

Application Form

About you – Applicant 1				
Existing CBAM client reference (if applicable) Title				
First name(s)				
Surname				
Marital status				
Home telephone				
Mobile telephone				
Permanent residential address (UK mainland and Northern Ireland only. C/o and PO Box not accepted.)				
Postcode				
Is your communication address the same as your residential address?	Yes	No		
If no, communication address				
Postcode				
Email address				
Online access 1	Yes	No		
Date of birth				
Town of birth				
Country of birth				
National Insurance number				
	Country		National Client Id	lentifier
Nationality 2				
Secondary Nationality				

Please note any sections that are not completed correctly may incur delays or may have to be returned to you.

If you require online access you must provide us with an email address. Where you have an online account, you will receive all correspondence online. Should you require paper copies of your documents, please tick here.

2 If you have a UK Nationality you do not need to provide your National Insurance number here again if you have provided this above.

SIPP additional details – Applicant 1 Tax residency You must be a UK tax resident to apply for a Close SIPP Yes I am a UK tax resident Category of status Please select one option: **Employed** Self-employed Unemployed Pensioner Full time education Caring for children under 16 Caring for a person aged 16 or over Other Intended retirement age **Employer details** If your employer is making contributions to your SIPP please complete their details Company name Company address Company registration number Money Purchase Annual Allowance Details (MPAA) Are you subject to the MPAA which limits contributions to Money Purchase Arrangements to £4,000 per Pension Input Period? Yes No If yes, please complete the below: Source of MPAA trigger Uncrystallised funds pension lump sum payment Flexi-access drawdown income withdrawal Standalone lump sum Unknown From what date are you subject to the / MPAA?

Protection details – Applicant 1 Which protection are you entitled to? 1 If yes PCLS Entitlement Protection type Entitled HMRC Reference Other details Enhanced Yes % Protection Enhancement Yes £ Primary Protection Factor: Fixed Protection Yes 2012 Fixed Protection Yes 2014 Amount Individual Yes Protection 2014 **Fixed Protection** Yes 2016 Individual Amount Yes Protection 2016 £

1 Please note that we will require a copy of your HMRC protection certificate/confirmation before any benefits can be paid.

2 Please note that the trustees will have discretion in deciding who to pay the benefits to.

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Which beneficiaries would you like to nominate to receive death benefits arising under your SIPP in the event of your death? 2			
	Individual		
	Discretionary trust		
	Charity		
D	D M M Y Y Y		
	%		
	like 1		

Beneficiary nomination details continued – Applicant 1 **Beneficiary 2** Туре Individual Discretionary trust Charity Title First name(s) Surname Date of birth Permanent residential address Postcode Proportion of benefit % Relationship to you Tick here if you have nominated more beneficiaries on extra sheets.

Investment funding method - Close SIPP - Applicant 1 How would you like to fund your SIPP? Single contribution details Cheque made payable to Member: "Close Asset Management £ Ltd"1 Net of basic rate tax Bank transfer 2 Employer: £ Gross Regular contribution details Direct Debit Member: Monthly Net of basic rate tax Quarterly Start date:3 Annually Employer: £ Gross Start date:4 Transfer/s from other provider(s) (approximately) Part cash, part in specie In cash In specie Number of Transfer Authority forms completed Please complete one Transfer Authority form per provider TOTAL £ (approximately) **Notes**

- Member cheques must be raised from your personal or joint bank account and Employer cheques from a UK bank/building society account in the company name. Building society and banker's drafts must bear your name and the bank's official stamp and signature.
- **2** Please obtain our bank details and your reference for bank transfers.
- Start date must be between 1st and 28th. Please allow 15 working days from our receipt of your application for the first payment to be collected.
- 4 Start date must be between 1st and 28th. Please allow 15 working days from our receipt of your application for the first payment to be collected. Your employer should complete the Direct Debit mandate.

