

### 1. Main account holder details

Existing Close client reference  **1**

Title

First name(s)

Surname

Date of birth   /   /

Country of birth

City/town of birth

Marital status

Nationality

National Insurance number

Please tick this box if you have not been issued with a National Insurance number.

Tax residency  **2**

Please tick this box if you are **only** UK resident for tax purposes, if not, please complete the table below detailing all countries where you are liable to pay tax.

Country of tax residency	Tax Identification Number (TIN)	No TIN <input type="checkbox"/> <b>3</b>
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Permanent residential address  **4**

Postcode

\*Preferred telephone number (home/work/mobile)

Email address  **5**

Please tick if you would like online access to your account  Yes  No

**Please complete in BLOCK capitals using black ink.** Please note any sections that are not completed correctly may incur delays or may have to be returned to you.

If you are making a regular investment, please complete the Direct Debit mandate at the end of this form. If you are transferring existing investments, please complete a separate Investment Account transfer authority in addition to this form.

**1** If you do not have a client reference number, then please ensure that you fill in the National Insurance number field.

**2** Please indicate ALL countries other than the UK in which you are resident for the purposes of that country's tax.

If you are a US citizen, US Green Card holder, or US resident, you must include United States in this table along with your US Tax Identification Number.

**3** If no TIN, please tick the box.

**4** Care of and PO Box addresses are not acceptable. Only UK mainland and Northern Ireland addresses are acceptable.

\* please delete as appropriate

**5** Please include your email address for the purpose of communication, and note that this is mandatory for the provision of online access.

\*\* For joint account holders, only complete your preferred telephone number and email if different from the main account holder.

## 2. Joint account holder details

\*\* For joint account holders, only complete your preferred telephone number and email if different from the main account holder.

Existing Close client reference **1**

Title

First name(s)

Surname

Date of birth

  /   /     

Country of birth

City/town of birth

Marital status

Nationality

National Insurance number

       

Please tick this box if you have not been issued with a National Insurance number.

Tax residency **2**

Please tick this box if you are **only** UK resident for tax purposes, if not, please complete the table below detailing all countries where you are liable to pay tax.

Country of tax residency	Tax Identification Number (TIN)	No TIN <b>3</b>
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Permanent residential address **4**

  
  
  
  


\*\*Preferred telephone number (home/work/mobile)

\*\*Email address **5**

### 3. Amount to be invested 6

<b>Single investment amount</b>	£
Please tick method of payment	<input type="checkbox"/> Cheque <input type="checkbox"/> BACS
<b>Regular investment amount</b>	£
Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
Payment start date	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Approximate re-registration amount <span style="background-color: #0056b3; color: white; padding: 2px;">7</span>	£

### 4. Investment fund(s) details – please indicate the fund(s) you wish to invest in below

Fund name (‘X’ Share class)	Inc units	Acc units	Amount <span style="background-color: #0056b3; color: white; padding: 2px;">8</span>			Income <span style="background-color: #0056b3; color: white; padding: 2px;">9</span>
	Please tick	Please tick	Regular	Single	Owner	Please tick
Bond Income Portfolio						
Select Fixed Income Portfolio						
Diversified Income Portfolio						
Conservative Portfolio						
Balanced Portfolio						
Growth Portfolio						
Managed Income						
Managed Conservative						
Managed Balanced						
Managed Growth						
Tactical Select Passive Conservative						
Tactical Select Passive Balanced						
Tactical Select Passive Growth						
	Total					

### 5. Managed Portfolio Service (MPS) details

Please detail the portfolio you wish to invest in below.

Portfolio name	Please tick	Amount (Minimum single investment is £30,000)	Income <span style="background-color: #0056b3; color: white; padding: 2px;">9</span>
Income Plus		£	
Conservative		£	
Balanced		£	
Growth		£	

6 Cheques should be made payable to Close Asset Management Limited.

If you are paying by Direct Debit please fill out section 16. Please allow up to 15 working days from receipt of your confirmation schedule for collection of your contribution or before the first regular instalment is collected.

We do not accept third party payments. Cheques and direct credit transfers should be issued from your personal or joint bank account. If an application is accompanied by a bankers draft or building society cheque, please ensure the bank or building society enters your name and address on the reverse of the cheque/ draft and adds their stamp and signature.

7 Please complete Section 13 and the Investment Account transfer authority form.

8 Regular (minimum £50 per month). Single (minimum investment £1,000). Please indicate as an amount or a percentage. Owner: please select First client (1) Second client (2) Joint (3) as applicable.

