

Account agreement

Trusts

1. Trust information

Name of the Trust	MDN Properties Pension Scheme		
Registered address of the Trust	C/o RC Administration Ltd		
	1A Park Lane, Poynton, Cheshire		
Postcode/ZIP code	SK12 1RD	Country	United Kingdom

If your correspondence address is different to the above address, please complete the Correspondence section on page 4.

Please insert below the name you would like to appear on your periodic reports.

Name of the account	MDN Properties Pension Scheme		
Primary contact name	Matthew Norris		
Telephone (specify country code)	07785 524134	Fax number (specify country code)	
Email address	matt@primeurban.co.uk		
Creation date of Trust	27.11.2019	Tax residency	UK
Type of Trust	Discretionary <input checked="" type="checkbox"/> Will Trust <input type="checkbox"/> Other <input type="checkbox"/> (please specify)		
Please provide TRS Registration number			
Please provide any other registration number if applicable (e.g. as a Charity)			

2. Legal Entity Identifier (LEI)

Under MiFID II investors who are deemed legal entities must obtain an LEI* in order for investment firms to execute trades on their behalf. LGT Wealth Management UK LLP ("LGT Wealth Management", "LGT WM") can apply for LEIs on behalf of our LEI clients.

If you wish for LGT WM to apply for LEIs on your behalf, please complete the forms contained in Annex 2 beginning on page 16 and return them to us with the supporting documents listed in Annex 3 on page 19.

If you already have an LEI or are intending on applying for one directly then please complete below.

** Although not specifically defined in the legislation, legal entities include Trusts (but not Bare Trusts), Companies (Public and Private), Pension Funds (not SIPPs), Charities and Unincorporated Bodies.*

Name of the legal entity			
LGT WM client reference(s)			
Legal Entity Identifier (LEI)	Expiry Date	DD-MM-YYYY	

3. Trust structure and signature list

Please provide the names and signatures of all of the Trustees of the Trust who are authorised to act on behalf of the Trust in connection with the account(s) (signing account documents, issuing instructions or withdrawing funds, for example). Add any further names on a separate page if necessary. Please also indicate whether the Trustees' signing authority is single or joint. Alternatively you may provide us with a copy of the authorised signatory list for the Trust, specifying any relevant signature requirements. If you do not specify any restrictions, we will act in accordance with notices, instructions and requests for payments, enter into any transactions and accept any account documents which have been signed by or agreed by any ONE of the authorised signatories.

All Trustees and, if applicable, any protector must complete the Identification Information for Individuals section on pages 11 to 14.

Trustee 1 <small>(full name and title)</small> Mr Matthew David Norris	Trustee 2 <small>(full name and title)</small> Sarah Elizabeth Victoria Norris
Signature	Signature
Authority Joint <input type="checkbox"/> Single <input type="checkbox"/>	Authority Joint <input type="checkbox"/> Single <input type="checkbox"/>
Trustee 3 <small>(full name and title)</small>	Trustee 4 <small>(full name and title)</small>
Signature	Signature
Authority Joint <input type="checkbox"/> Single <input type="checkbox"/>	Authority Joint <input type="checkbox"/> Single <input type="checkbox"/>

OR Signature list attached ☐

If applicable, please provide the names of any other Trustee not listed above who do not have authority over the account but are Trustees of the Trust:

4. Trust beneficiaries

Please provide the names of all of the beneficiaries of the Trust and indicate in the boxes provided each beneficiary's percentage entitlement to the Trust's capital or income. Where a beneficiary is a class of person, it is sufficient to state the name and scope of the class (e.g. children of Settlor). All named beneficiaries entitled to receive assets should provide their details in the Identification Information for Individuals section at the back of this document.

Full name (including title)	Percentage	Capital or Income	
Mr Matthew David Norris	100%	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

5. Source of wealth

Please provide the name of the Settlor(s) of the Trust together with a detailed description of the source(s) of wealth that has generated the assets in the Trust, including where, geographically, the wealth was generated. In some instances it may be necessary for you to provide documentary evidence regarding your source of wealth. We need this information in order to comply with our regulatory responsibilities.

