

CLIENT AGREEMENT AND PROFILE FOR TRUSTS, CHARITIES, COMPANIES AND SIMILAR ENTITIES

**Please read and complete this form before signing
Page 27 and returning it to your Investment Manager.**

**If you have any questions, please contact your
Investment Manager before you sign and return
this form.**

**If you would prefer, your Investment Manager would
be pleased to help you complete it.**

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Please note that all Funds within this Agreement will be opened on a **DISCRETIONARY** basis unless indicated otherwise in Section 7.1.

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CLIENT AGREEMENT AND PROFILE FOR TRUSTS, CHARITIES, COMPANIES AND SIMILAR ENTITIES

Agreement documents

This document is part of a suite of documents which make up our Agreement with you. These documents consist of an Agreement Pack and a Contractual Pack as follows:

Agreement Pack

Client Agreement and Profile (this document)
Schedule of Charges
Schedule of Interest Rates

Contractual Pack

Terms of Business
Summary of Conflicts of Interest Policy
Summary of Best Execution Policy

If any of the documents are missing, please request them from your Investment Manager as you will need to confirm receipt of them later in this document.

As part of our personal service we ask you to provide details of your personal and financial circumstances to enable us to ensure our services are suitable for you and to manage your investments in line with your requirements. If your circumstances or your requirements change in the future, we ask that you notify your Investment Manager in writing.

If at any time you need more space for your responses, please use the Client notes Section on Page 24.

If there is anything you do not understand, or you have any questions, please contact your Investment Manager before you sign and return this document.

If you would prefer, your Investment Manager would be pleased to help you complete it.

ENTITY

1 ENTITY CORRESPONDENCE INFORMATION

Please complete

Name of entity¹

McGrane Haulage Ltd
UK Occupational Pension Scheme 2.

Address²

32 Eastbridge Street
Eniskillen
Co. Fermanagh
United Kingdom

Postcode

B17 4 7 3 T

Correspondence or business address

(if different from above)

Postcode

Primary contact

Please enter the name of the individual who will have the most contact with your Investment Manager.

The personal details of this individual must also be included in Section 4 – Authorised officer information.

Primary contact name

Michael McGrane

- 1 Enter the name of the trust, charity, company or similar entity.
- 2 Please enter the registered address: if you are completing a company or similar entity Agreement.

2 TRUST SPECIFIC INFORMATION

For company and similar entities please go to Page 8.

☐ Discretionary☐ Life interest☐ Charity

Details of other (if appropriate)

Charity number (if appropriate)¹

Purpose of trust
Please describe why the trust has been created (eg to provide income to fund scholarships).

Pension Fund Income

[illegible]

D	D	M	M
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See attached Trust
Instrument.

(if applicable)

☒ Yes☐ No

Percentage (if different from standard)

_____|_____|_____|%

Client classification
We are required to classify clients into categories. Please tick the box of any of the statements below that apply to the trust.

If you tick two or more of the boxes, please contact your Investment Manager as you may need different paperwork and an explanation of the effect of a new classification and the options available to you.

☐ The trust has turnover (eg income) of greater than EUR 40 million²

☐ The trust has total assets (eg all assets including property) of greater than EUR 20 million²

☒ The trust has own funds (eg trust assets after liabilities) of greater than EUR 2 million²

1 Only for charitable incorporated entities.

2 If you are unsure of the exchange rate, please consult your Investment Manager.

ENTITY

2 TRUST SPECIFIC INFORMATION CONTINUED

Complete for trusts or similar entities.

Trust beneficiaries (if applicable)

Beneficiary 1

Title

☐

Mr

☐

Mrs

☐

Ms

☐

Miss

☐

Other (please specify)

Surname

Forename(s)

Date of birth

--	--	--	--	--	--	--	--	--	--

Address

Postcode

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Life interest trust beneficiary (if applicable)

☐

Capital

☐

Income

Beneficiary 2

Title

☐

Mr

☐

Mrs

☐

Ms

☐

Miss

☐

Other (please specify)

Surname

Forename(s)

Date of birth

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Address

Postcode

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Life interest trust beneficiary (if applicable)

