you should read this Agreement (as defined term in our *Terms and Conditions*) carefully before signing. If you do not understand any point, please ask for further information.

## To be completed by your *Financial Adviser*

CONTACT NAME	
NAME OF FIRM <b>Vision Independent Financial Planning Ltd</b>	
FCA NUMBER <b>487395</b>	IW&I AGENCY NUMBER
ADDRESS <b>Vision House</b>	
<b>Unit 6A Falmouth Business Park, Bickland Water Road</b>	
<b>Falmouth, Cornwall</b>	POSTCODE <b>T R 1 1 4 S Z</b>
CORRESPONDENCE ADDRESS (IF DIFFERENT)	
TELEPHONE NUMBER	FAX NUMBER
EMAIL	

## Bank details

Any payments to you on behalf of your clients will be through the bank account details already held for your IW&I agency above.

## Electronic Reporting

If you use a back office system and require details to be provided for this client please provide details of the provider.

If we are able to support your request we will arrange to provide data. However, we do not offer this service for all back office systems.

## Declarations by the *Financial Adviser*

I/We certify that:

I/We confirm that I/we have undertaken a full fact find for the client(s) and assessed suitability of this service in accordance with FCA requirements.

I/We confirm that I/we will notify IW&I of any change in our client(s) circumstances that may affect the management of the portfolio.

This information will be used by us for the purposes of fulfilling our Know Your Customer obligations with regards to the management of your client(s) portfolio. It will not be used for any other purpose.

I/We confirm that

- (a) the information in Section 1 above was obtained by me/us in relation to the customer;
- (b) the evidence I/we have obtained to verify the identity of the customer and certified copies of the underlying documentary evidence can be provided upon request

meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG;  or

exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation).

or

I/We have not verified the identity of the Applicant(s).

I/We understand that any remuneration paid to me/us on behalf of my/our client(s) is inclusive of any VAT that may be applicable.

I/We confirm that I/we have sought confirmation from the SIPP/Pension provider that it is acceptable for IW&I to facilitate the payment of remuneration and

I/We confirm that I/we are not receiving any additional remuneration directly from the product provider.

I/We understand that where my/our client has requested that valuations (including any digital valuations), loss Notifications and/or all communications are sent to me/us that I/we accept the responsibility of forwarding all of these communications to my/our client in a timely manner.

I/We understand that for digital valuations that I/we will have to either email the valuation or print and post these to my/our clients.

**Note:** If you are unable to provide documentary evidence of money laundering verification or you have not undertaken verification of the Applicant(s), we will contact the Applicant(s) direct in order to fulfil our obligations under the money laundering legislation. This will delay the commencement of this *Agreement*.

SIGNED	NAME
	DATE

# Nominated Entity Form

## Section 10

# Nominated Entity Form

INVESTEC CONTACT: <input style="width: 95%;" type="text"/>	EXISTING REFERENCE NO.: <input style="width: 95%;" type="text"/>
--	--

### Entity Details

NAME OF ENTITY	
REGISTERED ADDRESS	
<input style="width: 95%;" type="text"/>	POSTCODE <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/>
COUNTRY OF INCORPORATION	DATE OF INCORPORATION
ACTIVITIES	
PRIMARY CONTACT	
LEGAL ENTITY IDENTIFIER (LEI)* <input style="width: 95%;" type="text"/>	LEI EXPIRY DATE <input style="width: 100%;" type="text"/>

\*If the entity does not currently have a Legal Entity Identifier (LEI), we will be unable to allow dealing authority to be granted. Instructions on how to apply may be found at <http://www.lseg.com/LEI>

- Authorised to give instructions regarding portfolio construction, individual investments and the transfer of stock where a change of beneficial owner occurs
- Authorised to provide any information in relation to investments
- Authorised to issue instructions in relations to payments
- Authorised to issue instructions in relation to investment mandate

If you would like us to base any future advice on the knowledge and experience of a designated director, please arrange for them to complete the below section with their information.

