# **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.

Client Name	Julie Elizabeth McMahon						
					*		
Wealth Manager Details							
Location Code			N				
Responsibility Code							
Investment Decision Maker Code							
Wealth Manager							
Raymond James Head Office Use Only							
Account reference RK							

Raymond James Investment Services Limited is a company registered in England and Wales (Reg. No. 03779657).

Our registered office is at Ropemaker Place, 25 Ropemaker Street, London EC2Y 9LY, which is also our principal place of business.

Pershing Securities Limited (PSL) is a company registered in England and Wales (Reg. No. 02474912). Its registered office is at Royal Liver Building, Pier Head, Liverpool L3 1LL.

Both Raymond James Investment Services Limited and Pershing Securities Limited are members are of the London Stock Exchange and are authorised and regulated by the Financial Conduct Authority which is located at 12 Endeavour Square, London E20 1JN.

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Account Type	Trust Charity SSAS X QROPS QNUPS	
Trust Details		
Legal name of the Trust/Charity/Scheme	Triumph Pension Fund	
Registered Charity No. if applicable		
Country of Incorporation	United Kingdom	
Legal Entity Identifier No.*		
Registered Address		
Address Line 1	Venture Wales Building	
Address Line 2	Pentrebach	
Address Line 3		
City/Town	Merthyr Tydfill	$\exists$
Post Code	CF48 4DR	
Country	UK	ᅥ
Correspondence address if different to above		
Primary contact telephone number		ㅓ
Primary email address	mcmahonjulie6@aol.com	ᅱ
Countries of Tax Residency state primary first	US	
Tax Identification Number (TIN/UTR)	Yes No TIN/UTR:	
If 'No' please state the reason		一
Pension Scheme Tax Reference (PSTR) if applicable	00526605RC	
Nature and purpose of the Trust please list the main activities the Trust is involved in	Retirement Benefits Scheme	

<sup>\*</sup> A LEI must be in place on entity accounts prior to transferring or trading MiFID II reportable instruments. If you are unsure whether this account requires one, please refer to the MiFID II Transaction Reporting guidance on the Portal or contact Client Services.

Trustee Details		200	
Title	Mrs	Trustee 1	Trustee 2
Forename	Julie		
Middle name	Elizabe	eth .	
Surname	McMa		
Date of birth	0		750 2454 24774
Gender	Male	Female X	Male Female
Primary Residential Address			
Address line 1	1400 L	emon Bay Dr	
Address line 2	Venice		
Address line 3	Florid	la	
City/Town			
Postcode	34293	-6165	
Country	USA		
Correspondence address if different from above			
Primary contact telephone number			
Email address	mcmah	onjulie6@aol.com	
Countries of Tax Residency state primary first	USA		
Tax Residency Identifier No.*			
Are you a US Person?**	No 🔲	Yes X	No Yes
Countries of Citizenship state primary first			
Nationality state primary first			
Place of birth Town			
Country			
Occupation			

<sup>\*</sup> 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.

<sup>\*\*</sup> 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	2	D 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 T	No Yes
Countries of Citizenship state primary first			
Nationality state primary first			
Place of birth Town			
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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<b>Beneficiary Details</b>							
		Benefic	iary 1		Benefic	ciary 2	
Beneficiary Type Settlor, Protector, Trustee, Beneficiary, Controlling Person	Trustee					, -	
Personal Details the same as Trustee	1 X 2		3 4	1	2	3	4
Title	Mrs			7			
Forename	Julie						
Middle name	Elizabetl	h		1			
Surname	McMah	on		1 ===			
Date of birth	11-09-19	59	YYYY	1	DO MM	TYVV	
Gender	Male	Female	x	Male	Female		
Primary Residential Address							
Address line 1	1400	Lemor	Bay Drive	1			
Address line 2	THE CO	ACTITO!	Day Drive	1			
Address line 3							
City/Town	Venice	2 6	ovida	<u> </u>			
Postcode		3	orian				
Country	USA						==
Correspondence address if different from above	0311				#		
Primary contact telephone number	941-	773	-1760				
Email address							
Countries of Tax Residency state primary first	USA						
Tax Residency Identifier No.*	768	207	062				
Are you a US Person?**	No 🗌	Yes	]	No 🗍	Yes	]	
Countries of Citizenship state primary first	Engla	na	USA.				
Nationality state primary first	Engla	ndl	USA.				
Place of birth Town	120						=
Country	6		ancashire				
Occupation	Real	anu	rate.				=
lolding %	Keal	0)					=
If you have a National Insurance number +	this can be found		100 %	<u>L</u>			%