Settlor(s) (full name including title)	Mr Matthew David Norris		
Source	Approximate value	Description	
From own business or employment (name and nature of business)	<input type="checkbox"/> £		
Inheritance (from whom)	<input type="checkbox"/> £		
Sale of property or own business (name and nature of business)	<input type="checkbox"/> £		
Gifts (name and details of provider)	<input type="checkbox"/> £		
Other (provide details)	<input checked="" type="checkbox"/> £ 1,385,000	pension. please see SOW details as existing client 074158J	

6. Your information

All information provided by you in this Account Agreement will be used by us in accordance with applicable data protection legislation and in accordance with the provisions of the Terms of Business.

Please tick this box ☒ to confirm that, to the extent that, in completing this form, you have provided sensitive personal information you consent to us using such information to enable us to provide you with investment services (which may involve sharing such information with group companies).

We may contact you from time to time regarding our other products and services which we consider to be of specific interest to you. However, if you would prefer not to receive this information, please tick this box. ☐

7. Source of funds

Please provide details of the assets to be transferred to LGT WM.
Details of where the assets are being transferred from:

Name of remitter	
Name of institution	
Address	
Postcode/ZIP code	Country
Amount to be invested/value of assets to be transferred	£

Please provide a detailed description of how and where the assets being transferred to LGT WM were originally generated below. If you are remitting assets, please provide a copy of your most recent valuation statement.

8. Additional accounts to be opened

You may need to open more than one account with us. Each account will be managed in accordance with the same investment service, objectives and risk profile unless you tell us otherwise. If your account(s) will be subject to a different investment service, objective or risk profile, you should discuss this with your Investment Manager so that they may construct your Investment Policy Statement accordingly.

Accounts which are to be set up with a different legal name or structure will require a separate Account Agreement.

Details of any accounts to be opened: **SSAS**

9. Correspondence

We will send you a portfolio valuation on a quarterly basis. The valuation will include cash statement, custody statement, market transaction report and a fees and charges summary sheet. For execution only accounts and certain other transactions, we will send contract notes to you on a transaction by transaction basis.

Correspondence will be sent to the Trust at the address given on page 1. If you wish for correspondence to be addressed elsewhere, please provide this address below.

Correspondence address (if different to the one given on page 1) **25 Long Grove, Seer Green, Beaconsfield, Buckinghamshire**

Postcode/ZIP code **HP9 2YN** Country **United Kingdom**

Once your account is open with us, you will be able to sign up for web services and elect our paperless option. With our paperless option, you will be able to view your portfolio valuation quarterly and your individual transactions more frequently. You will no longer receive a paper valuation from us unless you request one.

If more than one Trustee or authorised signatory wishes to receive copies of the Trust's account information, please complete the "who may have information about the account" sections beginning on page 6.

10. Tax reporting

We will send out tax packs and certificates as at 5th April each year unless you specify otherwise.

If you wish to select an alternative tax year end date, please indicate this date here: **DD-MM**

We will only produce one copy of your tax pack each year which will be sent to you at the address given on page 1. If you would like for this to be sent directly to your accountant, please provide their details below. If you have elected our paperless option, your tax pack will be available for you to view online.

Full name (including title)

Address (including company name if applicable)

Postcode/ZIP code

Country

Telephone (specify country code)

Email

11. Base currency

This is the currency in which your account(s) will be reported and valued (please select only one).

Base currency GBP ☐ EUR ☐ USD ☐

All income generated will be converted to your base currency.

If you would prefer income to be credited in the currency in which it is generated, please tick here ☐

12. Income distribution

Please indicate which distribution method you require for the account(s). Income will be retained in your income account unless you indicate otherwise.

Transfer to LGT WM capital account for reinvestment ☐ Transfer income earned to another LGT WM account ☐

Retain on LGT WM income account ☐ Transfer to bank account detailed below ☐

Account name Reference

How frequently would you like this transfer to be made MONTHLY ☐ QUARTERLY ☐ SEMI-ANNUAL ☐ ANNUALLY ☐

Amount (either a set amount or entire balance on income account) £ Entire balance from Income Account ☐

Please note that any standing instruction payments are made on the 25th day of the month (or next working day thereafter) unless otherwise instructed.

