

Investment Management - Trusts

This Application Form is to be used for Trusts and Pensions Funds, where Brown Shipley is not the scheme administrator. To enable us to properly establish the trust's investment management account please complete all sections of this Application Form and then return it to us, together with the documentary evidence indicated on pages 2 and 3.

Trust details

Name of trust		
Primary contact	(as listed on client profile)	
Title	Surname	
First Name/s		
Commur	nications	
	and other information relating to the investme I be sent to the primary contact above.	ent management services for which the trustees
lf you wish this i	information to be sent also to each of the truste	ees please tick the box \square
If you require inf	formation to be sent to any other party please p	provide the details below
Name		
Address		
		Postcode
Documentation t	to be supplied: 🗌 Contract Notes 🔲 Valuatio	ons 🔲 Bank Statements
Name		
Address		
		Postcode

Documentation to be supplied:
Contract Notes
Valuations
Bank Statements



Anti Money Laundering Requirements

Please complete the relevant sections below and attach supporting documentation where appropriate.

Charitable trusts		
Registration number		
Other trusts		
Certified copy of trust Deed attached?	□ Yes	s 🗆 No
Is the settlor known and can their identity be verified?	□ Yes	s 🗆 No
If No, please give reasons		
If Yes, please provide the following information		
Name		
Address		
Pos	stcode	
Telephone number		
Has the settlor completed a Brown Shipley Client Identification Form? \Box Yes \Box No		
If No to either, please give reasons		
Is there an individual or entity with the power to appoint / remove trustees?	□ Yes	s 🗆 No
If Yes, has a Brown Shipley Client Identification Form been completed?	□ Yes	s 🗆 No
If No, please give reasons		
Is the beneficial owner another company?	□ Yes	s 🗆 No
If Yes, please provide details of this company		



Pension Funds

Pension scheme reference number	
Certified copy of the trust Deed attached?	🗆 Yes 🔲 No
If No, please give reasons	
Name of employing company (if applicable)?	
Registered number	
Is there a professional trustee?	🗆 Yes 🔲 No
If Yes, name	
Address	
	Postcode
	J
We need to know about the trust/pension fund's initial deposit/investment and fut	ture material transactions
Please specify the amount of the initial investment \pounds	
How will this be received? Funds transfer Cheque In specie transfer C	Other, please specify
If you have selected Funds transfer or Cheque above, please provide the name of the be received from:	e bank where the funds will
Will the trust/pension fund be making any further material investments over the next	5 years? □ Yes □ No
What will be the source of the investment?	
If "Yes" please specify £ and when (approximately)	
Is the trust/pension fund anticipating making any major withdrawals over the next 5	years? □ Yes □ No
If "Yes" please specify £ and when (approximately)	
Purpose	



Investment Management Service

Please indicate below how the trust/pension fund wishes its investment portfolio to be managed.

With this form, we are providing the trustees with a copy of the Brown Shipley guide 'Managing Your Investments'. This is an important document that explains all about our investment service and guides the trustees through the key decisions needed to be made before we agree the investment approach suitable for the trust/pension fund. We recommend that the trustees take time to read the content carefully. We shall explain any aspects that are unclear as well as helping the trustees to make informed choices on key areas such as risk and the investment mandate.

Investment portfolios

For each section below, indicate the trust/pension fund's requirements by ticking one box only, per section.

The service required

Discretionary	🗌 Advisory	Other please spe	cify
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Tariff preference

 \Box Fee only \Box Fee plus commission

The investment mandate for the portfolio

Brown Shipley offers five Investment Mandates, designed to meet the objectives of a range of different investors.

The overall structure of the trust/pension fund's portfolio will be governed by the Investment Mandate selected, coupled with the trust/pension fund's objectives and appetite for risk. The matters the trustees should consider when instructing us are clearly set out in our guide – 'Managing Your Investments'. Where the trust/pension fund's investment priorities or preferences do not match one of the mandates, we will agree a specific Investment Policy Statement with the trustees.

We will help the trustees to select the Investment Mandate most suitable for the trust/pension fund, taking into account the various considerations outlined in our guide. The portfolio will be wholly bespoke.

Please select one Investment Mandate from the list below.

- □ Cautious □ Growth
- □ Income □ Dynamic
- □ Balanced □ Personal Investment Policy Statement



The trust/pension fund should use this page to advise us of their preferred bank account details when income or capital is paid. Use this page also to instruct Brown Shipley when regular payments are required.

