Trust Investments

c-funds

Guidelines for Investments into Cofunds Accounts for Trusts

Please note: It is important that these guidelines are read and understood before you complete this Cofunds Application for Trusts Form.

| STEP 1 Complete the Applicati | on Form for Trusts | |
|---|--|--|
| Please tick which Trust Account you wish to set up. | | |
| Bare Gift Trust | Discretionary Gift Trust | Discretionary Loan Trust |
| The Trusts listed above are all set up in the name of the | e Trust, with Trustees as authorised signatories. A new Cofunds Client F | Reference is generated for each Trust. |
| Please note: | | |
| Designations – A designation field is included which ca | n be used by to identify the holding. | |
| Income Payments - Income payments will only be mad | de to the Trustees, an appointed Trustee or a named Beneficiary. | |
| Withdrawal Payments – Withdrawal payments will only | be made payable to the Trustees, an appointed Trustee or a named Ber | neficiary. |
| | | |

STEP 2 Attach the relevant documentation

All Applications must be accompanied by one of the documents below:

- Cofunds Trust and Identity Verification Form (an alternative to submitting a Certified Copy of a Trust Deed)
- Certified Copy of the Trust Deed

Anti-Money Laundering Requirements

In line with UK Anti-Money Laundering legislation, in addition to certified copies of a Trust Deed, we may need to verify the identities of Trustees, Beneficiaries and other persons with power over the Trust. This is outlined in more detail below.

| Verification of identity of: | In what Circumstances? |
|------------------------------|---|
| Trustees* | In all cases |
| Beneficiaries | Names required for beneficial owners that control/own equivalent to or more than 25% |
| Other Persons | Those that have power over the Trust, including the Settlor (when still alive and with influence over the Trust or if continuing to supply funds) and Appointers (people that have the authority to remove or appoint new Trustees) |

^{*}When appointing a new Trustee(s), Cofunds requires a certified copy of the Deed of Appointment together with Anti-Money Laundering documentation.

A Cofunds Trust Verification Form may be submitted as an alternative to a certified copy of the Deed of Appointment.

STEP 3 Send these together with a cheque (where applicable) to: Cofunds Limited, PO Box 1103, Chelmsford CM99 2XY

 $Cheques should be \ made \ payable \ to \ Cofunds \ Limited \ and \ should \ be \ drawn \ on \ the \ bank \ account \ of \ either:$

- The Settlor for initial and subsequent investment transactions
- The Trustees subsequent investment transactions only
- $The \ solicitor \ acting \ on \ behalf \ of \ the \ Trust subsequent \ investment \ transactions \ only$

Please note that cheques coming from solicitors must either have the name of the trust marked on the cheque or should be accompanied

by a letter confirming that the money is intended for the Trust. Unfortunately we cannot accept cheques from any other third parties.

Where new investments are being made the cheque should be drawn on the settlor's bank account. Subsequent investments can be drawn on an account held in the name of the settlor, trustee or solicitor acting on behalf of the trust.

Initial and any subsequent investment into the trust can also be made via BACS transfer

Any investment sent electronically by BACS transfer must be made payable to: Account name: Cofunds Client Money No. 1. Sort code: 15-10-00. Account number: 22562935. Please ensure you make reference to the Trust name or client reference, if known, within the BACS transfer. Please ensure you supply Source of Funds information along with your BACS request. Source of Funds will be required before an investment can be made.

The Trustees are the applicants and will be the joint owners of the trust.

Application



For Bare Gift Trust, Discretionary Gift Trust and Discretionary Loan Trust investments

The disclosure documentation applicable to this transaction is: 0 2 1

| Please complete this Application Form using black ink and BLOCK CAPITALS and r | return to | : Corunas Limitea, PO Box 1103, Cheimsro | ora CM99 2XY |
|---|------------|---|--|
| 1 Intermediary Details (For Intermediary use only) | | | |
| You will require a Cofunds authorisation code before being able to transact busines | ss. If you | do not include this we will not be able to process | this application. |
| Cofunds Intermediary Authorisation Code | ı | Intermediary Client/Deal Ref. | Marketing Code |
| 1A. CONFIRMATION OF VERIFICATION OF BANK ACCOUNT DETAIL | LS | | |
| I/We confirm that: | | | |
| The sort code, bank account number and account name within the nominated ba | ank accou | unt section was obtained and verified by me/us in | relation to the customer below. |
| The monies designated for investment has been drawn from an account (either based listed below. | by buildin | g society cheque, bankers draft or direct debit ma | andate) in the name of the Settlor or |
| 1B. ADVISER CONFIRMATION | | | |
| Full name of Regulated Firm | | Signed | Date |
| FSA Ref No. | | Name | |
| | | Position | |
| 2 Trust Details (Please complete this section in full) | | | |
| | | ce from an Adviser in relation to this investment? this question we will assume you received advice | |
| Trust Name | | <u> </u> | |
| Contact Name | | | |
| Contact Address | | | |
| Postcode | | | |
| | | | |
| First named Trustee | | | |
| Mr/Mrs/Ms/Miss/Other | | Male Female Date of birth | $\frac{1}{100}$ |
| Surname | | If at current address for less than 2 years, please s | upply previous address and time there |
| Full First Name(s) | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Current Permanent Residential Address | | | |
| | | Posto | ode |
| | | Time at this Address | yrs mths |
| Postcode | | Time at this Address | yrs |
| Time at this Address yrs r | | If more than one previous address in the last 2 years, pleass address on a separate sheet of paper and staple securely to | |
| Second named Trustee | | | |
| Mr/Mrs/Ms/Miss/Other | | Male Female Date of birth | $\frac{1}{100}$ $\frac{1}$ |
| Surname | | | |
| Full First Name(s) | | If at current address for less than 2 years, please s | upply previous address and time there |
| Current Permanent Residential Address | | | |
| | | Posto | ode |
| | | Time at this Address | yrs mths |
| Postcode | | If mary than any provious address in the leat 2 | |
| Time at this Address yrs r | | If more than one previous address in the last 2 years, please address on a separate sheet of paper and staple securely to | |

