

# RETAIL CLIENT DISCRETIONARY ACCOUNT FORM AND AGREEMENT

## Individual and joint accounts

This form is for clients wishing to open a Discretionary account. Please complete all sections in black ink in BLOCK LETTERS and return the form to your usual contact at Cadogan. If you require assistance, please do not hesitate to contact us.

If you would like to open a SIPP or Execution Only account, or if you are a corporate, charity or trust investor, you will need to complete a different form.

Sections 1, 2, 3, 4 and 5 must be completed by all applicants.

## SECTION 1 PERSONAL DETAILS

**This section is mandatory and must be completed in full.** We are required to collect detailed information about all parties involved in the account. This information is needed for all joint applicants. If there are more than two account holders, please copy Section 1 and attach it to this form.

Account title \_\_\_\_\_  
(the name in which you would like contract notes to be issued)

Sub-account title or designation \_\_\_\_\_  
(if applicable)

### Applicant 1

Title  Mr  Mrs  Ms  Miss  Other \_\_\_\_\_

Surname \_\_\_\_\_

First names \_\_\_\_\_

Home address \_\_\_\_\_

Postcode \_\_\_\_\_

### Telephone numbers

Home \_\_\_\_\_ Office \_\_\_\_\_

Mobile \_\_\_\_\_ Facsimile \_\_\_\_\_

Email \_\_\_\_\_

Date of birth \_\_\_\_\_

Place of birth (town and country) \_\_\_\_\_

Nationality \_\_\_\_\_

Country of residence for tax purposes \_\_\_\_\_

National Insurance Number \_\_\_\_\_

How many years have you lived at your present address \_\_\_\_\_

We would be happy to send reports by email, please provide an address.

If you are not a UK resident for tax purposes please provide us with your tax identification number.

### Identity and address verification for applicant 1

Anti-money laundering regulations require us to verify your identity and address. We may be able to do this using the above information together with either your driving licence number or your passport reference – please complete the fields below and, where possible, include a photocopy of your passport or driving licence with your application. If you already hold an account with Cadogan, please provide account details to enable us to use the existing information. Please provide this information for all applicants.

Please complete this if you already have another Cadogan account.

Existing Cadogan account number and name \_\_\_\_\_

Driving licence number \_\_\_\_\_  
or full passport reference

and passport expiry date \_\_\_\_\_

For non-UK residents, we will require additional documentation for identity and address verification purposes. Please contact us for a list of qualifying documents.

**In the event that we cannot process your application electronically using the information you have provided to us, we will request from you certified copies of additional documentation. A consulate, bank or other regulated firm can certify copies for overseas clients. For UK clients, certification can also be carried out by an accountant, solicitor, building society, bank or Financial Conduct Authority authorised firm.**

**Applicant 2**

Title  Mr  Mrs  Ms  Miss  Other \_\_\_\_\_

Surname \_\_\_\_\_

First names \_\_\_\_\_

Home address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone numbers

Home \_\_\_\_\_ Office \_\_\_\_\_

Mobile \_\_\_\_\_ Facsimile \_\_\_\_\_

Email \_\_\_\_\_

Date of birth \_\_\_\_\_

Place of birth (town and country) \_\_\_\_\_

Nationality \_\_\_\_\_

Country of residence for tax purposes \_\_\_\_\_

National Insurance Number \_\_\_\_\_

How many years have you lived at your present address \_\_\_\_\_

Please supply details and, where necessary, documentation as set out previously for applicant 1.

**Identity and address verification for applicant 2**

Existing Cadogan account number and name \_\_\_\_\_

Driving licence number \_\_\_\_\_  
or full passport reference

and passport expiry date \_\_\_\_\_

For non-UK residents, we will require additional documentation for identity and address verification purposes. Please contact us for a list of qualifying documents.

For UK passports, the full passport reference consists of the 30 letters and numbers (excluding any chevrons) located in the last row on the principal page of your passport.

---

**SECTION 2  
PERSONAL INFORMATION**

---

**This section is mandatory and must be completed in full by all applicants. In order to open an account we are required to collect detailed financial and investment information from our retail clients. Not completing this section will result in your account application being rejected.**

---

Where the account has more than one applicant, please provide a combined response in the following fields.

Disposable income =  
Gross income - taxes - necessities.

This should include any significant financial information and future requirements or commitments not disclosed elsewhere on this form.

If this is a joint account please complete this part of the form.

**Applicant 1**

Occupation \_\_\_\_\_

Position \_\_\_\_\_

Marital status \_\_\_\_\_

Expected date of retirement (if appropriate) \_\_\_\_\_

For approximately how many years have you been actively involved in stockmarket investments

 Less than 2 years     2-5 years     5-10 years     More than 10 years

Approximate annual earned income (before tax) £ \_\_\_\_\_

Approximate annual investment income (including from this portfolio) £ \_\_\_\_\_

Other annual income (including pension income) £ \_\_\_\_\_

Approximate total annual income £ \_\_\_\_\_

Approximate annual disposable income £ \_\_\_\_\_

Do you pay income tax at the higher rate     Yes     No

Number of dependent children \_\_\_\_\_ Their ages \_\_\_\_\_

Other dependants (please give details) \_\_\_\_\_

Are you paying, or do you expect to pay, school or university fees     Yes     No

Approximate current value of principal residence, net of mortgage and other charges

£ \_\_\_\_\_

Value of investments outside this portfolio (excluding pension) £ \_\_\_\_\_

Value of pension assets £ \_\_\_\_\_

Value of other significant assets £ \_\_\_\_\_

Please let us know any other details you feel could be relevant to the management of this account

**Applicant 2**

Occupation \_\_\_\_\_

Position \_\_\_\_\_

Marital status \_\_\_\_\_

Expected date of retirement (if appropriate) \_\_\_\_\_

---

## SECTION 3 ACCOUNT DETAILS

---

Please refer to 'The Discretionary Management Agreement and Terms of Business' for an explanation of our Discretionary service and these terms.

This question helps us assess your capacity for loss and the appropriateness of your holding investments that will be volatile.

It is not an undertaking that we can protect against loss.

Please note that income from investments cannot be guaranteed.

Please note that limiting CGT liabilities cannot be guaranteed.

---

**This section is mandatory. We are required to collect information on your investment objectives. Not completing this section will result in your account application being rejected. Unless you notify us otherwise we will proceed on the basis that you do not wish to place any restrictions on the amount or type of investments in which we are permitted to conduct transactions.**

---

### Investment objectives

- A Please indicate your overall investment objectives
- Growth       Income       Balanced
- B What is the preferred general risk level for this portfolio as a whole
- Higher       Medium High       Medium Low       Lower
- C Investments can go up or down in value, and experts often say you should be able to weather a downturn. By how much could the total value of this portfolio go down before it would materially impact on your overall standard of living?
- 20%       33%       50% or more
- Changes in the portfolio's value would not have a material impact on my overall standard of living
- D If you have a minimum annual income requirement from this portfolio, please specify £ \_\_\_\_\_
- E By how much could the annual income of this portfolio go down before it would materially impact on your overall standard of living?
- 20%       33%       50% or more
- Changes in the portfolio's income would not have a material impact on my overall standard of living
- F If you are not already drawing an income from this portfolio, please advise anticipated start date \_\_\_\_\_
- G If you envisage needing capital from the portfolio please indicate your expectation \_\_\_\_\_ and £ \_\_\_\_\_
- H Please confirm your Capital Gains Tax preference
- Keep within the annual exemption limit, where possible
- Discuss with me/us first
- Capital Gains Tax is not a concern
- I For how long do you intend to invest in the stockmarket
- Less than 2 years       2-5 years       5-10 years       More than 10 years

---

J Do you have any preference for overseas investment (specify countries and percentages)

Do you have any restrictions on overseas investment (specify countries and percentages)

Do you have any other investment preferences (specify details and percentages)

Do you have any other investment restrictions (size of holding, type, etc)

---

---

## SECTION 4 ACCOUNT SET UP

---

We can only transfer funds to bank accounts that we hold on our secure database. Without these details we cannot pay funds to your bank account directly.

Please ensure you have provided your email address in section 1.

Please ensure you have provided your email address in section 1.

**Please complete this section in full**

---

### Bank account details

Name of bank or building society \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Name(s) of account holder(s) \_\_\_\_\_

Account number \_\_\_\_\_ Sort code \_\_\_\_\_

Building society roll number (if applicable) \_\_\_\_\_

### Contract notes

If you wish to receive individual contract notes for each transaction please tick a box below. If you do not tick a box below (one only), details of each transaction will be included instead within the periodic report we send you.

Either

Please send me individual contract notes by email.

Or

Please send me individual contract notes by post.

### Electronic statements and reports

Please indicate by ticking the relevant boxes if you wish to receive any of the reports below by email. Where you do not tick a box, you will receive the relevant report by post instead.

Six-monthly periodic report by email

Annual Consolidated Tax Voucher by email

Statements of account (where relevant) by email

---

**Share registration details**

Please select one of the following options: A or B. Please note that if you do not specify how you would like your shares to be held you will default to our Custom Nominee Account.

A  I/we wish to have my/our shares registered in the Nominee Account

B  I/we wish to open a Crest Personal Membership account (a CREST application pack will be dispatched upon receipt of this form)

Please indicate whether you wish to have internet access to your portfolio, ensuring also that you have provided us with your email address in section 1.

**Dividends and Income**

Where your investments are registered in Nominee format, Dividend and Income can be paid directly to you.

Re-Invested to the portfolio

Paid to your bank on a quarterly basis

Paid as a fixed amount quarterly

If you have selected fixed payments, please provide the following details.

Please arrange for £ \_\_\_\_\_ to be drawn from

Income or  Capital to be paid quarterly.

Let us know of any intermediaries involved in your finances.

**Intermediary contacts**

Name of your accountant \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Do you authorise us to provide your accountant with the annual Consolidated Tax Voucher

Yes  No

Do you authorise us to provide other information to your accountant upon their request

Yes  No

---

**SECTION 5  
DECLARATION**

---

**All account holders must sign and date this declaration. Before you sign the declaration below, please take time to carefully read the documents referred to in it, as they will form a legally enforceable agreement. If you do not understand anything or if you are missing any of the documents, please contact us.**

---

I/we confirm that I/we wish to open a Discretionary account, that the details provide in this application form are correct and that I/we have received, read and agree to be bound by Cadogan's Terms of Business and the Discretionary Management Agreement and this Agreement and any Supplemental Terms relating to the account.

I/we confirm that Cadogan may deal for me/us in circumstances in which the relevant transaction is away from a Regulated Market or Multilateral Trading Facility, as defined in 'Terms of Business'.

I/we hereby instruct Cadogan not to make public limit orders that are not immediately executed, save for where Cadogan believes it to be in my/our best interests, or where I/we expressly instruct otherwise in relation to a specific limit order

Name \_\_\_\_\_ Name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

---

**SECTION 6  
THIRD PARTY ACCOUNT  
AUTHORITY**

---

---

**Please complete this section only if you wish to give authority for a third party to give dealing instructions on your account. By completing this section you authorise Cadogan to accept dealing instructions given on your account, in writing or by telephone, from the person below.**

---

Full name of third party \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Main telephone number \_\_\_\_\_

Where the above third party is not an authorised intermediary, we will require the same verification of identity and address as in section 1 of this form.

**Verification of authorised intermediaries**

Where the third party is an authorised intermediary, please specify their FCA number

\_\_\_\_\_

Please complete this if the third party already has a Cadogan account.

**Verification of non-authorised third parties**

Existing Cadogan account number (where applicable) \_\_\_\_\_

Driving licence number \_\_\_\_\_

or full passport reference

\_\_\_\_\_

and passport expiry date \_\_\_\_\_

For UK passports, the full passport reference consists of the 30 letters and numbers (excluding any chevrons) located in the last row on the principal page of the person's passport.

For non-UK residents, we will require additional documentation for identity and address verification purposes. Please contact us for a list of qualifying documents.

**You may further authorise the above person to arrange the following transfers on your account. Please initial here if you wish to allow such transfers**

- Request in writing the transfer of funds to your personal bank or building society account
- Request that funds be transferred to your Cadogan ISA
- Request in writing the transfer of funds to your SIPP provider's bank account
- Request the transfer of funds to your spouse's Cadogan account
- Request cheques, made payable to you, drawn from your Cadogan account, and posted to your registered address
- Request in writing the movement of stock between your Cadogan custody accounts

Name \_\_\_\_\_ Name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_



---

**SECTION 7  
POWER OF ATTORNEY**

---

**Please complete this section only if you wish to notify us of anyone with Power of Attorney over your account. If additional persons also have Power of Attorney over your account, please complete and return a photocopy of this page with the additional details. By completing this section you authorise Cadogan to accept instructions given on your account, in writing or by telephone, from the person below, where the Power of Attorney is active.**

---

**Before we will accept it as active we will require the same verification of identity and address as in section 1 of this form, along with a certified copy of the Power of Attorney document.**

Full name of person with Power of Attorney \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Main telephone number \_\_\_\_\_

Power of Attorney is:  Active  Inactive

**Verification of person with Power of Attorney**

Please complete this if the person already has a Cadogan account.

Existing Cadogan account number (where applicable) \_\_\_\_\_

Driving licence number \_\_\_\_\_

or full passport reference

For UK passports, the full passport reference consists of the 30 letters and numbers (excluding any chevrons) located in the last row on the principal page of the person's passport.

\_\_\_\_\_ and passport expiry date \_\_\_\_\_

For non-UK residents, we will require additional documentation for identity and address verification purposes. Please contact us for a list of qualifying documents.

**Applicant to sign here.**

Name \_\_\_\_\_ Name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 8  
INTERMEDIARIES**

This section provides you with the opportunity to authorise us to provide information to an Intermediary. It can also be used to give us authority to make a one-off payment to them from your account, and/or ongoing payments where they provide you with an ongoing service. Please note that the authority to make payments only applies to professional firms such as authorised financial advisers, accountants and solicitors; we will not facilitate such payments to other entities or individuals. **Completing this section does not authorise the Intermediary to give instructions on this account.**

**Name of Intermediary firm** \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_ Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_  
Email \_\_\_\_\_  
Contact name \_\_\_\_\_ Type of firm: Financial Adviser / Accountant / Solicitor  
FCA reference number \_\_\_\_\_

**Providing information to your Intermediary:**

Do you authorise us to provide the above firm with online view-only access to your account, until such time as you notify us otherwise in writing.  Yes  No

Do you authorise us to provide other information to the above firm upon their request  Yes  No

**Payments from this account:**

**Intermediary bank account**

Name of bank or building society \_\_\_\_\_  
Address \_\_\_\_\_ Postcode \_\_\_\_\_  
Name(s) of account holder(s) \_\_\_\_\_  
Account number \_\_\_\_\_ Sort code \_\_\_\_\_  
Building society roll number (if applicable) \_\_\_\_\_

**Authority for payment to your Intermediary**

Please pay my Intermediary named above:

on commencement, an **initial** sum of £ \_\_\_\_\_

an **annual** fee of £ \_\_\_\_\_ or \_\_\_\_\_ % of funds under management.

These payments are in addition to Cadogan's own charges, for which I remain responsible, and are inclusive of VAT. The payments to my Intermediary are to be deducted from my account and paid at the same frequency as I pay Cadogan's own fees (if any), or else on a quarterly basis. I agree that I am responsible for notifying Cadogan if I want ongoing payments to stop.

Client(s) to sign I/we authorise payment of the above amount(s):

Client name(s) \_\_\_\_\_  
Signature(s) \_\_\_\_\_  
Date \_\_\_\_\_

**Intermediary to counter-sign** I confirm the above arrangement and confirm that I will not be receiving any other payments from Cadogan in relation to this account:

Authorised signatory name \_\_\_\_\_ Signature \_\_\_\_\_  
Firm name \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_