



with compliments

5 Loveridge Court, Frampton Cotterell, Bristol BS36 2NX

t: 0117 230 5077 e: info@thelostcoin.co.uk

www.thelostcoin.co.uk

Brad

✓ Re TCA SSAS - email sent on 19/8/2016.
Please sign & date section 7 on page 4 then send with cheque & certified
deeds to FIDELITY, address at bottom of page 6.

Pension Trustee Application 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

Please enclose:

- ☐ For a SIPP: Certified copy of the supplementary trust deed for the scheme naming the trustees and any deeds showing a change of trustees. Where a supplementary trust deed does not exist, please forward a certified copy of the members application to join the scheme.
- ☒ For a SSAS or other pension scheme: Certified copy of the trust deed for the scheme naming the trustees and any deeds showing a change of trustees. We do not require copies of scheme rules or Master Trusts.
- ☐ An original or certified copy of an Authorised signatory list for any Corporate Trustee or administrator.

Certification:

Certification of Trust deeds can be by an independent financial adviser, a representative of a regulated pension trustee company, a solicitor, Bank Manager, Notary Public or Stockbroker. Certification should be in ink, and include the printed name of the certifier and their professional capacity, as well as a company stamp and contact details. It should state that the document is a true copy of the original. In some cases further verification may be required.

1

Scheme Details

Type of scheme

Personal Pension scheme/Self Invested Personal Pension (SIPP) ☐ OR Other ☐

OR

Occupational pension scheme/Small Self-Administered Scheme (SSAS) ☒

NAME OF SCHEME (optional)

T C A S S A S

Please note: For regulatory reasons the account has to be registered in the name(s) of the trustees. The scheme name/reference number can be added as a designation (this can not include the word 'Trust').

NEW ACCOUNT DESIGNATION (eg. Member name and or plan number)

T C A S S A S

2

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

T H O M A S M A K K E M E R S O N

ADDRESS FOR CORRESPONDENCE ("Care of" and PO Box are not acceptable. Only UK addresses are eligible)

HOUSE NUMBER AND/OR HOUSE NAME

T H E C L I M D I N C A C A D E M Y

STREET, CITY, COUNTY AND COUNTRY DETAILS

CHARLOW STREET
BRISTOL

POSTCODE

B S S O A D

NAME OF ADMINISTRATOR (Optional - if a third party administrator is used)

PLEASE TURN OVER

L 0 0 0 1 1 0 1

ONLY COMPLETE THIS PAGE IF THERE ARE ADDITIONAL TRUSTEES.

3

Details of additional Trustees

Second Trustee (if applicable)

TITLE SURNAME MALE OR FEMALE
MR TWOMEY ☒ ☐

FIRST NAME(S) IN FULL

PAUL

ADDRESS ("Care of" and PO Box are not acceptable. Only UK addresses are eligible)
BUILDING NUMBER AND/OR BUILDING NAME

28 JALISOUAY AVE

POSTCODE

AS184L

STREET, CITY, COUNTY AND COUNTRY DETAILS

ALISON

DATE OF BIRTH

31021968

Third Trustee (if applicable)

TITLE SURNAME MALE OR FEMALE
MR SUTTON ☒ ☐

FIRST NAME(S) IN FULL

ROBIN

ADDRESS ("Care of" and PO Box are not acceptable. Only UK addresses are eligible)
BUILDING NUMBER AND/OR BUILDING NAME

17 BARNWELL CROVE

POSTCODE

G630RG

STREET, CITY, COUNTY AND COUNTRY DETAILS

BALFAR
GLASGOW

DATE OF BIRTH

03041979

Fourth Trustee (if applicable)

TITLE SURNAME MALE OR FEMALE
MR CASSIDY ☒ ☐

FIRST NAME(S) IN FULL

ALAN FRASER

ADDRESS ("Care of" and PO Box are not acceptable. Only UK addresses are eligible)
BUILDING NUMBER AND/OR BUILDING NAME

FLAT 3/1

POSTCODE

G429HT

STREET, CITY, COUNTY AND COUNTRY DETAILS

15 BATTLEFIELD AVENUE
GLASGOW, UNITED KINGDOM

DATE OF BIRTH

10121982

FundsNetwork

Investment Details

[illegible]

1111

If you are investing monthly you must complete your mandate details in Section 6.

