



BROOKS MACDONALD

Brooks Macdonald

Application Pack

Suitability Responsibility: Professional Adviser

Please refer to the accompanying documents for guidance and definitions when completing this application. Please refer to our website (www.brooksmacdonald.com) or contact your local Brooks Macdonald office if you require copies of the following:

1. Brooks Macdonald Terms and Conditions
2. Guide to completing this application form
3. Client Investing Guide
4. Guide to ISAs and LISAs

Welcome to Brooks Macdonald Asset Management Limited (**Brooks Macdonald**). This is a general Application Pack for the Brooks Macdonald Managed Portfolio Service (MPS), Bespoke Portfolio Service (BPS) and AIM Portfolio Service, where a Professional Adviser is recommending a Brooks Macdonald service. For other services such as Responsible Investing, Decumulation, Court of Protection, and Charities, please refer to the relevant documentation on our website (www.brooksmacdonald.com) or contact your local Brooks Macdonald office.

This Application Pack is designed to collect information to ascertain:

- details of the Account holder(s)
- identify the service type and products
- the Account holder(s) investment profile
- Professional Adviser details
- identity and verification information
- important information relating to the operation of the Account(s)

Important: Brooks Macdonald require this information to meet internal guidelines and regulatory commitments, to avoid delays in account opening.

Professional Advisers should **only** complete those sections of this Application Pack marked '**Professional Adviser to complete**'.

The completed Application Pack should be returned to your Brooks Macdonald regional office. See supporting guide for a list of our offices.

Application Instructions and Notes

For clients

As a client, you should only complete this if you have a Professional Adviser, who will need to conduct a full Suitability assessment. **Brooks Macdonald will not be seeking enough information in this pack to conduct its own Suitability assessment.** This Application Pack is important both at the commencement of our Services and on an ongoing basis. Please refer to section 4 in our Terms and Conditions.

As a client you should:

- read the Application Pack carefully
- ensure that answers to questions or requests for information are **completed accurately and in full**
- inform us immediately if your circumstances change. You should also discuss this with your Professional Adviser who may wish to review the Suitability of your investment portfolio

Responsibility

Your Professional Adviser is responsible for:

- collecting information about your financial position
- carrying out a Suitability assessment
- advising you on your investment profile

Brooks Macdonald is responsible for:

- creating and managing the Portfolio on a discretionary basis in accordance with your investment profile

If you have any questions relating to the Application Pack you should contact your Professional Adviser.

Important: This Application Pack forms part of your legal agreement with Brooks Macdonald. You should refer to Section 2 of the Brooks Macdonald Terms and Conditions for an explanation of the legally binding obligations applicable to you.

For Professional Advisers

This Application Pack forms part of our legal agreement with a Professional Adviser and enables our mutual client to understand the extent of our respective roles and responsibilities. Professional Advisers are required to complete this Application Pack on pages 22 and 25 in order to:

- confirm appointment as a Professional Adviser
- confirm that a Suitability assessment of the client has been undertaken
- confirm agreement to the Adviser charges applicable to the client
- confirm consideration has been given to the risk that tax evasion or avoidance is facilitated

Section 1: Brooks Macdonald Service Options

1.1 Account service

Select service type: Bespoke Portfolio Service (BPS)

 Managed Portfolio Service (MPS)

 AIM Portfolio Service (Only available in a High Risk profile with a Growth objective)

Brooks Macdonald Investment Manager (BPS only):

1.2 Accounts to be opened

Please refer to the application guide if an applicant wishes to use two or more investment profiles.

One Individual Account

Two separate Individual Accounts (under same or different investment profiles)

One Joint Account for two applicants

1.3 Account selection

First individual account applicant

Onshore GIA

Offshore GIA †

Stocks & Shares ISA

Second individual account applicant

Onshore GIA

Offshore GIA †

Stocks & Shares ISA

Joint account applicants

Onshore GIA

Offshore GIA †

† This is not available through MPS

If you require two or more BPS accounts to be managed as a single portfolio, please complete the Combined Accounts section at the end of this form.

Section 2: First Applicant Personal Details

2.1 Personal details

| | | | |
|----------------------------------------|----------------------|-----------|-------------------|
| Title: | Forename(s): | | |
| Surname: | | | |
| Permanent residential address: | | | |
| | | | Postcode: |
| Nationality: | Country of birth: | | |
| Second nationality (if applicable): | Country of domicile: | | |
| Citizenship: | Date of birth: | | |
| Telephone number: | Mobile number: | | |
| Contact email address: | | | |
| Gender: | Male | Female | Other |
| Marital status: | Single | Married | Civil partnership |
| | Divorced | Separated | Widowed |

2.2 Additional support

We are committed to providing you with a service that is tailored to your needs. Do you have any circumstances that we should be aware of or is there any particular support you need from us in the provision of our services? Please provide details below:

In order to ensure those who deal with your account understand your needs we would like to record this information.

Do you consent to this? Yes No

For further information about how we will process this information, please refer to our Terms & Conditions and our Privacy Notice.

Please do not hesitate to contact us if your requirements change in the future.

Section 3: First Applicant Employment and Tax Details

3.1 Employment status

Employment status: Employed Self-employed Retired Not employed

 Student Partner/Director Other (*please specify*):

Previous occupation, if retired or not employed:

Job title/occupation:

Name of current employer / self-employed trading name:

3.2 Current tax year

Other than with Brooks Macdonald, have you utilised your Capital Gains Tax (CGT) and/or Individual Savings Account (ISA) allowance allowance in the current tax year? If yes, please specify the amount used:

CGT: Yes No £

ISA: Yes No £

Have you any capital losses to carry forward? If yes, please provide details in the box below and confirm that these are available to offset against any gains achieved within your portfolio(s) with Brooks Macdonald (BPS/AIM only):

Section 4: First Applicant Income and Source of Wealth & Funds

4.1 Estimated total annual income

Gross salary (*or equivalent, e.g. pension*): £

Other income (*please specify source*): £

Estimation of net worth: £

(*assets e.g. pension/property/investments
minus liabilities e.g. mortgages/loans*)

4.2 Source of wealth

To meet Money Laundering Regulations, please indicate the source(s) of your wealth. Please note that we may request you to provide a full explanation and formal evidence to verify the source(s). Please tick all sources which apply as appropriate:

Salary or equivalent (*please provide details e.g. years worked*):

Family inheritance
(*please specify circumstances*):

Sale of business or property
(*please specify circumstances*):

Other (*please explain the origins of your wealth if not covered above*):

4.3 Source of wealth (specific / high risk industries)

Has your wealth been generated through any of the following industries? Please tick all that apply:

Construction

Pharmaceuticals

Oil and gas exploration

Mining

Defence (including production or distribution of weapons)

Gambling

Adult entertainment

Money service businesses

Cryptocurrency

Safety deposit services

None of the above

Brooks Macdonald may request additional details regarding your source of wealth.

4.4 Source of funds

Please tick all sources which apply as appropriate and specify the name of the institution currently holding the funds in the box at the bottom of this section:

Bank transfer

Savings and investments

Sale of an asset

Sale of an investment portfolio

Profits from business activities

ISA transfer

In-specie transfer of assets or portfolio

Pension drawdown

Other (please explain the origins of the funds being transferred if not covered above):

Please specify the name of the institution currently holding the funds:

Section 5: First Applicant ISA (Only complete this section if applicable)

5.1 Subscribing to your Flexible Stocks & Shares ISA

I apply to subscribe for a Brooks Macdonald Asset Management Stocks & Shares ISA for the / tax year and each subsequent tax year until further notice.

Please subscribe the following into my Brooks Macdonald Asset Management Stocks & Shares ISA for the current tax year:

Maximum allowable ISA subscription for the current tax year (please tick here) OR £

Please subscribe the following into my Brooks Macdonald Asset Management ISA for subsequent tax years until instructed otherwise in writing:

Maximum allowable ISA subscription (please tick here) OR £

5.2 ISA declaration and authority

I declare that:

1. all subscriptions made, and to be made, are from my own funds
2. I am 18 years of age or over
3. I have not subscribed and will not subscribe more than the overall subscription limit in total to any combination of permitted ISAs in the same tax year
4. I have not subscribed, and will not subscribe, to another stocks & shares ISA in the same tax year that I subscribe to this Flexible stocks & shares ISA
5. I am resident in the United Kingdom for tax purposes or, if not resident, either perform duties which, by virtue of Section 28 of the Income Tax (Earnings & Pensions) Act 2003 (Crown employees serving overseas) are treated as being performed in the United Kingdom, or I am married to, or in a civil partnership with, a person who performs such duties. I will inform Brooks Macdonald Asset Management Limited if I cease to be so resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties
6. The information given by me on this form is true and correct to the best of my knowledge and belief, and I shall inform Brooks Macdonald Asset Management Limited immediately if my circumstances affecting this investment change
7. I will be the beneficial owner of shares held in my account

I authorise Brooks Macdonald Asset Management Limited:

1. to hold my cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash
2. to make on my behalf any claims to relief from tax in respect of ISA investments
3. to make withdrawals from the plan, comprising ISA investments, interest, dividends, rights or other proceeds or any cash, and transfer them to me

I hereby agree to the above declaration and authority.

Your attention is drawn to the Brooks Macdonald Asset Management Limited Client Agreement and Guide to Flexible ISAs upon which we intend to rely. For your own benefit and protection you should read the terms of the Client Agreement carefully before signing the declaration below. If you do not understand any point please ask for further information.

Signature:

Date:

Full name:

Section 6: Second Applicant Personal Details

6.1 Personal details

Title:

Forename(s):

Surname:

Permanent residential address

(if different from first applicant):

Postcode:

Nationality:

Country of birth:

Second nationality
(if applicable):

Country of domicile:

Citizenship:

Date of birth:

Telephone number:

Mobile number:

Contact email address:

Gender:

Male

Female

Other

Marital status:

Single

Married

Civil partnership

Divorced

Separated

Widowed

6.2 Additional support

We are committed to providing you with a service that is tailored to your needs. Do you have any circumstances that we should be aware of or is there any particular support you need from us in the provision of our services? Please provide details below:

In order to ensure those who deal with your account understand your needs we would like to record this information.

Do you consent to this? Yes No

For further information about how we will process this information, please refer to our Terms & Conditions and our Privacy Notice.

Please do not hesitate to contact us if your requirements change in the future.

Section 7: Second Applicant Employment and Tax Details

7.1 Employment status

Employment status: Employed Self-employed Retired Not employed

 Student Partner/Director Other (*please specify*):

Previous occupation, if retired or not employed:

Job title/occupation:

Name of current employer / self-employed trading name:

7.2 Current tax year

Other than with Brooks Macdonald, have you utilised your Capital Gains Tax (CGT) and/or Individual Savings Account (ISA) allowance allowance in the current tax year? If yes, please specify the amount used:

CGT: Yes No £

ISA: Yes No £

Have you any capital losses to carry forward? If yes, please provide details in the box below and confirm that these are available to offset against any gains achieved within your portfolio(s) with Brooks Macdonald (BPS/AIM only):

Section 8: Second Applicant Income and Source of Wealth & Funds

8.1 Estimated total annual income

Gross salary (*or equivalent, e.g. pension*): £

Other income (*please specify source*): £

Estimation of net worth: £

(*assets e.g. pension/property/investments
minus liabilities e.g. mortgages/loans*)

8.2 Source of wealth

To meet Money Laundering Regulations, please indicate the source(s) of your wealth. Please note that we may request you to provide a full explanation and formal evidence to verify the source(s). Please tick all sources which apply as appropriate:

Salary or equivalent (*please provide details e.g. years worked*):

Family inheritance
(*please specify circumstances*):

Sale of business or property
(*please specify circumstances*):

Other (*please explain the origins of your wealth if not covered above*):

8.3 Source of wealth (specific / high risk industries)

Has your wealth been generated through any of the following industries? Please tick all that apply:

Construction

Pharmaceuticals

Oil and gas exploration

Mining

Defence (including production or distribution of weapons)

Gambling

Adult entertainment

Money service businesses

Cryptocurrency

Safety deposit services

None of the above

Brooks Macdonald may request additional details regarding your source of wealth.

8.4 Source of funds

Please tick all sources which apply as appropriate and specify the name of the institution currently holding the funds in the box at the bottom of this section:

Bank transfer

Savings and investments

Sale of an asset

Sale of an investment portfolio

Profits from business activities

ISA transfer

In-specie transfer of assets or portfolio

Pension drawdown

Other (please explain the origins of the funds being transferred if not covered above):

Please specify the name of the institution currently holding the funds:

Section 9: Second Applicant ISA (Only complete this section if applicable)

9.1 Subscribing to your Flexible Stocks & Shares ISA

I apply to subscribe for a Brooks Macdonald Asset Management Stocks & Shares ISA for the / tax year and each subsequent tax year until further notice.

Please subscribe the following into my Brooks Macdonald Asset Management Stocks & Shares ISA for the current tax year:

Maximum allowable ISA subscription for the current tax year (please tick here) OR £

Please subscribe the following into my Brooks Macdonald Asset Management ISA for subsequent tax years until instructed otherwise in writing:

Maximum allowable ISA subscription (please tick here) OR £

9.2 ISA declaration and authority

I declare that:

1. all subscriptions made, and to be made, are from my own funds
2. I am 18 years of age or over
3. I have not subscribed and will not subscribe more than the overall subscription limit in total to any combination of permitted ISAs in the same tax year
4. I have not subscribed, and will not subscribe, to another stocks & shares ISA in the same tax year that I subscribe to this Flexible stocks & shares ISA
5. I am resident in the United Kingdom for tax purposes or, if not resident, either perform duties which, by virtue of Section 28 of the Income Tax (Earnings & Pensions) Act 2003 (Crown employees serving overseas) are treated as being performed in the United Kingdom, or I am married to, or in a civil partnership with, a person who performs such duties. I will inform Brooks Macdonald Asset Management Limited if I cease to be so resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties
6. The information given by me on this form is true and correct to the best of my knowledge and belief, and I shall inform Brooks Macdonald Asset Management Limited immediately if my circumstances affecting this investment change
7. I will be the beneficial owner of shares held in my account

I authorise Brooks Macdonald Asset Management Limited:

1. to hold my cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash
2. to make on my behalf any claims to relief from tax in respect of ISA investments
3. to make withdrawals from the plan, comprising ISA investments, interest, dividends, rights or other proceeds or any cash, and transfer them to me

I hereby agree to the above declaration and authority.

Your attention is drawn to the Brooks Macdonald Asset Management Limited Client Agreement and Guide to Flexible ISAs upon which we intend to rely. For your own benefit and protection you should read the terms of the Client Agreement carefully before signing the declaration below. If you do not understand any point please ask for further information.

Signature:

Date:

Full name:

Section 10: Bank Accounts

10. Bank account details

Any transfer from Brooks Macdonald to you will be via Bank Transfer. If additional space is required for Section 10, please use the ‘Application Pack - Supplementary Form’ on www.brooksmacdonald.com in the “Our Services – Factsheets and Literature” section to capture the details.

Bank account 1

Account name:

Bank name:

Account number: | | | | | | | |

Sort code: | - | - |

IBAN
(if applicable):

BIC
(if applicable):

| | Default | Alternate |
|------------------|----------------|------------------|
| First applicant | | |
| Second applicant | | |
| Joint applicants | | |

Bank account 2

Account name:

Bank name:

Account number: | | | | | | | |

Sort code: | - | - |

IBAN
(if applicable):

BIC
(if applicable):

| | Default | Alternate |
|------------------|----------------|------------------|
| First applicant | | |
| Second applicant | | |
| Joint applicants | | |

Bank account 3

Account name:

Bank name:

Account number: | | | | | | | |

Sort code: | - | - |

IBAN
(if applicable):

BIC
(if applicable):

| | Default | Alternate |
|------------------|----------------|------------------|
| First applicant | | |
| Second applicant | | |
| Joint applicants | | |

Section 11: BPS Investment Profile (go to section 12 for MPS)

11.1 First applicant

Please only complete this section if you selected ‘one Individual Account’ or ‘two separate Individual Accounts (under same or different Investment Profiles)’ in section 1.2 on page 2. Do not use this section if only ‘one Joint Account for two applicants’ has been selected (use 11.3 instead).

| Risk Profile | Investment Objective | Time Horizon |
|--------------|----------------------|--------------|
| Low | Income | 3 – 5 years |
| Low/Medium | Growth | 5 – 10 years |
| Medium | Income & Growth | 10 years + |
| Medium/High | | |
| High | | |

Your specific investment requirements (e.g. Direct Equity portfolio):

Your specific investment preferences or restrictions (e.g. no property):

11.2 Second applicant

Please only complete this section if you selected ‘two separate Individual Accounts (under same or different investment profiles)’ in section 1.2 on page 2. Do not use this section if only ‘one Joint Account for two applicants’ has been selected (use 11.3 instead).

| Risk Profile | Investment Objective | Time Horizon |
|--------------|----------------------|--------------|
| Low | Income | 3 – 5 years |
| Low/Medium | Growth | 5 – 10 years |
| Medium | Income & Growth | 10 years + |
| Medium/High | | |
| High | | |

Your specific investment requirements (e.g. Direct Equity portfolio):

Your specific investment preferences or restrictions (e.g. no property):

11.3 Joint applicants

Please only complete this section if you selected 'one Joint Account for two applicants' in section 1.2 on page 2.

| Risk Profile | Investment Objective | Time Horizon |
|--------------|----------------------|--------------|
| Low | Income | 3 – 5 years |
| Low/Medium | Growth | 5 – 10 years |
| Medium | Income & Growth | 10 years + |
| Medium/High | | |
| High | | |

Your specific investment requirements (e.g. Direct Equity portfolio):

Your specific investment preferences or restrictions (e.g. no property):

Section 12: MPS Investment Profile (go to section 11 for BPS)


12.1 First applicant

Please only complete this section if you selected 'one Individual Account' or 'two separate Individual Accounts (under same or different investment profiles)' in section 1b on page 2.

| | | Income | Income & Capital Growth | Capital Growth |
|-----------------------------|-------------------------------|--------|-------------------------|----------------|
| Less risk ↓ More risk | Low Risk | | - | - |
| | Low Risk – Passive | | - | - |
| | Low-to-Medium Risk | | | - |
| | Low-to-Medium Risk – Passive | - | | - |
| | Medium Risk | | | - |
| | Medium Risk – Passive | - | | - |
| | Medium-to-High Risk | - | - | |
| | Medium-to-High Risk – Passive | - | - | |
| | High Risk | - | - | |
| | High Risk – Passive | - | - | |


12.2 Second applicant

Please only complete this section if you selected 'two separate Individual Accounts (under same or different investment profiles)' in section 1b on page 2.

| | | Income | Income & Capital Growth | Capital Growth |
|--------------------------------------------------------------------------------------------------------------|-------------------------------|--------|-------------------------|----------------|
| Less risk  More risk | Low Risk | | - | - |
| | Low Risk – Passive | | - | - |
| | Low-to-Medium Risk | | | - |
| | Low-to-Medium Risk – Passive | - | | - |
| | Medium Risk | | | - |
| | Medium Risk – Passive | - | | - |
| | Medium-to-High Risk | - | - | |
| | Medium-to-High Risk – Passive | - | - | |
| | High Risk | - | - | |
| | High Risk – Passive | - | - | |

12.3 Joint applicants

Please only complete this section if you selected 'one Joint Account for two applicants' in section 1b on page 2.

| | | Income | Income & Capital Growth | Capital Growth |
|---------------------------------------------------------------------------------------------------------------|-------------------------------|--------|-------------------------|----------------|
| Less risk  More risk | Low Risk | | - | - |
| | Low Risk – Passive | | - | - |
| | Low-to-Medium Risk | | | - |
| | Low-to-Medium Risk – Passive | - | | - |
| | Medium Risk | | | - |
| | Medium Risk – Passive | - | | - |
| | Medium-to-High Risk | - | - | |
| | Medium-to-High Risk – Passive | - | - | |
| | High Risk | - | - | |
| | High Risk – Passive | - | - | |

Section 13: Account Funding

13.1 Funding your account

| First applicant | Second applicant | Joint applicants |
|--------------------------------|--------------------------------|--------------------------------|
| Bank transfer | Bank transfer | Bank transfer |
| Direct debit | Direct debit | Direct debit |
| Transfer of existing portfolio | Transfer of existing portfolio | Transfer of existing portfolio |
| Cheque to BMAM | Cheque to BMAM | Cheque to BMAM |

13.2 This investment

| | First applicant | Second applicant | Joint applicants |
|--------------------------------------------------------------|------------------------|-------------------------|-------------------------|
| Initial investment amount: £ | £ | £ | £ |
| What percentage of your total assets does this represent? | % | % | % |
| Please indicate any additional money you intend to invest: £ | £ | £ | £ |
| When will these funds be added? | | | |

Section 14: Instructions Relating to Income

14.1 Select accounts from which accumulated income should be paid

Select which BPS accounts you wish to receive income from. **If no account is selected, the income will be held on deposit or reinvested.** Please refer to the accounts selected in Section 1 of this form.

| First individual account applicant | Second individual account applicant | Joint account applicants |
|------------------------------------|-------------------------------------|--------------------------|
| Onshore GIA | Onshore GIA | Onshore GIA |
| Offshore GIA | Offshore GIA | Offshore GIA |
| ISA | ISA | |

Select which MPS accounts you wish to receive income from. **If no account is selected, the income will be held on deposit or reinvested.** Please refer to the accounts selected in Section 1 of this form.

| First individual account applicant | Second individual account applicant | Joint account applicants |
|------------------------------------|-------------------------------------|--------------------------|
| Onshore GIA | Onshore GIA | Onshore GIA |
| ISA | ISA | |

Select which AIM Portfolio Service accounts you wish to receive income from. **If no account is selected, the income will be held on deposit or reinvested.** Please refer to the accounts selected in Section 1 of this form.

| First individual account applicant | Second individual account applicant | Joint account applicants |
|------------------------------------|-------------------------------------|--------------------------|
| Onshore GIA | Onshore GIA | Onshore GIA |
| Offshore GIA | Offshore GIA | Offshore GIA |
| ISA | ISA | |

14.2 Accumulated income payment details**First applicant**Either: all income **or** £

monthly quarterly semi-annually annually

On which date of the month would you like this paid to the default bank account? 5th 20th

Date effective from:

Second applicantEither: all income **or** £

monthly quarterly semi-annually annually

On which date of the month would you like this paid to the default bank account? 5th 20th

Date effective from:

Joint applicantsEither: all income **or** £

monthly quarterly semi-annually annually

On which date of the month would you like this paid to the default bank account? 5th 20th

Date effective from:

Section 15: Operation of the Accounts

15.1 Associated parties

If additional space is required for Section 15, please use the 'Application Pack - Supplementary Form' on www.brooksmacdonald.com in the "Our Services – Factsheets and Literature" section to capture their details.