DESIGNATED DIRECTOR
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#### Financial expertise

#### Individual 1

- Have you had any previous experience of using an Investment Management service?  YES  NO
- Have you had any experience in the types of investments listed below?  YES  NO

If yes, please indicate if you have any previous Knowledge and/or Experience for each of the following:

**Knowledge:** You understand the distinctive characteristics and important underlying risks of the investment.

**Experience:** You have previously traded and/or owned the investment in the last 5 years.

	Knowledge	Experience
<b>Fixed Interest</b> e.g. Government and Corporate Bonds	<input type="checkbox"/>	<input type="checkbox"/>
<b>Equities</b> e.g. Stocks and Shares	<input type="checkbox"/>	<input type="checkbox"/>
<b>Commercial Property</b> e.g. Funds investing in Offices and Warehouses	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alternative Investments</b> e.g. Hedge Funds, Private Equity, Structured Products, Commodities, FX	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cash</b> e.g. Cash equivalents	<input type="checkbox"/>	<input type="checkbox"/>

Please provide details of your education, professional qualifications or relevant occupational experience of financial investments.

<input style="width: 98%; height: 95%;" type="text"/>
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**Please copy this form and complete for any additional nominated entities**

In order to meet our regulatory obligations, Investec Wealth & Investment will be disclosing LEI data to the Financial Conduct Authority (FCA) as per our Terms and Conditions.

SIGNATURE OF ACCOUNT HOLDER

PLEASE PRINT NAME

CAPACITY IN WHICH SIGNING

DATE

SIGNATURE OF ACCOUNT HOLDER

PLEASE PRINT NAME

CAPACITY IN WHICH SIGNING

DATE

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# Nominated Persons Form 1

This form is to be completed if you wish to nominate a third party individual to pass instructions to us in respect of the operation of your account.

ACCOUNT NAME	
INVESTEC CONTACT:	EXISTING REFERENCE NO.:

**Third party details**

FIRST NAME	SURNAME
ADDRESS	
POSTCODE	DATE OF BIRTH
COUNTRY OF RESIDENCE	COUNTRY OF BIRTH
NATIONALITY	NATIONAL CLIENT IDENTIFIER (NCI)*
SECOND NATIONALITY	SECOND NATIONAL CLIENT IDENTIFIER (NCI)*

\* National Client Identifier information is only required when the first of the four options below is selected. Please see the enclosed table detailing NCI information required for each country (where applicable). If the relevant country is not listed, please provide a valid passport number and expiry date. Should the individual have dual nationality, please complete the NCI details for each nationality. If you do not have the information attached, please contact your Investment Manager.

- Authorised to give instructions regarding portfolio construction, individual investments and the transfer of stock where a change of beneficial owner occurs
- Authorised to provide any information in relation to investments
- Authorised to issue instructions in relations to payments
- Authorised to issue instructions in relation to investment mandate

If you would like us to base any future advice on the knowledge and experience of your nominated person, please arrange for them to complete the below section with their information.

**Financial expertise**

**Individual 1**

Have you had any previous experience of using an Investment Management service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you had any experience in the types of investments listed below?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If yes, please indicate if you have any previous Knowledge and/or Experience for each of the following:

**Knowledge:** You understand the distinctive characteristics and important underlying risks of the investment.

**Experience:** You have previously traded and/or owned the investment in the last 5 years.

	Knowledge	Experience
<b>Fixed Interest</b> e.g. Government and Corporate Bonds	<input type="checkbox"/>	<input type="checkbox"/>
<b>Equities</b> e.g. Stocks and Shares	<input type="checkbox"/>	<input type="checkbox"/>
<b>Commercial Property</b> e.g. Funds investing in Offices and Warehouses	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alternative Investments</b> e.g. Hedge Funds, Private Equity, Structured Products, Commodities, FX	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cash</b> e.g. Cash equivalents	<input type="checkbox"/>	<input type="checkbox"/>



**National Client Identifiers (NCIs)**

In order to combat market abuse, we are required by regulators to report unique codes known as National Client Identifiers (NCIs) for all individuals associated with a financial transaction. Without these we are unable to execute any financial transactions on your behalf.

Below is the list of NCIs for each nationality. Where 'No NCI Requirement' is listed, please add this wording to the relevant field(s) of this Agreement.

