

Date of birth:

# UK Quarterly Autocall Plan May 2020

# **Trustee Account Application for Pension Schemes (SIPP & SSAS)**

Please complete this form in full using BLOCK CAPITALS and clearly in blue or black ink. For extra applications, visit our website at www.meteoram.com.

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1. Your details							
Proposers (Trustee(s)):							
Administrator's name:							
Address for correspondence:							
				Postcode:			
Scheme Name:			Scheme	Reference:			
Contact name:							
Email:				Tel no:			
Legal Entity Identifier:							
Please indicate the type	of pension scheme (tick one box b	elow):					
A small self-administered			i.	A self-investe	ed personal pension s	scheme (SIPF	')
Please list the details of Beneficiary 1	the scheme beneficiary below (p	lease list de	etails of any	y additional in Beneficiary 2		ate sheet):	
Full name:							
Permanent address:							
	Postcode:				Post	code:	
Date of birth:	D D M M Y Y	Υ			M M Y Y	Y	
Occupation:							
Telephone no:							
Email Address:							
National Insurance (NI):							
Are you a US Citizen?		Yes	No			Yes	No
Are you a resident in the		Yes	No			Yes	No
-	purposes in any other country?	Yes	No			Yes	No
If yes please provide deta and Tax Reference(s):	ils of the Country(ies)						
,							
Please list the Trustee d	etails (non-regulated trusts only)	below (ple	ase list det	ails of any add	ditional individuals o	n a separate	sheet):
Trustee 1				Trustee 2			
Full name:							
Permanent address:							
	Postcode:				Postcode		

a number	rcise of any options under the Terms and Condition or is not stipulated, by at least one authorised sign orised Signatories. Where there is any change to t (Meteor will be entitled to rely on the previous list	nature. Pleas he Authorise	se provide the names and ed Signatories, please noti	sample signat	ures	of all	those	who	will			
Signed:		Name:		Date:			М	M	Υ	Υ		
Signed:		Name:		Date:			М	М	Υ	Υ		
Signed:		Name:		Date:			М	М	Υ	Υ		
Signed:		Name:		Date:			М	M	Υ	Υ		
Signed:		Name:		Date:			M	M	Υ	Υ		
2. Prov	2. Provision of Future Information											
	Online Communications only		Paper-based	-	-							
	stand that I will only receive future details of my a nd online, and that no further paper corresponde me.		I prefer to continue to re valuation statements, b additional initial accour	y post. I under	stan	-			_			
Please	ensure that a valid email address is inserted in	section 1										
If you do	not have a personal email address, or you would	l like emails	to be sent to a different ac	ddress please s	tate	that e	email	addre	ss bel	ow.		
	ive email address:											
	ng the Declaration for your application you are o ent to the email address you have provided.	authorising	us to send notifications a	nd informatio	n in i	relati	on to	your				
	rity purposes, please provide us with a password	so we can g	ive you information over t	he telephone:								
3. Inve	estment (minimum £5000)											
Plan No.	Plan Name		Amount (£)		ı	Advise	er Cha	arge %	∕₀ or £			
2877	UK Quarterly Autocall Plan May 2020											
Please i	ndicate the method of payment:											
D.	Cheque		Electronic pa									
	make your cheque payable to Meteor Investmen ement Limited Client Account. If you are sendin		If you send money by bank transfer, the details you require are:									
building society cheque it should include your name in brackets on the payee line.			Meteor Investment Management Limited Client Account HSBC Bank plc - Queen Victoria Street Branch Sort Code: 40-05-30 Account Number: 13692752 IBAN: GB21MIDL40053013692752									
4. You	ır bank details			013032132								
4. You Bank:	ır bank details		Account holder(s):	013032132								
Bank:	Number:		Account holder(s):	013032132								

 ${\bf Authorised\ signatures\ } (please\ list\ any\ additional\ individuals\ on\ a\ separate\ sheet).$ 



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# **5. Appropriateness Questions**

