INVESTMENT WRAPPER - APPLICATION FORM

Before completing this application form, please ensure that you have obtained and read the information regarding the products and services provided by Saxo Capital Markets UK Ltd ("SCML") and all relevant terms and policies made available, and updated from time to time, on our website www.saxomarkets.co.uk.

Once completed this form should be sent to Saxo Capital Markets UK Ltd at the business address below or alternatively please email a scanned copy of the completed application to privatesalesuk@saxomarkets.com.

PLEASE COMPLETE THE FORM IN BLOCK LETTERS AND BLACK OR BLUE INK. ALL ITEMS MARKED WITH * MUST BE PROVIDED.
INVESTMENT WRAPPER - APPLICATION FORM

INSTRUCTIONS FOR COMPLETION

This is an application form to open an account with Saxo Capital Markets UK Limited ("SCML") to trade on the SCML trading platform(s) using funds held by a Policy Holder (beneficial owner) within a Trust Investment Wrapper managed by an authorised Trustee (legal owner).

In order for SCML to process this application, the Trustee must have a current contractual relationship with SCML and have met the appropriate SCML due diligence requirements. For Trustees new to SCML, details of these requirements are available by calling SCML on +44(0)207 151 2100 or via email (privatesalesuk@saxomarkets.com).

Where the Policy Holder has appointed an Investment Advisor or Introducing Broker ("Investment Advisor"), the Trustee may grant Power of Attorney to the Investment Advisor alone or to both the Investment Advisor and the Policy Holder. If no Investment Advisor has been appointed, the Trustee is required to grant Power of Attorney to the Policy Holder. In all cases, the Power of Attorney is granted in accordance with the provisions of Part 13 of this form.

The Policy Holder must complete Parts 1 to 6 of this application form. The Trustee should then complete Parts 7 to 12. The Trustee (as Principal) and the appointed Attorney(s), including if appropriate the Investment Advisor, should then complete and sign Part 13. If the Policy Holder signs as an Attorney then their signature should be witnessed as requested.

Before completing this application form, please make sure you have read and understood all information regarding the products and services offered by SCML and all relevant terms including the General Business Terms (including the Products Risk Disclosure), the Addendum to General Business terms for Policy Holders, the Conflict of Interest Policy, the Order Execution Policy, the Commissions, Charges and Margin Schedule and the General Privacy Policy. This information is made available, and updated from time to time, on our website www.home.saxo/uk

To comply with money laundering regulations, the Policy Holder is required to submit the following documentation along with the completed form. SCML also reserves the right to request further documentation at any time during the approval process.

POLICY HOLDER (BENEFICIARY) – DUE DILIGENCE DOCUMENTATION REQUIREMENTS

Proof of Identity:
Copy of your valid and signed passport (machine readable) or UK driving licence. If you don't hold one of the above documents, please provide a certified copy of your valid proof of identity.

Proof of Residence:
- UK Residents: copy of a bank statement or utility bill containing your physical address (e.g. gas, water, electricity, land line phone, oil, internet, cable TV connections) issued in your name within the previous 6 months
- Non-UK Residents: certified copy of a bank statement or utility bill containing your physical address (e.g. gas, water, electricity, land line phone, oil, internet, cable TV connections) issued in your name within the previous 6 months. Please note that Internet printed documents are not acceptable.

Existing Pension Fund statement (if applicable)
Copy of the existing pension fund statement for the last three years.
## TRUSTEE – DUE DILIGENCE DOCUMENTATION REQUIREMENTS

Trust Deed/Deed of contribution
Appropriate documentation in accordance with PART 9 of this application form.

Please note that the above requirements may vary depending on the country of residence of the scheme member. Please kindly contact us for detailed information: +44(0)207 151 2100.

Once completed and signed, please send the application by regular mail together with the required documentation to: Saxo Capital Markets UK Limited 26th Floor, 40 Bank Street, Canary Wharf, London E14 5DA

For faster processing please return the completed form with the above mentioned documentation directly to SCML by scanning the form together with the documentation and emailing to privatesalesuk@saxomarkets.com

Please ensure you submit the whole application form, fully completed and signed by all parties, in conjunction with the standard due diligence documentation listed above.

