



INVESTMENT MANDATE INSTRUCTION FORM

DISCRETIONARY PORTFOLIO SERVICE

OFFSHORE BOND



QUILTER CHEVIOT
INVESTMENT MANAGEMENT

Vision | INDEPENDENT FINANCIAL PLANNING

Please complete this form to provide us with as much information as you can to open an account with us. It is important that all the questions are answered, as incomplete forms will delay the opening of your account. The more information you share, the more easily we will be able to match our investment service to your requirements.

If you do not understand anything in these documents, please ask your investment manager for further information and guidance. Please inform us immediately if your circumstances change as this may affect the suitability of any investment decision or recommendation we make.

Discretionary Portfolio Service (DPS)

This is our discretionary investment management service where, depending on any restriction you choose to apply, your investment manager has full authority to manage your investments without prior reference to you.

Please indicate if the policy is written in trust, held personally, owned by a pension fund, or corporate entity;

- Personal - Please complete Part B, D and F
- Trust (other than pension funds) - Please complete Part B, C and F
- Pension Fund - Please complete Part B, D and F
- A Corporate Entity - Please complete Part B, E and F

Please describe the source or origin of the funds being invested with Quilter Cheviot. Please note that we may ask for evidence of source of funds in some cases.

PART A: BOND DETAILS

Policyholder's name:

Offshore life company:

Offshore life company reference:

BOND TYPE

The bond type will depend on the insurance Company product.

- Non Personalised
- Personalised
- Delegation

BOND VALUE

What is the approximate amount being invested into this portfolio and what is the base currency for the investments?

Value:

Currency:

Purpose of the bond:

e.g. for inheritance tax planning, income tax planning etc.

ORIGINAL SOURCE OF OVERALL WEALTH USED TO FUND THIS POLICY

Please tick all applicable sources of wealth. Please note that we may ask for evidence of source(s) of wealth in some cases. Please answer for all applicants:

	First applicant	Second applicant
Employment*	<input type="checkbox"/>	<input type="checkbox"/>
Investment or savings	<input type="checkbox"/>	<input type="checkbox"/>
Inheritance**	<input type="checkbox"/>	<input type="checkbox"/>
Family trust**	<input type="checkbox"/>	<input type="checkbox"/>
Business ownership or sale***	<input type="checkbox"/>	<input type="checkbox"/>
Property	<input type="checkbox"/>	<input type="checkbox"/>
Other***	<input type="checkbox"/>	<input type="checkbox"/>

*If employment, please state the nature of the business (from which your wealth derives), if this is not your current occupation:

[Empty text box for business nature]

**If inheritance or family trust, please state the full name of the deceased, settlor or donor (as applicable), their relationship to you and their primary source of wealth. If this source of wealth derives from any activities abroad, please state which country(ies):

[Empty text box for inheritance details]

***If sale of business or other, please specify the details and give name of business, activities and the country of operation:

[Empty text box for business sale details]

Describe briefly how the Settlor/Pension Fund Member/ Individual/asset contributor(s) derived their wealth (including occupation/business and geographical locations, where applicable).

[Empty text box for wealth derivation details]

Title:

[Empty text box for title]

Surname:

[Empty text box for surname]

Previous surname if changed, or any alias that has ever been used:

[Empty text box for previous surname]

Forename(s):

[Empty text box for forename(s)]

Date of birth:

[Date input boxes: DD, MM, YYYY]

Mobile telephone number:

[Empty text box for mobile number]

National Insurance number:

[National Insurance number input boxes]

Nationality (if you hold dual nationality please give both countries):

[Empty text box for nationality]

Country of birth:

[Empty text box for country of birth]

CONTACT DETAILS

Permanent residential address (we are unable to accept a 'care of' or post box):

[Empty text box for permanent address]

Preferred correspondence address (if this is not the permanent residential address):

[Empty text box for preferred address]

Email:

[Empty text box for email]

PART B:

POLICYHOLDER DETAILS

Capacity:

- Trustee
Personal Bondholder
Corporate Entity (provide Director's details)

EMPLOYMENT AND BUSINESS INTERESTS

If you are employed in any capacity please give details below. Otherwise, please indicate your previous occupation or state if you have not been employed previously.

