

Application Form

Thank you for choosing Wealthtime Select. Please take your time reading and filling out this application form and direct any questions you have to your financial adviser.

This application comprises a wrap application together with an application for each product. You must be resident in the UK to apply.

Please ensure all forms are fully completed as failure to do so will delay your application. There will be additional forms to complete if your products are funded by transfer(s) or regular (member and/or employer) payments. The additional forms are available at wealthtime.com. Please refer to the checklist at the end of the application to ensure you have completed the relevant forms.

You are required to provide evidence of your bank account (original statement, void cheque, paying-in slip or secure message) before withdrawals or income payments can be made.

Is this application to be held in Yes No a family wrap?	If 'yes', please provide client number and/ or client name
Personal details Your details	
Mr Mrs Ms Miss Other	If 'other', please state
Forename(s) in full* *As per birth certificate	Surname
Commonly known as	Previous name(s)
Date of birth (dd/mm/yyyy) Male Female	National Insurance number
	I've never had a National Insurance number
Marital status	Passport number
Nationality	Please provide a certified copy of your passport. When making a copy of your passport, please make sure the long number at the bottom of the picture page is clearly visible.
Do you have dual nationality? Yes No (If 'yes', please state	Driving licence no. (optional)
ii jee, piedee state	l've never had a driving licence



Phone number		Mobile number	
Permanent residential address		Email address	
		Previous residential address (if you've	
		changed address in the last six months)	
Postcode			
		Postcode	
Status			
Employed	Caring for one or more children under the age of 16	Caring for a person over the age of 16	Unemployed
Self-employed	Pensioner	In full-time education	
	n a PEP? Yes No details including country, the was held, and a brief description	 administrative, m government or positive of a state-owned con another entity su individual is a beaclose relative (iespouse's parents professional asso 	n the executive, legislative, nilitary or judicial branch of a olitical party (elected or not). I state-owned corporation or nmercial enterprise. Inch as a trust of which such an neficiary or trustee or is/has any spouse, parents, sibling, children and a or siblings) or any close personal or ociate connected to such a position. In any overseas or UK entity.)



Tax

The following information will be used to make sure taxes are reported/withheld correctly.				If you answered 'yes' to question 2 or 3, please provide your Tax Identification Number (TIN)** for any territories or jurisdictions (other than the UK) where you're a resident for income tax/corporation tax purposes, or any tax imposed by the law of that territory that's similar to income/corporation taxes in the boxes provided.							
Please provide details of any territories or jurisdictions where you're a resident for income tax and corporation tax purposes, or any tax imposed by the law of that territory that's similar to income or corporation tax.											
LIIC	at 3 similar to mooning		i tax.				Territory or jurisdiction				
1.	Are you a tax reside of the United King (excludes Crown		Yes	\bigcirc	No		Tax Identification Number				
	Dependencies and	Gibraltar)					*1f vov apovered (voe) to	a aithar af tha gwaatians	, so do salin d		
2.	Are you a US perso you a tax resident		Yes	\bigcirc	No	\bigcirc	non-UK tax residency, p	o either of the questions please ask your financia d further information. W	al adviser to		
3. Are you a tax resid				\bigcirc	No	\bigcirc	accept applications from US persons or residents of the US for tax purposes.				
	or jurisdiction?						**It's a legal requirement that we record your TIN. Applications won't be accepted if you don't provide this information.				
Fii	nancial adviser	details									
							vide me with ongoing ac oehalf in respect of my				
Со	mpany name						Financial adviser name				
	nancial adviser dress						Paraplanner/ administrator name				
							Postcode				
								dviser charges agreem ke their charges from y			



Source of Funds

In order to understand where the money you'll be investing came from, please fill out the following section. A list of descriptions for sources of funds and the details required are shown in appendix A.

Important:

- If the amount to be invested exceeds £1m, you'll need to provide evidence supporting the source of funds. We may also sometimes ask for evidence below this threshold.
- We're required by law to understand how you received the money you'll be investing.
- If it's been a while since the money to be invested was accumulated, we may ask for evidence of where it's been invested in the meantime.
- If further evidence is needed, we've provided some

bonus payments from named employer.

dividend payments.

your latest P60 or equivalent.

a letter from your employer on company headed paper confirming your salary and, if relevant, your bonus or

- examples of the types of evidence we'll accept in appendix A. And unless otherwise stated, you need to provide only one form of evidence from each of the lists that apply to you.
- Unless specifically stated in relation to a document, we're happy for documents to be certified by any FCA-authorised individual.