If you have any questions related to the completion of this form, please contact us on +44(0)207 151 2100

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### Part 1 | Policy Holder Details

**NAME AS ON PASSPORT**

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<th>Forenames: First Name</th>
<th>Other name(s)</th>
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**Country or Countries where you are Tax Resident:**

Are you a US Citizen? : Yes ☐ No ☐

If you are a US Citizen, US tax resident, or tax resident in UK Crown Dependencies (Jersey, Guernsey and Isle of Man) or Gibraltar, please list your Taxpayer Identification Number (TIN):

________________________

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**IF YOU HAVE BEEN AT YOUR CURRENT ADDRESS FOR LESS THAN 3 YEARS, PLEASE ALSO PROVIDE YOUR PREVIOUS ADDRESS**

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INVESTMENT WRAPPER - APPLICATION FORM

Part 1 | Policy Holder Details

Primary Telephone No.: (Including country and area code)
Secondary Telephone No.: (Including country and area code)
E-mail Address*: 

*Please note that the email address provided will be registered as primary contact for your trading account and will be used for any communication related to your trading account with SCML.

POLITICALLY EXPOSED PERSONS and RELATIVES/CLOSE ASSOCIATES

Are you a Politically Exposed Person (Definition of Politically Exposed Person: someone who has been entrusted with a prominent public function).

Yes [ ] No [ ]

If Yes, please provide further details: ________________________

Are you a Relative (including a spouse, a partner, children and their spouses or partners and parents) or Close Associate (including any individual who is known to have joint beneficial ownership of a legal entity or legal arrangement, or any other close business relations) of a Politically Exposed Person.

Yes [ ] No [ ]

If Yes, please provide further details: ________________________

Part 2 | Choice Of Account Currency

Minimum deposit £10,000 or equivalent* 
Choice of account/reporting currency*:

*If not completed the account currency will default to GBP

Part 3 | Investment Advisor Details (where Policy Holder has appointed such an Advisor)

Forenames: First Name Other name(s) Address:
Surname:
Email
Telephone:
Company registration no.: Name of Regulatory Authority & Firm Reference No:

August 2018
Part 4 | Financial Information

Monthly Income after tax: ______________________________
Monthly outgoings (Living expenses, mortgage & other payments): ______________________________

Estimated value of all Savings & Investments (i.e. excluding any property ownership or Personal Pension value): £ ______________________________
How much do you intend to invest with SCML: £ ______________________________

DEFINED (FINAL SALARY) PENSION SCHEME
Are you a member of a defined (final salary) pension scheme? If YES [ ] NO [ ]
YES, what is the approximate current value? £ ______________________________
Please list all the employers that contributed/ are contributing to your defined pension scheme:£ ______________________________

Amount of current monthly contribution: £ ______________________________
Are the funds you intend to invest with SCML a transfer from your defined (final salary) pension scheme?
YES [ ] NO [ ]

PERSONAL PENSION FUND
Do you have a personal pension fund? YES [ ] NO [ ]
If YES, what is the approximate current value? £ ______________________________
Please confirm the legal name of your current pension fund provider/s (Please state all of them) ______________________________

Are the funds you intend to invest with SCML a transfer from your existing personal pension fund?
YES [ ] NO [ ]

If YES please complete PART 4A
if NO please complete PART 4B
Part 4A | Transfer from existing Personal Pension fund

Are you currently making any contributions to your pension fund?  YES ☐  NO ☐

If YES, please kindly confirm the source/sources of your contributions (please select one or more choices accordingly):

EMPLOYMENT ☐

COMPANY PROFITS (if self-employed – i.e. owner, director, shareholder) ☐

PERSONAL CONTRIBUTIONS ☐

If PERSONAL CONTRIBUTIONS, Please confirm source/sources (select one or more choices accordingly):

☐ Company sale  ☐ Property sale  ☐ Other - please specify: ____________________________

☐ Inheritance  ☐ Fixed deposits – Savings

☐ Gift  ☐ Win/Proceeds from Lottery

☐ Loan  ☐ Dividend Payment

Part 4B | Transfer from source different than existing pension fund

Please confirm the source/sources (please select one or more choices accordingly): of your contributions:

