Pension Trustee Top-Up Form (including SIPP and SSAS) for OEIC and Unit Trust Investments

FundsNetwork

Please complete in BLOCK CAPITALS using BLACK INK. **PLEASE NOTE: Any applications received that are not completed correctly may incur delays or may have to be returned to you.**

- This application is for existing SIPP/SSAS and other pension schemes that wish to invest in funds on the FundsNetwork platform
- If you wish to invest in SICAV (offshore) funds, please contact us for the correct application form
- This form is NOT the correct form to invest in the FundsNetwork SIPP

1 Primary Trustee Details

Please enter the details of the Primary Trustee here. This should be the Corporate Pension Trustee. Where there is no Corporate trustee, please enter the details of the lead trustee who will receive the correspondence.

NAME OF PRIMARY TRUSTEE

RICHARD MARK EMERSON

ADDRESS FOR CORRESPONDENCE ("Care of" and PO Box are not acceptable. Only UK mainland and Northern Ireland addresses are eligible) **HOUSE NUMBER AND/OR HOUSE NAME**

THE CLIMBING ACADEMY

EXISTING ACCOUNT NUMBER

EMEA100978

STREET, CITY, COUNTY AND COUNTRY DETAILS

BELVEDERE HOUSE, CHARLTON STREET
BRISTOL.

POSTCODE

BS5 0FD

LEGAL ENTITY IDENTIFIER (Please note your identifier in the boxes provided.)

From 3 January 2018 you will need to give us a Legal Entity Identifier (LEI) if you are going to buy, sell or switch into or out of exchange traded instruments, such as investments trusts, exchange traded funds and company shares. For information in how to apply for an LEI, please go to fca.org.uk and search for 'LEI update'.

If you have more than one LEI, please include details with this form. We may need to contact you for further information.

2 Top-Up Instructions

Please complete your fund choice(s) and investment amount(s) below and refer to the Fund Range document or visit **www.fidelity.co.uk/fundrange** for the Fund Code and Fund Name. Note: Your fund choice will be derived by the Fund Code that you enter and not the Fund Name.

FUND CODE	FUND NAME	LUMP SUM (£)	MONTHLY (£) *
COSDA	ROYAL LONDON SUST. DIV. TRUST	7175.07	7175
ALFTA	LIONTRUST SUST. FUT. MANAGED	7175.07	7175
VASEA	VANGUARD LIFESTRAT 60	174.93	175
VAEEA	VANGUARD LIFE STRAT 80	174.93	175
		.	
		.	
		.	

Income Option?
If you have chosen income funds the income will be automatically re-invested unless you complete your bank details in Section 4.

*** Monthly Savings:**
Any Monthly Savings Plan details given in this section will override the existing Monthly Savings Plan details for the account.

TOTAL INVESTMENT AMOUNT(£)	14700.	14700
INITIAL FEE AMOUNT (£) Only applicable if you have chosen fee remuneration	0.	
TOTAL AMOUNT (£)	14700.	

If investing a lump sum please refer to Section 3.

If you are investing monthly you must complete your mandate details in Section 4.

/08.20/v7.0/P1/3

PensionTrustTopupint

Pension Trustee Top-Up Form (including SIPP and SSAS) for OEIC and Unit Trust investments

Please complete in BLOCK CAPITALS using BLACK INK. PLEASE NOTE: **A** any applications received that are not completed correctly may incur delays or may have to be returned to you.

- This application form is for using SIPP/SSAS and other pension schemes to invest in OEICs and Unit Trusts via the Sunnyhaven platform.
- If you want to invest in GOAL, please complete and send us the GOAL application form.
- The form is NOT the official form to invest in the Fund of Funds SIPP.

1 Primary Trustee Details

Please enter the details of the Primary Trustee here. This should be the Trustee with the Trustee Vision number. Where there is no Corporate Trustee, please enter the details of the lead trustee who will receive the correspondence.

NAME OF PRIMARY TRUSTEE

ADDRESS FOR CORRESPONDENCE (One of and PO Box are not acceptable. Only UK addresses are allowed. Minimum listed addresses are eligible) HOUSE NUMBER ABOVE HOUSE NAME

EXISTING ACCOUNT NUMBER

STREET, CITY, COUNTY AND COUNTRY DETAILS

POSTCODE

LEGAL ENTITY IDENTIFIER (Please note your identifier in the boxes provided)

From 3 January 2018 you will need to give us a Legal Entity Identifier (LEI) if you are using your trustee company to invest in any of the following regulated instruments, such as equity shares, exchange traded funds and some exchange traded notes. For information on how to obtain an LEI, please go to gleif.org and search for LEI vendors.