13. Trust bank details

Please provide the Trust bank account details even if you do not require regular income distributions, as we will require this information to be on file in order to process any ad-hoc cash transfer requests you may make in the future.

Payee name **MDN Properties Pension Scheme**

Bank name **Cater Allen**

Bank address **Santander House, 9 Nelson Street, Bradford**

Postcode/ZIP code **BD1 5AN** Country **United Kingdom**

Bank sort code/ABA number **16-57-10** Bank account number **56753305**

Roll number (if applicable) IBAN number (if applicable)

SWIFT code (if applicable) Payment reference (optional)

14. Who may have information about the account(s)

If you wish to permit another person, for example your accountant or lawyer or an additional Trustee or authorised signatory to discuss the account(s) with us and be able to receive valuations, please provide us with their contact information. This person will not be able to enter into securities transactions or withdraw funds from the account(s) unless they are also a Trustee or authorised signatory. If you require any additional persons or entities to receive duplicate information about the account(s), please ask us for additional forms.

Full name (including title) **Anthony Derek Woodward**

Relationship Lawyer ☐ Accountant ☐ IFA ☒ Family member ☐ Other ☐ (specify)

Address (including company name if applicable) **6 Tollgate Business Park, Stanway, Colchester**

Postcode/ZIP code **CO3 8AB**

Country **United Kingdom**

Telephone (specify country code)

Email address **tony.woodward@quilterfa.com**

All correspondence is available to the person named above via our web access portal. Once your account is open with us, the above named person will be able to sign up for web services and elect our paperless option.

To enable the above named person to take advantage of this service, we will also require the following additional information in order to validate the person's identity.

Date of birth **15.11.1963** YYYY

Tax ID number (e.g. National Insurance number) **NB596137D**

15.1 Who may have authority over the account(s)

Please provide details of any persons who may issue instructions or make withdrawals from the account(s) other than the Trustees or authorised signatories. If you require additional persons to have authority over the account, please ask us for additional forms.

Full name (including title)

Relationship Lawyer ☐ Accountant ☐ IFA ☐ Family member ☐ Other ☐ (specify)

Address (including company name if applicable)

Postcode/ZIP code

Country

Telephone (specify country code)

Email address

Country of birth

Date of birth **DD-MM-YYYY**

Please list all countries of tax residency along with all corresponding Tax ID numbers (e.g. National Insurance number).

Country 1

Tax code 1

Country 2

Tax code 2

Country 3

Tax code 3

Please state Nationality (or both if dual) along with corresponding MiFID II Personal Identifier (see Annex 4 on page 20).

Nationality 1

MiFID II Personal Identifier 1

Nationality 2

MiFID II Personal Identifier 2

Name of business
or employer

Nature of business
or employment

15.2 Extent of authority

Extent of authority

Authority
(tick relevant box)

Transaction authority

This allows the person with authority over your account(s) to buy, sell, transfer, exchange or otherwise dispose of any securities if your account(s) has applied for and been approved for transactions in those securities. Where you are required to sign additional documentation in order to be able to enter into certain types of transaction, this additional documentation can only be signed by you and not the person with authority over the account(s).

☐

Withdrawal authority

This allows the person with authority over the account(s) to give instructions regarding the transfer of securities or monies from your account(s) to your nominated bank account or certain third parties.

☐

Are there any limitations to this authority (e.g. joint signature required)?

YES ☐ NO ☐

If 'Yes' please specify

15.3 Investment experience

To be completed by person with authority.

Understanding your previous investment history helps us to determine what level of information to provide to you in relation to your investments.

Are you, or have you previously been employed in the financial services industry?

YES ☐ NO ☐

Do you have any professional qualifications in the field of investments?

YES ☐ NO ☐

If Yes, please provide further information

What is your highest level of education?

