RAYMOND JAMES

Form 500

Trust and Self-Certification Account Form

Includes Charity Accounts structured as a Trust

Please complete all sections electronically
or in BLOCK capitals using blue or black ink.

Wealth Manager Details

Location Code	
Responsibility Code	
Investment Decision Maker Code	
Wealth Manager	

Raymond James Head Office Use Only

Account reference **RK**	

RAYMOND JAMES TRUST AND SELF-CERTIFICATION ACCOUNT FORM

Account Type

Trust	Charity	SSAS	QROPS	QNUPS
		x		

Trust Details

Legal name of the Trust	THE TIERNEY FAMILY TRUST
Registered Charity No.	
Country of Incorporation	UNITED KINGDOM
Legal Entity Identifier No.	
Registered Address	
Address Line 1	CONWAY HOUSE
Address Line 2	THE FAIRWAY, WORPLESDON
Address Line 3	
City/Town	SURREY
Post Code	GU53 3PE
Country	UK
Correspondence address *if different to above*	
Primary contact telephone number	
Primary email address	suetierney@live.co.uk
Countries of Tax residency	UNITED KINGDOM
Tax Identification Number (TIN/UTR)	Yes [ ] No [ ] TIN/UTR: N/A
If 'No' please state the reason	
Pension Scheme Tax Reference (PSTR) *if applicable*	00157669RZ
Nature and purpose of the Trust *please list the main activities the Trust is involved in*	RETIREMENT BENEFITS SCHEME

Please confirm who can sign and provide instructions on behalf of this account:

Any two of the Trustees listed on the following pages	
More than two of the Trustees listed on the following pages, please specify how many	

Trustee Details

	Trustee 1	Trustee 2
Title	MRS	
Forename	SUSAN	
Middle name		
Surname	TIERNEY	
Date of birth	22-11-1950 MM YYYY	DD MM YYYY
Gender	Male [ ] Female [X]	Male [ ] Female [ ]
Primary Residential Address		
Address line 1	AS PER REGISTERED ADDRESS	
Address line 2		
Address line 3		
City/Town		
Postcode		
Country		
Correspondence address *if different from above*		
Primary contact telephone number		
Email address	suetierney@live.co.uk	
Countries of Tax Residency *state primary first*	UNITED KINGDOM	
Tax Residency Identifier No.*		
Are you a US Person?**	No [X] Yes [ ]	No [ ] Yes [ ]
Countries of Citizenship *state primary first*		
Nationality		
Place of birth — Town		
Place of birth — Country		
Occupation		

* If you have a National Insurance number, this can be found on your National Insurance Card, payslip, form P45 or P60, pension order book or letters from HM Revenue and Customs or Department for Work and Pensions.

** We have limited options for US Persons. For a definition of US Person please refer to the IRS website: https://www.irs.gov/individuals/international-taxpayers/foreign-persons

	Trustee 3	Trustee 4
Title		
Forename		
Middle name		
Surname		
Date of birth	DD MM YYYY	DD MM YYYY
Gender	Male ☐ Female ☐	Male ☐ Female ☐
Primary Residential Address		
Address line 1		
Address line 2		
Address line 3		
City/Town		
Postcode		
Country		
Correspondence address *if different from above*		
Primary contact telephone number		
Email address		
Countries of Tax Residency *state primary first*		
Tax Residency Identifier No.*		
Are you a US Person?**	No ☐ Yes ☐	No ☐ Yes ☐
Countries of Citizenship *state primary first*		
Nationality		
Place of birth — Town		
Place of birth — Country		
Occupation		

* If you have a National Insurance number, this can be found on your National Insurance Card, payslip, form P45 or P60, pension order book or letters from HM Revenue and Customs or Department for Work and Pensions.

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Beneficiary Details

The beneficial owner of a trust is defined by reference to five categories of individuals:

- The Settlor
- The Protector
- The Trustees
- The Beneficiaries
- Controlling Persons

Please list any beneficial owners as per the above definition. Where the immediate beneficial owner of the trust is a legal entity, please also list the ultimate beneficial owner(s).

Category*	Details the same as Trustee *(1,2,3,4)*	Full Name *including Title*	Primary Residential Address	Date of Birth	Nationality	Tax Residency Identifier No.	Place and country of birth	Holding %
TRUSTEE BENEFICIARY		SUSAN TIERNEY						100%

None exists ☐

*Settlor (S), Protector (P), Trustee (T), Beneficiary (B), Controlling Person (C)

Service Level* *Tick one box only*

Managed Discretionary ☑ Advisory Portfolio Service ☐ Advisory Dealing Service ☐ Execution Only ☐

*Please refer to our *Raymond James Terms of Business* for definitions of service levels.

