



SELF - INVESTED PERSONAL PENSION ACCOUNT FORM AND AGREEMENT FOR DISCRETIONARY RETAIL CLIENTS

This form is for Retail clients wishing to open a Discretionary account for a Self - Invested Personal Pension (SIPP). If you would like to open an Execution - Only account, you will need to complete a different form.

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.

Sections 1, 2 and 3 must be completed by the SIPP Operator/Trustee

Sections 4, 5, 6 and 7 must be completed by the SIPP Member.

SECTION 1 SIPP OPERATOR/ TRUSTEE DETAILS

This section is mandatory and must be completed in full by the SIPP Operator/Trustee

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

Sub-account title or designation _____
(if applicable)

Please provide a list of authorised signatories.

SIPP Operator/Trustee outline

Full name _____

Address _____

_____ Postcode _____

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

Email _____

FCA number _____

Are you acting as Administrator to the scheme Yes No

If no, please provide details of the Administrator

Administrator name _____

Address _____

_____ Postcode _____

Email _____

FCA number _____

Please indicate to which parties all correspondence should be sent

SIPP Operator/Trustee Administrator (if different)

SECTION 2 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.

SIPP Operator/Trustee bank account details

Name of bank or building society _____

Address _____

_____ Postcode _____

Name of account holder _____

Account number _____ Sort code _____

Building society roll number (if applicable) _____

Electronic statements and reports

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

Annual Securities Report by email

Six monthly periodic reports/statements of account by email

Share registration details

Please select one of the following options: A, B, or C. Please note that if you do not specify how you would like the shares to be held you will default to the JIM Nominee account.

A We wish to have our shares registered in the JIM Nominee Account

B We wish to open a Crest Personal Membership account (a CREST application pack will be despatched upon receipt of this form)

C Please register shares in the SIPP Operator/Trustee nominee or custodian and, where appropriate, provide CREST code _____

If you have selected option A or B above, please indicate here if you and the SIPP Member wish to have internet access to your portfolio, ensuring you provide us with an email address below:

SIPP details

SIPP Anniversary date _____

Portfolio valuation frequency and dates _____
_____**Distribution of benefits** The Member is taking a Drawdown Pension The following funds should be transferred to the SIPP Operator/Trustee bank account Amount £ _____ at the following frequency Monthly Quarterly Annually

Review Date _____

(Three-yearly thereafter or annually after age 75)

Investment restrictions

If you have any restrictions on the investments that can be held in this SIPP, other than under HMRC rules, please provide details

**SECTION 3
SIPP OPERATOR/
TRUSTEE DECLARATION**

This declaration must be signed and dated by two authorised signatories on behalf of the SIPP Operator/Trustee. Before signing 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 you are missing any of the documents, please contact us.

We confirm that we wish to open an account, that the details provided 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 this Agreement and any Supplemental Terms relating to the account.

We confirm that Cadogan may deal in circumstances in which the relevant transaction is away from a Regulated Market or Multilateral Trading Facility, as defined in our Terms of Business.

It is agreed that the liability of the Operator/Trustee is limited to the value of the assets held in the portfolio.

We confirm that the SIPP Member is authorised to give dealing instructions on the account.

Name _____ Name _____

Signature _____ Signature _____

Date _____ Date _____

**SECTION 4
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.

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

Sub-account title or designation _____
(if applicable)

Applicant

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 _____

Identity and address verification for applicant

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.

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.

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.

**SECTION 5
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.

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

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.

SECTION 6 SIPP 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 7 SIPP MEMBER DECLARATION

The SIPP Member 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 confirm that I wish to open an account, that the details provided in this application form are correct and that I have received, read and agree to be bound by Cadogan's Terms of Business and this Agreement and any Supplemental Terms relating to the account.

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

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

Name _____

Signature _____

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 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 _____