	Have you invested in this type of asset previously	Over what length of time have you invested in this asset class? (if applicable)	Do you have a good understanding of this asset class?
Cash Equivalents Highly liquid investments which can be easily converted into cash, such as Treasury Bills and money market funds	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
Fixed income/Debt Securities A loan or debt to a Company or government which normally pays interest	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
Equities A share in a Company that exposes you to the financial risks and rewards of that company	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
Absolute Return Funds (regulated) Products which aim to achieve positive returns in any market conditions. They may invest in any asset class and may use derivatives and leverage	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
Listed Property Products Property related products which mostly invest in direct or indirect property as well as other property related structures such as REITs, property funds, certificates or indices	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
Commodities A product with returns dependent on the return of a commodity, such as crude oil, gold or silver	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>

15.4 Signature

To be completed by person with authority.

All information provided by you in this Account Agreement will be used by us in accordance with applicable data protection legislation and in accordance with the provisions of the Terms of Business.

Please tick this box ☐ to confirm that, to the extent that, in completing this form, you have provided sensitive personal information you consent to us using such information to enable us to provide you with investment services (which may involve sharing such information with group companies).

Signature of person who will have authority over your account(s)

Note: Any person identified as having either transaction authority or withdrawal authority must complete the Identification Information for Individuals section at the back of this document.

All correspondence is available to the person named above via our web access portal. Once your account is open with us, the above named person will be able to sign up for web services and elect our paperless option.

16. Signatures

Our agreement with you comprises this document, the Retail Client Terms of Business (the "Terms of Business"), Fee schedule, Investment and Risk Profile Questionnaire, Investment Policy Statement and any other ancillary documents ("this Agreement"). You should read the contents of this Agreement carefully to ensure that you understand them. If you have any questions please contact your Investment Manager. You have been classified by us as a retail client for all transactions unless we have agreed in writing that you are a professional investor for specific investments.

You expressly consent to the matters referred to in Annex 2 of the Retail Client Terms of Business (the Execution Policy), agree that LGT WM will rely on the information given in this document and you appoint LGT WM to manage your account(s) in accordance with the information provided in this Agreement. You will notify LGT WM of any significant changes to your circumstances which may affect the management of your account(s).

By signing this Account Agreement you:

- confirm that you have read and accept and agree to be bound by the provisions of this Account Agreement and our Retail Client Terms of Business;
- confirm that the information provided in this Account Agreement, the Investment and Risk Profile Questionnaire and/or any applicable ancillary account documentation is complete and accurate and accept that the failure to provide some or all of the information requested in this form may affect adversely our ability to assess the suitability of your chosen investment mandate against your personal and financial circumstances;
- authorise us to rely on the instructions set out in this Account Agreement;
- confirm that you have read the risk warnings in the Terms of Business;
- consent to our Execution Policy and, in particular, you consent to our executing your orders outside a regulated market, organised trading facility or multi-lateral trading facility;
- instruct us not to make public your unexecuted limit orders in respect of shares admitted to trading on a regulated market organised trading facility or multi-lateral trading facility;
- consent to us investing monies held on your behalf in a qualifying money market fund;
- where applicable, consent to the arrangements for the custody of your investments described in the Terms of Business; and
- if you are a US person, you confirm that you have received Form ADV Part II.

I/we confirm that I am/we are the legal owner(s) of the assets in the account(s). ☐ (please tick)

Signature <hr/> Name Matthew Norris <hr/> Date DD-MM-YYYY <hr/>	Signature <hr/> Name Sarah Elizabeth Victoria Norris <hr/> Date DD-MM-YYYY <hr/>
Signature <hr/> Name <hr/> Date DD-MM-YYYY <hr/>	Signature <hr/> Name <hr/> Date DD-MM-YYYY <hr/>

17. Security information

For security purposes we may from time to time ask you to provide us with a keyword or ask for other account details from you in order to be able to verify we are talking to the correct person(s) authorised on the account.

Keyword

18. Account opening checklist

Please return the following forms or documents to us. If these forms or documents are not completed in full or returned to us, it will lengthen the time it will take us to open the account(s).