EMPLOYMENT ☐

COMPANY PROFITS (if self-employed – i.e. owner, director, shareholder) ☐

PERSONAL CONTRIBUTIONS ☐

If PERSONAL CONTRIBUTIONS, Please confirm source/sources (select one or more choices accordingly):

☐ Company sale  ☐ Property sale  ☐ Other - please specify: ____________________________

☐ Inheritance  ☐ Fixed deposits – Savings

☐ Gift  ☐ Win/Proceeds from Lottery

☐ Loan  ☐ Dividend Payment

Part 5 | Employment History

Current Relevant Occupation

Employed ☐  Self-employed ☐  Not in employment ☐  Retired ☐

If employed:

Employer’s name

Nature of business

Position held

If self-employed:

Nature of business

If not in employment:

Previous Employer’s name

Reason for current status
Part 6 | Policy Holder Signature & Declarations

Data Protection
To comply with the Money Laundering Regulations, SCML is required to collect information about you and to undertake checks on your identity and residential address, including accessing and using information held in database or other electronic format through other agencies. In carrying out electronic verification, other agencies may retain a record of the enquiry and information given to them. SCML may also request further supporting documentation from you to verify these details. Your information may be disclosed to law enforcement agencies and other relevant agencies for crime detection and prevention purposes. SCML will add your personal data and details (including email details) to the database of Saxo Bank Group which includes entities that are outside the EEA. A list of entities within the Group can be found on www.saxobank.com. Furthermore, in order to provide the services to you, SCML may exchange information or share your personal data with the Trustee (refer Part 8) and your Investment Advisor (refer Part 3) and any Administrator of the SIPP. All exchanged data will be done in a secure manor and only required information will be shared. If you have any questions about how we handle your personal information, please email us at privacy@saxobank.com.

Marketing Communication
We occasionally would like to contact you to give you information about products and services offered that are similar or related to the product and services provided or previously provided to you as well as news and events.

☐ Please tick here if you would like to be kept informed of all marketing related matters by SCML.

You have the right to unsubscribe and change your preferences at any time for marketing purposes. You can do this by logging on to your account or clicking unsubscribe on any of the marketing emails we send you.

I declare by my signature that:

• I have read and understood the nature of the product(s) that I (or my Investment Advisor) intend to trade in this account;
• I am not aware that I have any health or other conditions that may affect the proper operation of the account;
• I have provided true, accurate and complete information and undertake to update SCML of any changes to the information provided without delay;
• I have obtained from the website www.home.saxo/uk, read, understood and agree to the General Business Terms (including the product risks disclosure detailed in Schedule 1 to these General Business Terms and the Addendum to the General Business Terms for Investment Wrappers), the Order Execution Policy, the Conflict of Interest Policy, the Commission, Charges and Margin Schedule and the General Privacy Policy;
• I consent to the Order Execution Policy and for any orders to be executed outside a regulated market or a multilateral trading facility;
• I consent to any unexecuted limited orders not to be made public;
• I accept and agree to be bound by the terms provided above and consent to such terms and information including future updates to these being provided to me by way of posting on the website indicated above;
• I accept that a contract has been formed between me, SCML and the Trustee;
• I acknowledge that I recognise and understand the restrictions placed by SCML on the trading of funds in terms of the products that can be traded and the reduced leverage that can apply to these products. These restrictions may be additional to those imposed by the relevant legislation and/or the Trustee;
• To have been adequately informed by my Trustee of the legal restrictions which apply to the trading of funds in relation to Investment Wrappers.

Furthermore, I confirm:

• That the investment amount has been chosen by me taking my total financial circumstances into consideration and is considered reasonable by me under such circumstances;
• That SCML is authorised to act on any instructions it receives from the Trustee on my behalf;
• That I acknowledge and accept that my Trustee (as specified in Part 8 of this form), as Trustee of the Trust (as specified in Part 9 of this form), has granted Power of Attorney in accordance with the provisions of Part 13 of this form;

Signature: ________________________________ Date: ________________________________
Part 7 | Type of Account

SIPP □ QROP □ ARF □

PLEASE COMPLETE ALL APPLICABLE SECTIONS CLEARLY IN BLACK OR BLUE PEN USING BLOCK LETTERS. PARTS 8 TO 12 OF THIS FORM ARE TO BE COMPLETED BY THE TRUSTEE.