However, even if evidence isn't required as you don't meet the criteria or haven't been asked for it, you still need to tell us where the funds were accumulated in the boxes below.

Income from employment (or previous employment if retired or currently unemployed)

This includes lump sum bonus payments or dividends. Full name of Income received employer in the last tax year (worked) (£) Nature of employer's husiness Amount of bonus payment Your occupation received (£) Date bonus Income received in payment was this tax year (£) received (dd/mm/yyyy) Examples of acceptable evidence Original or certified copy of: Evidence has been provided a recent payslip showing salary. recent, complete audited accounts (if self-employed). bank statements, clearly showing your last three Other source of funds months of regular payments and, if relevant, receipt of



Other sources of funds

If your funds come from somewhere other than your employer, please refer to appendix A and list the source most relevant to you in the boxes provided. If the appropriate evidence has been supplied, please tick the box indicating this.

Description	Details			Evidence supplied				
Source account								
This is the account con	taining the money you want to invest	with us.						
Please note:								
 If the source account details provided don't match the account from which the money is received, we may ask for additional information and documentation. If we receive money from more than one source account or from a jurisdiction we consider to be a higher money-laundering risk, we may ask for additional information and documentation. If you want payments from your Wealthtime Select product(s) to go into this account, please enclose supporting evidence of the account details in the form of an original bank statement (internet bank statements won't be accepted), or a void cheque or paying-in slip, which clearly shows the account name, sort code and account number. Please tick if you'd like this account to be used for payments back to you eg withdrawals.								
Source account det	tails							
Name(s) of account holder(s)		Bank or building society name						
Sort code [and address						
Account number								
Building society reference number (if applicable)								
Number of years or months this account has been held for		Postcode						



Online Registration

Memorable information

Security information must be provided so we can verify users, so you'll need to remember this information as we'll ask you about it when you first log in. The sections below need to be completed by you or your nominee.

lease use a maximum of 15 characters per answer, and avoid the use of punctuation, for all the information below.								
Mother's maiden name	Place of birth							
Please note: When entering your memorable date, the year should be between 1900 and 2100.	Memorable school							
Memorable date (dd/mm/yyyy)	Memorable place							
Email address								
Online access for another family wrap member								
authorise you to provide online access to my wrap to the person named below. (This person must also be a client of Wealthtime Select and be registered with online access.)								
Full name of authorised person	Date of birth (dd/mm/yyyy)							

Wealthtime Select online services Terms and Conditions

The Wealthtime Select online services Terms and Conditions are in appendix B. All Wealthtime Select online users must agree to these before access will be granted. Please read them carefully and make sure you understand all items before signing the agreement contained in the declaration at the end of this form.

From time to time we may notify you of any additional terms and conditions online.



General Investment Account (GIA) Application

features and terms and conditions. Once you've decided it'	s the right product for y	ou, please o	complet	e all se	ectio	ns.	
I wish to apply for a Wealthtime Select GIA to accept from time to time. Please tick box to confirm.	deposits and transfers	from existir	ng GIAs	as inst	tructe	ed	
Total number of GIAs to be transferred.	Please complete a G for each transfer.	GIA transfer	authori	ty forr	n		
Is this account to be set up in joint names?) If yes, please comple available at wealthtir			icatior	า forr	m	
To make a payment into your GIA, please indicate the amou	ınt.						
Single deposit (£)	Regular payments (£)						
I wish to pay for my deposit:	Frequency of regula	r payments	s:				
from my Wealthtime Select ISA account cash balance.	Monthly Quar	rterly (Half-ye	early (\supset ,	Yearl	у 🔾
by bank transfer to Wealthtime Select.	Start date for regular payments: (dd/mm/yyyy)	1 2		2	0	2	
ОГ		2 7		2	0	2	
If you want to make regular payments to your GIA, please for available at wealthtime.com. Please allow 15 working days f		ect Debit m	andate	to us -	- a co	opy is	5
Offshore Bond application							
Before you fill out this section, please make sure you've rea and conditions. Once you've decided it's the right product f				eature	es an	d teri	ms
I wish to apply to hold an Offshore Bond in my Wealth	ntime Select wrap.						
Please note that you need to have set up an account with you	our chosen Offshore Bo	nd provide	r initially	′ .			
Is this Offshore Bond set up in Yes No joint names?	If yes, please comple application available)ffsh	оге В	ond
Please indicate which Offshore Bond investment you woul	d like to hold in your wra	ap:					
Canada Life International (Isle of Man) Quilter International	ernational Utm	nost Wealth					
Policy number							

Before you fill out this section, please make sure you've read and understood our General Investment Account (GIA) key



Stocks and Shares ISA application

Before you fill out this section, please make sure you've read and understood our ISA key features and terms and conditions. Once you've decided it's the right product for you, please complete all sections.