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

Qnups and Qrops only		Benef	Beneficiary 1			Beneficiary 2		
National Identifier Type: NINO/Passport/TIN/CONCAT	N	Р 🔲	Т	CNN	Р 🔲	Т	С	
National Identifier No.***					<del></del>			
*** Please be aware that the Nationa	I Identifier no. can be	e different to	your Tax Resid	lency Identifier no.; plea	se refer to par	ge 18 and 19		

		Beneficiary 3	Beneficiary 4
Beneficiary Type Settlor, Protector, Trustee, Beneficiary, Controlling Person			
Personal Details the same as Trustee	1 / 2	3 4	1 2 3 4
Title			
Forename			
Middle name			
Surname			
Date of birth	Di	MAG YVYY	DD MM YYYY
Gender	Male	Female	Male Female
Primary Residential Address	<u> </u>		
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 No	Yes	No Yes
Countries of Citizenship state primary first			
Nationality state primary first			
Place of birth Town			
Country			
Occupation			
Holding %			
* If you have a National Incurance number			

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

Qnups and Qrops only		Benef	iciary 3		Bene	ficiary 4	
National Identifier Type: NINO/Passport/TIN/CONCAT	N	P 🔲	Т	CN	Р	т	с
National Identifier No.***							
*** Please be aware that the National Id http://ec.europa.eu/finance/securit	dentifier no. can be	e different to	your Tax Resid	dency Identifier no.;	please refer to pa	age 18 and 19	

### TRUST AND SELF-CERTIFICATION RAYMOND JAMES ACCOUNT FORM Service Level\* Tick one box only Managed Discretionary Advisory Portfolio **Advisory Dealing Execution Only** Service Service Service Service \*Please refer to our Raymond James Terms of Business for definitions of service levels. Investment Strategy Managed Discretionary Service and Advisory Portfolio Service Accounts only – tick one box only For all Managed or Advisory accounts, a completed ISAT must accompany this account 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

TR

TR

CR

CR

CR CR

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

Dividends and Interest					
Investment income will be paid into the dealing ledger as	s default.				
However, if you would prefer your investment income to					
If you have selected for an income ledger all investment frequency to the primary bank/building society account	income may either be retained, or paid out of your income ledger at a set you have specified. Please choose your income preference below:				
Income Ledger Preference					
Paid on receipt Paid mont	thly Paid quarterly (March, June, Sept, Dec)				
Paid half yearly (June, December) Paid annua	ally (December) Retained on income ledger				
,					
Primary Bank/Building Society Account	t Details				
Bank name					
Dalik Harrie	Sort code 00 - 00 - 00				
Account name	Building Society roll no <i>if applicable</i>				
Account number	SWIFT if applicable				
Currency*:	IBAN required for				
GBP, EUR, USD, other – specify	Euro payments				
Additional routing instructions if applicable					
e.g. intermediary bank details					
These bank details must be in the same name as the Accor	unt Owner. These will be the primary bank details on your Account. To add				
additional pank details, please contact your Wealth Mana	ger.				
winist it is possible to make aa noc payments to a non-GBP bank	k account, it is not possible to set up regular payments in a currency other than GBP.				
Regular Withdrawal Requirements					
Please specify your regular withdrawal requirement below	y:				
Amount: £ 2125-00					
Frequency: Monthly Half-yearly	Quarterly Vessly V				
, []	Quarterly Yearly				
itart date: 010 05 2021					
All regular withdrawals will be established on your dealing	ledger.				
portant Note: if there are insufficient funds to make a naument no naument will be					