Are you retired from all employment activities (including consultancy)?

Yes No

Are you a director or significant senior manager of a Public Limited Company?

Yes No

If yes, list which company(ies) and company(ies) positions:

Are you or have you ever been employed in the financial services industry?

Yes No

If yes, please provide details:

Are you an individual, in the UK or abroad, who has held a prominent public function (for example senior politician, senior government, judicial or military official, senior executive of state owned corporation, important political party official). Or have you ever been connected, directly or indirectly (for example by blood, marriage or business/financial link) to such an individual?

Yes No

If yes, please state their position and/or connection:

Does your employer (if any) need to receive contract notes?

Yes No

If yes, please provide details:

INVESTMENT EXPERIENCE

Your answers to these questions will enable us to determine your familiarity with particular types of services and investment matters relevant to our services, and the associated risks. Please refer to the risk warnings outlined in Annex 1 of our terms and conditions booklet (or on our website <https://www.quiltercheviot.com/risk-factors>), for further explanation.

Please indicate the level of experience and understanding you have of investment matters by providing the following information.

For trustees and authorised signatories, please give the following information, based on your collective experience.

Relevant Experience

Please indicate how long you have previously held an investment portfolio and the type of services you received:

This is a first time investment

	Discretionary Service	Advisory Service	Execution Only
Under 5 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 to 10 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over 10 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Discretionary, did the service you used provide a central model?

Yes No Unsure

Relevant Investments

Please tick which of the following investments you consider yourself to be familiar with from your previous investment experience:

- Government/Corporate bonds
- Quoted equities
- Unit Trusts/Open Ended Investment Companies or SICAV
- Venture Capital/Private equity
- Structured products
- Unquoted investments
- Unregulated collective investments
- Unregulated hedge funds

Do you have experience using derivatives (including options) warrants, leveraged or unregulated investment products?

Yes No

If yes, please give average value, frequency, period and reason (e.g. hedging or speculation):

Please indicate any relevant education:

POLICYHOLDER 2/TRUSTEE’S/COMPANY DIRECTOR’S DETAILS

Title:

Surname:

Forename(s):

Date of birth:

DD	MM	YYYY
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Mobile telephone number:

National Insurance number:

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Nationality:

Country of birth:

CONTACT DETAILS

Permanent residential address (we are unable to accept a 'care of' or post box):

Postcode:

Preferred correspondence address (if this is not the permanent residential address):

Postcode:

Email:

EMPLOYMENT AND BUSINESS INTERESTS

If you are employed in any capacity please give details below. Otherwise, please indicate your previous occupation or state if you have not been employed previously.

Are you retired from all employment activities (including consultancy)?

Yes No

Are you a director or significant senior manager of a Public Limited Company?

Yes No

If yes, list which company(ies) and company(ies) positions:

Are you or have you ever been employed in the financial services industry?

Yes No

If yes, please provide details:

Are you an individual, in the UK or abroad, who has held a prominent public function (for example senior politician, senior government, judicial or military official, senior executive of state owned corporation, important political party official). Or have you ever been connected, directly or indirectly (for example by blood, marriage or business/ financial link) to such an individual?

Yes No

If yes, please state their position and/or connection:

Does your employer (if any) need to receive contract notes?

