

Account Agreement

for Trusts

LGT Vestra LLP

Authorised and regulated by the Financial Conduct Authority ("FCA")

Member of the London Stock Exchange

FCA Register No. 471048

Registered in England OC329392

Registered office: 14 Cornhill, London EC3V 3NR

Information About the Trust

Name of the Trust: **WHITEMORESSAS RETIREMENT SCHEME**

Address of the Trust: **191 HIGH STREET, STREET,
SOMERSET**

Postcode/ZIP code: **BA16 ONE** Country: **UNITED KINGDOM**

If your correspondence address is different to the above address, please complete the Correspondence section on page 5.

Primary contact name: **ANDREW WHITEMORE**

Telephone number: **01458 447505** Fax number:

(specify country code)

Email: **andy@avalon-guns.com**

Creation date of Trust: **19 05 2016** Tax residency: **UNITED KINGDOM**

Type of Trust: Discretionary: ☐ Will Trust: ☐ Other: ☐

If the Trust is registered (e.g. as a Charity)
please supply the registration number:

Trust Structure and Signature List

Please provide the names and signatures of all of the Trustees of the Trust who are authorised to act on behalf of the Trust in connection with the account(s) (signing account documents, issuing instructions or withdrawing funds, for example). Add any further names on a separate page if necessary. Please also indicate whether the Trustees' signing authority is single or joint. Alternatively you may provide us with a copy of the authorised signatory list for the Trust, specifying any relevant signature requirements. If you do not specify any restrictions, we will act in accordance with notices, instructions and requests for payments, enter into any transactions and accept any account documents which have been signed by or agreed by any ONE of the authorised signatories.

All Trustees and, if applicable, any protector must complete the Identification Information for Individuals section at the back of this document.

	Full Name (including title)	Signature	Authority
Trustee 1:	ANDREW ROBERT WHITEMORE		Joint <input type="checkbox"/> Single <input type="checkbox"/>
Trustee 2:	JOANNE WHITMORE		Joint <input type="checkbox"/> Single <input type="checkbox"/>
Trustee 3:			Joint <input type="checkbox"/> Single <input type="checkbox"/>
Trustee 4:			Joint <input type="checkbox"/> Single <input type="checkbox"/>

OR

Signature list attached:

If applicable, please provide the names of any other Trustee not listed above who do not have authority over the account but are Trustees of the Trust:

N/A

If applicable, please provide the name of any protector:

Trust Beneficiaries

Please provide the names of all of the beneficiaries of the Trust and indicate in the boxes provided each beneficiary's percentage entitlement to the Trust's capital or income. Where a beneficiary is a class of person, it is sufficient to state the name and scope of the class (e.g. children of Settlor). All named beneficiaries entitled to receive assets should provide their details in the Identification Information for Individuals section at the back of this document.

	Full name (including title)	Entitlement (%)	Capital or income
Beneficiary 1:	ANDREW ROBERT WHITEMORE	50	<input type="checkbox"/> / <input type="checkbox"/>
Beneficiary 2:	JOANNE WHITEMORE	50	<input type="checkbox"/> / <input type="checkbox"/>
Beneficiary 3:			<input type="checkbox"/> / <input type="checkbox"/>
Beneficiary 4:			<input type="checkbox"/> / <input type="checkbox"/>
Beneficiary 5:			<input type="checkbox"/> / <input type="checkbox"/>
Beneficiary 6:			<input type="checkbox"/> / <input type="checkbox"/>

Source of Wealth

Please provide the name of the Settlor(s) of the Trust together with a detailed description of the source(s) of wealth that has generated the assets in the Trust including where, geographically, the wealth was generated. In some instances it may be necessary for you to provide documentary evidence regarding the source of wealth. We need this information in order to comply with our regulatory responsibilities.

