

The disclosure documentation applicable to this transaction is: **0 2 1 0**

Please complete this Application Form using black ink in BLOCK CAPITALS and return to: Willis Owen Ltd, PO Box 402, Hull HU9 9AF

## 1 Adviser Details (For adviser use only)

You will require a Cofunds authorisation code before being able to transact business. If you do not include this we will not be able to process this application.

Cofunds Intermediary Authorisation Code  Intermediary Client/Deal Ref. **WEB** Marketing Code

### 1A. CONFIRMATION OF VERIFICATION OF IDENTITY (PRIVATE INDIVIDUALS)

Directly authorised firm Declaration for confirmation of verification of identity.  
Who has been verified?

**Full names:**

Primary Holder	Second named holder
Third named holder	Fourth named holder

**I/We confirm that:**

- a) the name, address and date of birth information contained in this application was obtained by me/us in relation to the customer(s);
- b) the evidence I/we have obtained to verify the identity of the customer(s):  
(Tick one box only)
  - meets the standard evidence set out within the guidance for the UK Financial sector issued by the JMLSG; or
  - exceeds the standard evidence (written details of the further verification evidence taken are attached to this application).

**Explanatory notes:**

1. Each party that you have verified the identity of must be named above.
2. This confirmation cannot be used to verify the identity of any customer that falls into one of the following categories:
  - Those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification;
  - Those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering regulations; or
  - Those whose identity has been verified using the source of funds as evidence.
3. This confirmation must carry an original signature as part of the application.

### 1B. CONFIRMATION OF VERIFICATION OF BANK ACCOUNT DETAILS

**I/We confirm that:**

- The sort code, bank account number and account name within the nominated bank account section was obtained and verified by me/us in relation to the customer(s) below.
- The monies designated for investment have been drawn from an account (either by building society cheque, bankers draft or direct debit mandate) in the name(s) of the applicant(s) below.

### 1C. ADVISER CONFIRMATION

Full name of Regulated Firm	Signed	Date
FSA Ref No.	Name	
	Position	

## 2 Personal/Company Details (Please complete this section in full)

**Private/Corporate Investor(s) 'Primary' Holder.** Please see section 4 to add additional holders.

Existing Cofunds Client Reference

Did you receive advice from an adviser in relation to this investment?  
If you do not answer this question we will assume you received advice.

Advised  Not Advised

Mr/Mrs/Ms/Miss/Other

Surname

Full First Name(s)

or Company Name

Email Address

Phone Number

Male  Female  Date of Birth  /  /

If more than one previous address in the last 2 years, please provide full details including the time at each address on a separate sheet of paper and staple securely to this application form.

**For corporate investors please ensure you have completed all the signatory requirements in Section 9.**

Current Permanent Residential Address (if registering in the name of a company, please provide the company address here)

Postcode

Time at this Address  yrs  mths

If at current address for less than 2 years, please supply previous address and time there

Postcode

Time at this Address  yrs  mths

## 3 Designations (You can designate an account here using a maximum of 8 alpha/numeric characters)

If you wish to specify a unique designation for this account, please ensure that the designation reference does not make a meaningful word. Only the named applicants of this investment will be recognised as beneficial owners. If this section is not completed we will not designate this account. If you are funding this investment from a Cofunds Cash Account please ensure this designation is identical to that of the cash account.



## 8 Investment Selection (Please refer to My Trading Terms and complete in full)

Minimum investment £1,000 per fund (Lump Sum) or £100 per month per fund (Monthly savings). Your investment will be made in the Retail Class. For details of Funds available, please refer to the Fund Key Features. Please ensure the funds are available through Cofunds.

Fund Manager and Fund Name	Type of Unit/Share (delete as appropriate)*	Lump Sum Minimum £1,000 per fund	Monthly Minimum £100 per fund	Commission** <b>WAIVE OR TAKE</b>		
				All (✓) or	Specific Amount	Specific Amount
	ACC/INC	£	£	<input type="checkbox"/>	%	<input style="width: 40px; height: 20px;" type="text"/> %
	ACC/INC	£	£	<input type="checkbox"/>	%	
	ACC/INC	£	£	<input type="checkbox"/>	%	
	ACC/INC	£	£	<input type="checkbox"/>	%	
	ACC/INC	£	£	<input type="checkbox"/>	%	
	ACC/INC	£	£	<input type="checkbox"/>	%	
	ACC/INC	£	£	<input type="checkbox"/>	%	
	ACC/INC	£	£	<input type="checkbox"/>	%	
<b>TOTAL INVESTMENT AMOUNT</b>		<b>£</b>	<b>£</b>			

### \*ACC/INC

If you do not specify ACC or INC in this column, and have not completed section 5, Cofunds will invest into accumulation units/shares where available.