9 Please ensure the option selected is consistent across all funds.

**6. Glide Path Strategy (please complete only if appropriate)**

Amount to be invested in the Glide Path Strategy

Type of Glide Path Strategy  Close Discretionary Funds (CDF)  MPS-R

**Term and risk level**

Please select the term or year and risk level of your Glide Path Strategy: **10**

<b>CDF</b>	<b>MPS-R</b>		
<input type="checkbox"/> 20 years	<input type="checkbox"/> 2046	<input type="checkbox"/> Glide Path I	<input type="checkbox"/> Glide Path II
<input type="checkbox"/> 25 years		<input type="checkbox"/> Glide Path I	<input type="checkbox"/> Glide Path II
<input type="checkbox"/> 30 years		<input type="checkbox"/> Glide Path I	<input type="checkbox"/> Glide Path II

**Income and/or payment objectives** **11**

Please confirm the maximum amount of income and/or payment you will require

Please confirm the frequency for receiving the income and/or payment.

Monthly  Quarterly

Half Yearly  Annually

Payment start date **12**   /   /

- 10** Please select either a term or year and in either case please select 'Glide Path I' or 'Glide Path II'.
- 11** This amount represents the maximum amount you will receive at the frequency selected by you.
- 12** For immediate payments, unless otherwise specified, these will be made on the 1st working day of the month. Please allow a minimum of 15 working days from our receipt of this instruction before the first payment is made).
- 13** Please only complete sections 9 and 10 if you require a regular payment to be made out of your investment.
- 14** Please indicate where you would like your dividends to be paid by ticking the appropriate box. Please note this service is not available if you are using the Glide Path Strategy.
- 15** Please note for the Managed Portfolio Service (MPS), this option is not available.

**7. External investment options – please insert details in the boxes below** **13**

Fund name	Sedol code	Inc or Acc units	Amount <b>8</b>			Income <b>9</b>
			Regular	Single	Owner	Please tick
Total						

**8. Income - Dividend options** **14**

Re-invest dividends **15**  Pay dividends to my Product Cash Account

Pay dividends to my Nominated Bank Account

## 9. Regular withdrawal facility 16

Please complete this section if you require regular withdrawals 17. Withdrawal details from the Glide Path Strategy should be completed in section 7. In both cases, payments will be made to your Nominated Bank Account below.

I wish to withdraw a fixed amount of	£	<input type="text"/>						
Frequency	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly				
	<input type="checkbox"/>	Half Yearly	<input type="checkbox"/>	Yearly				
Payment start date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Or payment required on date of each month	<input type="text"/>							
Payment end date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
or until further notice	<input type="checkbox"/>							

16 Unless specified your withdrawal will be paid on the 1st working day of the month. Payments can only be made between 1st and 28th of each month. Please allow a minimum of 15 working days from receipt of your confirmation schedule before the first payment is to be made.

17 For Close Discretionary Funds, a fixed amount of income is available from accumulation units only.

18 If this evidence is unavailable please refer to section 12 'Alternative evidence of bank account'.

## 10. Nominated bank account and evidence of bank account

I/we wish to nominate the following bank account for all withdrawal and income payments. I/we understand that the details of this account will be held securely by Close Brothers Asset Management, as my/our nominated account for withdrawals.

Where the nominated bank account is a joint account I/we acknowledge the joint account holder may be able to access the funds independently.

Account name	<input type="text"/>							
Bank/Building society name	<input type="text"/>							
Branch	<input type="text"/>							
Sort code	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reference/Building society roll number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Evidence of bank account</b> <span style="background-color: #0056b3; color: white; padding: 2px;">18</span>								
I/We have provided a paper copy of evidence of bank account in the form of (please tick)	<input type="checkbox"/>	Original postal bank statement dated within 3 months	<input type="checkbox"/>	Voided cheque				
<b>Signature account holder 1</b>	<input type="text"/>							
Print name (BLOCK CAPITALS)	<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"/>
<b>Signature account holder 2</b>	<input type="text"/>							
Print name (BLOCK CAPITALS)	<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"/>

## 11. Alternative evidence of bank account (for completion by Financial Planner)

I confirm that I have seen the original evidence in relation to this bank account

<b>Signature of Financial Planner</b>	<input type="text"/>							
Print name (BLOCK CAPITALS)	<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"/>

### 12. Transfer in schedule - investment funds

Close Brothers Asset Management investment options - please tick the appropriate box or complete details where necessary. Please also complete a Re-registration authority.