Yes No

If yes, please provide details:

MEMBERS DETAILS IF HELD BY A PERSONAL PENSION

Name:

Address:

 Postcode:

Date of birth:

DD	MM	YYYY
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Retirement date or expected retirement date:

DD	MM	YYYY
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POLICYHOLDER 3/TRUSTEE'S/COMPANY DIRECTOR'S DETAILS

Title:

Surname:

Forename(s):

Date of birth:

DD	MM	YYYY
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Mobile telephone number:

National Insurance number:

	/						/	
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Nationality:

Country of birth:

CONTACT DETAILS

Permanent residential address (we are unable to accept a 'care of' or post box):

 Postcode:

Preferred correspondence address (if this is not the permanent residential address):

 Postcode:

Email:

EMPLOYMENT AND BUSINESS INTERESTS

If you are employed in any capacity please give details below. Otherwise, please indicate your previous occupation or state if you have not been employed previously.

Are you retired from all employment activities (including consultancy)?

Yes No

Are you a director or significant senior manager of a Public Limited Company?

Yes No

If yes, list which company(ies) and company(ies) positions:

Are you or have you ever been employed in the financial services industry?

Yes No

If yes, please provide details:

Are you an individual, in the UK or abroad, who has held a prominent public function (for example senior politician, senior government, judicial or military official, senior executive of state owned corporation, important political party official). Or have you ever been connected, directly or indirectly (for example by blood, marriage or business/financial link) to such an individual?

Yes No

If yes, please state their position and/or connection:

[Empty text box for position and/or connection]

Does your employer (if any) need to receive contract notes?

Yes No

If yes, please provide details:

[Empty text box for employer details]

MEMBERS DETAILS IF HELD BY A PERSONAL PENSION

Name:

[Empty text box for name]

Address:

[Empty text box for address]
Postcode:

Date of birth:

DD MM YYYY

Retirement date or expected retirement date:

DD MM YYYY

POLICYHOLDER 4/TRUSTEE'S/COMPANY DIRECTOR'S DETAILS

Title:

[Empty text box for title]

Surname:

[Empty text box for surname]

Forename(s):

[Empty text box for forename(s)]

Date of birth:

DD MM YYYY

Mobile telephone number:

[Empty text box for mobile telephone number]

National Insurance number:

| / | | | | | / |

Nationality:

[Empty text box for nationality]

Country of birth:

[Empty text box for country of birth]

CONTACT DETAILS

Permanent residential address (we are unable to accept a 'care of' or post box):

[Empty text box for permanent residential address]
Postcode:

Preferred correspondence address (if this is not the permanent residential address):

[Empty text box for preferred correspondence address]
Postcode:

Email:

[Empty text box for email]

EMPLOYMENT AND BUSINESS INTERESTS

If you are employed in any capacity please give details below. Otherwise, please indicate your previous occupation or state if you have not been employed previously.

[Empty text box for employment and business interests]

Are you retired from all employment activities (including consultancy)?

Yes No

Are you a director or significant senior manager of a Public Limited Company?

Yes No

If yes, list which company(ies) and company(ies) positions:

[Empty text box for company(ies) and positions]

Are you or have you ever been employed in the financial services industry?

Yes No

If yes, please provide details:

Are you an individual, in the UK or abroad, who has held a prominent public function (for example senior politician, senior government, judicial or military official, senior executive of state owned corporation, important political party official). Or have you ever been connected, directly or indirectly (for example by blood, marriage or business/ financial link) to such an individual?

Yes No

If yes, please state their position and/or connection:

Does your employer (if any) need to receive contract notes?

Yes No

If yes, please provide details:

MEMBERS DETAILS IF HELD BY A PERSONAL PENSION

Name:

Address:

Postcode:

Date of birth:

DD	MM	YYYY
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Retirement date or expected retirement date:

DD	MM	YYYY
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PART C:

FOR OFFSHORE BONDS WRITTEN IN TRUST

Full name, date of birth and % entitlement of beneficiaries:

	DD/MM/YYYY	%
	DD/MM/YYYY	%
	DD/MM/YYYY	%
	DD/MM/YYYY	%

If there are any classes of beneficiary (e.g. future grandchildren), please give details:

Does this bond represent more than 50% of the settlor’s capital? (excluding principal residence)

Yes No

Date of establishment:

Place of establishment:

Nature and purpose of trust:

Is there a protector? If so, please give full name and address:

Full name of settler/founder:

Do any of the settler, protector or beneficiaries have residential or financial links with a country outside the UK, Jersey, Guernsey or the Isle of Man?