Part 8 | Trustee Details

Forenames: First Name Other name(s)
Surname:
Telephone
Email:
Company registration no.:
Legal Entity Identifier Code (LEI):

In Accordance with the European Markets Infrastructure Regulation (EMIR), all entities operating in the EEA are required to have valid LEI in order to comply with the reporting obligations. In the event, an LEI is not provided for an entity incorporated within the EEA, any account will not be permitted to trade derivative products. An LEI is a unique 20-character alphanumeric code required to trade and report derivative contracts within the EEA and LEI codes are issued by EU endorsed Local Operating Units (LOUs). A list of endorsed LOUs is available at: www.leiroc.org/publications/gls/lou_20131003_2.pdf.

Part 9 | Trust Details

Trust name:
Scheme name:
Policy /plan number (if applicable):
Address (if different from 8 above):

Part 10 | Trust Bank Account Details

Bank name:
Bank Address
Bank Postcode
Swift Bank Identifier Code Number (BIC):

In accordance with MiFID requirements, SCML is required to provide transaction reports to the UK FCA in respect of “reportable transactions”. Where a BIC is available this should be provided to ensure that, SCML is able to correctly identify the trading counterparty when submitting transaction reports.

Please note that deposits and withdrawals will be only processed from/to the bank details provided below. Should there be any changes to the below information, please inform SCML immediately in writing.

Deposit bank details
Sort Code:
Account number:
IBAN (if applicable)

Withdrawals bank details
Sort Code:
Account number:
IBAN (if applicable)
Part 11 | Permitted Investments

Please indicate which of the following investment types the Policy Holder (Beneficiary) is permitted to trade under the terms of the Trust Deed:

- FX
- CFDs
- Futures
- Options
- Shares/Bonds/Non-complex ETPs
- Complex ETPs

Part 12 | Trustees’ Signatures

We declare by our signature that:

- We have obtained from the website www.saxomarkets.co.uk, read, understood and agree to the General Business Terms (including the product risks disclosure detailed in Schedule 1 to these General Business Terms and the Addendum to the General Business Terms for Investment Wrappers), the Order Execution Policy, the Conflict of Interest Policy and the Commission, Charges and Margin Schedule.
- The Trust is properly constituted and validly exists under the laws of its jurisdiction and has the authority to conduct its business and enter into the Terms with SCML;
- All the trustees and authorised signatories of the Trust are over 18 years of age;
- All the information provided in this application form, and in connection with this application form is true, correct and complete and, should there be any subsequent changes to this information, we will inform SCML immediately in writing;
- The Trustee, as Principal, has granted Power of Attorney in accordance with the Provisions of Part 13 of this form;
- The Policy Holder (Beneficiary) may trade in the investment types indicated in Part 11 and that by so doing, the Policy Holder (Beneficiary) will not be in breach of any laws or regulations nor the Trust Deed;
- We understand that, in order to comply with anti-money laundering legislation, SCML is required to verify both the address of the Trust and the identities and addresses of the Trust’s authorised signatories and for this purpose, may use information held in any database or in other electronic format;
- The Trust has obtained the agreement of each of the authorised signatories to the electronic identity verification searches or to provide the required documentation.

Executed on behalf of its duly authorised representatives:

**Signature 1:**

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<th>Full name:</th>
<th>Title:</th>
<th>On behalf of:</th>
<th>Date:</th>
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**Signature 2:**

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<th>Full name:</th>
<th>Title:</th>
<th>On behalf of:</th>
<th>Date:</th>
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Part 13 | Limited Power of Attorney

Name: ________________________________________________________, the Trustee as identified in Part 8. of this application form, as Trustee of
the Trust specified in Part 9. of this application form (hereafter referred to as the “Principal”) hereby grants Power of Attorney to (please fill in one or
two names hereunder as appropriate):

1. Name: ____________________________________, the Investment Advisor as identified in Part 3. of this application form

AND/OR

2. Name: ____________________________________, the Policy Holder as identified in Part 1. of this application form

(hereafter individually or jointly referred to as the “Attorney(s)”

to perform all transactions and legal acts according to Saxo Capital Markets UK Ltd’s (“SCML”) General Business Terms or any other terms which are
entered into with SCML and which govern the client relationship as if they were performed by the Principal itself.
The Attorney(s) agrees that if it breaches any terms of SCML’s General Business Terms it shall keep SCML indemnified against any loss, damage or
expense incurred by SCML as a result of such breach.