Investment Strategy *Managed Discretionary and Advisory Portfolio Service Accounts only – tick one box only*

For all managed or advisory accounts, a completed *Client Risk Assessment* must be attached to this form before an account can be opened. The strategies below are indicative only and used for general reporting purposes and may not precisely match the investment strategy agreed with your Wealth Manager. Please ask your Wealth Manager if you want further information about these generic strategies.

100% defensive investment	☐	75% defensive investment and 25% growth investment	☐
50% defensive investment and 50% growth investment	☐	25% defensive investment and 75% growth investment	☒
100% growth investment	☐		

Benchmark *Required for Managed Discretionary Accounts*

We establish benchmark(s) using the relevant indices by which your portfolio performance can be assessed. The benchmark(s) and indices used will depend on your agreed investment strategy; your Wealth Manager will discuss this with you. Please select between one and five indices for your portfolio:

Portfolio Benchmark(s)	Benchmark Code *Wealth Manager to complete*	Total or Capital Return*	
		☐ TR	☐ CR
		☐ TR	☐ CR
		☐ TR	☐ CR
		☐ TR	☐ CR
		☐ TR	☐ CR

**The default for each Index will be Total Return (TR) unless Capital Return (CR) is requested.*

Dividends and Interest

If you require income from your portfolio, Raymond James will establish an Income Account along with your Dealing Account. All investment income may be paid out of your Income Account to the primary bank/building society account you have specified; alternatively it can be retained on the account for subsequent reinvestment, paid on an ad hoc basis by submitting a request to your Wealth Manager or paid out on a periodic basis. Please choose your income preference below:

Income Preference

Paid on receipt	x	Paid monthly		Paid quarterly (March, June, Sept, Dec)	
Paid half yearly (June, December)		Paid annually (December)		Retained on Income Account*	
Paid to Dealing Account for reinvestment by your Wealth Manager* – default					

**Income retained on the Income Account or paid into the Dealing Account may be paid out on a periodic basis.*

Primary Bank/Building Society Account Details

Bank name	AIB BANK PLC	Branch	MANCHESTER
Account name	THE TIERNEY FAMILY TRUST	Sort code	23-83-96
Account number	04919088	Building Society roll no *if applicable*	
Currency*: GBP, EUR, USD, other – *specify*	GBP	SWIFT *if applicable*	
		IBAN *required for Euro payments*	

Additional routing instructions *if applicable*
e.g. intermediary bank details

These bank details must be in the same name as the Raymond James Trust. These will be the primary bank details on your account. To establish additional bank details, please contact your Wealth Manager.

**Whilst it is possible to make ad hoc payments to a non-GBP bank account, it is not possible to set up regular payments in a currency other than GBP.*

Specific Payment Requirements

Please specify below your requirements.

***Note:** if there are insufficient funds to make a payment, no payment will be made.*

Example: *£1000* per quarter from *01 Jan 2019* from the *Dealing* account

£ ______ per month on the ______ day of the month from the ______ account

£ ______ per quarter from start date ______ from the ______ account

Reporting

Custody Statement

You will receive a periodic Custody Statement which contains a record of your holdings, held in nominee on your behalf by Pershing Securities Limited (Pershing). Pershing sends this statement to you to meet its regulatory requirements as custodian of your assets.

Valuation Frequency

For Managed Discretionary Portfolios, valuations will be provided on a quarterly basis.

For Advisory Portfolio/Advisory Dealing/Execution Only Portfolios please select a frequency below:

Quarterly (March, June, September, December) [X] Half Yearly (June, December) [ ] Yearly (December) [ ]

Valuation Reporting Currency

Valuations are reflected in GBP unless requested after account opening and before funding.

Please liaise with your Wealth Manager to arrange this.

Note: *once transactions have taken place on the account, we will not be able to amend the reporting currency.*

Valuation Consolidation

Option 1

[x] We would like a standalone valuation for this new account.

Valuation Title* **Maximum of 32 characters*	THE TIERNEY FAMILY TRUST

Option 2

[ ] We wish to consolidate this new account with another existing Raymond James account:

Account Reference No. **RK**		Relationship to Account	
Account Name		Account Type	

Important Note: *The existing Raymond James account will remain the Master Valuation account. If you require the valuation title to be updated (e.g. from Mr Smith to Mr & Mrs Smith) please detail the new valuation title below:*

Valuation Title* **Maximum of 32 characters*	

Option 3

[ ] We wish to consolidate this new account with another new Raymond James account:

Account Name		Account Type	
Relationship to account			
Which of these accounts will be considered the Master Valuation account?			
Valuation Title* **Maximum of 32 characters*			

Important Note: *If this option is selected we must receive the relevant new account packs at the same time to facilitate the consolidation.*

Contract Notes *Managed Discretionary Accounts only*

If you have selected 'Managed Discretionary' in the Service Level section, we will provide all trade confirmations within your valuation on a quarterly basis.