Yes No

If yes, please give details:

Are any of the settler, protector or beneficiaries an individual in the UK or elsewhere who hold or has held a prominent public function (for example senior politician, senior government, judicial or military official, senior executive of a state owned entity, important political party official)? Are any, or have any, been connected with, directly or indirectly (for example by blood, marriage or business/financial link) such a person?

Yes No

If yes, please state their names and position and/or association:

PART D:

FOR PERSONAL POLICYHOLDERS AND PENSION FUND MEMBERS

FINANCIAL BACKGROUND

Your financial adviser has recommended that an offshore bond is a suitable product for you. We therefore require the following section to be completed to ensure that our service is suitable for you and the decisions and advice that we give are appropriate.

Any information given here is to help us to assess your personal and financial circumstances so that we can match the investment management service accordingly. This information will not be used for marketing purposes.

If you are unsure where to obtain the information, your investment manager can help complete this section. Asset values and liabilities need only be approximate and summary information is acceptable.

ASSETS

FIRST OR SOLE APPLICANT

SECOND APPLICANT

Personally held assets

Your share of jointly held assets

Personally held assets

Your share of jointly held assets

Main Residence

£

£

£

£

Other Property

£

£

£

£

Personal Pension fund

£

£

£

£

INVESTMENTS HELD OUTSIDE QUILTER CHEVIOT

Investments

£

£

£

£

Stocks & Shares ISA

£

£

Cash ISA

£

£

Cash Deposit

£

£

£

£

INVESTMENTS MANAGED BY QUILTER CHEVIOT

Value

£

£

£

£

TOTAL

£

£

£

£

Details of other assets, please give values if available:

Which of the above will fund the Quilter Cheviot account that you are opening?

LIABILITIES

FIRST OR SOLE APPLICANT

SECOND APPLICANT

	Personal liability	Your share of joint liabilities	Personal liability	Your share of joint liabilities
Mortgage	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Method of repayment	<input type="text"/>		Repayment date	<input type="text" value="YYYY"/>
Other liabilities	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Method of repayment	<input type="text"/>		Repayment date	<input type="text" value="YYYY"/>

GROSS INCOME PER ANNUM

FIRST OR SOLE APPLICANT

SECOND APPLICANT

Employment	£ <input type="text"/>	£ <input type="text"/>
State pension	£ <input type="text"/>	£ <input type="text"/>
Other pensions	£ <input type="text"/>	£ <input type="text"/>
Savings including expected income from assets transferred to or held by Quilter Cheviot	£ <input type="text"/>	£ <input type="text"/>
Other*	£ <input type="text"/>	£ <input type="text"/>
TOTAL INCOME	£ <input type="text"/>	£ <input type="text"/>

*If other, please give details:

Notes:

FUTURE CIRCUMSTANCES

Do you foresee any changes to your circumstances in the future, or are there factors that we need to take into consideration now? If so, please give details below:

Personal (e.g. house purchase, marriage, birth of child, expenditure on dependants such as school fees):

Financial (e.g. inheritance, bonus, significant capital withdrawal):

Health. If in poor health please give details:

PART E: FOR CORPORATE ENTITIES

DETAILS OF THE CORPORATE/PARTNERSHIP/CLUB/FRIENDLY (OR OTHER) SOCIETY

Full registered name:

Type of account:

- Commercial entity
- Personal investment holding company
- Other

If other, please specify:

Nature of business/activities:

If registered with a financial services regulator, please provide the reference number:

Location of activities, if not UK:

Are there any overseas offices?