I wish to apply for a Wealthtime Select ISA to accept subscriptions and transfers from existing ISAs as instructed from time to time. Please tick box to confirm.								
Total number of ISAs to be transferred.	Please complete an ISA transfer authority form for each transfer.							
I apply to subscribe for a Stocks and Shares ISA for the tax further notice.	year 20 /20 and each subsequent tax year until							
Single subscription (£)	Regular subscriptions (£)							
I wish to pay for my subscription:	Frequency of regular subscriptions:							
from my Wealthtime Select GIA cash balance.	Monthly Quarterly Half-yearly Yearly							
by bank transfer to Wealthtime Select.	Start date for regular							
	subscriptions (dd/mm/yyyy) and the subscriptions (dd/mm/yyyyy) and the subscriptions (dd/mm/yyyyyy) and the subscriptions (dd/mm/yyyyyy) and the subscriptions (dd/mm/yyyyyy) are subscriptions (dd/mm/yyyyyyy) and the subscriptions (dd/mm/yyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyy							

If you want to make regular subscriptions to your ISA, please forward a completed Direct Debit mandate to us. Please allow 15 working days for us to set this up.



SIPP Application

Before you fill out this section, please make sure you've read and understood our SIPP key features and terms and conditions document. Once you've decided it's the right product for you, please complete all sections.

	I wish to open a Wealthtime Select SIPP to a Please tick box to confirm.	ccept cont	ributic	ons and transfers as instructed from time to time.	
Tota	al number of pension transfers.		Pleas	se complete a SIPP transfer in form for each transfer.	
reti	ended rement date* /mm/yyyy)		your re date a we'll a	use this date to determine when to send you information about etirement options. You don't need to start taking benefits on this nd you're free to change it any time. If you don't provide a date, ssume your intended retirement date is your state pension age. do provide a date, it mustn't be before the date this application ed.	
SI	PP Contributions				
Ple	ase fill out this section if single or regular contri	butions will	l be pa	id into this SIPP.	
En	titlement to tax relief				
	ase note: if the following information isn't provious laim tax relief.	ded at the c	outset	with the contribution payment then we're unable to	
Ple	ase indicate the most relevant to you:				
1.	I have relevant UK earnings chargeable to income tax, or general earnings from overseas Crown employment subject to UK tax, in this tax year.		4.	I, or my spouse, am in overseas Crown employment but for this tax year don't have general earnings from overseas Crown employment subject to UK tax.)
2.	I have, or will have, been resident in the UK at some time during this tax year.	\bigcirc	5.	As at the date of this application I have been resident in the UK at some point during	\
3.	My spouse has, for this tax year, general earnings from overseas Crown employment subject to UK tax.			the five tax years immediately before this tax year.	

If you ticked option 1, we'll reclaim basic tax rate on your personal contributions. If you ticked any of the other options, we'll reclaim basic rate tax on your personal contributions up to £3,600 gross. If you're unable to tick any of these boxes, we won't reclaim any basic rate tax relief on your personal contributions.



Personal Contri	ibutions										
Single contribution (£) (gross)*			Regular contribution (£) (gross)*	1							
I wish to pay for my	contribution:		Frequency of regula	r cont	ribut	ions					
from my Wealthtime	e Select GIA cash balance.		Monthly Quart	terly (\bigcirc	Half-	-уеаг	ly () Y	'early	
from my Wealthtime cash balance.	e Select ISA account		Start date for regular contribution	0	7			2	0	2	
by bank transfer to \	Wealthtime Select.		payments: (dd/mm/yyyy) or	2	1			2	0	2	
*You only need to p	ay the net (of basic rate tax) an	nount.									
	regular subscriptions to your SIP se allow 15 working days for us to			l Direc	t De	bit					
	tions are paid net of basic rate tax note that the value of the reclaim o										
Third Party Cor	ntributions										
employer) is to make	ake a contribution on your behalf e contributions to your SIPP, plea ation checks on the third party be	se provi	de their details below.	We wi				y out	anti-	-mon	еу
Third- party details											
Mr O Mrs O	Ms Miss Other		If 'other', please state	9							
Forename(s) in full			Address								
Surname											
Date of birth (dd/mm/yyyy)											
			Postcode								



Employer Contributions

By providing your emp	oloyer details below you are authorising	g Wealthtime Select to co	orrespond directly with your employer.
Employer name		Employer contact name	
		Employer address	
Country of incorporation/ establishment			
Phone number			
Employer/company registered number Nature of business		Postcode	
Is your employer contr If 'yes', you'll need to v	ribution from an unincorporated busin erify its identity.	ess? Yes No	
Please provide a photo or invoice.	ocopy of their latest annual report and a	accounts, plus an HM Re	venue & Customs tax return
Single Contributi	on		
Employer (£) (gross)		Employee (£) (net) (relief at source)	

Regular Contribution

If your employer wishes to regularly contribute to your SIPP, please have them complete the record of payments due form and provide a completed Direct Debit mandate. Please allow 15 working days for us to set up any Direct Debit instruction.



