

Interactive Investors Limited
Exchange Court
Duncombe Street
Leeds
LS1 4AX

Date: 21/11/20

We confirm that the signatories to the account for Brown Consulting Services SSAS are as follows:

Stephen Brown:
Trustee

A handwritten signature in black ink, appearing to be 'SMB' followed by a flourish.

Jennifer Brown:
Trustee

A handwritten signature in black ink, appearing to be 'Jennifer Brown'.

Interactive Investors Limited
Exchange Court
Duncombe Street
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LS1 4AX

Date: 21/11/20

We confirm that the signatories to the account for Brown Consulting^{Services}/Limited are as follows:

Stephen Brown:



Jennifer Brown:



What is the source of funds/wealth which will be used to fund the account?

Savings	<input type="checkbox"/>	Salary	<input type="checkbox"/>	Maturing Investments	<input type="checkbox"/>	Sale of shares	<input type="checkbox"/>
Sale of property	<input type="checkbox"/>	Sale of company	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>	Loan	<input type="checkbox"/>
Gift	<input type="checkbox"/>	Company Profits	<input checked="" type="checkbox"/>	Other (please state)	<input type="text" value="Pension Trust"/>		

What will be the value of monthly deposits you make into the account?

£1 - £1,000	<input type="checkbox"/>	£1,001 - £50,000	<input type="checkbox"/>	£50,001 - £250,000	<input type="checkbox"/>	£250,001 or more	<input type="checkbox"/>
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How many trades will be placed on the account each month?

0 - 5	<input type="checkbox"/>	6 - 20	<input type="checkbox"/>	21 - 50	<input type="checkbox"/>	51 or more	<input type="checkbox"/>
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What will be the estimated value of the portfolio in the account?

£0 - £10,000	<input type="checkbox"/>	£10,001 - £50,000	<input type="checkbox"/>	£50,001 - £250,000	<input type="checkbox"/>	£250,001 or more	<input checked="" type="checkbox"/>
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2. Member declaration

- I confirm that I have been given the opportunity to read and consider the interactive investor Pension Trading Account Terms of Service that will form the contract between us and upon which interactive investor intend to rely. For my own benefit and protection, I should read these Terms carefully before starting to trade. I can ask for further information if I do not understand any point.
- I/we consent to the use of my/our personal information as set out in Interactive Investor's Privacy Policy.
- I confirm that I am 18 years of age or over and the information given is true and correct to the best of my knowledge and belief.

Additional beneficial owner name (if applicable)

Jennifer Brown

Signature

Jennifer Brown

Date

2	1	/	1	1	/	2	0	2	0
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Please tick below if you would like the authority to place trades and give instructions on the account.

☒

Please return your completed form and return this, together with your completed Pension Trading Account - Additional Members Application Form (if applicable) to:

Product Administration, interactive investor, Exchange Court, Duncombe Street, Leeds, LS1 4AX

5. Scheme Trustee and Scheme Administrator Declaration

- We wish to apply for a Interactive investor Pension Trading Account.
- We confirm that we have been given the opportunity to read and consider the Interactive investor Pension Trading Account Terms of Service that will form the contract between us and upon which Interactive investor intend to rely, for our own benefit and protection. We should read these Terms carefully before starting to trade. We can ask for further information if we do not understand at any point.
- We understand that Interactive investor are not obliged to accept our application and do not need to give reasons for not proceeding with our application.
- Responsibility for ensuring that investments in the pension comply with HM Revenue & Customs guideline rests with the Scheme Trustee(s). Interactive investor are not responsible or liable for rectifying any trades in non-compliant investments.
- We confirm that our permanent address is not outside the United Kingdom.
- We undertake to notify you promptly of any changes to the details supplied.
- We confirm that we have included all deeds for the scheme and agree to provide any further supplemental deeds as and when they are created
- I/we consent to the use of my/our personal information as set out in Interactive Investor's Privacy Policy.

Scheme Trustee Signatory

Name

Signature

Signature

 / /

Scheme Administrator Authorised Signatory

Name

Signature

Signature

 / /

6. Member declaration (to be completed by the first or sole beneficial owner of the PTA)

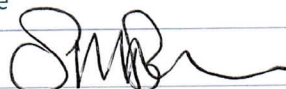
- I confirm that I have been given the opportunity to read and consider the Interactive investor Pension Trading Account Terms of Service that will form the contract between us and upon which Interactive investor intend to rely. For my own benefit and protection I should read these Terms carefully before starting to trade. I can ask for further information if I do not understand any point.
- I/we consent to the use of my/ our personal information as set out in interactive investor's Privacy Policy.
- I confirm that I am 18 years of age or over and the information given is true and correct to the best of my knowledge and belief.
- If you would like the authority to place trades and give instructions on the PTA please tick this box ☒

Sole or first member

Name

Stephen Michael Brown

Signature



Date

21 / 11 / 2020

Please return your completed form and return this, together with your completed Pension Trading Account - Additional Members Application Form (if applicable) to:

Product Administration, interactive investor, Exchange Court, Duncombe Street, Leeds, LS1 4AX



Company Account

Application form

7 of 8

Section 6 - Declaration

To open a Company Account with interactive investor, all Directors, shareholders/beneficial owners who own 25% of more of the company's capital, or have significant control over the company, must complete the relevant sections and sign to accept the Declarations below.

I/We understand that if there is any change in the Beneficial Ownership or structure of the Company, Interactive Investor must be informed of these changes.

I/We wish to apply for a interactive investor Company Account

I/we confirm that I/we have been given the opportunity to read and consider the interactive investor Terms of Service that will form the contract between us and upon which interactive investor intend to rely. For my/our own benefit and protection I/we should read these terms carefully before starting to trade. I/we can ask for further information if I/we do not understand any point

I/we consent to the use of my/ our personal information as set out in interactive investor's Privacy Policy.

I/We understand that interactive investor are not obliged to accept my/our application and do not have to give reasons for not proceeding with my/our application

I/We confirm that I/we am/are 18 years of age or over and that the information given is true and correct to the best of my/our knowledge and beliefs

I/We undertake to notify you promptly of any changes to the details supplied

I/We confirm that I/we will notify interactive investor immediately should the beneficial ownership of the majority of the shareholding in the company be transferred to another party

i If you have more than five signatories, please print this page as needed.

Name (Print)

Stephen Brown

Signature

Name (Print)

Jennifer Brown

Signature

Name (Print)

Signature

Name (Print)

Signature

Name (Print)

Signature

> Continue to page 8 - Checklist

Form **W-8BEN**

(Rev. July 2017)

Department of the Treasury
Internal Revenue Service**Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)**

▶ For use by individuals. Entities must use Form W-8BEN-E.

▶ Go to www.irs.gov/FormW8BEN for instructions and the latest information.

▶ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form if:

- You are NOT an individual W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States 8233 or W-4
- You are a person acting as an intermediary W-8IMY

Note: If you are resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.**Instead, use Form:****Part I Identification of Beneficial Owner (see instructions)**

1 Name of individual who is the beneficial owner <u>Stephen Brown</u>	2 Country of citizenship <u>united kingdom</u>	
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. City or town, state or province. Include postal code where appropriate. <u>Fenton House, Elsworth Road, Conington, Cambs, CB23 4LN</u>		Country <u>UK</u>
4 Mailing address (if different from above) City or town, state or province. Include postal code where appropriate.		Country
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)	6 Foreign tax identifying number (see instructions)	
7 Reference number(s) (see instructions)	8 Date of birth (MM-DD-YYYY) (see instructions) <u>26-04-1962</u>	

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

- 9 I certify that the beneficial owner is a resident of UNITED KINGDOM within the meaning of the income tax treaty between the United States and that country.
- 10 **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____
- Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself for chapter 4 purposes.
- The person named on line 1 of this form is not a U.S. person.
- The income to which this form relates is:
 - (a) not effectively connected with the conduct of a trade or business in the United States,
 - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
 - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.

Sign Here ▶



Signature of beneficial owner (or individual authorized to sign for beneficial owner)

21.11.2020

Date (MM-DD-YYYY)

STEPHEN BROWN

Print name of signer

Capacity in which acting (if form is not signed by beneficial owner)

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 25047Z

Form **W-8BEN** (Rev. 7-2017)

Form **W-8BEN-E**

(Rev. July 2017)

Department of the Treasury
Internal Revenue Service**Certificate of Status of Beneficial Owner for
United States Tax Withholding and Reporting (Entities)**

► For use by entities. Individuals must use Form W-8BEN. ► Section references are to the Internal Revenue Code.
► Go to www.irs.gov/FormW8BENE for instructions and the latest information.
► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form for:

- U.S. entity or U.S. citizen or resident W-9
- A foreign individual W-8BEN (Individual) or Form 8233
- A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the U.S. (unless claiming treaty benefits) W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions) W-8ECI or W-8EXP
- Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer) W-8IMY

Instead use Form:**Part I Identification of Beneficial Owner****1** Name of organization that is the beneficial owner**2** Country of incorporation or organization

BROWN CONSULTING SERVICES SSAS

UNITED KINGDOM

3 Name of disregarded entity receiving the payment (if applicable, see instructions)**4** Chapter 3 Status (entity type) (Must check one box only):☐ Simple trust☐ Grantor trust☐ Corporation☒ Complex trust☐ Disregarded entity☐ Estate☐ Partnership☐ Government☐ Central Bank of Issue☐ Tax-exempt organization☐ Private foundation☐ International organization

If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes" complete Part III.

☐ Yes ☐ No**5** Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.)☐ Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner).☐ Nonreporting IGA FFI. Complete Part XII.☐ Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII.☐ Participating FFI.☐ International organization. Complete Part XIV.☐ Reporting Model 1 FFI.☒ Exempt retirement plans. Complete Part XV.☐ Reporting Model 2 FFI.☐ Entity wholly owned by exempt beneficial owners. Complete Part XVI.☐ Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions.☐ Territory financial institution. Complete Part XVII.☐ Sponsored FFI. Complete Part IV.☐ Excepted nonfinancial group entity. Complete Part XVIII.☐ Certified deemed-compliant nonregistering local bank. Complete Part V.☐ Excepted nonfinancial start-up company. Complete Part XIX.☐ Certified deemed-compliant FFI with only low-value accounts. Complete Part VI.☐ Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX.☐ Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII.☐ 501(c) organization. Complete Part XXI.☐ Certified deemed-compliant limited life debt investment entity. Complete Part VIII.☐ Nonprofit organization. Complete Part XXII.☐ Certain investment entities that do not maintain financial accounts. Complete Part IX.☐ Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII.☐ Owner-documented FFI. Complete Part X.☐ Excepted territory NFFE. Complete Part XXIV.☐ Restricted distributor. Complete Part XI.☐ Active NFFE. Complete Part XXV.☐ Passive NFFE. Complete Part XXVI.☐ Excepted inter-affiliate FFI. Complete Part XXVII.☐ Direct reporting NFFE.☐ Sponsored direct reporting NFFE. Complete Part XXVIII.☐ Account that is not a financial account.**6** Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address (other than a registered address).

Fenton House 3 Elsworth Road Conington Cambs CB23 4LN

City or town, state or province. Include postal code where appropriate.

Country

UNITED KINGDOM

7 Mailing address (if different from above)

City or town, state or province. Include postal code where appropriate.

Country

8 U.S. taxpayer identification number (TIN), if required**9a** GIIN**b** Foreign TIN**10** Reference number(s) (see instructions)

00015311RM

Note: Please complete remainder of the form including signing the form in Part XXX.**For Paperwork Reduction Act Notice, see separate instructions.**

Cat. No. 59689N

Form **W-8BEN-E** (Rev. 7-2017)

Part XXI 501(c) Organization35 ☐ I certify that the entity identified in Part I is a 501(c) organization that:

- Has been issued a determination letter from the IRS that is currently in effect concluding that the payee is a section 501(c) organization that is dated _____; **or**
- Has provided a copy of an opinion from U.S. counsel certifying that the payee is a section 501(c) organization (without regard to whether the payee is a foreign private foundation).

Part XXII Nonprofit Organization36 ☐ I certify that the entity identified in Part I is a nonprofit organization that meets the following requirements.

- The entity is established and maintained in its country of residence exclusively for religious, charitable, scientific, artistic, cultural or educational purposes;
- The entity is exempt from income tax in its country of residence;
- The entity has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
- Neither the applicable laws of the entity's country of residence nor the entity's formation documents permit any income or assets of the entity to be distributed to, or applied for the benefit of, a private person or noncharitable entity other than pursuant to the conduct of the entity's charitable activities or as payment of reasonable compensation for services rendered or payment representing the fair market value of property which the entity has purchased; **and**
- The applicable laws of the entity's country of residence or the entity's formation documents require that, upon the entity's liquidation or dissolution, all of its assets be distributed to an entity that is a foreign government, an integral part of a foreign government, a controlled entity of a foreign government, or another organization that is described in this part or escheats to the government of the entity's country of residence or any political subdivision thereof.