*Yes No

*If yes, please give details:

Registration number:

Country of incorporation:

Date of incorporation:

Registered address:

 Postcode

Telephone:

Operating address (if different):

 Postcode

Principal shareholders:

<input type="text"/>	%
<input type="text"/>	%
<input type="text"/>	%
<input type="text"/>	%

Please give the full name(s) of the beneficial owner(s):

Reason for using a legal structure to hold investments/assets:

Can the company issue bearer shares?

Yes No

Are there any bearer shares in issue?

Yes No

For an offshore company/onshore company owned by an offshore entity, please complete all of the following boxes:

Does the company form part of a multi-layered structure of ownership?

Yes No

Reason(s) for using an offshore company?

Was professional advice sought on the creation and/or structure of this company?

Yes No

If yes, then please give full name, company address, and profession of adviser.

PART F: INVESTMENT STRATEGY

The following questions will help us recommend and implement a suitable long-term investment strategy.

It is important that you keep us informed of any changes to your circumstances or objectives so we can review the strategy.

YOUR INVESTMENT OBJECTIVE

Please select one of the following as your main objective:

- Capital Growth – the principal objective is to grow the capital value of the portfolio.
- Capital Growth and Income – the objective is to grow the capital value of the portfolio, as well as generating some degree of income from the portfolio.
- Income – the principal objective is to generate income from the portfolio.

UNDERSTANDING RISK

Obtaining an investment return higher than cash deposits will involve taking risk. To meet your longer-term objectives, you may have to be prepared to take on a higher level of risk than you have historically.

The key risks of our services are outlined here: <https://www.quiltercheviot.com/risk-factors/>. Risk associated with investments can take many different forms, including:

- The sensitivity to various market events or economic factors, including changes to interest rates and inflation
- The chance of irregular or unusual investment returns, particularly in times of economical crisis
- The likelihood of temporary or permanent loss of capital or income
- The possible lack of liquidity, meaning that in certain market circumstances, it might not be possible to sell a particular investment.

Completing the information and questions in this section will help us assess your risk profile. We have divided the questions into two parts:

- Willingness to accept risk in the portfolio – this is sometimes called your Risk Tolerance
- Your ability to bear loss – this is sometimes referred to as your Risk Capacity and is a function of your broader financial circumstances.

YOUR WILLINGNESS TO ACCEPT RISK

The Quilter Cheviot ‘Understanding Your Investment Portfolio’ document must be read for further guidance.

Please select the risk category that most closely matches your tolerance to risk and minimum time period for the investment portfolio we will be managing for you. Please tick **one** box only. The tables below provide guidance on the level of equities that would be involved and the range of returns that can be experienced in each of the risk categories.

<p>None</p> <p>TICK</p> <input type="checkbox"/>	<p>Estimated range of annualised return*</p> <p>0%</p>	<p>I/We have no tolerance for risk and regardless of market circumstances, I/We would not be comfortable with any variation or disruption to capital value or current income</p>		
<p>Lower</p> <p>TICK</p> <input type="checkbox"/>	<p>Estimated range of annualised return*</p>	<p>I/We have a lower tolerance for risk and regardless of market circumstances, I/We would only be comfortable with minimal variation or disruption to capital value or current income</p> <p>Typical equity weighting – up to 25%</p>	<p>Suggested minimum investment period</p> <p>1 year</p>	<p>Estimated maximum peak-to-trough decline across investment period*</p>
<p>Lower to Medium</p> <p>TICK</p> <input type="checkbox"/>	<p>Estimated range of annualised return*</p>	<p>I/We have a lower to medium tolerance for risk, I/We would only be comfortable with modest variation or disruption to capital value or current income</p> <p>Typical equity weighting – up to 50%</p>	<p>Suggested minimum investment period</p> <p>3 years</p>	<p>Estimated maximum peak-to-trough decline across investment period*</p>
<p>Medium</p> <p>TICK</p> <input type="checkbox"/>	<p>Estimated range of annualised return*</p>	<p>I/We have a medium tolerance for risk and can accept modest variation or disruption to capital value or current income in order to meet my/our longer-term objectives</p> <p>Typical equity weighting – up to 75%</p>	<p>Suggested minimum investment period</p> <p>5 years</p>	<p>Estimated maximum peak-to-trough decline across investment period*</p>
<p>Medium to Higher</p> <p>TICK</p> <input type="checkbox"/>	<p>Estimated range of annualised return*</p>	<p>I/We have a medium to higher tolerance for risk and can accept considerable variation or disruption to capital value or current income in order to meet my/our longer-term objectives</p> <p>Typical equity weighting – up to 100%</p>	<p>Suggested minimum investment period</p> <p>5 years</p>	<p>Estimated maximum peak-to-trough decline across investment period*</p>
<p>Higher</p> <p>TICK</p> <input type="checkbox"/>	<p>Special situations apply to specialist investment instructions where the range and concentration of riskier assets could be significantly increased</p>	<p>I/We have a higher tolerance for risk and can accept considerable variation or disruption to capital value or current income in order to meet my/our longer-term objectives</p> <p>Typical equity weighting – up to 100%</p>	<p>Suggested minimum investment period</p> <p>7 years</p>	<p>Estimated maximum peak-to-trough decline across investment period*</p> <p>Greater than -45%</p>