☐

Capital

☐

Income

ENTITY

2 TRUST SPECIFIC INFORMATION CONTINUED

Trust beneficiaries (if applicable) continued

Beneficiary 3

Title

☐

Mr

☐

Mrs

☐

Ms

☐

Miss

☐

Other (please specify)

Surname

Forename(s)

Date of birth

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Address

Postcode

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Life interest trust beneficiary (if applicable)

☐

Capital

☐

Income

Beneficiary 4

Title

☐

Mr

☐

Mrs

☐

Ms

☐

Miss

☐

Other (please specify)

Surname

Forename(s)

Date of birth

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Address

Postcode

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Life interest trust beneficiary (if applicable)

☐

Capital

☐

Income

If there are additional beneficiaries, please enter their details in the Client notes Section on Page 24.

ENTITY

3 COMPANY SPECIFIC INFORMATION

Complete for companies or similar entities.

Outline of the company's business

haulage + transport
company

Financial year end

31 12

Residence of the company



UK



Other

If other, please specify the country of residence

Company registration number

NI601886

Charity number¹

Tax rate (if appropriate)

NIL

%

Authorised share capital

£ 100

Issued share capital

£ 100

Names of shareholders who hold greater than 10% of the share capital

Name

Philip Michael Mc Grene

Name

Paulie Terence Mc Grene

Name

Name

If the company is part of a group, please supply details of the group structure²

NO

Client classification

We are required to classify clients into categories. Please tick the box of any of the statements below that apply to the company.

If you tick two or more of the boxes, please contact your Investment Manager as you may need different paperwork and an explanation of the effect of a new classification and the options available to you.

- ☐ The company has turnover (eg sales) of greater than EUR 40 million³
- ☐ The company has fixed and current assets of greater than EUR 20 million³
- ☒ The company has own funds (eg shareholder equity) of greater than EUR 2 million³

¹ Only for charitable incorporated entities.

² If it is easier, please provide an organisation chart.

³ If you are unsure of the exchange rate, please consult your Investment Manager.

ENTITY

4 AUTHORISED OFFICER INFORMATION

Please complete

In this Section please enter the details of entities and officers who need to be identified as being associated with this Agreement either as corporate trustees, trustees, directors or other authorised officers. It is essential that anyone who is to provide instructions to Rathbones or have signatory authority for the Fund is listed here.

Corporate trustee 1 (if applicable)

Company registration number

Company name

Age (years)	Percentage (%)
15	10
20	15
25	20
30	25
35	30
40	35
45	40
50	45
55	50
60	55
65	60

Address

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	52
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[illegible][illegible][illegible]

Postcode

[illegible]**Telephone**

Corporate trustee 2 (if applicable)

Company registration number

Company name

Address

Postcode

Telephone

Please note that the corporate trustee entity will need to have its identity verified as described in Section 13.4. Furthermore, all appropriate corporate trustee directors should be listed overleaf and will need to have their identity verified.

ENTITY

4 AUTHORISED OFFICER INFORMATION CONTINUED

Trustee/Director 1

Or role (if other authorised officer)

- ☐ Trustee ☒ Director
- ☐ Other (please specify)

Title

- ☒ Mr ☐ Mrs
- ☐ Ms ☐ Miss ☐ Other (please specify)

Surname

McGrane

Forename(s)

Paulie Terence

Date of birth

25 07 1987

- ☐ Tick here if this authorised officer will be providing Rathbones directly with instructions.

Address

Inver Glebe

Inver PO

Co. Donegal

Ireland

Postcode

Telephone

Home

Work

Mobile

Fax

Email address

1 info@mcgranehaulage.com

2

Employment status

- ☐ Retired ☒ Employed
- ☐ House wife ☐ Not employed
- ☐ Part time ☐ Self employed

Current or previous occupation

Director of McGrane Haulage

Trustee/Director 2

Or role (if other authorised officer)

- ☐ Trustee ☒ Director
- ☐ Other (please specify)

Title

- ☒ Mr ☐ Mrs
- ☐ Ms ☐ Miss ☐ Other (please specify)

Surname

McGrane

Forename(s)

Philip Michael

Date of birth

23 09 1984

- ☐ Tick here if this authorised officer will be providing Rathbones directly with instructions.