- ☐ Account Agreement completed in full and signed by those persons with authority to execute account agreements on behalf of the Trust.
- ☐ Investment and Risk Profile Questionnaire.
- ☐ Identification Information for Individuals (pages 12 to 15) and certified copies of passports and utility bills (less than three months old)
 - i. Each individual Trustee and, if applicable, any protector;
 - ii. The Settlor;
 - iii. All named beneficiaries entitled to receive assets
 - iv. All authorised signatories and anyone with authority over the account(s).
- ☐ Completed and signed US tax forms: In order to enter into transactions in US securities and correctly process US sourced income, we are required to ask each non-US person to complete a W8-BEN form. DO NOT complete this agreement if you are a US person.
- ☐ Certified full copy of the Trust Deed and any subsequent deed which evidences the appointment of the current Trustees and their authority to open accounts on behalf of the Trust, together with a list of authorised signatories of the Trust, if applicable. Should any of the Trustees be a corporate entity, please provide certified true copies of: Certificate of Incorporation; Memorandum and Articles of Association; an authorised signatory list.
- ☐ Signed Fee schedule.

19. Documentation certification

Persons who may certify evidence of identity are:

- a member of the judiciary, senior civil servant or serving police officer or customs officer;
- an officer of an embassy, consulate or high commission of the country of issue of the documentary evidence of identity;
- a lawyer or notary public who is a member of a recognised professional body;
- an actuary who is a member of a recognised professional body;
- an accountant who is a member of a recognised professional body;
- a director, officer or manager of a regulated financial services business which is operating in an equivalent jurisdiction.

The certifier must certify that:

- they have seen the original documentation verifying identity and/or residential address;
- the copy of the document (which is being certified) is a complete and accurate copy of the original; and
- where the documentation is to be used to verify identity of the individual and contains a photograph; the photograph contained in the document bears a true likeness to the individual requesting certification.

The certifier must sign and date the copy and provide sufficient information so that he may be contacted in the event of a query. A sufficient level of information would include his name, position or capacity, his address and telephone number or email address at which he can be contacted.

20.1 Identification information for individuals

To fulfil regulatory requirements, all Trustees, any Protector, the Settlor, all named beneficiaries entitled to receive assets, all authorised signatories and anyone with authority over the Trust account(s) must complete this section and provide us with certified copies of their current passport and a utility bill which is less than three months old. If you require additional forms to complete, please let us know. Identification Information for Individuals.

In some circumstances it may be necessary to request additional evidence of identity and we will let you know if we do require any further information from you. We may also make further checks depending, for example, on the source of funds, legal or beneficial ownership, applicant's residence/domicile, or the way the account is used.

First individual

Trustee ☐ Settlor ☐ Beneficiary ☒
 Protector ☐ Signatory ☐ Individual with Authority over the Account ☐
 Other ☐ (please specify)

Title (Mr, Mrs, Miss, Ms, Other. - please specify)	Mr	Surname	Norris
Forename(s)	Matthew David		
Former/other name(s)			
Residential address	25 Long Grove, Seer Green, Beaconsfield		
Postcode/ZIP code	HP9 2YN	Country	United Kingdom
Home telephone (specify country code)		Work telephone (specify country code)	
Mobile (specify country code)		Email address	matt@primeurban.co.uk
Country of birth	united kingdom	Date of birth	24.05.1976 <small>YYY</small>
<i>Please list all countries of tax residency along with all corresponding Tax ID numbers (e.g. National Insurance number).</i>			
Country 1	united kingdom	Tax code 1	JE653753B
Country 2		Tax code 2	
Country 3		Tax code 3	
<i>Please state Nationality (or both if dual) along with corresponding MiFID II Personal Identifier (see Annex 4 on page 20).</i>			
Nationality 1	british	MiFID II Personal Identifier 1	
Nationality 2		MiFID II Personal Identifier 2	
Name of business or employer	Prime Urban	Nature of business or employment	

20.2 Identification information for individuals

Second individual

Trustee ☐ Settlor ☐ Beneficiary ☐
 Protector ☐ Signatory ☐ Individual with Authority over the Account ☐
 Other ☐ (please specify) _____

Title (Mr, Mrs, Miss, Ms, Other. - please specify) _____

Surname _____

Forename(s) _____

Former/other name(s) _____

Residential address _____

Postcode/ZIP code _____

Country _____

Home telephone (specify country code) _____

Work telephone (specify country code) _____

Mobile (specify country code) _____

Email address _____

Country of birth _____

Date of birth **DD-MM-YYYY** _____

Please list all countries of tax residency along with all corresponding Tax ID numbers (e.g. National Insurance number).