* Source: Quilter Cheviot. These figures are for illustrative purposes and represent estimated pattern of return for each risk profile. Past performance is not indicative of future performance and actual performance may vary.

YOUR ABILITY TO BEAR LOSS

It is important that we are trying to ascertain your ability to bear investment losses, in the broader context of your overall current financial situation and standard of living.

Please select one of the following which most closely matches your circumstances:

- I/we have **NO** ability to bear investment losses. Any losses to the value of the portfolio would have an unacceptable impact on my/our overall financial position and standard of living.
- I/we have a **LOW** ability to bear investment losses. In extreme circumstances, falls in the value of the portfolio of up to 20% would not have a material impact on my/our overall financial position and standard of living.
- I/we have a **MODERATE** ability to bear investment losses. In extreme circumstances, falls in the value of the portfolio of up to 35% would not have a material impact on my/our overall financial position and standard of living.
- I/we have a **SIGNIFICANT** ability to bear investment losses. In extreme circumstances, falls in the value of the portfolio in excess of 35% would not have a material impact on my/our overall financial position and standard of living.

POTENTIAL RISK TO YOUR INCOME

Are you intending to withdraw income from this portfolio within the timeframe of your selected risk category?

Yes No

If yes, please select one option that most closely matches your circumstances:

- Your withdrawals from this portfolio are your primary source of income for essential expenditure.
- Your withdrawals from this portfolio will supplement your primary source of income for essential expenditure.
- Your withdrawals will provide income for non-essential expenditure.
- Any withdrawals are surplus to your regular needs for both essential and non-essential expenditure.

N.B. If your expected withdrawals from the Quilter Cheviot portfolio are required to meet your living costs, we recommend you speak to a financial adviser before engaging us, as our service may not be appropriate.

FINANCIAL ADVISER

If you have a financial adviser, please complete their details below.

Name:

Name of organisation:

Address:

Postcode:

Telephone number:

Regulator (eg FCA):

Registration number:

Financial adviser email address (if known):

Please note that it is our standard practice to grant online access to the organisation named above so that your financial adviser can view your portfolio(s) via our online portal. Such access may be granted to any individual adviser named above as well as other staff at their organisation who assist in the provision of their service to you so may include support and administrative staff and/or other regulated advisers. If you have any questions about this please contact your Investment Manager.

Please tick below if you would like us to send your financial adviser copies of the following:

- Quarterly Investment report

SPECIAL CATEGORY DATA

In any contact we have with you it is possible that you may disclose sensitive information to us that is described as Special Category Data (SCD) under the General Data Protection Regulation. For us to be able to capture this data and then process it to make investment decisions or otherwise manage your account in your best interest we need your explicit consent. We will not specifically ask you about all the types of SCD described below but, if you think any of them are relevant to the investment decisions we make on your behalf, then it is in your interests to inform us.