Reporting						
Custody Statement You will receive a period r sent to you by PSL in order be incorporated into your	ecord of your holdings, held to meet its regulatory obliga quarterly valuation.	in nominee on tions as custod	your behalf by P ian of your assets	SL in the form on the state of	of a Custody Staten uture Custody State	nent. This is ements may
Valuation Frequency	y Portfolios, valuations will be	nrovided on a	quarterly basis			
	isory Dealing/Execution Only			ency helow:		
Quarterly (March, June, Se			ly (June, Decemb		Yearly (Decer	nber)
Valuation Reporting Curre Valuations are reflected in	GBP as default.					
	on to report in a different cu					1
important note: once transact	tions have taken place on the acc	ount, the reporti	ing currency cannot	t be changed.		
	dalone valuation for this new	account.				
Valuation Title* *Maximum of 32 characters			100			
Option 2 We wish to consolida	te this new account with ano	ther existing Ra	aymond James A	ccount:		
Account Reference No. RK			Relationship to			
Account Name			Account Type			
<b>Important Note:</b> The existing R (e.g. from Mr Smith to Mr & M	Raymond James Account will rem lrs Smith) please detail the new v	ain the Master V aluation title bel	ı 'aluation account. Ij ow:	f you require the v	valuation title to be u	odated
Valuation Title* *Maximum of 32 characters						
Option 3  We wish to consolidat	e this new account with anot	ther new Raym	ond James Accou	ınt:		
Account Name						
Relationship to account			Account Type			
Which of these accounts will the Master Valuation accou	Il be considered nt?					
/aluation Title* 'Maximum of 32 characters						
mportant Note: If this option is	s selected we must receive the re	levant new accou	unt packs at the sar	me time to facilita	ate the consolidation.	
Contract Notes Managed Disc f you have selected 'Manag aluation on a quarterly bas	ed Discretionary Service' in tl	ne Service Leve	el section, we will	provide all trac	de confirmations w	thin your
	ive a contract note for each t	rade that your	Wealth Manager	executes on vo	our behalf, please ti	ck below.
	contract note for each trade e			Jo	picuse (i	on Delow.
ontract notes will be sent or m	ade available to you as soon as p	ossible, and no lo	ater than the first b	usiness day follow	ving the transaction.	

# **RAYMOND JAMES**

Client Access Where you already have Client Access, this account along with any other new accounts will automatically be linked and viewable through your existing access.				
Trustee/Owner 1				
Do you require access/continued access to view your accounts online? Yes No				
Trustee/Owner 2				
Do you require access/continued access to view your accounts online? Yes No				
Trustee/Owner 3				
Do you require access/continued access to view your accounts online? Yes No				
Trustee/Owner 4				
Do you require access/continued access to view your accounts online? Yes No				
By selecting yes, you are asking Raymond James to provide you with login details to your account(s) via the Raymond James Client Access Portal. Terms and Conditions of usage will be made available to you and will need to be accepted prior to you using this tool for the first time.				

for the first time.

Important note: If you have selected yes please ensure you have provided an email address and telephone number in the personal details section.

<b>Third Party Instructions</b>	
As the Trustee(s) we authorise: • Raymond James to accept any and al Business, from the undermentioned p	instructions, as described in the 'Your Instructions' section in the Raymond James Terms of arty. Please tick where appropriate:
Requests for copies of valuations* and	ontract notes X Client Access
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:
Control No.	X
*A charge will be incurred for additional copi	es of valuations
Relationship to account	Administrator
Title	Mr
Forename	Gavin
Middle name	
Surname	McCloskey
Date of birth	14/12/1968
Gender	Male X Female
Primary Residential Address	
Address line 1	1st Floor
Address line 2	World Trade Centre
Address line 3	World Flade Centre
City/Town	Gibraltar
Postcode	
Country	GX11 1AA
Correspondence address if different from above	Please only email valuation data.
Primary contact telephone number	0800 634 4862
Email address	gavinm@pensionpractitioner.com
	8
Authorised Third Party Signa	iture
Full name Please print	Gavin McCloskey
Signature	Date
	A Please sign here DO MM YYYY
Please note Raymond James reserves th	e right, in its absolute discretion, whether to deal with and according to the standard form the

Please note 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 follo	wing:
i. Exempt Beneficial Owner	x
ii. Owner Documented FI	Please complete the below section:
In order to qualify as Owner-Documented the Trust mu by using the tick boxes provided:	ust meet the below criteria. Please declare you meet each criteria by
Trust does not maintain a financial account for any N not hold an equity interest or debt interest in the Tru	Ion-Participating Financial Institution, i.e. a Non-Participating FI does
	elated Entities with any FI that is a depositary, custodial or specified
	city) information regarding all persons – both natural and legal nterest in the Trust.