Country 1 _____

Tax code 1 _____

Country 2 _____

Tax code 2 _____

Country 3 _____

Tax code 3 _____

Please state Nationality (or both if dual) along with corresponding MiFID II Personal Identifier (see Annex 4 on page 20).

Nationality 1 _____

MiFID II Personal Identifier 1 _____

Nationality 2 _____

MiFID II Personal Identifier 2 _____

Name of business
or employer _____

Nature of business
or employment _____

20.3 Identification information for individuals

Third individual

Trustee ☐ Settlor ☐ Beneficiary ☐
 Protector ☐ Signatory ☐ Individual with Authority over the Account ☐
 Other ☐ (please specify) _____

Title (Mr, Mrs, Miss, Ms, Other. - please specify) _____

Surname _____

Forename(s) _____

Former/other name(s) _____

Residential address _____

Postcode/ZIP code _____

Country _____

Home telephone (specify country code) _____

Work telephone (specify country code) _____

Mobile (specify country code) _____

Email address _____

Country of birth _____

Date of birth **DD-MM-YYYY** _____

Please list all countries of tax residency along with all corresponding Tax ID numbers (e.g. National Insurance number).

Country 1 _____

Tax code 1 _____

Country 2 _____

Tax code 2 _____

Country 3 _____

Tax code 3 _____

Please state Nationality (or both if dual) along with corresponding MiFID II Personal Identifier (see Annex 4 on page 20).

Nationality 1 _____

MiFID II Personal Identifier 1 _____

Nationality 2 _____

MiFID II Personal Identifier 2 _____

Name of business
or employer _____

Nature of business
or employment _____

20.4 Identification information for individuals

Fourth individual

Trustee ☐ Settlor ☐ Beneficiary ☐
 Protector ☐ Signatory ☐ Individual with Authority over the Account ☐
 Other ☐ (please specify) _____

Title (Mr, Mrs, Miss, Ms, Other. - please specify) _____

Surname _____

Forename(s) _____

Former/other name(s) _____

Residential address _____

Postcode/ZIP code _____

Country _____

Home telephone (specify country code) _____

Work telephone (specify country code) _____

Mobile (specify country code) _____

Email address _____

Country of birth _____

Date of birth **DD-MM-YYYY** _____

Please list all countries of tax residency along with all corresponding Tax ID numbers (e.g. National Insurance number).

Country 1 _____

Tax code 1 _____

Country 2 _____

Tax code 2 _____

Country 3 _____

Tax code 3 _____

Please state Nationality (or both if dual) along with corresponding MiFID II Personal Identifier (see Annex 4 on page 20).

Nationality 1 _____

MiFID II Personal Identifier 1 _____

Nationality 2 _____

MiFID II Personal Identifier 2 _____

Name of business
or employer _____

Nature of business
or employment _____

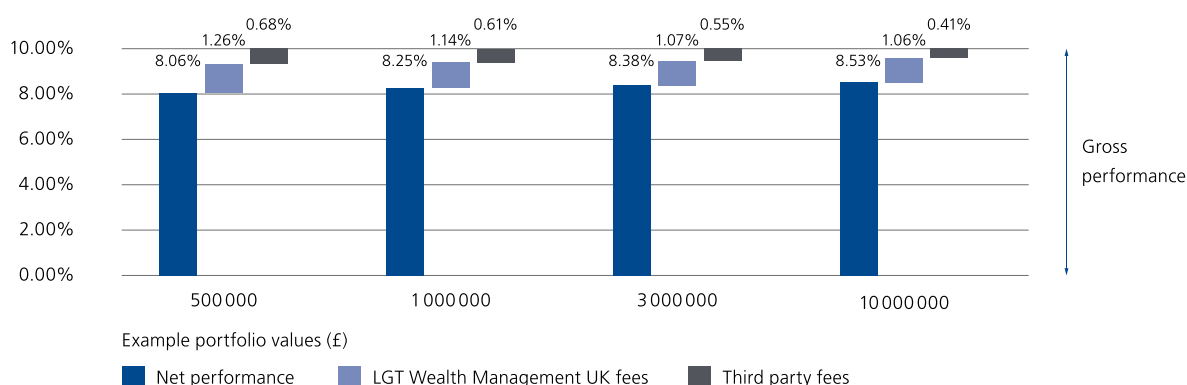
22. Annex 1 - Fees and charges

Estimated Charges

The Markets in Financial Instruments Directive II ("MiFID II") requires all firms to provide their clients with an estimated annual cost and how it will affect the investment return. The cost disclosure must be inclusive of a firm's own fees and any third party charges associated with processing and taking custody of their investments.

