



UK Quarterly Contingent Income Plan January 2021

Structured Investments

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.mbstructuredinvestments.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) A self-invested personal pension scheme (SIPP)

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

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

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

Authorised signatures (please list any additional individuals on a separate sheet).

The exercise of any options under the Terms and Conditions must be authorised by the requisite number of Authorised Signatories or, where a number is not stipulated, by at least one authorised signature. Please provide the names and sample signatures of all those who will be Authorised Signatories. Where there is any change to the Authorised Signatories, please notify Meteor in writing giving the date of the change (Meteor will be entitled to rely on the previous list until it is informed otherwise).

Signed:	<input type="text"/>	Name:	<input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signed:	<input type="text"/>	Name:	<input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signed:	<input type="text"/>	Name:	<input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signed:	<input type="text"/>	Name:	<input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signed:	<input type="text"/>	Name:	<input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Provision of Future Information

<input type="checkbox"/> Online Communications only	<input type="checkbox"/> Paper-based correspondence (0.25% initial charge)
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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.

I prefer to continue to receive all details of my account, including valuation statements, by post. I understand that this will incur an additional initial account charge of 0.25%.

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:

3. Investment (minimum £5000)

Plan No.	Plan Name	Amount (£)	Adviser Charge % or £
3386	UK Quarterly Contingent Income Plan January 2021		

Please indicate the method of payment:

<input type="checkbox"/> Cheque	<input type="checkbox"/> Electronic payment
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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.

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

4. Your bank details

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

No cheques accepted due to COVID-19 shutdown

Structured Investments

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? 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 | <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 income payable from this Plan, and that in the event of adverse market conditions you may not receive any income payment? | 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 cash in early the amount you receive would depend on the value of the Securities at the date of sale and that this value could be less than the amount you invested? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 11. | Do you understand that if the Counterparty were unable to pay the amounts due when the Plan matures, or on earlier encashment, you may lose some, or all, of your investment, as well as any income payment to which you would otherwise have been entitled? | 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:	<input type="text"/>	Financial Services Register Number:	<input type="text"/>
Adviser:	<input type="text"/>	Branch:	<input type="text"/>

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.
- ▶ 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:

8. Declaration

I/We declare that I/we:

- ▶ have carefully read 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:

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.