If you have more than one LEI, please include details with the form. We may need to contact you for further information.

2 Fund Investments

Please complete your investment and subscription amounts below and sign the form. Please ensure the Fund Code is correct. www.fidelity.co.uk/sunnyhaven or the Fund Value is the Fund Name. Funds will be allocated by the Fund Code - they will not be allocated by the Fund Name.

FUND CODE	FUND NAME	LUMP SUM (£)	MONTHLY (£)

Income Option
If you have chosen an income option, please complete the section below. Income will be automatically reinvested if not, you can complete an income option in Section 3.

Monthly Savings
Any Monthly Savings Plan dates given are the 1st of the month. Please ensure you have sufficient funds in your account for the monthly Monthly Savings.

TOTAL INVESTMENT AMOUNT

INITIAL LUMP AMOUNT (£)
Only complete if you are investing a lump sum in addition to monthly savings

TOTAL AMOUNT (£)

If you are investing monthly you must complete your mandate details in Section 4.

If investing a lump sum, please refer to Section 3.

3 Lump Sum Payment Details

All lump sum payments should be made by cheque, payable to **Fidelity**.

Payment should be drawn from the company or scheme bank account. If you are sending a bankers draft or building society cheque please ensure that the back of the cheque states the name of the company or scheme account to be debited. This should be endorsed with the stamp of the bank/building society and signed by the bank official adding the endorsement.

4 Mandate Details

This section MUST be completed to allow future redemption payments to be paid electronically to your bank or building society, as we do not send cheques. Any bank details given in this section will override any existing bank details that we may hold for you.
Although the below is a Direct Debit agreement, this section MUST also be completed if you opt to have income paid out otherwise income will be re-invested. Please specify by marking an X in the relevant box below and completing your bank details.

We have chosen an **income fund** and would like our income to be paid out into the account detailed below. ☐

Instruction to your Bank or Building Society to pay by Direct Debit. Please pay Financial Administration Services Limited Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. We understand that this instruction may remain with Financial Administration Services Limited and, if so, details will be passed electronically to our Bank/Building Society. Banks and Building Societies may not accept Direct Debit instructions for some types of accounts. ☑

DIRECT Debit

NAME(S) OF SCHEME ACCOUNT — THIRD PARTIES ARE NOT ACCEPTED

TCA SSAS

ORIGINATORS REFERENCE NUMBER (Fidelity use Only)

BANK/BUILDING SOCIETY ACCOUNT NUMBER

0 4 9 1 9 0 8 8

BRANCH SORT CODE

2 3 8 3 9 6

NAME AND ADDRESS OF BANK OR BUILDING SOCIETY

AIB, FOUR HARDMAN STREET
MANCHESTER M3 3HF

BUILDING SOCIETY COLLECTION ACCOUNT NUMBER (IF APPLICABLE) *
* Building Society accounts — the sort code and building society collection account number can be obtained from your Building Society branch. Please ensure that your Building Society account will accept direct credit payments through the Banks Automated Clearing system. Fidelity does not accept instructions for payments to be made to an account other than the client's own personal account. If the account number and sort code are incorrect, Fidelity will not accept responsibility for any loss incurred by the applicant.

SIGNATURE AND DATE (YOU MUST SIGN HERE to set up a Monthly Savings Plan (MSP). **You must also sign Section 7.**)

X KME

14 10 2020

5 Intermediary Details

This section should only be completed by Intermediaries. Please enter the appropriate details here and avoid supplying information on separate sheets.

INTERMEDIARY STAMP

THE LOST COIN F.P. LTD
5 LOVERIDGE COURT
FRAMPTON COTTERELL
BRISTOL BS36 2NX

UNIQUE ADVISER NUMBER

1 1 6 5 3 9 9

FCA FIRM REF NO.
I confirm that I am registered with the Financial Conduct Authority (FCA) to conduct business and my authorisation number is:

S M C 0 1 1 5 0

OFFICE USE ONLY ☐

REMUNERATION DETAILS

Have you provided a personal recommendation? (please mark an X in one box only)

YES	OR	NO
☒		☐

What remuneration type is required? (please mark an X in one box only).
From the 31 December 2012 if a personal recommendation has been given only fee remuneration will be applied.

ONGOING COMMISSION ☐ Please note by ticking this box ongoing commission will be applied to this investment automatically.

INITIAL COMMISSION ☐.☐☐ % For initial commission, please enter the percentage (%) you wish to take here, for this specific client, in 0.25% increments. If left blank, standard terms will apply.

OR

FEE ☐ By ticking this box we will set this investment up on a fee basis and if an Ongoing Fee has previously been set up this will automatically be applied and any ongoing commission will be rebated to your client.
If an Initial Fee is required please include details of the fee in Section 4 "Investment Details".
An Ongoing Fee cannot be applied to this type of investment using an application form. If you would like to set up an Ongoing Fee this must be done online once the deals have been placed.

3 Lump Sum Payment Details

All lump sum payments should be made by direct payment to Nationwide.

[illegible] company or software bank account. If you are sending a [illegible] please ensure that the back of the file is filled in [illegible] company, the bank account in the details. The should be endorsed with the [illegible] and signed by the bank official stating the [illegible]

4 Variable Details

This section MUST be completed to allow future subscription payments to be paid electronically to your bank or building society, as we do not send a form.
Any bank details given in this section will override any existing bank details we may hold for you.
Although for [illegible] Debt agreement, this section MUST also be completed if you are have income paid out otherwise income will be re-invested.
Please specify by ticking an X in the relevant box below and completing your bank details.

☐ We do not have an income fund and would like our income to be paid out as we have accumulated funds.

☐ Instruction to your Bank or Building Society to pay by Direct Debit. Please any financial administration fees Limited Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Friendly Society Group and, if so, details will be passed electronically to our Bank/Building Society. Unless notified otherwise, Friendly may not accept Direct Debit instructions for some types of accounts.

NAME(S) OF BANK ACCOUNT – THIRD PARTIES ARE NOT ACCEPTED

OFFICE USE ONLY

OFFICE USE ONLY

NAME AND ADDRESS OF BANK OR BUILDING SOCIETY

BRANCH SORT CODE

BANK/BUILDING SOCIETY ACCOUNT NUMBER

BUILDING SOCIETY COLLECTION ACCOUNT NUMBER (IF APPLICABLE)
If Building Society is unable – the sort code and building society collection account number will be obtained from your Building Society or bank. Please ensure that your Building Society account will accept direct debit payments through the Bacs Automated Clearing System. Friendly does not accept instructions to payments to bank accounts other than the client's own personal account. If the account number and sort code are incorrect, Friendly will not accept responsibility for any banking errors.

SIGNATURE AND DATE (YOU MUST SIGN HERE to set up a Monthly Saving Plan ISBP. You must also sign Section 7.)

X

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5 Intermediary Details

This section is about who you intermediated by intermediary. If you are using an intermediary, please enter information or address details.

INTERMEDIARY STAMP

UNIQUE ADVISER NUMBER

FCA FIRM REF NO.
If you are not an FCA regulated firm, please write the Financial Conduct Authority (FCA) firm reference number.

OFFICE USE ONLY

6 Remuneration Details

Have you received a personal recommendation?
(please mark an X in the box only)

YES ☐ OR NO ☐

What remuneration type is required? (please mark an X in the box only)
From the 31 December 2013 if a personal recommendation has been given, only the fee/commission will be applicable.

ONGOING COMMISSION ☐ This is only valid if this box is ticked, commission will be payable in this investment at stated rate.

INITIAL COMMISSION ☐ % For initial commission, please enter the percentage (%) you wish to take from the fund. For full accounts, please enter 0.0% if no initial commission is required.

FEE ☐ By ticking this box, you will set this investment up on a fee basis and if an ongoing fee has previously been set up it will automatically be cancelled and any ongoing commission will be repaid to your client.
If an initial fee is required please include details of the fee in Section 8 "Special Instructions".
An Ongoing Fee cannot be applied to this type of investment using an adviser account. If you wish to set up an Ongoing Fee this must be done after the fees have been placed.

6 Important Documents

My/Our adviser has provided me/us with the following documents either as an electronic version, which I/we have saved or printed, or as a paper copy:

- The Key Features Document - Doing Business with FundsNetwork.
- The key information document applicable to my/our investment.
- The FundsNetwork Client Terms.

Important Notice: If you have not received one or all of the documents listed above, please contact your adviser.

7 Declaration and Signature

I/We understand that the information I/we provide on this application form will be processed in accordance with Fidelity's data protection statement contained in the FundsNetwork Client Terms referred to below.
I/We understand that such information will be held in confidence and not passed to any company other than as outlined without our permission or unless required by law. I/We confirm that I/we have included the following information in order to complete this application: company documents; a complete list of company directors, together with specimen signatures (this should include details of signing rights, otherwise Fidelity will accept future instructions from two authorised directors, or one director and the company secretary); a certified copy of the relevant board minutes or written resolution of the directors, confirming that the company is authorised by its directors to invest corporate monies into collective investment schemes. I/We agree to provide Fidelity with written details of future changes of company directors together with specimen signatures.