The cost disclosure is calculated using historical data and is only an indication of the actual costs that will be incurred. The actual costs, including third party fees, will be reported to you at the end of each year. When calculating the costs the standard fee schedule has been used. In order to demonstrate the impact the costs have on the investment return, we have assumed a gross performance of 10%. Please be aware that this figure is for illustration purposes only and does not reflect past or future performance.

Illustration of annualised cumulative effect of charges on return



Portfolio Size	Gross performance	LGT WM fees	Third party fees	Total charges	Net performance
£500 000	10.00%	1.26%	0.68%	1.94%	8.06%
£1 000 000	10.00%	1.14%	0.61%	1.75%	8.25%
£3 000 000	10.00%	1.07%	0.55%	1.62%	8.38%
£10 000 000	10.00%	1.06%	0.41%	1.47%	8.53%

Portfolio Size	Gross performance	LGT WM fees	Third party fees	Total charges	Net performance
£500 000	£50 000	£6 300	£3 400	£9 700	£40 300
£1 000 000	£100 000	£11 400	£6 100	£17 500	£82 500
£3 000 000	£300 000	£32 100	£16 500	£48 600	£251 400
£10 000 000	£1 000 000	£106 000	£41 000	£147 000	£853 000

Standard fee schedule

Management Fee (tiered)	£0 to £500 000	1.00%
	Thereafter	0.75%
Custody Fees		0.25%
FX Spread*	Any trade below £250 000	0.30%
	Any trade above £250 000	0.08%

* LGT WM's FX Margin is applied to the mid-market quoted FX rate in order to mitigate our foreign currency exposure. The cost of this charge has been included in "LGT Wealth Management charges" within the Annual ex-post costs and charges statement.

Assets received from your account with your previous Investment Manager which are not on our recommended lists of securities will be sold unless otherwise agreed with you. Any associated costs or charges incurred will be in addition to those costs and charges disclosed above.

22. Annex 2 - Authorisation to apply for a Legal Entity Identifier (LEI)

Client reference	
Client name	MDN Properties Pension Scheme
Current address	
Postcode/ZIP code	Country

London Stock Exchange Plc

Date

DD-MM-YYYY

FAO: LEI Operations Department
4th Floor
10 Paternoster Square
London
EC4M 7LS

Re: Authorisation to apply for Legal Entity Identifier (LEI)

Dear Sir or Madam,

The below named entity is authorised to apply for an LEI on our behalf and submit the corresponding declarations of intent in our name, and to take all necessary measures in this regard.

Requester Entity Name	LGT Wealth Management UK LLP
Requester Entity Address	14 CORNHILL LONDON EC3V 3NR
Requester contact details	Full name Telephone Email
	Serena Peters 020 3207 8197 taxops@lgt.com

Regards,

Signature

Name	Matthew Norris
Telephone (specify country code)	07785 524134
Email address	matt@primeurban.co.uk

Position within organisation	Director <input type="checkbox"/>	Trustee <input type="checkbox"/>	Company Secretary <input type="checkbox"/>	Compliance Officer <input type="checkbox"/>
	Other <input type="checkbox"/> (please specify)			

22. Annex 2 - Legal Entity Identifier (LEI) Registrant Authorisation – Fact find

Please complete the following form should you wish for LGT WM to apply for your LEI. The following information is required and will be passed on to UnaVista in order to apply for your LEI. Please note that if your country of incorporation is one of those detailed in the Legal Entity Identifier (LEI) – Supporting Documents or if you are an unincorporated legal entity e.g. a Trust, you will be required to provide supporting evidence. Further details are provided in the Legal Entity Identifier (LEI) – Supporting Documents.

