

The disclosure documentation applicable to this transaction is:

0	2	1	4	S	D	E
---	---	---	---	---	---	---

Cofunds Authorisation Code

7	7
---	---

This form is to be used for Self-directed Explicit Pricing clients only.

It is Cofunds normal business practice (and by signing this application, you agree to such practice) to convert commission-included share classes to their commission-free equivalent within the same funds that are available to your intermediary on receipt of the assets from the ceding provider. If a commission-free share class is not available, we will be unable to transfer the asset to Cofunds.

Please complete this application form using black ink in BLOCK CAPITALS and return to: Chelsea Financial Services, St James Hall, Moore Park Road, London SW6 2JS

1 Personal details (please complete this section in full)

Personal Investor(s) primary holder. Please see Section 4 to add additional holders.

Existing Cofunds Client Reference

I have not received advice from a financial adviser in relation to this investment.

Mr/Mrs/Ms/Miss/Other

Surname

Full first name(s)

Email

Telephone

Male Female Date of Birth / /

If more than one previous address in the last two years, please provide full details including the time at each address on a separate sheet of paper and staple securely to this application form.

Please read the following sentence and confirm by ticking the box if applicable. I confirm that I am solely UK resident for tax purposes and not a US citizen.
If you can't confirm and tick the box, please complete the Individual FATCA Self-Certification form that can be issued to you by Chelsea.

Current permanent residential address

Postcode

Time at this address yrs mths

If at current address for less than two years, please supply previous address and time there

Postcode

Time at this address yrs mths

2 Segmentation (For intermediary use only)

Please enter the name of the segment in full using BLOCK CAPITALS: STANDARD SEGMENT (Only apply if client is not already segmented)

3 Designations (You can designate an account here using a maximum of eight alphanumeric characters)

If you wish to specify a unique designation for this account please ensure that the designation reference does not make a meaningful word. Only the named applicants of this investment will be recognised as beneficial owners. If this section is not completed we will not designate this account.

4 Joint holders

Please include the full name and address of each holder. All correspondence will be sent to the primary holder. Joint holders must have the same investment service as the primary holder.

Second named holder

Mr/Mrs/Ms/Miss/Other

Surname

Full first name(s)

Current permanent residential address

Postcode

Time at this address yrs mths

Male Female Date of Birth / /

If at current address for less than two years, please supply previous address and time there

Postcode

Time at this address yrs mths

If more than one previous address in the last two years, please provide full details including the time at each address on a separate sheet of paper and staple securely to this application form.

Please note that a separate authority will be required for each Fund/Plan Manager. If transferring from more than one Fund/Plan Manager, please request more Transfer Authority Forms from Chelsea.

Please complete all details requested.

Name of Fund Manager (from whom you wish to transfer):
Address
Postcode
Account Reference with the above Fund Manager:

Existing Cofunds Client Reference

--	--	--	--	--	--	--	--

I hereby transfer my entire holdings in the funds listed below to Cofunds Nominees Limited, with immediate effect. Please forward confirmation to Cofunds Limited, PO Box 1103, Chelmsford CM99 2XY. I also authorise Cofunds to submit all information contained in this Transfer Authority to the Registrar of the Fund/Plan Manager named opposite and request that the register be updated as necessary to give effect to this transfer. I confirm that the re-registration of the funds listed will not change the beneficial ownership from (or among) the current holder(s). I confirm that this transaction is exempt from SDRT by virtue of paragraph 6 of Schedule 19 of the Finance Act 1999.

Signature(s) Corporate investors please state capacity of signatory and sign under the company seal.

Primary holder signature X	Date
-----------------------------------	------

Capacity (if applicable)

Second holder signature X	Date
----------------------------------	------

Capacity (if applicable)

Please note: All joint holders must sign the form.

Client Name(s) as they are registered with the above Fund Manager/Plan Manager. Please print in BLOCK CAPITALS.

Primary holder
Address of primary holder
Postcode
Second holder

1 Designations

<table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									Please provide any current designations.
	Please note that a separate authority form will be required for each designated holding.								

2 Details of the funds to be re-registered

Please ensure that the share class of the fund(s) you wish to re-register are available on the Cofunds Platform and are compatible with your investment service.

Fund name	Share class	Type of unit/share (tick as appropriate)*
		ACC <input type="checkbox"/> INC <input type="checkbox"/>
		ACC <input type="checkbox"/> INC <input type="checkbox"/>
		ACC <input type="checkbox"/> INC <input type="checkbox"/>
		ACC <input type="checkbox"/> INC <input type="checkbox"/>
		ACC <input type="checkbox"/> INC <input type="checkbox"/>
		ACC <input type="checkbox"/> INC <input type="checkbox"/>
		ACC <input type="checkbox"/> INC <input type="checkbox"/>
		ACC <input type="checkbox"/> INC <input type="checkbox"/>
		ACC <input type="checkbox"/> INC <input type="checkbox"/>
		ACC <input type="checkbox"/> INC <input type="checkbox"/>
		ACC <input type="checkbox"/> INC <input type="checkbox"/>
		ACC <input type="checkbox"/> INC <input type="checkbox"/>

*If you do not specify ACC or INC in this column, Cofunds will not be able to process your application. If you have chosen income units/shares, please ensure you complete Section 6 of the Investment Funds Transfer Application for income to be paid to you.