However if you wish to receive a separate contract note for each trade that your Wealth Manager executes on your behalf, please tick below:

[ ] Yes, please provide a contract note for each trade executed on our behalf.

Contract notes will be dispatched to your correspondence address, via first class post. For securities trades, contract notes will be dispatched by the end of the business day after the trade has been executed. For fund trades, contract notes are produced following receipt of confirmation from the fund company.

Third Party Instructions

As the Trustee(s) we authorise:

- Raymond James to accept any and all instructions, as described in the 'Acting on Your Instructions' section in the *Raymond James Terms of Business*, from the undermentioned party.

Requests for copies of valuations* and contract notes [X]

If you wish for the third party to be set up to receive copies of any valuations* or contract notes you receive, please indicate below:

Contract Notes [ ] Valuations* [X]

**A charge will be incurred for additional copies of valuations*

Relationship to account	ADMINISTRATOR
Title	MR
Forename	GAVIN
Middle name	
Surname	MCCLOSKEY
Date of birth	14/12/1968 MM YYYY
Gender	Male [X] Female [ ]

Primary Residential Address

Address line 1	1st Floor
Address line 2	World Trade Centre
Address line 3	
City/Town	Gibraltar
Postcode	GX11 1AA
Country	
Correspondence address *if different from above*	PLEASE ONLY EMAIL VALUATION DATA.
Primary contact telephone number	0800 634 4862
Email address	gavinm@pensionpractitioner.com

Countries of Tax Residency *state primary first*	
Tax Residency Identifier No.*	
Are you a US Person?**	No [x] Yes [ ]
Countries of Citizenship *state primary first*	
Nationality	
Place of birth — Town	
Country	

* If you have a National Insurance number, this can be found on your National Insurance Card, payslip, form P45 or P60, pension order book or letters from HM Revenue and Customs or Department for Work and Pensions.

** We have limited options for US Persons. For a definition of US Person please refer to the IRS website: https://www.irs.gov/individuals/international-taxpayers/foreign-persons

Authorised Third Party Signature

Full name *Please print*	
Signature	X Please sign here
Date	DD MM YYYY

Please note that as per the *Raymond James Terms of Business*, Raymond James reserves the right, in its absolute discretion, whether to deal with and accept instructions from the aforementioned third party.

Trust Self-Certification

FATCA Classification

Is this Trust a **Financial Institution (FI)**?

If yes, please provide the Global Intermediary Identification Number (GIIN): ☐☐☐☐☐☐.☐☐☐☐☐.☐☐.☐☐☐

If unable to provide a GIIN, please tick one of the following:

i. Exempt Beneficial Owner ☒

ii. Owner Documented FI ☐ *Please complete the below section:*

In order to qualify as Owner-Documented the Trust must meet the below criteria. Please declare you meet each criteria by by using the tick boxes provided:

1. Trust does not maintain a financial account for any Non-Participating Financial Institution, i.e. a Non-Participating FI does not hold an equity interest or debt interest in the Trust. ☐
2. Trust is not owned by, nor a member of, a group of related Entities with any FI that is a depositary, custodial or specified insurance company as defined in UK legislation. ☐
3. Trust provides Raymond James (i.e. the reporting entity) information regarding all persons – both natural and legal persons – that hold direct or indirect equity or debt interest in the Trust. ☐

Trust Owner Information – Direct Interest Holders

Capacity*	Details the same as Trustee *(1,2,3,4)*	Full Name *including Title*	Primary Residential Address	Date of Birth	Nationality	Tax Residency Identifier No.	Place and country of birth	Holding %
TRUSTEE								100%

*Settlor (S), Protector (P), Trustee (T), Beneficiary (B), Controlling Person (C)

Trust Owner Information – Indirect Interest Holders

Capacity*	Details the same as Trustee *(1,2,3,4)*	Full Name *including Title*	Primary Residential Address	Date of Birth	Nationality	Tax Residency Identifier No.	Place and country of birth	Holding %

*Settlor (S), Protector (P), Trustee (T), Beneficiary (B), Controlling Person (C)

iii. Certified or otherwise deemed Compliant FI ☐

iv. Non-Participating FI ☐

v. Other reason – *please specify* ☐

Or is this Trust a **Non-Financial Institution (NFE)**?

