



# Mariana 10:10 Plan

May 2018

## Application form

### Direct, New ISA and ISA Transfer application form

#### Key Dates:

ISA transfer deadline: 11 April 2018

2017/18 ISA deadline: 05 April 2018

2018/19 ISA deadline: 02 May 2018

Cheque application deadline: 25 April 2018

Application deadline: 02 May 2018

Start Level Date: 04 May 2018

#### Application Checklist

Please follow the instructions below when completing and submitting your application. Please note these are guidelines only and when the application is received more information may be requested for successful account setup.

#### Requirements for all applications:

- Before any business can be accepted a Mariana Terms of Business form must be completed by the financial adviser and submitted to Mariana for approval. (This only needs to be completed the first time a financial adviser submits an application form).
- Application form must be completed in full, filling in all required fields.
- Section titled "Financial Adviser Section" must be completed in full by the financial adviser.
- Funds must be submitted from an account in the client's own name. Funds received from third party accounts cannot be accepted.
- Funds must be sent to the administrator and custodian within the respective deadlines set forth above. The amount sent must match the amount in the application.

#### Can we help you?

If you or your financial adviser needs help completing the form, please contact our Administrator and Custodian, telephone calls may be recorded.

T 01253 754755

E [mariana@hargreave.com](mailto:mariana@hargreave.com)

Please send completed applications including the required supporting documentation to:  
Structured Products Department, Hargreave Hale Limited, Talisman House, Boardmans Way, Whitehills Business Park, Blackpool FY4 5FY.

Please note that we cannot accept your application unless you have either received financial advice or had the appropriateness of this investment assessed by an FCA regulated financial adviser.

Please complete this form using BLOCK CAPITALS and black ink.

Please fill in the name of your financial adviser and firm here:

Financial adviser name:

Financial adviser firm:

### Payment information

If you are paying by bank transfer tick here:

Please send the investment amount to the following account:

Account name:

Bank:

Bank sort code:

Account number:

Please quote your name in the reference.

If you are paying by cheque please make it payable to: **Hargreave Hale Limited - Client Account Re Mariana.**

Please note that your payment should be made from an account held in your name. Your application will be rejected if payment is not made from an account held in your name.

## Section 1 – Personal Details

ISA investments are NOT available as a joint investment – each applicant must complete a separate application.

	First investor	Second investor (if applicable)
Title (Mr/Mrs/Miss/Ms/Other):	<input type="text"/>	<input type="text"/>
Surname:	<input type="text"/>	<input type="text"/>
Full first name(s):	<input type="text"/>	<input type="text"/>
Permanent address	<input type="text"/>	<input type="text"/>
Building name/number:	<input type="text"/>	<input type="text"/>
Street name:	<input type="text"/>	<input type="text"/>
District:	<input type="text"/>	<input type="text"/>
City/Town:	<input type="text"/>	<input type="text"/>
County:	<input type="text"/>	<input type="text"/>
Postcode:	<input type="text"/>	<input type="text"/>
Country:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text" value="D D M M Y Y Y Y"/>	<input type="text" value="D D M M Y Y Y Y"/>
Nationality:	<input type="text"/>	<input type="text"/>
Country of birth:	<input type="text"/>	<input type="text"/>
Telephone (day):	<input type="text"/>	<input type="text"/>
Telephone (evening):	<input type="text"/>	<input type="text"/>

## Section 1 – Personal Details continued

ISA investments are NOT available as a joint investment – each applicant must complete a separate application.

	First investor	Second investor (if applicable)
Are you resident in the UK for tax purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please provide your National Insurance (NI) number.	
National Insurance (NI) number (Or equivalent):	<input type="text"/>	<input type="text"/>
Passport Number/National Identity card number:	<input type="text"/>	<input type="text"/>
Domicile:	<input type="text"/>	<input type="text"/>
Are you a US citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a resident for tax purposes in any other country?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If no, move to next question	
	If yes, please indicate addresses and Tax Identification Numbers (TIN) for all countries you are a resident for the purposes of that country's tax.	
Building Name/No:	<input type="text"/>	<input type="text"/>
Street:	<input type="text"/>	<input type="text"/>
District:	<input type="text"/>	<input type="text"/>
City/Town:	<input type="text"/>	<input type="text"/>
County:	<input type="text"/>	<input type="text"/>
Postcode:	<input type="text"/>	<input type="text"/>
Country:	<input type="text"/>	<input type="text"/>
TIN:	<input type="text"/>	<input type="text"/>

### DIRECT INVESTMENT on behalf of a child (under 18)

Please complete the child's name here:

Full name:	<input type="text"/>
Date of birth:	<input type="text"/>

## Section 2 – Your email address

Please provide a valid email address below. If you do not provide a valid email address, you will not be able to access your account through the Hargreave Hale web portal.

E-mail address:	<input type="text"/>
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### Section 3 – Investment Amount – Direct, New ISA Investments and ISA Transfers

The minimum investment is £5,000 (per Option). For this year’s ISA tax allowances please refer to the HMRC website ([www.gov.uk](http://www.gov.uk)).

Amount you are sending as a Direct investment:	Option 1 £ <input type="text"/>	Option 2 £ <input type="text"/>
Amount you are sending as an ISA investment (2017/18):	Option 1 £ <input type="text"/>	Option 2 £ <input type="text"/>
Amount you are sending as an ISA investment (2018/19):	Option 1 £ <input type="text"/>	Option 2 £ <input type="text"/>
Approximate value of all ISAs being transferred*:	Option 1 £ <input type="text"/>	Option 2 £ <input type="text"/>
Total amount**:	£ <input type="text"/>	

\*The specific amounts being transferred from each provider are completed in the ISA Transfer Request form.

\*\*Total Amount is subject to change as the ISA transfer amount is approximate.

### Section 4 – Adviser Fees

You may incur fees for the service provided by your financial adviser. We can facilitate the adviser fees from the money you are sending. If you would like us to do this, please tick the box and fill in the amount below.

Would you like us to facilitate your adviser fees? Yes  No

Adviser Charge: £  or %

If you are investing in more than one option, please indicate which amount the Adviser Fee should be taken from: Option 1  Option 2  All equally

Please note, if you request us to pay Adviser Fees from the transfer amount, you will permanently lose the ISA entitlement relating to the amount paid to your adviser.

### Section 5 – Account Details for Income Payments (if applicable)

Bank/Building Society:

Account name:

Reference or Roll number:

Sort code:  -  -

Account number:

## Section 6 – Existing ISA Transfer Request

Please complete an existing ISA transfer request for each ISA transfer request you are making into this Plan.

Please indicate which option this transfer is for: Option 1  Option 2  All equally

If you are transferring more than one ISA, please photocopy this form and sign a separate form for each ISA you are transferring.

You will need to sign each transfer request. Photocopied signatures cannot be accepted.

Please note that an ISA for the current tax year can only be transferred in full.

### I confirm that I wish to transfer my existing ISA

Title (Mr/Mrs/Miss/Ms/Other):

Surname:

Full first name(s):

Permanent address:

Postcode:

Name and address of existing ISA plan manager:

Postcode:

Plan manager's phone number:

Account number of the ISA:

Amount to be transferred (Minimum amount £5,000, per Option)

Full  Partial

£

### Existing ISA plan manager instructions:

1. I instruct the manager of the ISA shown above to give Hargreave Hale Limited any information they may need to enable the transfer of my Plan, to sell any ISA assets and send either a BACS payment directly to the client account of Hargreave Hale Limited, being Royal Bank of Scotland (Sort Code 16-16-22 Account Number 11941979) or a cheque made payable to **Hargreave Hale Limited – Client Account Re Mariana** for the proceeds to: Structured Products Department, Hargreave Hale Limited, Talisman House, Boardmans Way, Whitehills Business Park, Blackpool, FY4 5FY. If there is a problem, please contact us on 01253 754755.
2. All dividends, interest and tax credits arising after the transfer should be made payable directly to me.

Signature:

Date:

## Section 7 – Data Protection

You authorise us to hold and process the information supplied on the application form as a data controller for the purposes of the Data Protection Act 1998. We will hold and process information for the administration of this and any future application, for the operation of your investment, for statistical analysis and for marketing goods and services. You also authorise us to transfer information you provide on your application form (or subsequently) to Mariana. They will only use such data for purposes ancillary to their role as Plan Manager, including but not limited to hedge management, dealing with queries, fulfilling their regulatory obligations, statistical analysis and marketing on the Plan's maturity. Your data will be used for no other purposes.

You authorise the disclosure of your information concerning your investment to a financial adviser acting on your behalf. You are entitled to request details of any of your personal data we may hold upon payment of a fee and to require us to correct any inaccuracies.

## Declaration and Authority

I declare that:

1. I am 18 years of age or over and I am neither based nor living in the United States nor a U.S. Person (as defined in Regulation S under the U.S. Securities Act of 1933, as amended, or as defined in the U.S. Internal Revenue Code of 1986, as amended);
2. All subscriptions made belong to me;
3. I authorise Hargreave Hale Limited:
  - (a) to hold my cash subscription, investments, ISA investments, interest and other rights or proceeds in respect of those investments and any cash or other proceeds;
  - (b) to make on my behalf any claims to relief from tax in respect of ISA investments
4. I have read and understood the information contained in the brochure which refers to Counterparty Risk and understand that should the Counterparty fail to meet its obligations to pay the amount due from my Investment, I may not receive back my investment and may not be entitled to any compensation.
5. I have read and understood "Is this investment suitable for you?" and "Risks" and confirm that the terms set out within the brochure are acceptable to me as the investor.
6. I understand that market prices can go down as well as up and I may get back less than my original investment. Past performance is not a guide to future performance.
7. I understand that the extent and value of any tax advantages or benefits arising from the use of tax-advantaged services such as ISAs and SIPP's will vary according to my circumstances. The levels and bases of taxation may also change.
8. I understand that in compliance with the FCA rules, telephone calls will be recorded.
9. I understand that early encashment is likely to lead to some loss of capital.
10. (Only if you are applying to subscribe for an ISA) I have not subscribed and will not subscribe for another Stocks & Shares ISA in the tax year and I am resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of Section 28 of Income Tax (Earnings & Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or I am married to or in a civil partnership with a person who performs such duties. I will inform you if I cease to be so resident or to perform such duties or be married to or in a civil partnership with a person who performs such duties.
11. I undertake to advise Hargreave Hale Limited promptly of any change in circumstances which causes the information contained herein to become incorrect or incomplete and to provide Hargreave Hale Limited with an updated declaration within 30 days of such a change in circumstances.
12. I am aware that in certain circumstances Hargreave Hale Limited will be obliged to share this information with UK tax authorities, who may pass it on to other tax authorities.

I have read and understood the relevant Plan brochure and Terms & Conditions and accept the terms under which my Investment will be managed. I declare that this application form has been completed to the best of my knowledge and belief. I understand that the producers of this brochure have not provided investment advice and confirm that I am making this application through my financial adviser (and have taken taxation advice if appropriate) and I wish to make this investment.

	First signature:	Joint signature: (for direct investments only)
Signature:	<input type="text"/>	<input type="text"/>
Print name:	<input type="text"/>	<input type="text"/>
Date:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

## Section 8 – Financial Adviser Section (Financial Adviser use only)

Please ensure you have completed, signed and returned a Mariana Terms of Business.

A copy can be downloaded from our website at [www.marianainvestments.com](http://www.marianainvestments.com).

If a Mariana Terms of Business Form has not been completed and approved, we will be unable to process any applications.

Name of adviser:

Name of company:

Address:

Telephone number:

Email address:

Are you a member of a network or directly authorised?

Please tick as appropriate.

Network  Directly authorised

If you have selected network, please state which network:

Your FCA (or equivalent) registration number:

### Suitability (For Advised applications only)

Please confirm that you have provided a copy of this Plan's brochure and disclosed the associated risks of this Investment and that you have conducted the required suitability assessment and that you consider this product to be suitable for your client.

Yes  No

### Verification of Identity

Please confirm that you have carried out the appropriate anti-money laundering customer due diligence to verify the identity of the investor(s) and the beneficial owners, where relevant and that copies of documentary evidence are available immediately on request. You confirm that you have seen the original documents where required and any that require a signature have been signed. You also confirm that you will retain copies of the data and documents referred to above for at least five years, beginning on the date on which the application is accepted by the Administrator and Custodian.

Yes  No

### Appropriateness (For Execution Only applications)

Please confirm that you have provided a copy of this Plan's brochure and confirmed the appropriateness of this investment and that you consider this product to be appropriate for your client.

Yes  No

### Verification of Source of Wealth

Please confirm that you have obtained documentary evidence to verify the source of the wealth being invested and that you do not suspect that the source of wealth is connected to any criminal activity and that copies of documentary evidence are available immediately on request. You confirm that you have seen the original documents and any that require a signature had been signed. You also confirm that you will retain copies of the data and documents referred to above for at least five years, beginning on the date on which the application is accepted by the Administrator and Custodian.

Yes  No

Signature:

Date:

**Mariana UFP LLP**  
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