Trust Owner Information -	Direct Interest Holders						
	Trust Owner 1	Trust Owner 2					
Trust owner type Settlor, Protector, Trustee, Beneficiary, Controlling Person	Trustee	Tract owner 2					
Personal Details the same as Trustee	1 X 2 3 4	1 2 3 4					
Title	Mrs						
Forename	Julie						
Middle name	Elizabeth						
Surname	McMahon						
Date of birth	11/09/1959x	VYYY MBG QQ					
Gender	Male Female X	Male Female					
Primary Residential Address							
Address line 1	1400 Lemon Bay						
Address line 2							
Address line 3	Dive						
City/Town	Venice, Horida-						
Postcode	34293						
Country	USA.						
Correspondence address if different from above							
Primary contact telephone number	941 - 223 - 1760						
Email address	mornahon juliel@aol.com	9					
Countries of Tax Residency state primary first	USA.						
Tax Residency Identifier No.*							
Are you a US Person?**	No Yes V	No Yes					
Countries of Citizenship state primary first	England USA						
Nationality state primary first	England USA						
Place of birth Town							
Country	England England						
Occupation	lead estate						
Holding %	100						

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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Trust Owner Information -	Direct Interest Holders	
	Trust Owner 3	Trust Owner 4
Trust owner type Settlor, Protector, Trustee, Beneficiary, Controlling Person		
Personal Details the same as Trustee	1 2 3 4	] 1 2 3 4
Title		
Forename		
Middle name		
Surname		
Date of birth	DO MM YYYY	DD- MW 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 state primary first		
Place of birth Town		
Country		
Occupation		
Holding %		
If you have a National Inc.		

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

	II .	
Trust Owner Informati	On – Indirect Interest Holders	
	Trust Owner 3	Trust Owner 4
Trust owner type Settlor, Protector, Trustee, Beneficiar, Controlling Person	,	
Personal Details the same as Trus	tee 1 2 3	4 1 2 3 4
Title		
Forename		
Middle name		
Surname		
Date of birth	OD WW AAAA	OD 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 numbe		
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 state primary first		
	wn	
Co	untry	
Occupation		
lolding %		
16 b		

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 and belief, the information we have provided is correct; and
- shall notify our Wealth Manager immediately of any change to: i) the information in this Account Form; ii) our personal circumstances; and/or iii) our objectives; and
- are the Trustee(s) for the beneficiary named in this Account Form.

#### By completing and signing this Account Form, we:

- confirm we have been provided with Raymond James' Terms of Business and the Schedule of Fees and Charges which we have had the opportunity to read;
- confirm we wish to enter into the Agreement with Raymond James and understand the Agreement consists of this Account Form, the Raymond James Terms of Business, the Schedule of Fees and Charges and the Rates and Charges document; and

and may mond sames reims of busines.	s, the sched	uuic U	rees und charges and the hi	ates una Cri	arges aocur	nent; ai	na
<ul> <li>consent to Raymond James validating</li> </ul>	our persor	nal ide	ntification and verifying my a	ddress inte	rnally or thre	ough a t	third party.
Trustee 1							
Full name Please print	Julie	Eliz	abeth McMahon				
Capacity	Trustee	x	or state capacity in which you are acting	rustee			
Signature	fe	dis	& Mc Makes	Date	04	04	2021,
Trustee 2							
Full name Please print							
Capacity	Trustee	П	or state capacity in which you are acting	200			
Signature	Xn	81250 1	ign here	Date	DD	MiN	YYYY
Trustee 3							
Full name Please print				-		<del></del>	
Capacity	Trustee		or state capacity in which you are acting				
Signature	X el	1880 \$	gn hese	Date	DD	NWI	, in the second of the second
Trustee 4							
Full name Please print	Г			***************************************			
Capacity	Trustee	П	or state capacity in which you are acting				
Signature	Γ <sub>W</sub> ,	-4150 5	in here	Date	00	MM	YYYY
		**************************************	Est sate to	L			
Wealth Manager Declaratio	n						
I declare, I:							
<ul> <li>have read this form and confirm that the</li> </ul>	he informat	tion p	ovided is correct to the best	of my know	ledge;		
<ul> <li>agree to notify Raymond James immed</li> <li>agree to notify Raymond James of any</li> </ul>	liately of ar	ny sigr	ificant changes; and				
Full name Please print		ilie		7	Man	Taba	_ :
Signature	fu	li	Elizobeth & McMah	Data C	(1)c///	-	2021
			Page 21 of 21	4			RJ0121