| 2 Trust Details (Please complete this | section in full) continued | |
|--|-------------------------------------|---|
| Third named Trustee | | |
| Mr/Mrs/Ms/Miss/Other | | Male Date of birth DD DM MM MY YYYY |
| Surname | | If at current address for less than 2 years, please supply previous address and time there |
| Full First Name(s) | | a continuous son son son son son son son son son so |
| Current Permanent Residential Address | | |
| | | Postcode |
| | | Time at this Address yrs mths |
| Postcode | | If more than one previous address in the last 2 years, please provide full details including the time at each |
| Time at this Address | yrs mths | address on a separate sheet of paper and staple securely to this application form. |
| 3 Designations (You can designate an | account here using a maxi | mum of 8 alpha/numeric characters) |
| If you wish to specify a unique designation for this accobeneficial owners. If this section is not completed we we Cofunds Cash Account please ensure this designation | vill not designate this account. I | f you are funding this investment from a |
| 4 Funding your investment | | |
| I will be funding my investment by (tick all that apply). | | |
| Cheque | £ | Amount Please ensure that all the trustees and the designation (if specified) on this application form match this cash account. |
| Cofunds Cash Account | £ | Amount |
| Monthly Direct Debit (please ensure you complete | e the 'Investment by Direct Debit | t for Monthly Savers' on page 4) |
| BACS Transfer (from Settlor or Trustee account) | £ | Amount |
| Transfer of existing Cofunds investments (stock | cransfer form attached) | |
| 5 Nominated Bank Account | | |
| Complete this section if you have not provided us with you | | ails. If you are an existing customer, only complete this section if you would like to change your |
| | | applied to your regular monthly investments. The nominated bank details should be provided Loan Trust the initial investment may still be withdrawn by the Settlor. |
| These bank account details may differ from those nomin | - | |
| You can only have one nominated bank account at any gi | ven time. | |
| Name of Account Holder | | Branch Sort Code |
| Bank or Building Society Name and Address | | Bank/Building Society Account Number |
| | | |
| | | Ruilding Society Poll Number |
| Postcode | | Building Society Roll Number |
| | | |
| 6 Income | | |
| Complete this section if you have requested income units. The option you choose will be applied to all income units. Note: If you are taking regular withdrawals from your cas | shares you hold within this produ | uct. e 'Cofunds Cash Account' or 'Retain in the fund' options. |
| Consolidated Monthly Income Income generated from your investment funds you | vill be consolidated into your cast | h account and paid to your nominated bank account on a monthly basis. |
| Cofunds Cash Account Income generated will be paid into your cash account | · | |
| Retain in the fund Income generated from this investment will be r | · | malamas of Talafe Hivesaffell. |

If you do not tick one of these boxes we will select the retain in fund option by default which will apply to all income funds you hold within this product.

7 Investment Selection (Please refer to the Fund Charge Schedule and complete in full)

Minimum investment £1,000 per fund (Lump Sum) or £100 per month per fund (Monthly savings). Your investment will be made in the Retail Share Class. For details of funds available, please refer to the Fund Key Features. Please ensure the funds are available through Cofunds. Where funds are already held under an existing Cofunds Client Reference please complete a Stock Transfer form for each chosen fund and do not complete this section.

| Fund Manager and Fund Name | Type of Unit/Share (delete as appropriate)* | Lump Sum Minimum £1,000 per fund | Monthly Minimum £100 per fund | All (✔) | Comn WAIVE Specif or Amou | OR ic | |
|----------------------------|--|--|-------------------------------------|------------|------------------------------------|-----------------|----------|
| | ACC/INC | £ | £ | | | % | |
| | ACC/INC | £ | £ | | | % | |
| | ACC/INC | £ | £ | | | % | % |
| | ACC/INC | £ | £ | | | % | |
| | ACC/INC | £ | £ | | | % | |
| TOTAL INVESTMENT AMOUNT | | £ | £ | | | | |

*ACC/INC

If you do not specify ACC or INC in this column, and have not completed section 6, Cofunds will invest into accumulation units/shares where available.