Income Transfer Plan (ITP) Arrangement

If you're transferring crystallised benefits already in drawdown payment, please complete the section below. There's no need to complete a benefit payment form. If you wish to crystallise new funds (ie take Pension Commencement Lump Sum (PCLS) and/or income payments) from your SIPP, please complete the benefit payment form at wealthtime.com.

Income requirements following transfer of my drawdown arrangement to Wealthtime Select

Please indicate the level of annual income you w from the existing arrangement/s (please check or		Before we can continue paying any income from the existing arrangement, the transferring scheme must have supplied full details in accordance with HM Revenue &						
Maximum income (capped drawdown only)		Customs regulations.						
No income	\bigcirc	Please provide us with parts 2 and 3 of the P45 issued by the transferring scheme. If a P45 hasn't been issued, you may be taxed on your income under an emergency						
Specific income level	\bigcirc	tax code.						
Please state amount (£)	p.a. gross							
Capped drawdown income payment	frequency	′						
I wish to receive my income payments (please check one):		Income payments are always made on the first business day of the month. We can only start payments when we've received your cleared funds and transfer paperwork from						
Monthly Quarterly Half-yearly	Yearly O	the transferring scheme. This must be received 15 working days prior to the date of the first payment.						
		Please see our benefit drawdown glossary on the benefit payment form at wealthtime.com for capped drawdown income information.						
Flex-access drawdown income payment frequency								
If you're entering flexi-access drawdown after 6 (or you're an existing client converting from capturawdown to flexi-access drawdown), you'll need choose how you'll be paid from the options listed	ped d to	Please provide details of any specific instructions in the box below eg the month(s) in which ad hoc payments are to be made, any ad hoc payments that are additional to monthly payments, etc. and we'll endeavour to meet						
Please check one option from the list below:		your requirements:						
Monthly payments								
Ad hoc payments								
Full fund in one payment								

Please see our benefit drawdown glossary at the end of the

benefit payment form at wealthtime.com



My Bank Account Details

society account by ele details of the bank/bui income to be paid into into a UK bank/buildin	id to a personal bank/building ctronic bank transfer. Please pro Iding society account you want y Please note that we can only pag society account.	ovide your ay	Account name Sort code Account number						
account details by including an original bank statement (internet bank statements are not accepted), a void cheque, or a paying-in slip that clearly shows the account name, sort code and account number. Your PCLS and income payments will not be processed without one of these supporting documents. Alternatively, as soon as your online access has been set up, please log in to the Wealthtime Select online service and send these details to us by secure message. You'll need to check with your bank/building society that			Bank name and address						
this account and that t for this.	er payments can be accepted into the details provided are all they n								
Expression of Wish Complete this section to let us know who you'd like to receive any benefit payable under the scheme when you die. If you'd like to list more than four people, please use an additional SIPP expression of wish form, found at wealthtime.com This expression of wish doesn't bind the trustee of the scheme but will help the trustee to pay out benefits in line with your wishes. Wealthtime Select may be obliged to make payments other than to individuals of your choosing. You can alter it at any time by writing to us or completing a new form.									
I wish for the benefits to My spouse/civil partner	se/civil partner as my sole benef to be distributed to the following or is not to be my named sole ber	benefic neficiary	iaries in the propor y. Please distribute	rtions ir to the f	ndicated. following	benefic			
(as anominee or deper	cated. By naming an individual, t ndant) a pension or annuity (or a low you to specify your wishes, t s long as it's clear and unambigu	combir then a se	nation of the three o	options).			is	
First name(s)			First name(s)						
Last name			Last name						
Date of birth (dd/mm/yyyy)			Date of birth (dd/mm/yyyy)						
Residential address			Residential add	ress					
Postcode			Postcode						
Relationship			Relationship						
Percentage of benefit (%)			Percentage of benefit (%)						