Using	the tick	k boxes, please answer all 15 q	uestions below					
1.	Have you been investing for 5 years or more?					Yes	No	
2.	Have you received investment advice? If "YES", go to question 4. Please note that if you select "NO" and this Plan requires you to take advice, we will not be able to process your application.					Yes	No	
3.	Looking at the categories of investor set out on page 4, which one of the following characteristics best describes you?							
	Basic I	nvestor	Informed Investor					
	Advan	ced Investor						
4.	Please	e indicate if you hold, or have	held, any of the following in	vestments?				
	Bank [	Deposits	Structured Produ	ıcts				
	Direct	equity investment	Unit Trusts					
5.	Have	you received and read a copy	of the Key Information Docu	ment (KID) for th	is Plan?	Yes	No	
6.	Are yo	ou investing for income or gro	wth?			Income	Growth	
7.		u understand the various fact						
	investment returns payable from this Plan, and that in adverse market conditions, this may mean you will not receive any investment return at all?				Yes	No		
8.	Are you willing and financially able to bear the risks of this investment, including the risk of loss of your money?					Yes	No	
9.		u understand the benefits of overall investment portfolio?	diversification and that this	Plan should only	form part of	Yes	No	
10.	10. Do you understand that the Plan is designed to be held for the full investment term; and if you were to encash early, the amount you receive would depend on the value of the investment at the date of sale; and this value could be less than the amount you invested?					Yes	No	
11.	Do yo	u understand that you may lo	se some, or all, of your inves	stment, including	any			
		ment returns to which you w e to meet its obligations on m			nnk became	Yes	No	
12.	Do yo	u understand the charges ass	ociated with the Plan?			Yes	No	
13.	Do yo	u understand the tax implicat	ions of the investment?			Yes	No	
14.	Do yo	u understand the compensati	on arrangements applicable	to the Plan?		Yes	No	
15.	Are yo	ou the type of investor that th	is Plan is designed for, as set	out on pages 3 a	nd 4 of the	Yes	No	
6. Ac	dviser	Details						
Firm I	Name:			Financial Serv	ices Register N	umber:		

### 7. Adviser Declaration

- I confirm that all dealings with the investor have been carried out in accordance with the requirements of the FCA Handbook and in accordance with my obligations under Meteor's current Terms of Business.
- I acknowledge my responsibility to evaluate all information on the Plan and confirm that where I have given advice, I have the necessary knowledge and experience to be deemed competent to assess the Plan and its suitability to an applicant's circumstances and investment objectives.
- ▶ I have provided the investor with a Plan Brochure and Key Information Document.
- I declare that this application has been completed to the best of my knowledge and belief and I have agreed any adviser charge with the applicant.
- I confirm that I have carried out the appropriate identity checks on all parties relevant to this application and have retained copies of the completed Verification of Identity Certificates and supporting documentation, which I understand Meteor may request at any time and may rely on.
- ▶ I confirm that I have determined that the applicant meets the criteria to invest in this Plan.

igned:	Date:		M	М	Υ	Υ	Υ	Υ
igned:	Date:				Y	Y	Y	Y

#### 8. Declaration

#### I/We declare that I/we:

- have carefully read the Key Information Document and the Brochure, including the Plan Terms and Conditions.
- > agree that Meteor will hold personal and financial information on me/us for the purposes set out in the Terms and Conditions only.
- accept the terms under which the Plan will be managed and the mode of providing me/us with information concerning the Plan.
- apply as Trustees/Authorised Parties for an Account to be opened in accordance with Meteor standard Terms and Conditions.
- have completed this form to the best of my/our knowledge and belief and the information given in the application, whether in handwriting or not, is true and complete.
- am/are not, or acting on the behalf of, a resident of the United States; and that I/we will not assist any person who is so resident.
- agree to inform Meteor immediately should the scheme beneficiary become resident(s) of the United States.
- > agree to inform Meteor immediately should there be any change in the scheme beneficiary's residency for tax purposes.
- will inform Meteor without delay of any change in my/our circumstances affecting any of the information in this form.

#### I/We confirm that:

- my/our powers of investment, and delegation of those powers, permit me/us to invest the assets of the Scheme(s).
- the investing scheme is a registered pension scheme under Part 4 of the Finance Act 2004 (or an application for its registration has been made) and I/We undertake to advise Meteor immediately if it ceases to be a registered pension scheme or if its application for registration is withdrawn or refused.
- I/we will tell Meteor if the Scheme is not granted exempt approval or if that approval is withdrawn.
- I/we understand and agree that any investments in the Plan will be allocated in accordance with my/our instructions to Meteor.
- this application and the Terms and Conditions referred to above shall form the basis of the contract between me/us and Meteor. I/ we acknowledge receipt of the Terms and Conditions, further copies of which are available on request.
- if I/we have received financial advice, I/we confirm my/our financial adviser is not acting as agent to the Issuer or its affiliates.
- I/we have agreed the amount of any initial adviser charge for these investments as shown overleaf and note that the agreed terms will be confirmed to me by Meteor on acceptance of such instruction.

## I/We authorise Meteor:

to hold my/our cash subscription, Direct investments, ISA investments, interest, dividends and other rights or proceeds in respect of those investments and any cash or other proceeds.

### I/We understand that:

- Meteor does not provide investment advice and confirm that I/we either do not require such advice or have received advice on this investment from a financial adviser as shown above.
- ▶ if I/we have not received advice for a Plan which requires me/us to take advice, Meteor will be unable to process my/our application.

## For and on behalf of the Trustees of the Scheme:

Signed:	Date:		M	M	Υ	Υ	Υ	Υ
Signed:	Date:		М	M	Υ	Υ	Υ	Υ