**Commission

The initial commission available (between 0%-5%) depends on the fund selected. Please refer to the Fund Charge Schedule for details of rates and funds available through Cofunds. Please state the amount of commission you wish to waive or the percentage of commission you wish to take. You can only choose one option. Commission waivers should be entered for each fund. Please note, if you wish to waive all commission please tick the 'ALL' box. Please specify a particular percentage amount in the last column. If you choose to take commission it must be for all of the investments, as a specific percentage. Any entries, other than those detailed above, will result in investments being made at your default commission terms.

Your cheque

The cheque must be made payable to Cofunds Limited. Initial cheque payments can only be made by the Settlor. Subsequent payments can be made by the Settlor or Trustee

Your monthly savings

For monthly savings we will automatically collect on or just after the 25th day of each month. For applications received up until the last day in any month, the first direct debit collection will be made on or just after the 25th day of the following month.

Direct Debit Guarantee

Please refer to the Your guide to investing with Cofunds for details of the Direct Debit Guarantee.



BACS Transfer

Initial investment can be made by BACS transfer from the Settlor's bank account as verified in section 1A of this form. Any subsequent investments to the trust may be made by BACS via the nominated bank account. To ensure identification of investment, any BACS payments must include a reference to the Trust Name as in section 2 of this form.

Declaration and Authorisation

We confirm that:

I/We agree to be bound by:

- Your guide to investing with Cofunds, including the Key Features of Investment Funds
- Fund Key Features
- Terms and Conditions of the Cofunds Platform, including the Investment Funds Customer Agreement

My/Our signed application form (provided that my/our application is accepted by Cofunds), together with the Key Features and Terms, constitute my/our Agreement with Cofunds Limited.

 $I/We\ understand\ that\ instructions\ may\ be\ delayed\ or\ rejected\ if\ this\ application\ form\ is\ not\ complete\ in\ all\ respects.$

All named Trustees and Beneficiaries (if applicable) are known to us. Cofunds does not undertake to meet any obligations of the Trust. You may undertake a search with a reference agency for the purposes of verifying our identity. To do so, the reference agency may check the details I/we supply against any particulars on any database (public or otherwise) to which they have access. They may also use my/our details in the future to assist other companies for verification purposes. A record of the search will be retained as an identity search.

I/We declare that the information contained in this application form is correct to the best of our knowledge and belief.

I/We are aged 18 or over.

Contact name/First Trustee Signature Date Third Trustee Signature Date

Data Protection

Cofunds Limited will use your information for the administration and servicing of your investments and all other related activities. We may disclose your information to our agents and service providers for these purposes. We may also disclose your information to organisations for compliance with legal and regulatory requirements.

With the exception of the above provisions, we will not pass on your details to any other third party without your permission, but we will disclose information concerning your investment to your Nominated Adviser.

Cofunds may transfer your information to countries outside the EEA for the servicing of your investments. In such cases, contracts will be put in place to ensure that the service providers protect your information in accordance with the requirements of the Data Protection Act.

If you require a Fund prospectus, please contact your adviser or Fund Manager directly.

All Named Trustees must sign this application.

| Second Trustee Signature | X | Date |
|-----------------------------|---|------|
| Fourth Trustee Signature | X | Date |



Instruction to your Bank or Building Society to pay Direct Debits

Service User No.



Please fill in the whole form and send it to: Cofunds Limited, PO Box 1103, Chelmsford CM99 2XY.

| To the Manager | Bank or Building Society |
|------------------------------|--------------------------|
| Address | |
| | |
| Posto | ode |
| Name(s) of Account Holder(s) | |
| | |

| _ | | | | | |
|----------|---|---|---|---|---|
| | | | | | |
| 5 | n | O | 2 | 6 | 7 |
| ' | | • | _ | | • |

This is not part of the instruction to your bank or building society.

| For Cofunds LTD official use only | | | | | | | | | | | | | |
|-----------------------------------|------|-----|-----|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | |
| Refer | ence | Num | ber | | | | | | | | | | |

Instruction to your Bank or Building Society

Please pay Cofunds Limited Direct Debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Cofunds Limited and, if so, details will be passed on electronically to my Bank/Building Society.

| Sign | ature | Date | |
|------|-------|------|--|
| | | | |

This Guarantee should be detached and retained by the payer.

The Direct Debit Guarantee

Branch Sort Code



• This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits

of account.

- If there are any changes to the amount, date or frequency of your Direct Debit Cofunds Ltd will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request Cofunds Ltd to collect a payment, confirmation of the amount and 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 Cofunds Ltd 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 Cofunds Ltd 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 also notify us.

Banks and Building societies may not accept Direct Debit instructions from some types