Part XXIII Publicly Traded NFFE or NFFE Affiliate of a Publicly Traded Corporation

Check box 37a or 37b, whichever applies.

37a ☐ I certify that:

- The entity identified in Part I is a foreign corporation that is not a financial institution; **and**
- The stock of such corporation is regularly traded on one or more established securities markets, including _____ (name one securities exchange upon which the stock is regularly traded).

b ☐ I certify that:

- The entity identified in Part I is a foreign corporation that is not a financial institution;
- The entity identified in Part I is a member of the same expanded affiliated group as an entity the stock of which is regularly traded on an established securities market;
- The name of the entity, the stock of which is regularly traded on an established securities market, is _____; **and**
- The name of the securities market on which the stock is regularly traded is _____.

Part XXIV Excepted Territory NFFE38 ☐ I certify that:

- The entity identified in Part I is an entity that is organized in a possession of the United States;
- The entity identified in Part I:
 - (i) Does not accept deposits in the ordinary course of a banking or similar business;
 - (ii) Does not hold, as a substantial portion of its business, financial assets for the account of others; **or**
 - (iii) Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account; **and**
- All of the owners of the entity identified in Part I are bona fide residents of the possession in which the NFFE is organized or incorporated.

Part XXV Active NFFE39 ☐ I certify that:

- The entity identified in Part I is a foreign entity that is not a financial institution;
- Less than 50% of such entity's gross income for the preceding calendar year is passive income; **and**
- Less than 50% of the assets held by such entity are assets that produce or are held for the production of passive income (calculated as a weighted average of the percentage of passive assets measured quarterly) (see instructions for the definition of passive income).

Part XXVI Passive NFFE40a ☐ I certify that the entity identified in Part I is a foreign entity that is not a financial institution (other than an investment entity organized in a possession of the United States) and is not certifying its status as a publicly traded NFFE (or affiliate), excepted territory NFFE, active NFFE, direct reporting NFFE, or sponsored direct reporting NFFE.

Check box 40b or 40c, whichever applies.

- b ☐ I further certify that the entity identified in Part I has no substantial U.S. owners (or, if applicable, no controlling U.S. persons); **or**
- c ☐ I further certify that the entity identified in Part I has provided the name, address, and TIN of each substantial U.S. owner (or, if applicable, controlling U.S. person) of the NFFE in Part XXIX.

41 ☐ I certify that the entity identified in Part I:

- Is a member of an expanded affiliated group;
- Does not maintain financial accounts (other than accounts maintained for members of its expanded affiliated group);
- Does not make withholdable payments to any person other than to members of its expanded affiliated group;
- Does not hold an account (other than depository accounts in the country in which the entity is operating to pay for expenses) with or receive payments from any withholding agent other than a member of its expanded affiliated group; **and**
- Has not agreed to report under Regulations section 1.1471-4(d)(2)(ii)(C) or otherwise act as an agent for chapter 4 purposes on behalf of any financial institution, including a member of its expanded affiliated group.

42 Name of sponsoring entity:

- 43 ☐ I certify that the entity identified in Part I is a direct reporting NFFE that is sponsored by the entity identified on line 42.

As required by Part XXVI, provide the name, address, and TIN of each substantial U.S. owner of the NFFE. Please see the instructions for a definition of substantial U.S. owner. If providing the form to an FFI treated as a reporting Model 1 FFI or reporting Model 2 FFI, an NFFE may also use this part for reporting its controlling U.S. persons under an applicable IGA.

[illegible]

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- The entity identified on line 1 of this form is the beneficial owner of all the income to which this form relates, is using this form to certify its status for chapter 4 purposes, or is a merchant submitting this form for purposes of section 6050W;
- The entity identified on line 1 of this form is not a U.S. person;
- The income to which this form relates is: (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income; **and**
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which the entity on line 1 is the beneficial owner or any withholding agent that can disburse or make payments of the income of which the entity on line 1 is the beneficial owner.

I agree that I will submit a new form within 30 days if any certification on this form becomes incorrect.

Signature: _____

Signature of individual authorized to sign for beneficial owner

Stephen Brown

Print Name _____

21-11-2020
Date (MM-DD-YYYY)

☒ I certify that I have the capacity to sign for the entity identified on line 1 of this form.