Country Name	NCI Requirement	Country Name	NCI Requirement
Austria	No NCI Requirement	Iceland	Personal Identity Code
Belgium	Belgian National Number	Italy	Fiscal Code
Bulgaria	Bulgarian Personal Number	Liechtenstein	National Passport Number
Cyprus	National Passport Number	Lithuania	Personal Code
Czech Republic	National Identification Number	Luxembourg	No NCI Requirement
Germany	No NCI Requirement	Latvia	Personal Code
Denmark	Personal Identity Code	Malta	National Identification Number
Estonia	Estonian Personal Identification Code	Netherlands	National Passport Number
Spain	Tax Identification Number	Norway	11 Digit Personal ID
Finland	Personal Identity Code	Poland	National Identification Number
France	No NCI Requirement	Portugal	Tax Number
United Kingdom	UK National Insurance Number	Romania	National Identification Number
Greece	10 DSS Digit Investor Share	Sweden	Personal Identity Number
Croatia	Personal Identification Number	Slovenia	Personal Identification Number
Hungary	No NCI Requirement	Slovakia	Personal Number
Ireland	No NCI Requirement	All other countries	National Passport Number

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## Nominated Persons Form 2

This form is to be completed if you wish to nominate a third party individual to pass instructions to us in respect of the operation of your account.

ACCOUNT NAME	
INVESTEC CONTACT:	EXISTING REFERENCE NO.:

### Third party details

FIRST NAME	SURNAME
ADDRESS	
POSTCODE	DATE OF BIRTH
COUNTRY OF RESIDENCE	COUNTRY OF BIRTH
NATIONALITY	NATIONAL CLIENT IDENTIFIER (NCI)*
SECOND NATIONALITY	SECOND NATIONAL CLIENT IDENTIFIER (NCI)*

\* National Client Identifier information is only required when the first of the four options below is selected. Please see the enclosed table detailing NCI information required for each country (where applicable). If the relevant country is not listed, please provide a valid passport number and expiry date. Should the individual have dual nationality, please complete the NCI details for each nationality. If you do not have the information attached, please contact your Investment Manager.

- Authorised to give instructions regarding portfolio construction, individual investments and the transfer of stock where a change of beneficial owner occurs
- Authorised to provide any information in relation to investments
- Authorised to issue instructions in relations to payments
- Authorised to issue instructions in relation to investment mandate

If you would like us to base any future advice on the knowledge and experience of your nominated person, please arrange for them to complete the below section with their information.

**Financial expertise** **Individual 1**

Have you had any previous experience of using an Investment Management service?  YES  NO

Have you had any experience in the types of investments listed below?  YES  NO

If yes, please indicate if you have any previous Knowledge and/or Experience for each of the following:  
**Knowledge:** You understand the distinctive characteristics and important underlying risks of the investment.  
**Experience:** You have previously traded and/or owned the investment in the last 5 years.

	Knowledge	Experience
<b>Fixed Interest</b> e.g. Government and Corporate Bonds	<input type="checkbox"/>	<input type="checkbox"/>
<b>Equities</b> e.g. Stocks and Shares	<input type="checkbox"/>	<input type="checkbox"/>
<b>Commercial Property</b> e.g. Funds investing in Offices and Warehouses	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alternative Investments</b> e.g. Hedge Funds, Private Equity, Structured Products, Commodities, FX	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cash</b> e.g. Cash equivalents	<input type="checkbox"/>	<input type="checkbox"/>

# Nominated Persons Form

## Section 11

Please provide details of your education, professional qualifications or relevant occupational experience of financial investments.

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Please copy this form and complete for any additional nominated individuals

SIGNATURE OF THIRD PARTY	DATE						
By signing this form you are confirming that the information is correct and acknowledging that In order to meet our regulatory obligations, Investec Wealth & Investment will be disclosing the information to the Financial Conduct Authority (FCA).							
SIGNATURE OF ACCOUNT HOLDER	PLEASE PRINT NAME						
CAPACITY IN WHICH SIGNING	DATE						
SIGNATURE OF ACCOUNT HOLDER	PLEASE PRINT NAME						
CAPACITY IN WHICH SIGNING	DATE						

Please read the following notes before signing and dating this form:

In order for us to accept instructions from the above nominated person, you acknowledge:

We are unable to accept any instructions from any nominated person until we have received a specimen signature and we have positively identified the nominated person in accordance with the Anti-Money Laundering Regulations. We will write directly to the nominated person for this information.

That this authority will apply to all instructions given by the nominated person, in so far as you have authorised above.

We, our officers and our employees shall not be responsible in the event that fraudulent activity is perpetrated by any of the above named persons or other persons in respect of this account.