i. Active NFE ☐

ii. Passive NFE ☐ *Please complete the Controlling Person Self-Declaration on page 13*

iii. Direct Reporting NFE ☐

Please provide the NFE's GIIN: ☐☐☐☐☐☐.☐☐☐☐☐.☐☐.☐☐☐

iv. Sponsored Direct Reporting NFE ☐

Please provide the NFE's GIIN: ☐☐☐☐☐☐.☐☐☐☐☐.☐☐.☐☐☐

CRS Classification

i. Managed Investment Entity ☐

ii. Financial Institution *other than a Managed Investment Entity* ☐

iii. Non-Reporting Financial Institution ☒

iv. Active NFE ☐

v. Passive NFE ☐ *Please complete the Controlling Person Self-Declaration on page 13*

Controlling Persons* Self-Declaration

**A Controlling Person is a natural person who exercises control over a Trust,where they are entitled to at least 25% of the Trust property and/or or any other natural person exercising ultimate control over the Trust.*

For Trusts which have declared themselves as either of the below in the FATCA/CRS Classification section:

- a Passive NFE, or
- a Managed Entity tax resident in a jurisdiction that is not a Participating Jurisdiction, should provide details of the Controlling Persons:

	Controlling Person 1	Controlling Person 2
Type of Controlling Person	Settlor [ ] Protector [ ] Trustee [X] Beneficiary [X]	Settlor [ ] Protector [ ] Trustee [ ] Beneficiary [ ]
Percentage of legal trust owned *where you are a Controlling Person based on your ownership interest*	100 %	%
Title	MRS	
Forename	SUSAN	
Middle name	CAROL	
Surname	TIERNEY	
Date of birth	22 11 1950	DD MM YYYY
Gender	Male [ ] Female [X]	Male [ ] Female [ ]
Primary Residential Address		
Address line 1	CONWAY HOUSE	
Address line 2	THE FARWAY	
Address line 3		
City/Town	WORPLESDON	
Postcode	GU53 3QE	
Country	UK	
Correspondence address *if different from above*		
Countries of Tax Residency *state primary first*	UK.	
Tax Residency Identifier No.*	4539372228.	
Are you a US Person?**	No [X] Yes [ ]	No [ ] Yes [ ]
Countries of Citizenship *state primary first*	UK.	
Nationality	BRITISH	
Place of birth — Town	LONDON	
Place of birth — Country	UK	

* If you have a National Insurance number, this can be found on your National Insurance Card, payslip, form P45 or P60, pension order book or letters from HM Revenue and Customs or Department for Work and Pensions.

** We have limited options for US Persons. For a definition of US Person please refer to the IRS website: https://www.irs.gov/individuals/international-taxpayers/foreign-persons

Declaration

We declare:

- We have read this form and to the best of our knowledge, the information we have provided is correct.
- We agree to notify my/our Wealth Manager immediately of any significant changes.

By completing and signing this form:

- We understand the importance of reading and understanding the *Raymond James Terms of Business* and my/our Wealth Manager's *Schedule of Fees and Charges* which, together with this Account Form and the *Client Risk Assessment*, will form the formal agreement between Raymond James and us.
- We also understand the importance of reading, understanding and consenting to the *Raymond James Execution Policy* on which we have been provided information.
- We are aware that in certain circumstances Raymond James will be obliged to share information with UK tax authorities, who may pass it on to other tax authorities.
- We acknowledge that the Raymond James Privacy Notice, which explains how Raymond James will process our information, is either available on the Raymond James website or on request from my/our Wealth Manager.
- We note that Raymond James may validate our personal identification and verify our address internally or through a third party external firm providing the services electronically to Raymond James.
- We note that Raymond James may obtain a report on us for anti-money laundering and fraud prevention purposes.
- We confirm that if we do not understand any points in any of the documents referred to in this paragraph, we will ask for further information before signing.

Trustee 1

Full name *Please print*: SUSAN TIERNEY

Capacity: Trustee [x] or state capacity in which you are acting:

Signature: [signature]

Date: 01 03 2019

Trustee 2

Full name *Please print*:

Capacity: Trustee [ ] or state capacity in which you are acting:

Signature: Please sign here

Date: DD MM YYYY

Trustee 3

Full name *Please print*:

Capacity: Trustee [ ] or state capacity in which you are acting:

Signature: Please sign here

Date: DD MM YYYY

Trustee 4

Full name *Please print*:

Capacity: Trustee [ ] or state capacity in which you are acting:

Signature: Please sign here

Date: DD MM YYYY

Wealth Manager Declaration

I declare:

- I have read this form and confirm that the information provided is correct to the best of my knowledge.
- I agree to notify Raymond James immediately of any significant changes.
- I agree to notify Raymond James of any change to the agreed portfolio mandate or service level.

Full name *Please print*			
Signature	X Please sign here	Date	DD MM YYYY