If investing a lump sum please refer to Section 5.

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

L 0 0 0 1 1 0 3

5

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.

6

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.



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

ORIGINATORS REFERENCE NUMBER (Fidelity use Only)

TCA SSAS

BANK/BUILDING SOCIETY ACCOUNT NUMBER

BRANCH SORT CODE

18684567

230580

NAME AND ADDRESS OF BANK OR BUILDING SOCIETY

METRO BANK, ONE SOUTHAMPTON ROW,
LONDON WC1B 5HA

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 9.)

X

X

2000

Originators Identification Number: 624232

7

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 FIN. PLAN. LTD
5 LOVERIDGE COURT
FRAMPTON COTTERELL
BRISTOL BS36 2NX

UNIQUE ADVISER NUMBER

1165399

FCA FIRM REF NO.

I confirm that I am registered with the Financial Conduct Authority (FCA) to conduct business and my authorisation number is:

672057

OFFICE USE ONLY ☐

REMUNERATION DETAILS

YES OR NO

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

☐

☒

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". If you would like to take an Initial Fee on an MSP you must complete this online, once this has been set up. 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.

continued overleaf

L 0 0 0 1 1 0 4

Pension Trustee Application Form (including SIPP and SSAS) for OEIC and Unit Trust Investments

FundsNetwork

7

Intermediary Details (continued)

VERIFICATION

I/We confirm and consent to your reliance upon the fact, that I/we have verified the identity of all parties named on this application form and detailed below identifying their link to the trust, in accordance with the Money Laundering Regulations and standards set in Guidance issued by the JMLSG. Please mark an X in this box. ☒

I/We confirm that I/we have provided the client with the appropriate documentation for their investment:

- The Key Features Document - Doing Business with FundsNetwork.
- The Key Investor Information Document and/or Fund Specific Information document applicable to my/our investment.
- The FundsNetwork Client Terms.

NAME OF INDIVIDUAL

RICHARD MARK EMERSON

CONNECTION TO THE TRUST (DELETE AS APPROPRIATE): Trustee / Member / Other (please specify) TRUSTEE & MEMBER

NAME OF INDIVIDUAL

PAUL TWOMEY

CONNECTION TO THE TRUST (DELETE AS APPROPRIATE): Trustee / Member / Other (please specify) TRUSTEE & MEMBER

NAME OF INDIVIDUAL

ROBIN SUTTON

CONNECTION TO THE TRUST (DELETE AS APPROPRIATE): Trustee / Member / Other (please specify) TRUSTEE & MEMBER

NAME OF INDIVIDUAL

ALAN FRASER CASSIDY

CONNECTION TO THE TRUST (DELETE AS APPROPRIATE): Trustee / Member / Other (please specify) TRUSTEE & MEMBER

NAME OF INDIVIDUAL

CONNECTION TO THE TRUST (DELETE AS APPROPRIATE): Trustee / Member / Other (please specify)

SIGNATURE AND DATE (YOU MUST SIGN HERE) This should be signed by the regulated person who has confirmed that verification has been completed.

X S.M.A.G. X 19082016

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 Investor Information Document and/or Fund Specific 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.

Declaration and Signature

By signing the form I/we confirm that this application is for a UK registered pension scheme or plan that is an Exempt Beneficial Owner under the International Tax Compliance (Crown Dependencies and Gibraltar) Regulations 2014.

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 Investor Information Document and/or Fund Specific 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

X X

FIRST CORPORATE BODY PRINT NAME

SECOND CORPORATE BODY SIGNATURE

X X

SECOND CORPORATE BODY PRINT NAME

FIRST TRUSTEE SIGNATURE

X X

FIRST TRUSTEE PRINT NAME

SECOND TRUSTEE SIGNATURE

X X

SECOND TRUSTEE PRINT NAME

THIRD TRUSTEE SIGNATURE

X X

THIRD TRUSTEE PRINT NAME

FOURTH TRUSTEE SIGNATURE

X X

FOURTH TRUSTEE PRINT NAME

04092016

Please send your completed form, and relevant application form to your Intermediary or to Fidelity Worldwide Investment (IMS), PO Box 80, Tonbridge, TN11 9YA. 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.