Settlor(s):
(full name including title)

AVALON GUNS LIMITED

	Tick	Approximate value	Description
From own business or employment: (name and nature of business)	<input checked="" type="checkbox"/>		GENERATED FROM PROFITS GARNED IN RESPECT OF UK TRADING ACTIVITIES
Inheritance: (from whom)	<input type="checkbox"/>		
Sale of property or own business: (name and nature of business)	<input type="checkbox"/>		
Gifts: (name and details of provider)	<input type="checkbox"/>		
Other: (provide details)	<input type="checkbox"/>		

Source of Funds

Please provide details of the assets to be transferred to LGT Vestra LLP ("LGT Vestra").

Details of where the assets are being transferred from:

Name of remitter:

Name of institution:

Address:

Postcode/ZIP code:

Country:

Amount to be invested/
value of assets to be
transferred:

Please provide a detailed description of how and where the assets being transferred to LGT Vestra were originally generated below. If you are remitting assets, please provide a copy of your most recent valuation statement.

Additional Sub-Accounts to be Opened

You may need to open more than one account with us. Each account will be managed in accordance with the same investment service, objectives and risk profile unless you tell us otherwise. If the sub-account(s) will be subject to a different investment service, objective or risk profile, you should discuss this with your Investment Manager so that they may construct the Trust's Investment Policy Statement accordingly.

Accounts which are to be set up with a different legal name or structure will require a separate Account Agreement.

Name of any sub accounts to be opened:

Account Administration

Correspondence

We will send out contract notes to you on a transaction by transaction basis. We will also send out cash statements on a quarterly basis and valuations half-yearly, or more frequently if the nature of the account(s) requires it. Please advise us in writing should you wish to receive valuations quarterly. We will also send you a custody statement half-yearly where your investments are held by us.

Unless you indicate otherwise, all correspondence from LGT Vestra will be sent to the Trust at the address given on page 3. If you wish for correspondence to be addressed elsewhere, please provide this address below.

If more than one Trustee or authorised signatory wishes to receive copies of the Trust's account information, please complete the Who May Have Information About the Trust account(s) section on page 7.

Correspondence address:
(if different to the one given on page 3)

Postcode/ZIP code:

Country:

Tax Reporting

We will send out tax packs and certificates as at the 5th April each year unless you specify otherwise.

If you wish to select an alternative tax year end date, please indicate this date here:

We will only produce one copy of your tax pack each year. If you would like for this to be sent directly to your accountant, please provide their details below.

Full name (including title):

Address (including company name if applicable):

Postcode/ZIP code:

Country:

Telephone:

Email:

Web Access Services

Please tick if you would like to access account details and periodic reporting via our web access portal:

☐

Please provide the email address to which we should send emails regarding the web access service:

Base Currency

This is the currency in which your account(s) will be reported and valued (please select only one):

GBP:

☒

EUR:

☐

USD:

☐

All income generated will be converted to your base currency. If you would prefer income to be credited in the currency in which it is generated, please tick here:

☐

Income Distribution

Please indicate which distribution method you require for the account(s). Income will be retained in the income account unless you indicate otherwise.

Transfer to LGT Vestra capital account for reinvestment:

Retain on LGT Vestra income account:

Transfer to bank account detailed below:

Transfer to another account at LGT Vestra:

Account name:

Reference:

Frequency of distribution:

Monthly:

Quarterly:

Semi-annually:

Annually:

Amount:

Entire balance of income account:

Fixed amount:

Please note that any standing instruction payments are made on the 25th day of the month (or next working day thereafter) unless otherwise instructed.

Client Bank Details

Please provide the Trust bank account details even if you do not require regular income distributions, as we will require this information to be on file in order to process any ad-hoc cash transfer requests you may make in the future.

