

Account Application (Direct/ISA/ISA Transfer)

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.

1. Your Details

Applicant 1

Title (Mr, Mrs, Miss, Ms):

Surname:

Forename(s):

Permanent address:

Postcode:

Date of birth:

Occupation:

Contact tel no:

Email Address:

National Insurance (NI):

Applicant 2

Postcode:

You can find your NI number on a payslip, form P45 or P60, letters from the HM Revenue and Customs or the Benefits agency, or pensions order book.

Are you a US Citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you a US Citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a resident in the UK for tax purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you a resident in the UK for tax purposes?	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"/>	Are you a resident for tax purposes in any other country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes please provide details of the Country(ies)
and Tax Reference(s):

(Please list details of any additional individuals on a separate sheet)

For direct investments only, on behalf of a child (under 18), please fill in the child's name and date of birth below:

Full Name: Date of birth:

2. Your bank details

Bank: <input type="text"/>	Account holder(s): <input type="text"/>
Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
Bank sort code: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	Reference (if any)/ Roll number: <input type="text"/>

Please ensure that this form is completed in full, including the existing ISA transfer request, if appropriate

3. Provision of Future Information

☐ Online Communications only

I understand that I will only receive future details of my account via email and online, and that no further paper correspondence will be sent to me.

Please ensure that a valid email address is inserted in section 1

If you do not have a personal email address, or you would like emails to be sent to a different address please state that email address below.

Alternative email address:

By signing the Declaration for your application you are authorising us to send notifications and information in relation to your investment to the email address you have provided.

For security purposes, please provide us with a password so we can give you information over the telephone:

4. Investment (minimum £5000)

Plan No.	Plan Name	Investment type & amount			Adviser Charge % or £
		Direct	ISA (2020/21)	ISA Transfer	
2852	FTSE® Monthly Contingent Income Plan May 2020				

Please indicate how you have acquired the money you are investing:

☐ Accumulated savings

☐ Employment

☐ Inheritance

☐ Pension lump sum

☐ Property Sale

☐ Reinvestment of matured funds

☐ Transfer from another provider

☐ Other (please describe)

Please indicate the method of payment:

☐ Cheque

Please make your cheque payable to **Meteor Investment Management Limited Client Account**. If you are sending us a building society cheque it should include your name in brackets on the payee line.

☐ Electronic payment

If you send money by bank transfer, the details you require are:

Meteor Investment Management Limited Client Account
HSBC Bank plc - Queen Victoria Street Branch
Sort Code: 40-05-30
Account Number: 13692752
IBAN: GB21MIDL40053013692752

No cheques accepted
due to COVID-19 shutdown

5. Appropriateness Questions

Using the tick boxes, please answer all 15 questions below

1.	Have you been investing for 5 years or more?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.	Have you received investment advice? <i>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.</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.	Looking at the categories of investor set out on page 4, which one of the following characteristics best describes you?				
	Basic Investor		<input type="checkbox"/>	Informed Investor	<input type="checkbox"/>
	Advanced Investor		<input type="checkbox"/>		
4.	Please indicate if you hold, or have held, any of the following investments?				
	Bank Deposits		<input type="checkbox"/>	Stocks and shares ISAs	<input type="checkbox"/>
	Direct equity investment		<input type="checkbox"/>	Structured Products	<input type="checkbox"/>
	EIS/VCT		<input type="checkbox"/>	Unit Trusts	<input type="checkbox"/>
5.	Have you received and read a copy of the Key Information Document (KID) for this Plan?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.	Are you investing for income or growth?	Income	<input type="checkbox"/>	Growth	<input type="checkbox"/>
7.	Do you understand the various factors that will influence the capital and potential 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	<input type="checkbox"/>	No	<input type="checkbox"/>
8.	Are you willing and financially able to bear the risks of this investment, including the risk of loss of your money?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
9.	Do you understand the benefits of diversification and that this Plan should only form part of your overall investment portfolio?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
11.	Do you understand that you may lose some, or all, of your investment, including any investment returns to which you would otherwise have been entitled to if the bank became unable to meet its obligations on maturity or earlier encashment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
12.	Do you understand the charges associated with the Plan?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
13.	Do you understand the personal tax implications of your investment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
14.	Do you understand the compensation arrangements applicable to the Plan?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
15.	Are you the type of investor that this Plan is designed for, as set out on pages 3 and 4 of the brochure?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

6. Adviser Details

Firm Name:

Financial Services Register Number:

Adviser:

Branch:

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.

Signed:

Date:

D	D	M	M	Y	Y	Y	Y
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8. Declaration

I/We declare that I/we:

- ▶ am/are 18 years of age or older.
- ▶ have carefully read the Key Information Document, the Plan Brochure and the 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.
- ▶ 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 I/we become resident(s) of the United States.
- ▶ agree to inform Meteor immediately should there be any change in my/our residency for tax purposes.
- ▶ will inform Meteor without delay of any change in my/our circumstances affecting any of the information in this form.
- ▶ have agreed the amount of any initial adviser charge 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.
- ▶ to make on my/our behalf any claims to relief from tax in respect of ISA investments.