Connected/associated party 1

Associated with: First applicant Second applicant Joint applicants

Association with applicant: Professional Adviser Solicitor Accountant Employer

Power of Attorney (please provide evidence as per guidelines)

Other (please specify):

Company name (if applicable):

Title: Forename(s):

Surname:

Address:

Postcode:

Telephone number:

Mobile number:

Contact email address:

Date of birth (*only required if the associated party will be given payment authority*):

Connected/associated party 2

Associated with: First applicant Second applicant Joint applicants

Association with applicant: Professional Adviser Solicitor Accountant Employer

Power of Attorney (please provide evidence as per guidelines)

Other (please specify):

Company name (if applicable):

Title: Forename(s):

Surname:

Address:

Postcode:

Telephone number:

Mobile number:

Contact email address:

Date of birth (*only required if the associated party will be given payment authority*):

15.2 Providing additional valuation statements, tax packs, costs & charges and contract notes

| | First applicant | Second applicant | Joint applicants |
|-------------------------------|-----------------|------------------|------------------|
| Connected/associated party 1: | Valuation | Valuation | Valuation |
| | Tax pack | Tax pack | Tax pack |
| | Contract notes | Contract notes | Contract notes |
| Connected/associated party 2: | Valuation | Valuation | Valuation |
| | Tax pack | Tax pack | Tax pack |
| | Contract notes | Contract notes | Contract notes |

15.3 Giving payment authority

For each connected/associated party with payment authority, we would need to carry out due diligence checks which comprise of identification and verification of identity and address. In the first instance, we will attempt electronic screening. However, if this is not successful, we would need to obtain two certified documents (one for identification and one for address verification).

A list of acceptable documents for verification of identify and address is as follows:

| Proof of identity | Proof of address |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> Valid passport Valid UK photocard driving licence (full or provisional are acceptable)* Valid (old style) full UK driving licence Firearms certificate or shotgun licence Identity card issued by the Electoral Office for Northern Ireland Recent evidence from DWP confirming pension entitlements Recent correspondence from HMRC such as tax coding notice** Recent evidence of entitlement to a state or local authority-funded benefit (including housing benefit and council tax benefit), tax credit, pension, educational or other grant** | <ul style="list-style-type: none"> Bank statements*** or credit/debit card statements*** (not printed from the internet) Utility bills*** (not printed from the internet) Council Tax demand letter or statement for the current tax year Instrument of a court appointment (such as liquidator or grant of probate) Valid UK photocard driving licence (full or provisional are acceptable)* <p><i>* Cannot be used for both proof of identity and address as the same time</i></p> <p><i>** Must be dated within the last 12 months</i></p> <p><i>*** Must be dated within the last 3 months</i></p> |

| | | | |
|-------------------------------|-----------------|------------------|------------------|
| Connected/associated party 1: | First applicant | Second applicant | Joint applicants |
| Connected/associated party 2: | First applicant | Second applicant | Joint applicants |

Section 17: Communication Preferences

17.1 First applicant preferences

As part of our service, we provide portfolio valuations, tax packs, costs & charges and contract notes (where applicable). Please indicate if you would also like to receive the following non-service communications:

News and articles from Brooks Macdonald

Marketing materials

Third party materials

17.2 Second applicant preferences

As part of our service, we provide portfolio valuations, tax packs, costs & charges and contract notes (where applicable). Please indicate if you would also like to receive the following non-service communications:

News and articles from Brooks Macdonald

Marketing materials

Third party materials

Section 18: Declarations and Authority

18.1 Client to complete

Please read these declarations and consents carefully. They are important and if inaccurate may affect Brooks Macdonald's ability to provide the service requested or any service at all.

I/We have received:

- Brooks Macdonald Terms and Conditions
- Guide to completing this application form
- Client Investing Guide
- Guide to ISAs and LISAs as I am/we are applying to set up an ISA in this application

I/We acknowledge that:

this application pack together with the Brooks Macdonald Terms and Conditions forms a legally binding contract on which you will rely

I/we have received, completed and will return with this application my/our "Individual Self-Certification of Tax Residency" form(s).

there is a right to cancel or withdraw from the Terms and Conditions in accordance with section 14.8

I/we agree to notify Brooks Macdonald immediately in the event that my/our tax residency changes

my/our Personal Data may be retained and/or processed in accordance with section 14.12 of the Terms and Conditions

I/We consent to the following:

The Order Execution Policy has been provided as part of the Terms and Conditions and, in particular, to the explicit disclosure that orders may, in certain circumstances, not be executed through a regulated market, exchange or multilateral trading facility

The payment of Adviser fees from the portfolio as described in Section 16.2

Please check that all required boxes are completed before signing below.

First applicant

Signature:

Date:

Full name:

Second applicant

Signature:

Date:

Full name:

18.2 Adviser to complete

The Professional Adviser is required, as part of the legal agreement between Brooks Macdonald and the Professional Adviser, to confirm the following:

- I have carried out anti-money laundering identification and verification to the standards in the Money Laundering, Terrorist Financing and Transfer of Funds (Information on the Payer) Regulations 2017
- I have considered the risk that a tax evasion facilitation offence is committed and confirm that the purpose of this investment is not to evade or avoid tax
- I have been appointed by the client as their Professional Adviser
- I have carried out an assessment of the Suitability of the BPS and/or MPS and/or AIM Portfolio Service for the client in accordance with applicable requirements
- I have discussed the BPS and/or MPS and/or AIM Portfolio Service with the client and advised them based on their investment profile
- I have full and continuing authority from the client in respect of any instructions given by me in the context of my agreement with the client

Signature:

Date:

Full name:

FCA individual reference number (IRN):

(TC874.6-R)

Individual Self-Certification of Tax Residency



BROOKS MACDONALD

The below information is not required if the policy is written in trust. For policies that are written in trust, please contact your Professional Adviser or Brooks Macdonald for a Trust Self-Certification form.