First name(s)		First name(s)	
Last name		Last name	
Date of birth (dd/mm/yyyy)		Date of birth (dd/mm/yyyy)	
Residential address		Residential address	
Postcode		Postcode	
Relationship		Relationship	
Percentage of benefit (%)		Percentage of benefit (%)	
_	al, they'll be able to choose either the on or annuity (or a combination of the		minee
Charity nomin	ation		
Please provide details	of any funds you'd like to be paid to c	harity.	
Charity name		Address of charity	
		[
		L	
Registration no. (if known)			
Percentage of benefit (%)			
Please note: Any chos must be a UK-register		Postcode	



Trust nomination

Name of trust	Date of trust (dd/mm/yyyy)	
	Address where trust is held	
Name of trustees		
	Postcode	

Please note:

- In the event of death, we'll need written confirmation from the above-named trustee(s) confirming that the trust is a valid trust, as defined in the scheme rules.
- Payment to the trust will be made at our discretion in accordance with the scheme rules.
- We aren't a trust expert and can't be held responsible for making sure a trust fulfils its purpose.

Declaration

I authorise:

- Wealthtime Select to set up and administer my wrap and products in accordance with the Wealthtime Select terms and conditions as requested in this application form and supporting applications where appropriate.
- Wealthtime Select and its agents to deal directly with the providers and issuers of investments held within my wrap, so as to give practical effect to my application for a wrap and/or products and any instruction I or my financial adviser/investment manager may give within the scope of the Wealthtime Select terms and conditions and the relevant product/investment terms and conditions.
- my financial adviser to act on my behalf in dealing with Wealthtime, to open a new wrap on my behalf, authorise and arrange transactions, and to issue investment and disinvestment instructions.
- Wealthtime Select to administer and arrange my investments, and arrange any transaction in respect of any investments held within my wrap that I or my financial adviser/investment manager may request on my behalf. I also authorise Wealthtime Select to transfer money to and from bank accounts for the purposes of facilitating my wrap.
- Wealthtime Select to provide copies of all statements issued in respect of my wrap and the products held under it, and to disclose details of that service to my financial adviser.
- Wealthtime Limited to administer and control my cash and investments held within Wealthtime Trustees
 Limited or any other nominee entity, for the purpose of providing the Wealthtime Select services to me.

 Wealthtime Select to send any correspondence or documentation to the document store in respect of my wrap instead of by post (unless legally required to do so).

I understand that:

- unless otherwise provided in the terms and conditions. Wealthtime Select won't be liable to me, and it won't compensate me for any loss arising as a result of following my instructions. It also won't be liable for any reduction in the value of my investments within my wrap resulting from the acts or omissions of Wealthtime Select, its agents or nominees or those of any third party, except where this arises as a result of negligence, wilful default, misrepresentation, breach of the Wealthtime Select terms and conditions, or breach of any statutory obligations. where satisfactory information or documentation is requested and not provided by me within the time period specified in the request, Wealthtime Select may restrict or close my account(s). If Wealthtime Select does close my account, I might still be required to provide satisfactory information or documentation before Wealthtime Select will carry out my instructions to withdraw or transfer funds or investments from any account(s).
- in addition to receiving any verification of identity documents my financial adviser is obliged to provide, Wealthtime Select may use a third party of its choosing to fulfil its obligations under money laundering regulations.
- if I enter into an adviser charges agreement, I authorise and request Wealthtime Select to pay adviser charges on my behalf, from the funds held in my Wealthtime Select wrap, until otherwise instructed.



- Wealthtime Select will pay adviser charges only if my financial adviser is authorised by the Financial Conduct Authority and has agreed to the Wealthtime financial adviser terms of business.
- Wealthtime Select means Wealthtime Limited or Wealthtime Trustees Limited where appropriate, unless a specific company name is mentioned.

I agree:

- to pay Wealthtime Select's fees as set out in the applicable Wealthtime Select fee schedule. I also agree that Wealthtime Select can take its fees from my funds and that any indebtedness or liability incurred to or by Wealthtime Select under this authority shall, in the absence of any written agreement to the contrary, be due and payable by me on demand.
- if there's insufficient cash in my wrap to pay any amount due, including Wealthtime Select's fees, then Wealthtime Select can disinvest the amount from my investments to cover the amount payable.
- that my investments within my wrap will be registered in the name of Wealthtime Trustees Limited as trustee/ nominee or in the name of another nominee that may be appointed by Wealthtime Limited, any stockbroker or manager of my investments.
- that I am/my nominee is authorised to view the relevant data. I declare that I've read and accepted the Wealthtime Select online service terms and conditions and that my online account will be activated.
- that where I have nominated a third party to view my data I authorise Wealthtime Select to provide the Wealthtime Select online service to my nominee.
 I understand I can withdraw consent for my nominee to view my account at any time by contacting Wealthtime Select and requesting that nominee access be removed.