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.
- ▶ 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.

Also applicable to all ISA Applicants:

I declare that:

- ▶ all subscriptions made, and to be made, belong to me.
- ▶ I have not subscribed and will not subscribe more than the overall subscription limit in total to a cash ISA, a stocks and shares ISA and an Innovative Finance ISA in the same tax year.
- ▶ I have not subscribed and will not subscribe to another Stocks and Shares ISA in the same tax year as I subscribe to this Stocks and Shares ISA.
- ▶ I am resident in the United Kingdom for tax purposes or, if not so resident, perform duties which, by virtue of section 28 of Income Tax (Earnings and Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or, am married to, or in a civil partnership with, a person who performs such duties, and I will inform Meteor immediately 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.

Signed:

Date:

D	D	M	M	Y	Y	Y	Y
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Signed:

Date:

D	D	M	M	Y	Y	Y	Y
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Note: If you have filled in and signed this Application Form, please send it to Meteor Asset Management Limited, 55 King William Street, London, EC4R 9AD or back to your financial adviser to submit the form.

For ISA Transfers please also complete and return the Existing ISA transfer request form on the following page.

Existing ISA Transfer Request

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.

1. Account Details

Account Number:																		
Title (Mr, Mrs, Miss, Ms):				Forename (s):														
Surname:																		
Permanent address:																		
	Postcode:																	
Date of birth:	D	D	M	M	Y	Y	Y	Y	NI Number:									

2. Transfer details

Please indicate the amount to be transferred:	£												
Please indicate the type of ISA:	Cash	<input type="checkbox"/>	Stocks and Shares	<input type="checkbox"/>									
ISA Account number:					Sort Code:	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>
Name of Investment:													
1. Have you subscribed to your current ISA in the current tax year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>									
2. Do you wish to:													
Close your account and transfer the balance plus interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>									
if no, do you wish to:													
Transfer your current year subscription as part of the transfer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>									
Transfer your current year subscription only?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>									

NB: If your intended transfer includes the transfer of current year subscriptions, all of the present value derived from current year subscriptions must be transferred.

Name of Existing ISA Manager:										
Address:										
	Postcode:									
Special Instructions:										

3. Declaration

In respect of the ISA Account detailed above I authorise my existing ISA manager to:

- Transfer the cash value of the ISA together with any interest, dividends, rights and cash within the account, or the amount specified, as appropriate, to Meteor Investment Management Limited.
- Provide Meteor with any information, written or non-written, and to accept any instructions from them relating to the transfer.
- Ensure that all dividends, interest & tax credits arising after the transfer are paid to me.
- Proceed immediately with the transfer and, where a period of notice is required for closure/part transfer, apply any consequential penalty (delete as appropriate); OR
 - Proceed with the transfer only after the full notice period has expired (delete as appropriate)

Signed: Date:

Note: If you have filled in and signed this Application Form, please send it to Meteor Asset Management Limited, 55 King William Street, London, EC4R 9AD or back to your financial adviser to submit the form.

Please ensure that you complete the Existing ISA Transfer request form on the previous page

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.

1. Your details

Proposers (Trustee(s)):

Administrators 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 below):

A small self-administered scheme (SSAS) ☐

Please note: a copy of the HMRC approval letter must be enclosed with all SSAS Applications.

A self-invested personal pension scheme (SIPP) ☐

Please list the details of the scheme beneficiary below (please list details of any additional individuals on a separate sheet):

Beneficiary 1

Full name:

Permanent address:

Postcode:

Date of birth:

Occupation:

Telephone no:

Email Address:

National Insurance (NI):

Beneficiary 2

Full name:

Permanent address:

Postcode:

Date of birth:

Occupation:

Telephone no:

Email Address:

National Insurance (NI):

Are you a US Citizen? Yes ☐ No ☐

Are you a resident in the UK for tax purposes? Yes ☐ No ☐

Are you a resident for tax purposes in any other country? Yes ☐ No ☐

Are you a US Citizen? Yes ☐ No ☐

Are you a resident in the UK for tax purposes? Yes ☐ No ☐

Are you a resident for tax purposes in any other country? Yes ☐ No ☐

If yes please provide details of the Country(ies)

and Tax Reference(s):

Please list the Trustee details (non-regulated trusts only) below (please list details of any additional individuals on a separate sheet):

Trustee 1

Full name:

Permanent address:

Postcode:

Date of birth:

Trustee 2

Full name:

Permanent address:

Postcode:

Date of birth:

Please ensure that this form is completed in full