Your bank details

Please provide details of the trust/pension fund's preferred bank account where all payments from the portfolio are to be made:

Name of bank / building society

Branch address		1
		Postcode
Account title		
Account number	Sort code]
Reference		
Payee name (if different to applicant)		

Payment instructions

All funds will be retained in your portfolio(s) unless you instruct us otherwise.			
Do you need to have the income from your investments segregated?	□ Yes	🗆 No	
Interest to be paid gross or net	Gross	□ Net	
If paid gross, have you attached form R105/R85?	□ Yes	🗆 No	
Do you require a regular income to be paid?* *This will always be paid from your income account. If there are insufficient funds any balance will be m	Yes et from your cap	Dital.	

If you require a regular income tell us what to pay and when:

 \Box The whole balance of income \Box or this amount £

Frequency: Monthly Quarterly Half-yearly Annually Note: All payment dates are as follows: Monthly – 25th each month, Quarterly – 25th Feb, May, Aug, Nov, Half yearly – 25th May, Nov, Annually – 25th Jan

Regular payments

If you expect to make regular payments to any other external bank accounts (for example, your current account, other family members etc) please provide the relevant account details below:

Name of bank / building society	
Branch name	
Account title	
Account number	Sort code
Name of bank / building society	
Branch name	
Account title	
Account number	Sort code



Adviser Remuneration

If you have been advised by a Professional Financial Adviser (in respect of investment management services) Brown Shipley can facilitate advice charging on your adviser's behalf.

It is a requirement that any settlement of advice charging is appropriately authorised by you. Therefore, please complete the section below to provide your authorisation to permit us to debit your account with charges relating to the advice received from your adviser.

Name of Adviser

🗌 Initial Fee

For accounts established under this application, I/We authorise an initial charge of % to be deducted from my/our investment portfolio and paid to my adviser.

This initial charge may also be applied to any additional funds added to the Brown Shipley portfolio at a later date.

Annual Fee

I/We authorise the payment of % p.a. (+VAT) to be deducted from my/our investment portfolio and credited to my adviser. The charges will be debited on the same frequency as the management charges levied by Brown Shipley.

This instruction will remain in force until otherwise instructed by you.

Business Introducer

If you have been introduced to us by a third party (individual or intermediary firm) in respect of private banking services, they may be entitled to remuneration as a result of their introduction.

This is a commercial arrangement between Brown Shipley and the Introducer and any remuneration for business introductions will be at no additional cost to you. It is a requirement that any remuneration is properly disclosed to you. Therefore, you will be guided through this section of the application form and a full explanation of what this means to you will be provided.

Name of Business Introducer

Terms of arrangement



Access to My Brown Shipley - please complete this page in all circumstances

My Brown Shipley offers the trust/pension fund the opportunity to view their own portfolios on line. This facility will automatically be made available to the main contact indicated on page 1 unless you indicate that you do not wish to have access by ticking the box below

□ I do not wish to have access to My Brown Shipley

If you already have access to My Brown Shipley for portfolios please write your Username in the space below:

Main Contact Username

As part of this online service, a paperless option is available whereby you will receive all valuations, statements and transactional advices electronically (please note, this does not include Accountant Packs and Consolidated Tax Vouchers).

Please tick the box to indicate that you would like to take advantage of this service \Box

An email will be sent to confirm when documents are available (with the exception of contract notes).

Please confirm the email address you would like these confirmations sent to

Email Address

You may wish for an authorised 3rd party to have access to the trust/pension fund's portfolios through My Brown Shipley. They will need to complete an Authorised Users Application Form.

Please provide their details below

Third party full name



Fax Instructions

If you wish to give us instructions by fax please tick this box. \Box

In consideration of Brown Shipley ("You") agreeing to accept instructions from Company / Trust ("Us") by facsimile transmission ("Instructions") without requiring written confirmation bearing signatures of the authorised signatories to the above account, We/I accept and agree to the following:

- You are authorised to accept and act on Instructions which you reasonably believe to have come from Us and any transaction made pursuant to such Instructions shall be binding upon Us.
- Instructions may be subject to a return e-mail confirmation or telephone call (although You are not obliged to make any such e-mail or telephone confirmation to Us, following the making of an Instruction).
- You may refuse, without liability, to act on our Instructions if:
 - You reasonably believe that We/I did not give the Instruction; or
 - You reasonably suspect fraudulent activity; or
 - Our instructions are unclear, incomplete or not in the required form; or
 - In acting upon the Instruction, You might act contrary to a law, regulation, code or other duty which applies to You; or
 - Acting on the Instruction would cause Us to exceed any limit or restriction which applies to Our account; or
 - You have any other valid reason for not acting on Our Instructions.

If You refuse to make a payment You will notify Us, and if possible, give Your reasons for doing so.