Payee name:

WHITEMORE SSAS RETIREMENT SCHEME

Bank name:

METRO BANK

Bank address:

ONE SOUTHAMPTON ROW
LONDON

Postcode:

WC1B 5HA

Country:

UNITED KINGDOM

Bank sort code:

23-05-80

Bank account number:

2123 8287

Roll number: (if applicable)

IBAN: (if applicable)

SWIFT code: (if applicable)

Payment reference: (optional)

Account Information and Authority

Who May Have Information About the Trust Account(s)

If you wish to permit another person, for example an accountant, lawyer or an additional Trustee or authorised signatory to discuss the Trust account(s) with us and be able to receive duplicate contract notes, statements or valuations, please provide us with their contact information. This person will not be able to enter into securities transactions or withdraw funds from the Trust account(s) unless they are also a Trustee or authorised signatory. If you require any additional persons or entities to receive duplicate information about the account(s), please ask us for additional forms.

Full name: (include title)

PENSION PRACTITIONER.COM

Relationship:

Lawyer or accountant:

IFA:

Family member:

Other

(please specify):

ADMINISTRATOR

Address: (including company name where applicable)

Daws House
Daws Lane, London

Postcode/ZIP code:

NW7. 4SD

Country:

UK

Telephone:

0200-634-4862

Email:

info@pensionpractitioner.com

Which of the following should be provided:

Contract notes: ☒

Statements: ☒

Valuations: ☒

Web access: ☒

Who May Have Authority Over the Trust Account(s)

Please provide details of any persons who may issue instructions or make withdrawals from the Trust account(s) other than the Trustees or authorised signatories. If you require additional persons to have authority over the account, please ask us for additional forms.

Full name: (include title)

Relationship:

Lawyer
or accountant:

IFA:

Family
member:

Other

(please specify):

Address: (including company
name where applicable)

Postcode/ZIP code:

Country:

Telephone:

(specify country code)

Email:

Please list all countries of
tax residency:

1)

2)

3)

Please list the
corresponding
Tax ID numbers:
(e.g National Insurance
number)

1)

2)

3)

Country of birth:

Date of birth:

Occupation:

Name of
business:
Nature of
business:

Extent of Authority

Transaction Authority:

Authority:

(Please tick relevant boxes)

This allows the person with authority over the account(s) to buy, sell, transfer, exchange or otherwise dispose of any securities if the account(s) has applied for and been approved for transactions in those securities. Where additional documentation must be signed in order to be able to enter into certain types of transaction, this additional documentation can only be signed by the Trustees or authorised signatories and not the person with authority over the account(s).

Withdrawal Authority:

This allows the person with authority over the account(s) to give instructions regarding the transfer of securities or monies from the account(s) to any person or entity specified by the person with authority.

Signature of person who
will have authority over
the Trust account(s):



Are there any limitations
to this authority (e.g. joint
signature required)?

Yes:

No:

If "yes" please specify:

Note: Any person identified as having either transaction authority or withdrawal authority must complete the Identification Information for Individuals section at the back of this document.

Signatures

Our agreement with you comprises this document, the Retail Client Terms of Business, Schedule of Charges, Investment and Risk Profile Questionnaire, Investment Policy Statement and any other ancillary documents ("this Agreement"). You should read the contents of this Agreement carefully to ensure that you understand them. If you have any questions please contact your Investment Manager. You have been classified by us as a retail customer for all transactions unless we have agreed in writing that you are a professional investor for specific investments.

You expressly consent to the matters referred to in Annex 2 of the Retail Client Terms of Business (the Execution Policy), agree that LGT Vestra will rely on the information given in this document and you appoint LGT Vestra to manage your account(s) in accordance with the information provided in this Agreement. You will notify LGT Vestra of any significant changes to your circumstances which may affect the management of the account(s).

Signature:



Name:

Date:

Signature:



Name:

Date:

Signature:

Name:

Date:

Signature:

Name:

Date:

Security Information

For security purposes we may from time to time ask you to provide us with a keyword or ask for other account details from you in order to be able to verify we are talking to the correct person(s) authorised on the account.

Keyword: