

# Unit Trust/OEIC Application Form

For use by individual and joint applicants.

Please complete this form in BLOCK CAPITALS and return to: IFSL, Marlborough House, 59 Chorley New Road, Bolton BL1 4QP, via email at [dealing@ifslfunds.com](mailto:dealing@ifslfunds.com) or to your financial adviser.

## Section A - Personal Details Please complete this section in full as this is mandatory

Title Surname Forename(s)

Permanent residential address

Postcode

Nationality Date of birth D | D | M | M | Y | Y | Y | Y

National insurance number If you do not have a NI number please tick this box

Telephone number

Email address

Account number (please tick one box only)

Create new account  Use my existing account  please specify number

Account Designation (if required - maximum 30 characters)

Where you have provided an email address, information and documentation relevant to the operation and maintenance of your account will be sent via email. Please tick this box if you wish to receive this via the post.

## Section B - Joint Holders if applicable an account may have up to a maximum of four additional holders.

If there are to be more than two additional holders please provide their details under separate cover

Title Surname Forename(s)

Permanent residential address

Postcode

Nationality Date of birth D | D | M | M | Y | Y | Y | Y

National insurance number If you do not have a NI number please tick this box

Telephone number

Email address

## Section B - Joint Holders continued

Title	Surname	Forename(s)
Permanent residential address		
		Postcode
Nationality	Date of birth <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"/> <input type="text"/>	
National insurance number	If you do not have a NI number please tick this box <input type="checkbox"/>	
Telephone number		
Email address		

## Section C - Financial Adviser's Details To be completed by your financial adviser if applicable

Adviser's name/firm
Adviser's email address
FCA/FRN number
Agency code (if known)

Adviser's firm stamp

*Please tick all which apply*

- Cancellation rights apply    Discretionary business    Advised business  
 Execution only    Portfolio management services

## Section D - Income Instruction & Bank Details Please tick only one option. This section is mandatory

When providing bank details please ensure these are accurate as we cannot accept any responsibility for payments made to incorrect account details which have been provided here.

**REINVEST INCOME**  
(accumulation shares will be used where available)

**PAY INCOME TO MY BANK ACCOUNT**  
(see below)

**Cheques cannot be sent for dividend payments, if bank details are not provided income will be reinvested.**

Name of bank/building society	
Name of account holder	
Bank account number	Sort code <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"/>   <input type="text"/> <input type="text"/>
Roll number/building society reference	

## Section E - Investment Details

Please provide details of your investment choices. This section is mandatory

Fund name	SEDOL/ISIN of Fund	Lump sum investment	Monthly amount
1.			
2.			
3.			
4.			
5.			
<b>TOTAL</b>			

**Lump Sum Payment can be sent via bank transfer to our client account using the following details:**

**Account Name:** 'Investment Fund Services Limited' **Sort Code** '40-05-30' **Account Number:** '54597761' and must include the main applicants full name as a reference. Alternatively payment can be made by cheque, up to a maximum of £100,000.00, made payable to 'Investment Fund Services Limited'. For initial investments, we require receipt of the payment before the trades are placed.

**Monthly:** Please ensure that section F is fully completed to allow us to process your application.

## Section F - Mandate Details

Instruction to your bank or building society to pay by Direct Debit

To: The Manager

Bank/Building society

Address

Postcode

Name(s) of account holder(s)

Bank/Building society account number

Branch sort code

x | x | - | x | x | - | x | x

Please be aware that any bank details provided in this section will override any existing bank details that we may hold for you, unless otherwise stated.

**Service User:** Investment Fund Services Ltd (IFSL), Marlborough House, 59 Chorley New Road, Bolton BL1 4QP

**Service User No:** 2 4 6 5 6 6

**Reference:** (to be completed by IFSL)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Instruction to your Bank or Building Society:**

Please pay IFSL Direct Debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with IFSL and if so, details will be passed electronically to my Bank/Building Society.

Print name

Signature

Date

D | D | M | M | Y | Y | Y | Y

We will write to you to confirm the date on which your Direct Debit will be collected.



## Section G - Privacy Notice

We're committed to processing the personal data that you provide to us in line with the latest data protection and data privacy legislation in force within the United Kingdom. We'll use your information in order to provide the service detailed in this Application Form and to administer your investments, communicate with you and provide information on our products and services when you request it, to meet our legal obligations and for the purposes of fraud prevention.

### Our full Privacy Notice

It's important that you read our full Privacy Notice, which explains how the personal information you give us will be used. The Privacy Notice can be found on our website at [www.ifslfunds.com](http://www.ifslfunds.com), or you can ask us for a copy.

## Section G - Privacy Notice continued

---

### Communicating with you including Direct Marketing

We'd like to let you know about IFSL investment products and services we think would be of interest to you. However, we'll only contact you if you consent by ticking the boxes below.

#### Your marketing preferences

I'm happy for IFSL to contact me in the following ways about investment products, services and promotional offers that may be of interest.

Please tick here:  By post  By phone  By email

You can withdraw your consent at any time by letting us know by post, phone or email. Please note we will continue to contact you with information relevant to the operation and maintenance of your account as required by law.

## Section H - Declaration Please ensure that you read and sign this section as this is mandatory

---

- I/We declare that I/We have read and understood the relevant Key Investor Information Document (KIID), the Supplementary Information Document (SID) and the IFSL Terms & Conditions and agree to be bound to these. I/We understand that these documents form part of the terms and conditions of my/our investment in the fund(s) and are available at [www.ifslfunds.com](http://www.ifslfunds.com)
- I acknowledge that the full prospectus of the relevant fund(s) (which includes the risk warnings relevant to the fund(s) along with details of minimum investment amounts of the fund(s) and the dealing time deadlines for processing of subscriptions), are available from IFSL and also at [www.ifslfunds.com](http://www.ifslfunds.com)
- To the best of my/our knowledge and belief, all statements made in this application form are true and correct and I/We shall inform the plan manager immediately of any changes herein
- I/We declare that I am/We are 18 years of age or over and I/We wish to buy units/shares as set out above at the buying price prevailing at the first valuation point following receipt of this completed application
- I/We declare that I am not/We are not US Person(s) (either a resident or citizen) and acknowledge that US Persons cannot hold units/shares in the fund(s)
- All subscriptions made and to be made belong to me/us
- I/We have read the IFSL Privacy Notice concerning the use of my/our personal data

### Holder 1

Client name \_\_\_\_\_

Client signature \_\_\_\_\_

Date 

D		D		M		M		Y		Y		Y		Y
---	--	---	--	---	--	---	--	---	--	---	--	---	--	---

### Holder 2

Client name \_\_\_\_\_

Client signature \_\_\_\_\_

Date 

D		D		M		M		Y		Y		Y		Y
---	--	---	--	---	--	---	--	---	--	---	--	---	--	---

### Holder 3

Client name \_\_\_\_\_

Client signature \_\_\_\_\_

Date 

D		D		M		M		Y		Y		Y		Y
---	--	---	--	---	--	---	--	---	--	---	--	---	--	---

### Holder 4

Client name \_\_\_\_\_

Client signature \_\_\_\_\_

Date 

D		D		M		M		Y		Y		Y		Y
---	--	---	--	---	--	---	--	---	--	---	--	---	--	---

---

## Section I - The Direct Debit Guarantee Please retain for your own records

---

Banks and Building Societies may not accept Direct Debit Instructions for some types of account. This guarantee should be detached and retained by the payer.

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit IFSL will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request IFSL to collect a payment, confirmation of the amount and date will be given to you at the time of the request

- If an error is made in the payment of your Direct Debit, by IFSL or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
- If you receive a refund you are not entitled to, you must pay it back when IFSL asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