This authority shall remain in force until specifically withdrawn in writing by Us.

Authorised third party

If the trustees wish to nominate a third party to act on the trust/pension fund's behalf with Brown Shipley please complete the section below and ensure this nominee signs the declaration.

□ We request that, until advised accordingly in writing, Brown Shipley treat and consider the following person as fully empowered on the trust/pension fund's behalf to operate its accounts in relation to all matters.

Full name of authorised third party

Title	Surname	
First name/s		
Please specify th	e relationship/connection to	the applicant(s)
Address		
		Postcode
Telephone		Date of birth DDMMYY
To be complete I	by the third party	
□ I have supplie	ed Brown Shipley with full A	nti-Money Laundering verification details.
I have read, und Conditions.	erstood and agree to be bo	und by Brown Shipley's Investment Management Terms and

Signature of authorised third party

Date D D M M Y Y



Acceptance

Please read the following statements carefully, tick those that apply to the trust/pension fund, ensuring that you agree with each one selected before signing the declaration below.

- U We hereby apply to Brown Shipley for the investment management service selected on this application form.
- U We certify that we have full power and authority to enter into this agreement.
- □ We have read and understood the Investment Management Terms and Conditions and My Brown Shipley Terms of Use and by signing this application, we understand that this will form a binding agreement between Brown Shipley and us.
- □ We have received Brown Shipley's Order Execution Policy and we consent to the terms detailed within this document.
- □ We have received the Financial Services Compensation Scheme information sheet.
- □ We have read and understood the terms applicable if we choose to instruct Brown Shipley by fax.
- □ We confirm that our investments will be managed in accordance with the investment mandate selected on page 4. We have read and understood the guide 'Managing Your Investments' including the explanation of the risks associated with investing. In addition, the composition of the portfolio which will be formed in view of the investment mandate selected has been adequately explained to us and we understand the nature of the investments that will be made on our behalf.
- □ We have been advised of a tariff schedule including any ancillary charges, relevant to the investment management services provided, by Brown Shipley.
- □ We give permission to Brown Shipley to pay charges and share fees with our financial advisers as set out on this application form.
- □ Where we have nominated a third party to act on our behalf, we understand that this authority allows Brown Shipley to act on the instructions of the above named person without making any enquiries about the circumstances of the instructions. In consideration for doing so, we agree to indemnify Brown Shipley for any costs, claims, damages or liability Brown Shipley might incur for, or by, accepting in good faith any instructions purporting to be from the authorised third party.

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With regard to all orders and instructions concerning the investment management services provided by Brown Shipley, we authorise Brown Shipley to act on the instructions of:

Any one of the trustees named below	□ Iwo of the trustees named below
$\hfill\square$ All of the trustees named below	□ Other mandate – please specify
Full name of trustee	Full name of trustee
Signature	Signature
Date	Date D D M M Y Y
Full name of trustee	Full name of trustee
Signature	Signature
Date D D M M M	Date D D M M Y Y
Full name of trustee	Full name of trustee
Signature	Signature
Date D D M M M	Date D D M M Y Y

2 Moorgate, London EC2R 6AG T 020 7606 9833 F 020 7606 5899 W brownshipley.com

Lines are open Monday to Friday 9am to 5pm, local call charges apply. Telephone calls may be recorded for regulatory and legal purposes

Brown Shipley is a trading name of Brown Shipley & Co Limited, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registered in England and Wales No. 398426. Registered Office: 2 Moorgate, London, EC2R 6AG. Brown Shipley's parent company is Quintet Private Bank (Europe) S.A which, from Luxembourg, heads a major European network of private bankers.



Transfer Authority form

 ${f To}\,$ Please enter below the name, address and postcode of the existing Manager from whom you wish to transfer

Name

Address

Postcode

Transfer instructions

Dear Sir,

This is to authorise you to transfer to Brown Shipley the following investments in stock or cash

Please specify: 🗌 In specie transfer 🔲 Cash transfer

Investment Account Name(s)

Investment Account Number(s)

To arrange transfer

Please liaise with:

Custody Department, Brown Shipley, 2 Moorgate, London EC2R 6AG

Email: custody.isa@brownshipley.co.uk Tel: 0207 282 3232

Transfer authorisation

I hereby authorise you to take instruction from Brown Shipley with regard to my investments I hold with you and which I wish to transfer to their management.

Full name	Full name
Signed	Signed
Date D D M M M	Date DDMMYY
Full name	Full name
Signed	Signed
Date D D M M Y Y	Date DDMMYY
Full name	Full name
Signed	Signed
Date D D M M Y Y	Date D M M Y Y