- that I will inform Wealthtime Select in writing in 30 days if my personal circumstances change, leading me to:
 - become a tax resident of another jurisdiction by way of citizenship or residency (irrespective of whether I continue to be a tax resident of the LIK)
 - b. meet the definition of a politically exposed person (PEP) at any time.

I acknowledge that:

- I've received a copy of, and read/accepted, the appropriate product key features and the Wealthtime Select terms and conditions. I also understand the terms and conditions, together with my application form, will become a legally binding agreement between me and Wealthtime Select.
- Wealthtime Select has not provided me with any advice under the terms of the Financial Services and Markets Act 2000.
- in order for Wealthtime Select to comply with its
 obligations under the applicable regulations (including
 those relating to the prevention of money laundering,
 terrorist financing, bribery and corruption, tax evasion,
 fraud or market abuse), I may at any time be asked
 to provide and/or update information and supporting
 documentation about myself, including details of
 transactions and/or the source of wealth, funds
 and/or income.
- Wealthtime Limited and Wealthtime Trustees
 Limited have not carried out and won't in the future
 carry out any review of my financial adviser's and/
 or discretionary investment manager's, and/or
 stockbroker's financial status, their investments, risk
 strategies or performance. I, or my financial adviser on
 my behalf, am responsible for checking these matters
 and making sure any discretionary fund manager
 appointed is suitable for my investment objectives.

Individual Savings Account Specifics

I declare that:

- all subscriptions made, and to be made, belong to me.
- I am 18 years of age or over.
- I have not subscribed, and will not subscribe, to more than the overall ISA subscription limit total in the same tax year.

I am resident in the United Kingdom (UK) for tax purposes;

 or if not resident, either perform duties which, by virtue of section 28 of Income Tax (Earnings and Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the UK - or I am married to, or in a civil partnership with, a person who performs such duties.

I will inform the ISA account manager if I cease to be resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties.

• I agree to the ISA terms and conditions.

Authority

I authorise the ISA account manager to hold my cash subscription and ISA investments, in respect of the interest, dividends and any other rights or proceeds and to claim any relief from tax on my behalf.



Self Invested Personal Pension (SIPP) Specifics:

I understand Wealthtime will provide a formal statement of my SIPP every quarter and that a current valuation can be accessed anytime through the Wealthtime Select online service.

In regard to my expression of wish, I confirm that, where I've disclosed information about another person, I have:

- obtained their consent to disclose such information.
- informed them of the reason their information will be processed.

I understand and agree that, if appropriate, Wealthtime Select has my authority to check with HM Revenue & Customs the details of any certificate I supply that enhances my lifetime allowance.

Income Transfer Plan (ITP) arrangement

As and when appropriate I request and consent to the payment of benefits set out in this application.

I understand that any ITP arrangement will be established for the purpose of accepting the transfer payment of crystallised funds from registered pension schemes only.

I understand the ITP prohibits the acceptance of other types of transfer payments.

I understand that no pension commencement lump sum is payable under the ITP.

Please note: if this application is also to be used as an application for tax relief at source, it's a serious offence to make false statements. The penalties are severe and could lead to prosecution.

I request the issue of an arrangement(s) under the scheme, held by Wealthtime Trustees Limited as a separate trust fund, distinct from other arrangements under the scheme. I understand that details of the arrangement are available on request.

I agree to tell Wealthtime Select in writing within 30 days if:

- there's any change in my residency status.
- there's any change in my name or permanent residential address.
- I lose or give up the right to enhanced protection.
- I receive benefits from another pension arrangement (please detail the size and nature of those benefits).

If I'm no longer entitled to tax relief on my contributions, I will let Wealthtime Select know in writing:

- before 5 April in the year of assessment in which this occurs, or
- within 30 days of this change.

I agree that the total contributions to any registered pension schemes, where I am entitled to tax relief, will not exceed the higher of:

- £3,600, or
- my relevant UK earnings for the tax year, subject to a maximum contribution of the current annual allowance plus any carry forward entitlement I may have.

I understand the value of my plan may only provide benefits at the time I take retirement benefits or upon my death, and that Wealthtime Select will provide the appropriate benefits as required.

I will let Wealthtime Select know if I have taken or will take flexi-access drawdown benefits.