Adviser Fees
By signing below, I/we agree to pay my/our adviser an Initial Fee, if applicable, as stated on this application form and in accordance with the FundsNetwork Client Terms. I/We understand that Fidelity FundsNetwork will receive the money as agent for my/our Financial Adviser, and that such money will become irrevocably due and payable to my/our Financial Adviser on receipt by Fidelity, to satisfy the Adviser Fees. I/we understand that Fidelity FundsNetwork will then hold this money in a Fidelity Corporate Account as agent of my/our adviser. I/We confirm that I/we have received a personalised illustration that shows the effect of the fee agreed on my/our investment.

I/We declare that:

- I/We have read the latest Key Features Document - Doing Business with FundsNetwork.
- I/We have read the latest key information document.
- I/We accept the FundsNetwork Client Terms.
- The information given by me/us is correct to the best of my/our knowledge, and I/we will inform Fidelity immediately of any changes to the information contained therein.

SIGNATURE(S) OF ALL NAMED TRUSTEES AND DATE (YOU MUST SIGN HERE - Please ensure all relevant sections are completed as per the instructions on this form)
If you are signing the application form by Power of Attorney, please call Fidelity for the details of documentation that is required for this to be acceptable.

You must provide a SIGNATURE for EACH NAMED TRUSTEE

Two authorised signatories are required to sign on behalf of a corporate entity, in addition to any named individuals.

FIRST CORPORATE BODY SIGNATURE	**FIRST CORPORATE BODY PRINT NAME**
✘	✘
SECOND CORPORATE BODY SIGNATURE	**SECOND CORPORATE BODY PRINT NAME**
✘	✘
FIRST TRUSTEE SIGNATURE	**FIRST TRUSTEE PRINT NAME**
✘ L.M. Em	✘ RICHARD EMPSON
SECOND TRUSTEE SIGNATURE	**SECOND TRUSTEE PRINT NAME**
✘ P Tromey	✘ PAUL TROMEY
THIRD TRUSTEE SIGNATURE	**THIRD TRUSTEE PRINT NAME**
✘	✘
FOURTH TRUSTEE SIGNATURE	**FOURTH TRUSTEE PRINT NAME**
✘	✘

2 7 1 0 2 0 2 0

Please send your completed form, and relevant application form to your Intermediary or to Fidelity, PO Box 391, Tadworth, KT20 9FU. Issued by Financial Administration Services Limited, authorised and regulated in the UK by the Financial Conduct Authority. FundsNetwork™ and its logo are trademarks of FIL Limited.

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I/We declare that:

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- I/We have read the latest key information document.
- I/We accept the FundsNetwork Client Terms.
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SECOND CORPORATE BODY SIGNATURE	**SECOND CORPORATE BODY PRINT NAME**
FIRST TRUSTEE SIGNATURE	**FIRST TRUSTEE PRINT NAME**
SECOND TRUSTEE SIGNATURE	**SECOND TRUSTEE PRINT NAME**
THIRD TRUSTEE SIGNATURE	**THIRD TRUSTEE PRINT NAME** ALAN CASSIDY
FOURTH TRUSTEE SIGNATURE	**FOURTH TRUSTEE PRINT NAME**

27102020

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Adviser Fees
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I/We declare that:

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- I/We have read the latest key information document.
- I/We accept the FundsNetwork Client Terms.
- The information given by me/us is correct to the best of my/our knowledge, and I/we will inform Fidelity immediately of any changes to the information contained therein.

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FIRST CORPORATE BODY SIGNATURE	**FIRST CORPORATE BODY PRINT NAME**
X	X
SECOND CORPORATE BODY SIGNATURE	**SECOND CORPORATE BODY PRINT NAME**
X	X
FIRST TRUSTEE SIGNATURE	**FIRST TRUSTEE PRINT NAME**
X	X
SECOND TRUSTEE SIGNATURE	**SECOND TRUSTEE PRINT NAME**
X	X
THIRD TRUSTEE SIGNATURE	**THIRD TRUSTEE PRINT NAME**
X	X
FOURTH TRUSTEE SIGNATURE	**FOURTH TRUSTEE PRINT NAME**
X	X ROBIN SUTTON

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