



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.

Saxo Capital Markets UK Ltd, 40 Bank Street, Canary Wharf, London E14 5DA, United Kingdom
Company registered in England & Wales No.: 7413871
Authorised and regulated by the Financial Conduct Authority



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 7 of this application form. The Trustee should then complete Parts 8 to 13. 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 and the Commissions, Charges and Margin Schedule. This information is made available, and updated from time to time, on our website www.saxomarkets.co.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

- A copy of your valid and signed passport (machine readable)
- Proof of residency, e.g. 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 3 months - (please note that if you are resident outside of the UK or EU the proof of residence requirement may be different).

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

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

INVESTMENT WRAPPER - APPLICATION FORM

PLEASE COMPLETE ALL APPLICABLE SECTIONS CLEARLY IN BLACK OR BLUE PEN USING BLOCK LETTERS.

PARTS 1 TO 7 OF THIS FORM ARE TO BE COMPLETED BY THE POLICY HOLDER

Part 1 | Policy Holder Details

NAME AS ON PASSPORT

Forenames: <input type="text"/> First Name <input type="text"/> Other name(s)	Town/City of Birth:
Surname:	Country of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:
Date of Birth: DD / MM / YYYY	Passport No./Identification No:
	Tax Identification No:

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

Current Residential address:	Previous Residential address:
Flat No./Building Name:	Flat No./Building Name:
House Name/No. & Street:	House Name/No. & Street:
Town/City:	Town/City:
County:	County:
Postcode:	Postcode:
Country:	Country:

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

Part 2 | Choice Of Account Currency

Minimum deposit £10,000 or equivalent*	Choice of account/reporting currency*:
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*If not completed the account currency will default to GBP

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

Forenames: <input type="text"/> First Name <input type="text"/> Other name(s)	Address:
Surname:	
Fmail	
Telephone:	
Company registration no.:	Name of Regulatory Authority & Firm Reference No:

INVESTMENT WRAPPER - APPLICATION FORM

Part 4 | Trading Knowledge and Experience

Online trading experience

How long have you continuously traded financial products on an execution only basis?

- Less than 1 year
 1 to 5 years
 More than 5 years

Which financial products have you traded in the past 12 months?

Instrument	< 5 trades	6-20 trades	21-50 trades	> 50 trades
FX Spot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FX Forward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CFDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options and Futures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares/ETFs/ETCs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gilts and Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Working experience and Qualifications

Do you hold any educational or professional qualifications relevant to the type of trading you (or your Investment Advisor) intend to carry on with us?

YES

NO

If YES, please specify: _____

Do you work, or have you worked, in the financial sector for at least one year in a professional position which requires knowledge of the nature of, and risk involved in, the type of trading that you (or your Investment Advisor) intend to carry out with us?

YES

NO

INVESTMENT WRAPPER - APPLICATION FORM

Part 5 | 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 value): _____

Personal pension funding

Are you a member of a defined (final salary) pension scheme? YES NO

If yes, what is your expected annual pension at your selected retirement age? £ _____

Do you have a personal pension fund? YES NO

If YES : What is the approximate current value? £ _____

Are you currently making contributions? YES NO

How much do you intend to invest with SCML?

£10,000 - £25,000 £25,001 - £50,000 £50,001 - £100,000 £100,000 +

Are these funds a transfer from your existing personal pension fund? YES NO

Part 6 | 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 _____

Part 7 | 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 Trust/Investment Wrapper. SCML may occasionally contact you by email, telephone or post 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.

If you do not consent to the use of your personal data in this way, we are unable to consider your application. By submitting the completed application form to us, you consent to the use of your information as indicated.

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.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;
- 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;
- That SCML is entitled to send newsletters or other investment material to me by e-mail, sms or similar electronic messaging services, and that I must inform SCML in writing or otherwise, if I do not wish to receive such material.

Signature: _____

Date: _____



INVESTMENT WRAPPER - APPLICATION FORM

Part 8 | Type of Account

SIPP QROP ARF BOB PRSA

PLEASE COMPLETE ALL APPLICABLE SECTIONS CLEARLY IN BLACK OR BLUE PEN USING BLOCK LETTERS.
PARTS 8 TO 13 OF THIS FORM ARE TO BE COMPLETED BY THE TRUSTEE.

Part 9 | Trustee Details

Forenames: <u>First Name</u> <u>Other name(s)</u>	Address:
Surname:	
Telephone	
Email:	Postcode:
Company registration no.:	Name of Regulator and Firm reference no. –
Legal Entity Identifier Code (LEI):	Investment Wrapper Provider/Administrator :

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.lei.org/publications/gls/lou_20131003_2.pdf.

Part 10 | Trust Details

Trust name:	Address (if different from 8 above):
Scheme name:	
	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.

Policy /plan number (if applicable):

Part 11 | Trust Bank Account Details

Bank name:	Address:
Sort code:	Account number:
Bank address:	Postcode :

Part 12 | 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 Shares/ETFs/ETCs/Bonds Options



Part 13 | 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:

Signature 2:

Full name:

Full name:

Title:

Title:

On behalf of:

On behalf of:

Date:

Date:

INVESTMENT WRAPPER - APPLICATION FORM

Part 14 | 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



INVESTMENT WRAPPER - APPLICATION FORM

Part 14 (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: _____

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

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

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