### \*\*Commission

The initial commission available depends on the fund selected. Please refer to My Trading Terms for details of rates and funds available through Cofunds. Please state the amount of commission you wish to waive or the percentage of commission you wish to take. You can only choose one option. Commission waivers should be entered for each fund. Please note, if you wish to waive all commission please tick the 'ALL' box. Please specify a particular percentage amount in the last column. If you choose to take commission it must be for all of the investments, as a specific percentage. Any entries, other than those detailed above, will result in investments being made at your default commission terms.

\*Monies may be held for short periods in the Cash Reserve. Such holdings are deemed 'destined for investment'.

### Your cheque payment

Cheques must either be drawn on your own or your joint account. The cheque must be made payable to **Cofunds Limited**. For a Building Society cheque or banker's draft your name must appear on the front of the cheque, or on the back of the cheque accompanied by the Building Society's or bank's official stamp and signature. We do not accept payments from other third parties. We do not accept payment by any other method.

### Your monthly savings

For monthly savings we will automatically collect on or just after the 25th day of each month. For applications received up until the last day in any month, the first direct debit collection will be made on or just after the 25th day of the following month.

## Investment by Direct Debit



### Instruction to your Bank or Building Society to pay Direct Debits



Please fill in the whole form and send it to:  
Willis Owen Ltd, PO Box 402, Hull HU9 9AF.

#### Name and full postal address of your Bank or Building Society

To the Manager	Bank or Building Society
Address	
Postcode	

Name(s) of Account Holder(s)

Bank/Building Society Account Number

Branch Sort Code

 -  - 

**Banks and Building societies may not accept Direct Debit instructions from some types of account.**

Service User No.

Reference Number

#### For Cofunds LTD official use only

This is not part of the instruction to your bank or building society.

#### Instruction to your Bank or Building Society

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

Signature

Date

This Guarantee should be detached and retained by the payer.

### The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit Cofunds Ltd will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request Cofunds Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by Cofunds Ltd or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
  - If you receive a refund you are not entitled to, you must pay it back when Cofunds Ltd asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



## 9 Declaration and Authorisation

### I/We confirm that:

I/We have been provided with the Terms & Conditions of the Cofunds Platform and by signing this application form I/We agree to be bound by them.

I/We understand that the Terms & Conditions of the Cofunds Platform are the standard terms upon which Cofunds intends to rely, and it is important that I/We read and understand the terms before agreeing to be bound by them. If there is any term or point I/We do not understand or do not wish to be bound by, I/We understand that I/We can request further information before signing this application.


I/We understand that my signed application form (once accepted by Cofunds) together with the Terms & Conditions of the Cofunds Platform form my/our customer agreement with Cofunds Ltd.

I/We understand that instructions may be delayed or rejected if this application form is not complete in all respects.

You may undertake a search with a reference agency for the purposes of verifying my/our identity. To do so, the reference agency may check the details I/we supply against any particulars on any database (public or otherwise) to which they have access. They may also use my/our details in the future to assist other companies for verification purposes. A record of the search will be retained as an identity search.

I/We declare that the information contained in this application form is correct to the best of my/our knowledge and belief.

I am/We are aged 18 or over.

Primary Holder Signature 	Date
Capacity (if applicable)	

Second Holder Signature	Date
Capacity (if applicable)	

**If you are completing this as a company you must include a copy of the Articles of Association.**

Issued and approved by Cofunds Limited,  
1st Floor, 1 Minster Court, Mincing Lane, London EC3R 7AA.  
Registered in England and Wales No. 3965289.  
Authorised and regulated by the Financial Services Authority (FSA) under FSA Registration No. 194734.  
IA96 10/11

### Please note that all joint holders must sign this application.

Where there are two signatories for a corporate investor, please delete reference to primary and second holder.

### Data Protection

Cofunds Limited will use your information for the administration and servicing of your investments and all other related activities. We may disclose your information to our agents and service providers for these purposes. We may also disclose your information to organisations for compliance with legal and regulatory requirements.

With the exception of the above provisions, we will not pass on your details to any other third party without your permission, but we will disclose information concerning your investment to your Nominated Adviser.

Cofunds may transfer your information to countries outside the EEA for the servicing of your investments. In such cases, contracts will be put in place to ensure that the service providers protect your information in accordance with the requirements of the Data Protection Act.

### Email address and telephone number

If you provide your email address and telephone number on this form, Willis Owen will keep a record of it. Willis Owen may use it to contact you occasionally about products and services, which may be of interest to you. However, if you prefer not to receive such information, you may withdraw your consent by contacting Willis Owen client services department on 0800 597 2525. Please remember that by withdrawing your consent, Willis Owen will not be able to contact you about products or services that may be of interest to you.

If you require a Fund prospectus, please contact your adviser or Fund Manager directly.

Third Holder Signature	Date
Capacity (if applicable)	

Fourth Holder Signature	Date
Capacity (if applicable)	