Name of the legal entity	MDN Properties Pension Scheme		
LGT WM client reference(s)			
Country of legal formation			
Legal form (LLP, Fund, Ltd, etc.)			
Headquarters address			
Post/ZIP code		Country	
Legal formation address			
Post/ZIP code		Country	
Business Registry Country			
Business Registry Name			
Business Registry Reference (e.g. company registration number)			

We hereby give consent to LGT WM to submit the above information, including any supporting documentation, to the London Stock Exchange via UnaVista. The sole purpose being to apply for a Legal Entity Identifier (LEI) on our behalf.

Signature		Signature	
Name	Matthew Norris	Name	
Date	DD-MM-YYYY	Date	DD-MM-YYYY

Signature		Signature	
Name		Name	
Date	DD-MM-YYYY	Date	DD-MM-YYYY

23. Annex 3 - Legal Entity Identifier (LEI) – Supporting documentation

If the country of incorporation is listed below or if you are an unincorporated legal entity then please provide the necessary documents to evidence:

- Name of legal entity
- Country of legal formation
- Legal form
- Headquarters address
- Legal Formation address
- Business registry country (if applicable)
- Business registry (if applicable)
- Business Registry Reference (if applicable)

The majority of this information can be found in the Certificate of Incorporation, Trust Deeds or Charity Registration. Evidencing the headquarters address can be done via a signed letter on letter headed paper.

Country / Jurisdiction

Afghanistan	Ecuador	Micronesia (Federated State of)	Solomon Islands
Algeria	Europe	Moldova	South Africa
Andorra	Faeroe Islands	Monaco	Spain
Anguilla	Fiji	Montserrat	Sri Lanka
Antigua and Barbuda	Finland	Morocco	St Kitts and Nevis
Argentina	France	Nepal	St Lucia
Armenia	Germany	Niger	Sweden
Aruba	Greece	Oman	Switzerland
Australia	Haiti	Pakistan	Tanzania
Austria	Honduras	Panama	Thailand
Barbados	Hong Kong	Paraguay	Tonga
Belarus	Hungary	Peru	Tunisia
Bermuda	Indonesia	Philippines	Turkey
Bolivia	Ireland	Poland	Ukraine
Bosnia and Herzegovina	Italy	Portugal	United Arab Emirates
Botswana	Jamaica	Qatar	United Kingdom
Brunei Darussalam	Jordan	Republic of Montenegro	United Republic of Cameroon
Cambodia	Kazakhstan	Republic of Serbia	United States of America
Canada	Kuwait	Romania	Uruguay
Cape Verde	Liberia	Samoa	Vanuatu
Cayman Islands	Luxembourg	San Marino	Venezuela
Chile	Macedonia	Saudi Arabia	Virgin Islands (British)
China	Madagascar	Senegal	Virgin Islands (US)
Colombia	Maldives	Seychelles	
Cyprus	Malta	Sierra Leone	
Djibouti	Mauritius	Singapore	
Dominican Republic	Mexico	Slovenia	

24. Annex 4 - MiFID II Personal Identifier

ISO Code	Country	MiFID II Personal Identifier
BE	Belgium	Belgium National Number
BG	Bulgaria	Bulgarian Personal Number
CZ	Czech Republic	National Identification Number
DK	Denmark	Personal Identity Code
EE	Estonia	Estonian Personal Identification Code
ES	Spain	Tax Identification Number
FI	Finland	Personal Identity Code
GB	United Kingdom	UK National Insurance Number
GR	Greece	10 DSS Digit Investor share
HR	Croatia	Personal Identification Number
IS	Iceland	Personal Identity Code
IT	Italy	Fiscal Code
LT	Lithuania	Personal Code
LV	Latvia	Personal Code
MT	Malta	National Identification Number
NO	Norway	11 Digit Personal ID
PL	Poland	National Identification Number
PT	Portugal	Tax Number
RO	Romania	National Identification Number
SE	Sweden	Personal Identity Number
SI	Slovenia	Personal Identification Number
SK	Slovakia	Personal Number
—	All other countries	National Passport Number