Tax regulations including the Foreign Account Tax Compliance Act (FATCA) and the Organisation for Economic Co-Operation and Development (OECD) Common Reporting Standard (CRS) were designed to protect the integrity of global tax systems. These regulations require us to collect information about each investor's tax residency. In certain circumstances, we may be obliged to share information about your account with HM Revenue & Customs (HMRC), who may pass this on to other tax authorities in other jurisdictions. If you have any questions about your tax residency, please contact your tax or financial adviser. Should any of the information provided change in the future, please ensure you advise us of the changes immediately and provide a new self-certification within 30 days.

Personal details

Title:

Forename(s):

Surname:

Date of birth:

Town/city of birth:

Country of birth:

Current residential address
(please do not use a P.O. Box
or 'in care of' address):

Postcode:

Current mailing address
(please complete if different
from residence address above):

Postcode:

Tax residency

Are you a US citizen or resident for tax purposes?

Yes

No

If yes, please provide your US Taxpayer Identification Number below and an IRS Form W-9:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Tax residency (continued)

Please indicate in the table below:

- a. all countries/jurisdictions in which you are a tax resident; and**
- b. your associated Taxpayer Identification Number (TIN) (such as a National Insurance Number or Social Security Number) or equivalent for each country/jurisdiction.**

If more space is required, please use a separate sheet.

If a TIN is unavailable, please provide the appropriate reason A, B or C:

Reason A The country/jurisdiction where you are liable to pay tax does not issue TINs to its residents.

Reason B You are otherwise unable to obtain a TIN or equivalent number.
Please explain why you are unable to obtain a TIN in the table below.

Reason C No TIN required.
Please only select this reason if the authorities of the country/jurisdiction of tax residence below do not require a TIN to be disclosed.

| | | |
|---------------------------------------|-----|-----------------------------------|
| Country/jurisdiction of tax residency | TIN | If no TIN, enter reason A, B or C |
|---------------------------------------|-----|-----------------------------------|

If you selected Reason B above, please explain in the following boxes why you are unable to obtain a TIN.

Declaration

I declare that all information provided on this self-certification is, to the best of my knowledge and belief, accurate and complete.

I understand that the information supplied by me is covered by the terms and conditions governing my relationship with Brooks Macdonald, setting out how Brooks Macdonald may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding my account(s) maintained with Brooks Macdonald may be provided to HMRC. HMRC may exchange this information with tax authorities in the other country or countries in which the Account Holder may be tax resident.

I agree to notify Brooks Macdonald immediately in the event that the information in this self certification becomes incorrect or incomplete and to provide an updated self-certification within **30 days**.

Signature:

Date:

Full name:

Capacity*:

* If you are not the Account Holder, please indicate the capacity in which you are signing this self-certification. A legal guardian should complete the self-certification on behalf of a minor. If signing under a power of attorney, please also attach a certified copy of the power of attorney.

(TC874.6-R)

Form **W-8BEN**

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

- ▶ For use by individuals. Entities must use Form W-8BEN-E.
- ▶ Go to www.irs.gov/FormW8BEN for instructions and the latest information.
- ▶ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form if:

- You are NOT an individual **W-8BEN-E**
- You are a U.S. citizen or other U.S. person, including a resident alien individual **W-9**
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services) **W-8ECI**
- You are a beneficial owner who is receiving compensation for personal services performed in the United States **8233 or W-4**
- You are a person acting as an intermediary **W-8IMY**

Instead, use Form:

Note: If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

| | |
|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 1 Name of individual who is the beneficial owner | 2 Country of citizenship |
| 3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. | |
| City or town, state or province. Include postal code where appropriate. | Country |
| 4 Mailing address (if different from above) | |
| City or town, state or province. Include postal code where appropriate. | Country |
| 5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions) | |
| 6a Foreign tax identifying number (see instructions) | 6b Check if FTIN not legally required <input type="checkbox"/> |
| 7 Reference number(s) (see instructions) | 8 Date of birth (MM-DD-YYYY) (see instructions) - - |

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself for chapter 4 purposes;
- The person named on line 1 of this form is not a U.S. person;
- This form relates to:
 - (a) income not effectively connected with the conduct of a trade or business in the United States;
 - (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;
 - (c) the partner's share of a partnership's effectively connected taxable income; or
 - (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

Sign Here ▶

I certify that I have the capacity to sign for the person identified on line 1 of this form.