I also understand that:

- Any entitlement to take lump sum rights in excess of 25% may only be retained on transfer, provided the transfer is part of a block transfer as defined by HM Revenue & Customs legislation. However, if this lump sum figure is over £375,000 and I have enhanced or primary protection, the lump sum on these certificates will take precedence.
- Any low retirement age may only be retained on transfer if it's part of a block transfer as defined by HM Revenue & Customs legislation.
- Wealthtime Select will not pay any benefits on the funds that are transferred until all relevant transfer information has been received.
- I will be responsible in respect of any claims, losses and expenses that Wealthtime Select and the transferring provider(s) may incur as a result of any incorrect information provided by me or of any failure on my part to comply with any part of this application.

I declare that, to the best of my knowledge and belief, the information given in the application form(s) is true and complete. I also agree to inform Wealthtime Select promptly in writing of any changes to the information contained in the application form as soon as possible.

Your sig	jnature					
Name						
Date (d	d/mm/y	ууу)				



For pension scheme transfers

Financial Adviser Confirmation – to be completed by your financial adviser

I confirm that:

- · all information in the client application form was obtained by me in relation to my client.
- · I have identified my client in line with the guidance for the UK financial sector issued by JMLSG.
- I will make identification evidence for my client available on request to Wealthtime Limited.
- this application is made in accordance with the financial adviser terms of business for Wealthtime Limited.

I have given advice to my client about their Wealthtime Select product(s). I have provided them with copies of:

 key features document, key features illustration, key investor information document, as are relevant to this transaction.

Please tic into the Si transfer' (A 'pension safeguard pension tr		Please tick this box if the sale of the SIPP is being undertaken following, or in conjunction with, you providing the client with advice on a pension opt-out* (as defined in the FCA Handbook Glossary).								
	d on an execution-only basis (as defined A Handbook Glossary).									
*Please note tha	t the Wealthtime Select SIPP is not an auto-enr	olment	or qualifying	g sche	eme.					
Your signature			Position							
			J	Date ((dd/r	nm/ <u>\</u>	уууу)			
Name										
Details of introducing firm (or sole trader)										
Full name of regulated firm		1 ' -	CA reference ımber	•						
(or sole trader)										

This confirmation must carry an original signature, or an electronic equivalent.

If your client is a non-resident and/or a non-UK national, please also provide a copy of the client's current passport or EU ID Card.

We recommend copies of all client documents seen by you should accompany your client's application so we can carry out our checks if needed. We also reserve the right to request sight of the original documents.



Checklist

Please check you have included the following documents (if appropriate) to support your application. All forms are available at wealthtime.com

Payments out and withdrawals

- Adviser charges agreement if you'd like your adviser to take their charges from your wrap or products.
- DFM charges agreement if you're appointing a discretionary fund manager and paying fees for their services.
- Evidence of bank account details if withdrawals are required.

GIA

- · Joint GIA application form.
- GIA transfer authority form, one for each transfer request.
- Direct Debit mandate if required. One per payee.

Offshore Bond

• Joint Wealthtime Select Offshore Bond application.

ISA

- Direct Debit mandate if required. One per payee.
- ISA transfer authority form for each ISA to be transferred.

SIPP

- SIPP transfer in form, one for each transfer request.
- Existing pension provider's discharge forms for each transfer.
- Direct Debit mandate if required. One per payee (member, employer, third party).
- · Record of payments due form.
- Benefit payment form and evidence of age pro forma where SIPP crystallisation is required.



Appendix A

Description of source of funds	Details required	Evidence to be supplied (original or fully certified copy)			
Pension income	All of the following: Name of paying organisation(s) Frequency of income Income received in this tax year (£) Income received in the last tax year (£) Amount of lump sum received (£) Date the lump sum was received	One of the following: A recent pension statement showing amounts paid An original, signed letter from your pension provider confirming payments made An original, signed letter from a regulated accountant confirming pension details			
Other, regular income not from employment or pensions	All of the following: Nature of income When the income started Approximate amount accumulated (£)	One of the following: An original, signed letter from a regulated accountant confirming details Original or certified copies of appropriate supporting documentation			
Savings	All of the following: Organisation(s) where savings were accumulated Period over which savings were accumulated Source of savings income Total amount accumulated (£)	One of the following: • A copy of a bank or building society statement showing total amount saved			
Maturing or redeemed investments or policy claims	All of the following: Organisation(s) where investments were held Length of time investments were held Total amount redeemed (£) Date of redemption or maturity	One of the following: A letter from the organisation, giving details of the amount paid The relevant chargeable event certificate or the contract notes			
Company sale	All of the following: Full legal name of the company sold Company number Nature of the company's business Total value of sale (£) Share of total value received Date of sale	One of the following: An original, signed letter from the solicitor involved in the sale, confirming details of the sale and the amount received An original, signed letter from a regulated accountant, confirming details of the sale and the amount received Original or certified copies of the contract showing the amount received			
Property sale	All of the following: Address of property sold Postcode Length of time property was owned by you Total sale amount received (£) Date the sale was completed	One of the following: An original, signed letter from the solicitor or regulated accountant involved in the sale, confirming details and amount received An original, signed letter from the estate agent involved in the sale, confirming details and amount received The original or certified copy of the sale contract			