Owner <b>19</b>	Name of transferring fund	Transfer <b>20</b>		Date of original subscription <b>21</b>	Approximate value of transfer	Fund(s) to be invested in, please show as a percentage								Unit type				Fund range to be invested in												
		Cash	In Specie			BI	SFI	DI	MI	Co	B	G	INC	ACC	M	P	TS	MPS CI	MPS / MPS-R											
	ABC Fund Managers	✓		07/05/2003	£25,000							100%																100%		

External investment options - please tick the appropriate box or complete details where necessary. Please also complete a Re-registration authority.

Owner <b>10</b>	Name of transferring fund	Transfer <b>20</b>		Date of original subscription <b>21</b>	Approximate value of transfer	Fund(s) to be invested in, please show as a percentage								Seddl code																			
		Cash	In Specie			BI	SFI	DI	MI	Co	B	G	INC		ACC	M	P	TS	MPS CI	MPS / MPS-R													

**19** Owner: please select  
First client (1)  
Second client (2)  
Joint (3) as applicable.

**20** Is the transfer in cash or in specie? Please tick.

**21** If not known write NK.

- Key:
- BI = Bond Income
  - SFI = Select Fixed Income
  - DI = Diversified Income
  - MI = Managed Income
  - Co = Conservative
  - B = Balanced
  - G = Growth
  - M = Managed
  - P = Portfolio
  - TS = Tactical Select
  - MPS CI = Managed Portfolio Service Cautious Income
  - MPS = Managed Portfolio Service
  - MPS-R = Managed Portfolio Service – Retirement

### 13. Fixed Term Deposits 22

If you wish to invest in a Close Treasury Fixed Term Deposit please indicate below. Please be aware that this will be held in a separate Investment Account.

Type of Fixed Rate	Amount £ (minimum £10,000 maximum £1million)
1 year income	£
2 year income	£
3 year income	£
2 year growth	£
3 year growth	£

### 14. Declaration and signature 23

This service is provided in accordance with our Terms and Conditions that we intend to rely on. For your own benefit and protection you should read these terms carefully before signing them. If you do not understand any point please ask for further information.

- I am/ We are willing for the Company, and anyone authorised by the Company to call on me/us by telephone, visit, or otherwise communicate with me/us at all reasonable times for the purposes of or connection with the Service or other services offered by the Company or an associate.
- I/We have read and understood the risk warning set out in the Terms and Conditions and Key Features Document or Key Investor Information Document.

Signature – Main account holder	<input style="width: 100%;" type="text"/>
Print name (BLOCK CAPITALS)	<input style="width: 100%;" type="text"/>
Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="/"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="/"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Signature – Joint account holder	<input style="width: 100%;" type="text"/>
Print name (BLOCK CAPITALS)	<input style="width: 100%;" type="text"/>
Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="/"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="/"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

### Checklist, please tick to ensure you have: (\*mandatory)

<input type="checkbox"/> supplied your postcode, date of birth, National Insurance number and email	<input type="checkbox"/> *read and understood the Terms & Conditions
<input type="checkbox"/> made cheques payable to “Close Asset Management Limited”	<input type="checkbox"/> *signed the declaration(s) in section 15
<input type="checkbox"/> completed and signed the Direct Debit mandate form, where applicable	

**22** Where income is payable it will be in accordance with our Terms and Conditions.

**23** Note: All signatures are required for jointly owned portfolios or investments.





To set up a regular savings plan or to make a single payment please complete the Direct Debit instruction below and sign and date the form where indicated.

Please retain this guarantee for your records.

#### The Direct Debit Guarantee

- This guarantee is offered by all banks and building societies that accept instructions to pay by Direct Debit.
- If there are any changes to the amount, date or frequency of your Direct Debit Close Asset Management Limited will notify you 10 business days in advance of your account being debited or as otherwise agreed. If you request Close Asset Management Limited to collect a payment, confirmation of the amount and the date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Close Asset Management Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when Close Asset Management Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please notify us.

### 15. Direct Debit Mandate

Instruction to your bank or building society to pay by Direct Debit.

Please pay Close Asset Management Limited from the account detailed in this instruction subject to the safeguards assured Direct Debit Guarantee. I understand that this instruction may remain with Close Asset Management Limited and, if so, details will be passed electronically to my bank/building society. Banks and building societies may not accept Direct Debit instructions for some types of accounts.



Name(s) of account holder – third parties are not accepted	<input type="text"/>
Service User Number	<input type="text" value="275071"/>
Bank/building society account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Branch sort code	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Reference	<input type="text"/>
Date	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

Name and full postal address of your bank or building society

To: The Manager	<input type="text"/>
Bank or building society name and address	<input type="text"/>
Postcode	<input type="text"/>
Print name (BLOCK CAPITALS)	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

#### Instructions to your bank or building society

Please pay Close Asset Management Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Close Asset Management Limited and, if so, details will be passed electronically to my bank/ building society.