That we may receive both oral and written instructions from the nominated person and we will not be responsible for any error or omissions resulting from misunderstandings in respect of oral instructions.

This authority will be effective from the date of receipt by us and will apply until we receive written notification from you, your Executor or your Receiver that this authority is to be rescinded.

**National Client Identifiers (NCIs)**

In order to combat market abuse, we are required by regulators to report unique codes known as National Client Identifiers (NCIs) for all individuals associated with a financial transaction. Without these we are unable to execute any financial transactions on your behalf.

Below is the list of NCIs for each nationality. Where 'No NCI Requirement' is listed, please add this wording to the relevant field(s) of this Agreement.

Country Name	NCI Requirement	Country Name	NCI Requirement
Austria	No NCI Requirement	Iceland	Personal Identity Code
Belgium	Belgian National Number	Italy	Fiscal Code
Bulgaria	Bulgarian Personal Number	Liechtenstein	National Passport Number
Cyprus	National Passport Number	Lithuania	Personal Code
Czech Republic	National Identification Number	Luxembourg	No NCI Requirement
Germany	No NCI Requirement	Latvia	Personal Code
Denmark	Personal Identity Code	Malta	National Identification Number
Estonia	Estonian Personal Identification Code	Netherlands	National Passport Number
Spain	Tax Identification Number	Norway	11 Digit Personal ID
Finland	Personal Identity Code	Poland	National Identification Number
France	No NCI Requirement	Portugal	Tax Number
United Kingdom	UK National Insurance Number	Romania	National Identification Number
Greece	10 DSS Digit Investor Share	Sweden	Personal Identity Number
Croatia	Personal Identification Number	Slovenia	Personal Identification Number
Hungary	No NCI Requirement	Slovakia	Personal Number
Ireland	No NCI Requirement	All other countries	National Passport Number

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Dear Sirs

Please accept this document as my/our authority to transfer my/our account detailed below to Investec Wealth & Investment and accept the instructions below with regard to the stocks/cash to be transferred.

Existing manager	
NAME	
ACCOUNT NAME	
ACCOUNT NUMBER	
ADDRESS	
	POSTCODE

First name applicant	
<input type="checkbox"/> MR	<input type="checkbox"/> MRS
<input type="checkbox"/> MISS	<input type="checkbox"/> MS
OTHER	
FULL NAME	
ADDRESS	
	POSTCODE

Second name applicant	
<input type="checkbox"/> MR	<input type="checkbox"/> MRS
<input type="checkbox"/> MISS	<input type="checkbox"/> MS
OTHER	
FULL NAME	
ADDRESS	
	POSTCODE

Instructions
<hr/> <hr/> <hr/> <hr/>

Instructions
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Signature	
SIGNED	
DATE	

Signature	
SIGNED	
DATE	

For Corporate bodies please state capacity of signatories:


**For office use only**  
Investec Wealth & Investment contact name and number (Inv Manager)


To arrange the transfer of the securities please email:

_AdminNomineeTransfers@investecwin.co.uk
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Please also supply the following:  
Recent valuation including book costs and stock history (sedols or ISINs).

**Note:** You will need to complete a separate transfer form for each existing Manager. Investec Wealth & Investment is not responsible for any CGT liability you may incur from your existing Manager.

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For office use only	
TERMS AND CONDITIONS VERSION	SERVICE BROCHURE VERSION
MANAGING YOUR INVESTMENTS	RATE CARD
INVESTMENT MANAGER/OFFICE	DATE SENT

<b>Bath</b>	01225 341580	<b>Edinburgh</b>	0131 226 5000	<b>Liverpool</b>	0151 227 2030
<b>Belfast</b>	02890 321002	<b>Exeter</b>	01392 204404	<b>London</b>	020 7597 1234
<b>Birmingham</b>	0121 232 0700	<b>Glasgow</b>	0141 333 9323	<b>Manchester</b>	0161 832 6868
<b>Bournemouth</b>	01202 208100	<b>Guildford</b>	01483 304707	<b>Reigate</b>	01737 224223
<b>Cheltenham</b>	01242 514756	<b>Leeds</b>	0113 245 4488	<b>Sheffield</b>	0114 275 5100

[investecwin.co.uk](http://investecwin.co.uk)

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