Description of source of funds	Details required	Evidence to be supplied (original or fully certified copy)
Inheritance	All of the following: Donor's name Your relationship to donor Date of donor's death (if applicable) Total amount received (£) Date amount was received	One of the following: An original or certified copy of the grant of probate (with a copy of the will attached) showing the value of the estate An original, signed letter from the solicitor involved, confirming details and the amount received
Gift	All of the following: Donor's name Your relationship to donor Reason for gift Total amount received (£) Date amount was received Source of donor's wealth	Both of the following: An original, signed letter from the donor confirming details and the amount received Evidence of the donor's source of wealth Please note: if the donor will be making payments directly to us, then the donor's finances will need to be screened further.
Sale of shares	All of the following: Legal name of the company in which shares were held Company number Type and number of shares sold Address of intermediary used for the sale Postcode Total value of shares sold (£) Date of sale	One of the following: Legal sale document, confirming details and amount received The contract notes
Gambling or lottery win	All of the following: Name of paying organisation Description of win Total amount won (£) Date pay-out received	One of the following: • An original, signed letter from the paying organisation, confirming the details of the win and the amount received • A certified copy of your bank statement, clearly showing the amount received and the paying organisation's details
Court order (eg compensation claim or divorce settlement)	All of the following: Name of payer Reason for payment Total amount received (£) Date amount received	One of the following: An original, or certified copy of the court order An original, signed letter from the solicitor involved in the case, confirming details and the amount received



Appendix B

Wealthtime Select online services terms and conditions

Below are the terms and conditions all Wealthtime Select online users must agree to before access will be granted. Please read them carefully and make sure you understand all items before signing the online registration declaration.

From time to time we may notify you of any additional terms and conditions online.

Security

You're responsible for protecting your login details and other security identification information. To do this, you must take reasonable steps to keep your information secret, not share your login details with anyone, not allow anyone else to use it, never write your information down without disguising it, not leave a PC unattended while logged onto the service, and destroy or securely store any information printed off from the service.

Data protection

Please refer to the data protection clauses included in the Wealthtime Select key features and terms and conditions and the Wealthtime Select data protection privacy notice available at wealthtime.com

Revoking access

We reserve the right to revoke any client's and/or their nominee's online user access at any time, for any reason.

Information available

- The details available under your wrap are for illustrative purposes only.
- The date when your wrap information was last updated will be indicated where possible.

Additional users

We'll also grant others (eg family members) access to your wrap should you wish, following completion of the client authority to provide information to third party form.

Additional access to other accounts

If you want to view the wrap or products of others (eg family members), please ask the relevant parties to complete the client authority to provide information to third party form.

Please note, in respect of minors, this access will be automatically withdrawn when the minor reaches the age of 18 years. They can then sign the client authority to provide information to third party form in their own right, allowing you to continue accessing their information.

Availability/alteration of service

Availability of our online services depends on our own system's availability and normal internet availability. We won't accept liability for any consequences of unavailability of the system for any reason.

We may also amend, extend or withdraw any online service at any time.

Access rules

The information relating to your wrap can be accessed only using your Online Access Number, password and pin number.

The service may have limited update facilities, allowing the user to inform us of changes. If any changes are made to the data, we won't accept responsibility for its accuracy.

Errors and omissions

We endeavour to keep our records up to date at all times. However, there may be changes we may not have been notified of by you or a third party. If you access a record, which you believe contains errors or omissions, please tell us immediately.

We act as a central collection point for investment information. We rely on third parties to get up-to-date information and are dependent on their efficiency and accuracy.

We won't accept liability for any claims by you and/or your appointed representative/nominee/financial adviser for damages or loss arising from an inaccurate record.

If you require this document in an alternative format please contact us.

Wealthtime and Wealthtime Select are trading names of Wealthtime Limited. Wealthtime Limited is a limited company registered in England and Wales. No. 06016480. Registered Office: 1 London Road Office Park, London Road, Salisbury SP1 3HP. Wealthtime Limited is authorised and regulated by the Financial Conduct Authority. FCA Number 468461.

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