Transfer in to Close SIPP – Applicant 1 Which provider(s) would you like to transfer existing pension schemes from? Transfer 1 Full name of current provider Full name of current pension scheme Account/policy number Approximate transfer value £ Full transfer Partial transfer Transfer method In specie Cash Is the transfer from a defined benefit Yes 1 No scheme? Is the transfer from an occupational Yes No scheme? Crystallised element included £ Capped Flexi-access Is income being taken from this scheme? Yes 2 No Scheme orders Existing or proposed trustee bankruptcy order Earmarking Pension sharing Other recurring orders

- If yes, please contact us before submitting your application.
- If you wish to continue receiving income after the transfer please complete the Close SIPP Drawdown Amendment Form.

How would you like to invest the money in your SIPP?

Close Discretionary Funds

Close Discretionary Fund (X Class)	Inc units	Acc units	£ Investment OR	% Investment
Select Fixed Income Fund			£	%
Diversified Income Portfolio Fund			£	%
Conservative Portfolio Fund			£	%
Balanced Portfolio Fund			£	%
Sustainable Balanced Portfolio Fund			£	%
Growth Portfolio Fund			£	%
Managed Income Fund			£	%
Managed Conservative Fund			£	%
Managed Balanced Fund			£	%
Managed Growth Fund			£	%
Tactical Select Passive Conservative Fund			£	%
Tactical Select Passive Balanced Fund			£	%
Tactical Select Passive Growth Fund			£	%

Close Discretionary Funds I like to distribute the income (interest and dividends) generated by your
Reinvest into my portfolio at CBAM's discretion
Leave as cash in my portfolio

How would you like to invest the money in your SIPP? Managed Portfolio Service (MPS)

	£ Investment OR	% Investment
Income Plus	£	%
Conservative	£	%
Balanced	£	%
Growth	£	%

How would you like to invest the money in your SIPP?

Discretionary Managed Service (DMS) 1

	£ Investment OR	% Investment
Defensive Income	£	%
Income Plus	£	%
Conservative	£	%
Balanced	£	%
Growth	£	%

		Tick here if you require the Socially Responsible Investment (SRI) portfolio 2
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Are there any equities that we should not purchase?

Name(s) of equity(ies)

- Please provide a passport, driving licence, or W8BEN form to enable us to minimise withholding taxes on dividends received from US holdings.
- Note that the SRI portfolio is not available for Defensive Income

How would you like to invest the money in your SIPP?

External manager funds

External fund name	Sedol code	Inc/Acc	£ Investment OR	% Investment
			£	%
			£	%
			£	%
			£	%
			£	%
			£	%
			£	%
			£	%
			£	%
			£	%
			£	%

Close SIPP Declaration

For your own benefit and protection, please carefully read the document titled 'Close Brothers Asset Management Terms and Conditions' which includes our risk warnings, upon which we intend to rely. If you do not understand any point please ask your financial adviser for further information.

I hereby apply for membership of the Close SIPP and agree to be bound by the Trust Deed and Rules of the Close SIPP (as amended from time to time):