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Print name of signer

Date (MM-DD-YYYY)

Individual Self-Certification of Tax Residency



BROOKS MACDONALD

The below information is not required if the policy is written in trust. For policies that are written in trust, please contact your Professional Adviser or Brooks Macdonald for a Trust Self-Certification form.

Tax regulations including the Foreign Account Tax Compliance Act (FATCA) and the Organisation for Economic Co-Operation and Development (OECD) Common Reporting Standard (CRS) were designed to protect the integrity of global tax systems. These regulations require us to collect information about each investor's tax residency. In certain circumstances, we may be obliged to share information about your account with HM Revenue & Customs (HMRC), who may pass this on to other tax authorities in other jurisdictions. If you have any questions about your tax residency, please contact your tax or financial adviser. Should any of the information provided change in the future, please ensure you advise us of the changes immediately and provide a new self-certification within 30 days.

Personal details

Title:

Forename(s):

Surname:

Date of birth:

Town/city of birth:

Country of birth:

Current residential address
(please do not use a P.O. Box
or 'in care of' address):

Postcode:

Current mailing address
(please complete if different
from residence address above):

Postcode:

Tax residency

Are you a US citizen or resident for tax purposes?

Yes

No

If yes, please provide your US Taxpayer Identification Number below and an IRS Form W-9:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Tax residency (continued)

Please indicate in the table below:

- a. all countries/jurisdictions in which you are a tax resident; and**
- b. your associated Taxpayer Identification Number (TIN) (such as a National Insurance Number or Social Security Number) or equivalent for each country/jurisdiction.**

If more space is required, please use a separate sheet.

If a TIN is unavailable, please provide the appropriate reason A, B or C:

Reason A The country/jurisdiction where you are liable to pay tax does not issue TINs to its residents.

Reason B You are otherwise unable to obtain a TIN or equivalent number.
Please explain why you are unable to obtain a TIN in the table below.

Reason C No TIN required.
Please only select this reason if the authorities of the country/jurisdiction of tax residence below do not require a TIN to be disclosed.

| | | |
|---------------------------------------|-----|-----------------------------------|
| Country/jurisdiction of tax residency | TIN | If no TIN, enter reason A, B or C |
|---------------------------------------|-----|-----------------------------------|

If you selected Reason B above, please explain in the following boxes why you are unable to obtain a TIN.

Declaration

I declare that all information provided on this self-certification is, to the best of my knowledge and belief, accurate and complete.

I understand that the information supplied by me is covered by the terms and conditions governing my relationship with Brooks Macdonald, setting out how Brooks Macdonald may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding my account(s) maintained with Brooks Macdonald may be provided to HMRC. HMRC may exchange this information with tax authorities in the other country or countries in which the Account Holder may be tax resident.

I agree to notify Brooks Macdonald immediately in the event that the information in this self certification becomes incorrect or incomplete and to provide an updated self-certification within **30 days**.

Signature:

Date:

Full name:

Capacity*:

* If you are not the Account Holder, please indicate the capacity in which you are signing this self-certification. A legal guardian should complete the self-certification on behalf of a minor. If signing under a power of attorney, please also attach a certified copy of the power of attorney.

(TC874.6-R)

Form **W-8BEN**

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

- ▶ For use by individuals. Entities must use Form W-8BEN-E.
- ▶ Go to www.irs.gov/FormW8BEN for instructions and the latest information.
- ▶ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form if:

- You are NOT an individual **W-8BEN-E**
- You are a U.S. citizen or other U.S. person, including a resident alien individual **W-9**
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services) **W-8ECI**
- You are a beneficial owner who is receiving compensation for personal services performed in the United States **8233 or W-4**
- You are a person acting as an intermediary **W-8IMY**

Instead, use Form:

Note: If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|--|
| 1 Name of individual who is the beneficial owner | | 2 Country of citizenship | |
| 3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. | | | |
| City or town, state or province. Include postal code where appropriate. | | Country | |
| 4 Mailing address (if different from above) | | | |
| City or town, state or province. Include postal code where appropriate. | | Country | |
| 5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions) | | | |
| 6a Foreign tax identifying number (see instructions) | | 6b Check if FTIN not legally required <input type="checkbox"/> | |
| 7 Reference number(s) (see instructions) | | 8 Date of birth (MM-DD-YYYY) (see instructions) | |

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself for chapter 4 purposes;
- The person named on line 1 of this form is not a U.S. person;
- This form relates to:
 - (a) income not effectively connected with the conduct of a trade or business in the United States;
 - (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;
 - (c) the partner's share of a partnership's effectively connected taxable income; or
 - (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

Sign Here ▶

I certify that I have the capacity to sign for the person identified on line 1 of this form.

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Print name of signer