Thus, the Principal understands and agrees that:

1. SCML may accept from the Attorney(s), without any inquiry or investigation, any order to transact all instruments available on SCML’s on-line
trading systems including financial securities, derivatives, foreign exchange and any other property in the Principal’s account(s) on margin or
otherwise;

2. SCML shall have no responsibility or liability to the Principal in following instructions from the Attorney(s);

3. SCML is under no duty to supervise or otherwise know or review the trading practices, advice or any other acts carried out by the Attorney(s);

4. SCML is allowed to provide the Attorney(s) with direct access to the account and reveal all information about the account to the Attorney(s)
and thus, for instance, send copies of any and all transaction notes, account statements etc. to the Attorney(s) so that the Attorney(s) may
satisfy any of its legal and regulatory requirements on record retention;

5. SCML may establish internet trading facilities according to the instructions of the Attorney(s) for purposes of executing trades on behalf of the
Principal on any of SCML’s online trading systems;

6. This Deed shall be governed by and construed in accordance with the law of England and Wales and all Parties irrevocably agree the courts of
England and Wales shall have exclusive jurisdiction to determine any proceedings;

7. This Power of Attorney shall remain effective until revoked in writing by the Principal and correspondingly confirmed in writing by SCML. Any
revocation of the authority given to the Attorney(s) shall not affect the validity, ratification and indemnity with respect to any transaction initiated
or instruction given by the Attorney(s) prior to confirmation by SCML of such notice. For avoidance of doubt, upon revocation, all rights of the
Attorney(s) under this Power of Attorney shall no longer apply.

8. The death, bankruptcy or mental incapacity, or where relevant any insolvency event such as but not limited to the dissolution, winding up or
liquidation of either the Principal or the Attorney(s) shall also act to revoke this Power of Attorney. The effective date of revocation under this
clause shall be the date upon which SCML receives documentary evidence of any such event and confirms receipt of that evidence.

9. This Deed may be executed in three counterparts, which together will have the same effect as if the Principal and the Attorney(s) have signed
the same document. The Principal and/or the Attorney(s) may deliver an executed copy of this Deed to SCML by facsimile transmission or by
emailing a scanned copy of the executed Deed to SCML, and such delivery shall have the same force and effect as delivery of an original signed
copy of this Deed.

THIS POWER OF ATTORNEY IS EXECUTED AS A DEED AND IS DELIVERED AND TAKES EFFECT ON THE DATE OF THE LAST
SIGNATURE BELOW

November 2018
Part 13 (cont) | Limited Power of Attorney

I, THE PRINCIPAL, HEREBY AGREE TO ALL OF THE TERMS SET OUT ABOVE AND EXECUTE AND DELIVER THIS POWER OF ATTORNEY AS A DEED

Trustee

Authorised signatory 1:

Name: ______________________ Date: ______________________

Authorised signatory 2:

Name: ______________________ Date: ______________________

Policy Holder (if appointed Attorney):

Name: ______________________ Date: ______________________

Witnessed by: (not a family member or investment advisor employee)

Name: ______________________ Date: ______________________

Occupation of Witness: ______________________

Address of Witness: ______________________

Investment advisor (if appointed Attorney):

Authorised signatory 1:

Name: ______________________ Date: ______________________

Authorised signatory 2:

Name: ______________________ Date: ______________________

THE SPECIALIST IN TRADING AND INVESTMENT

SAXO CAPITAL MARKETS UK LIMITED | 26TH Floor | Canary Wharf | London | E14 5DA | Telephone +44 (0) 207 151 2000 Fax +44 (0) 207 151 2001 | Web: www.saxomarkets.co.uk | Email: info@saxomarkets.co.uk