- I confirm that I have read and agree to the 'Close Brothers Asset Management Terms and Conditions', which shall constitute my agreement with Close Asset Management Limited (CAML) for the management of the Close SIPP;
- I have read the SIPP Key Features Document, SIPP illustration and the SIPP Schedule of Fees;
- I undertake to provide to the scheme administrator any other information which it may need in connection with my membership of the Close SIPP from time to time;
- I understand that my interest in the Scheme shall not exceed the value of net assets held in my Member Fund (as defined in the Rules);
- I understand that I am not entitled to any payment from the Scheme that would be an unauthorised payment under the Finance Act 2004;
- I undertake that I shall not do, or omit to do, anything if it would or might result in the scheme administrator of the Scheme becoming liable to pay a scheme sanction charge or a deregistration charge under the Finance Act 2004;
- I am aware that if I have elected for either enhanced or fixed protection, this protection will be lost when any contributions, whether employer or personal, are made to my SIPP;
- I confirm that I am a "relevant UK individual" within the meaning in section 189 of the Finance Act 2004 and that I have taken tax advice if I am unsure of my status;
- I confirm that the total contributions to any registered pension schemes in respect of which I am entitled to tax relief under section 188 of the Finance Act 2004 will not exceed the higher of:
 - o the basic amount (being £3,600 gross at the time of application); or
 - o my relevant UK earnings, within the meaning of section 189 of that Act for that tax year;
- I authorise, instruct and apply to my current provider to transfer sums and assets from the plan(s)
 as listed in this application form directly to CAML and to provide any instructions and/or discharge
 required by any relevant third party to do so;
- I authorise CAML, my current provider, any contributing Employer and any financial intermediary named in this application to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to Close Asset Management Limited:
- Until this application is accepted and complete, CAML's responsibility is limited to the return of the total payment(s) to my current provider(s);
- When payment is made to CAML as instructed, this means that I shall no longer be entitled to
 receive pension benefits from the whole of the plan(s) listed in this application form where the
 whole of the plan(s) are transferring, or that part of the plan(s) represented by the payment(s) if
 only part of the plan(s) are transferring;
- I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any
 penalties that CAML and my current provider may incur as a result of any incorrect, untrue, or
 misleading information in this application or given by me, or on my behalf, or of any failure on my
 part to comply with any aspect of this application;
- I undertake to give you notice in your capacity as the scheme administrator if an event occurs, as a result of which I will no longer be entitled to relief for my contributions pursuant to section 188 of the Finance Act 2004, no later than:
 - 5th April in the year of assessment in which the event occurs; and
 - o the date which is 30 days after the occurrence of that event;
- I undertake to give you notice in your capacity as the scheme administrator if any of my personal details as listed above change in the future within 30 days of any such change; and
- I consent to the processing by the scheme trustee and the scheme administrator of my personal
 data in accordance with the Data Protection Act 2018, and as set out in the 'Close Brothers Asset
 Management Terms and Conditions'.

Close SIPP Employer Declaration

- We understand that as the employer we have no rights to any benefits which are payable under the terms of this plan and the rules of the scheme (which may be amended from time to time).
- We agree to pay the contributions detailed on this form until further notice and will notify Close Brothers Asset Management of any changes to the payments.
- We will advise you immediately if the member leaves our employment.
- We understand that to enable us to make employer contributions to the members SIPP, Close Brothers Asset Management will need to verify the identity of the company.

Signature - For and on behalf of the employer	
Print name (BLOCK CAPITALS)	
Job title (BLOCK CAPITALS)	
Date	D D M M Y Y Y

General Declaration

For your own benefit and protection, please carefully read the document titled 'Close Brothers Asset Management Terms and Conditions' which includes our risk warnings, upon which we intend to rely. If you do not understand any point please ask your financial planner for further information.

• I confirm that I have read and agree to the 'Close Brothers Asset Management Terms and Conditions'.

Applicant signature	
Signature	
Print name (BLOCK CAPITALS)	
Data of signature	
Date of signature	D D M M Y Y Y

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

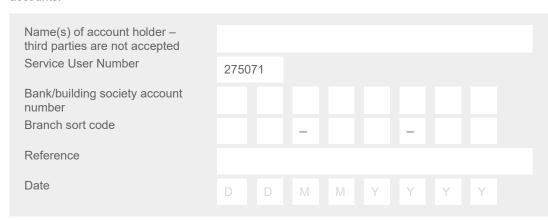
- This guarantee is offered by all banks and building societies that accept instructions to pay by Direct Debit.
- If there are any changes to the amount, date or frequency of your Direct Debit Close Asset
 Management Limited will notify you 10 business days in advance of your account being
 debited 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.



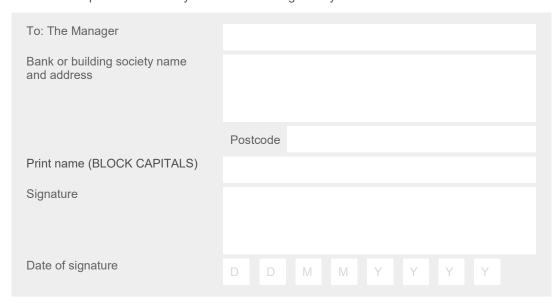
Direct Debit Mandate

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 and full postal address of your bank or building society





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.