What is SCD?

SCD is more sensitive personal information about an individual; for example their race or ethnic origin, political opinions, religious or philosophical beliefs, health, trade union membership, genetics and biometrics.

We will only process SCD that you tell us about and, only then, if we believe it is relevant to the services we provide to you.

What categories of SCD do we collect?

The types of SCD that we are most likely to collect from you are listed below. We only collect this information to tailor your investment portfolio to your specific requirements (if any) or to otherwise provide our services to you as agreed. We may collect:

- information about your health; and
- information that may identify your philosophical beliefs, for example if you wish to exclude investments on ethical grounds.

Why do we collect this data?

We collect this information to ensure that we provide you with an investment service that meets your specific requirements and is most appropriate for your individual circumstances.

How do we collect the data?

When we first meet you, we will carry out a full fact-find and collect personal data that may include some SCD (as described above). We may also collect SCD during any regular review meetings or when you complete one of our application forms.

Your consent

You can withdraw your consent at any time, but if you do so, we may not be able to continue to provide you with an investment service that meets your specific requirements.

ACCEPTANCE AND SIGNATURE
(to be signed by the Policyholders. If the policy is held by a personal pension both the policyholder and the pension member should sign)

Please complete, sign and date the boxes to the right to:

- acknowledge that Quilter Cheviot is required to hold certain information and documentation (including personal information) on the policyholder(s) and consent to the Bond Provider providing any such information or documentation that Quilter Cheviot may reasonably request to Quilter Cheviot.
- confirm that all the information in this form is accurate, complete, can be relied upon, and that my/our investment objectives are as set out in this application form.
- confirm our acceptance of the Schedule of Charges and cost and charges information agreed with Quilter Cheviot and the Bond Provider.
- acknowledge receipt of a copy of the Quilter Cheviot terms and conditions and risk disclosures.
- agree to the terms for online access as detailed in the Quilter Cheviot terms and conditions.
- confirm receipt of the Quilter Cheviot ‘Understanding Your Investment Portfolio’ document; and
- confirm that the Bond Provider is Quilter Cheviot’s client, and the legal and beneficial owner of the portfolio, and the person who will instruct Quilter Cheviot. The information provided by me/us in this form is to help Quilter Cheviot comply with the laws that apply (in particular regarding the suitability of the investment service), and it is not to allow me/us to influence or have the ability to select property or an index (directly or indirectly).
- If the policyholder has appointed Quilter Cheviot directly:
 - 1) confirm that you agree to this application form, our terms and conditions and risk disclosures.
 - 2) give consent to our order execution policy and list of execution venues, and to Quilter Cheviot (or an affiliate) effecting transactions outside a regulated market, multilateral trading facility or organised trading facility; and
 - 3) give consent to us sending notices (such as changing our terms and conditions) electronically, such as by an email attaching a document or linking to our website.

By ticking this box you consent to us collecting, processing and storing Special Category Data about you as described in this form.

QUILTER CHEVIOT

Senator House
85 Queen Victoria Street
London EC4V 4AB

t: +44 (0)20 7150 4000
w: quiltercheviot.com

Quilter Cheviot Limited is registered in England with number 01923571, registered office at Senator House, 85 Queen Victoria Street, London, EC4V 4AB. Quilter Cheviot is a member of the London Stock Exchange and authorised and regulated by the UK Financial Conduct Authority.



Signatory 1:

Date:

DD	MM	YYYY
----	----	------

Print name:



Signatory 2:

Date:

DD	MM	YYYY
----	----	------

Print name:



Signatory 3:

Date:

DD	MM	YYYY
----	----	------

Print name:



Signatory 4:

Date:

DD	MM	YYYY
----	----	------

Print name: