



JHAY0384

Application Guide

Please complete this form in BLOCK CAPITALS and black ink.

Once completed this Application Form and supporting documentation should be posted to:

James Hay Wrap Managers Limited at PO Box 1931,
Dunn's House, St Paul's Road, Salisbury, SP2 7ZT.

Important Information

The following sections of the Application Form must be completed before James Hay Wrap Managers Limited can set up your Wrap and Investment Portfolio. These sections are marked as 'Mandatory':

SECTION 1:	Trust Details
SECTION 2:	Trustees
SECTION 3:	Settlors Details
SECTION 4:	Beneficiaries Details
SECTION 6:	Authorised Signatories
SECTION 7:	Authorised Signatories (continued)
SECTION 10:	Financial Adviser's Details
SECTION 13:	Trustees Declaration
SECTION 14:	Power of Attorney and Authority
SECTION 15:	Financial Adviser's Declaration
SECTION 16:	Confirmation of Verification of Identity Form

All other sections of the Application Form should be completed if relevant.

In addition, before you send your completed Application Form to James Hay Wrap Managers Limited please check you have included the following documents (if appropriate) to support your Application:

A Confirmation of Verification of Identity Certificate (Corporate and Other Non Personal Entity) from an FSA regulated firm.

Certified copy of the Trust Declaration /Trust Deed and any amending/supplementary documents.

Cheque made payable to 'James Hay Wrap Managers Limited' for single lump sum payments made by you.

Completed Direct Debit Mandate if regular payments are to be paid by you.

'Request to Re-register Investments' if you wish to re-register investments into the Investment Portfolio.

Investment Centre Buy Form if you wish to invest in the Investment Centre.

Instruction to Trade Form if you wish to invest in other permissible investments.

Investment Application Forms if you wish to purchase other permitted investments.

Supplementary Abbey Sharedealing Application Form if you wish to purchase stocks and shares using the sharedealing service provided by Abbey Stockbrokers Limited.

Full name of Trust

Type of Trust (nature/purpose)

Country of establishment/incorporation

UK

Registered address of the Trust

Post Code

Source of funds

Address for correspondence (if different to Registered address)*

Post Code

*Your Financial Adviser's address is not acceptable as your address for correspondence.

Contact name for correspondence

Telephone

Fax

E-mail

Please attach the following: (tick if enclosed)

Certified copy of the Trust Documentation A Confirmation of Verification of Identity Certificate
(Corporate and Other Non Personal Entity) from an
FSA Regulated Firm

Extracts from the Trust Deed must show the following:

- Appointment of Trustees
- Details of how Trustees are appointed and removed
- Details of the beneficiaries and protector (where appropriate)
- Appointment of individuals able to act on behalf of the Trust
- Details of original source of funds and the settlor(s)
- The Trust can undertake the proposed type of business.

Where the Trust is an FSA registered pension scheme, please complete details of the underlying pension client within section 4 (Beneficiaries) and then go to section 7. Please enclose a Authorised Signatory list with the application.

Please provide details of all Trustees of the Trust named in Section 1.

Third Trustee

Forename(s)

Surname

Title

Any other names you have been, or are, known by

Date of birth

Nationality

Do you have dual nationality?

Yes No

If 'Yes' please specify

Is your country of residence the United Kingdom?

Yes No

If 'No' please specify

Permanent residential address

Will you be acting as an authorised signatory on this account?

Yes No

Specimen signature only if you are acting as an authorised signature on the account

Fourth Trustee

Forename(s)

Surname

Title

Any other names you have been, or are, known by

Date of birth

Nationality

Do you have dual nationality?

Yes No

If 'Yes' please specify

Is your country of residence the United Kingdom?

Yes No

If 'No' please specify

Permanent residential address

Will you be acting as an authorised signatory on this account?

Yes No

Specimen signature only if you are acting as an authorised signature on the account

Please provide details of the settlers of the Trust named in Section 1. If the settlor has provided full details in Section 2 please only complete forename and surname below.

First Settlor

Forename(s)

Surname

Title

Any other names you have been, or are, known by

Date of birth

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

Nationality

Do you have dual nationality?

Yes No

If 'Yes' please specify

Is your country of residence the United Kingdom?

Yes No

If 'No' please specify

Permanent residential address

Post Code

Will you be acting as an authorised signatory on this account?

Yes No

Specimen signature only if you are acting as an authorised signature on the account

Second Settlor

Forename(s)

Surname

Title

Any other names you have been, or are, known by

Date of birth

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

Nationality

Do you have dual nationality?

Yes No

If 'Yes' please specify

Is your country of residence the United Kingdom?

Yes No

If 'No' please specify

Permanent residential address

Post Code

Will you be acting as an authorised signatory on this account?

Yes No

Specimen signature only if you are acting as an authorised signature on the account

Please continue on a separate sheet if required.

Please provide details of any protector (if applicable) appointed on behalf of the Trust named in Section 1.

Forename(s)

Surname

Title

Any other names you have been, or are, known by

Date of birth

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

Nationality

Do you have dual nationality?

Yes No

If 'Yes' please specify

Is your country of residence the United Kingdom?

Yes No

If 'No' please specify

Permanent residential address

Will you be acting as an authorised signatory on this account?

Yes No

Specimen signature only if you are acting as an authorised signature on the account

Please continue on a separate sheet if required.

Please provide details of all signatories (not listed in Section 2, 3 4 or 5) who will have the authority to operate this Wrap on behalf of the Trust named in Section 1.

If the trust is an FSA registered Pension scheme please provide an authorised signatory list and proceed to section 7 (do not complete this section)

First Signatory

Forename(s)

Surname

Title

Any other names you have been, or are, known by

Date of birth

Nationality

Do you have dual nationality?

Yes No

If 'Yes' please specify

Is your country of residence the United Kingdom?

Yes No

If 'No' please specify

Permanent residential address

Post Code

Specimen signature only if you are acting as an authorised signature on the account

Second Signatory

Forename(s)

Surname

Title

Any other names you have been, or are, known by

Date of birth

Nationality

Do you have dual nationality?

Yes No

If 'Yes' please specify

Is your country of residence the United Kingdom?

Yes No

If 'No' please specify

Permanent residential address

Post Code

Specimen signature only if you are acting as an authorised signature on the account

Third Signatory

Forename(s)

Surname

Title

Any other names you have been, or are, known by

Date of birth

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

Nationality

Do you have dual nationality?

Yes No

If **'Yes'** please specify

Is your country of residence the United Kingdom?

Yes No

If **'No'** please specify

Permanent residential address

Post Code

Specimen signature only if you are acting as an authorised signatory on the account

Fourth Signatory

Forename(s)

Surname

Title

Any other names you have been, or are, known by

Date of birth

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

Nationality

Do you have dual nationality?

Yes No

If **'Yes'** please specify

Is your country of residence the United Kingdom?

Yes No

If **'No'** please specify

Permanent residential address

Post Code

Specimen signature only if you are acting as an authorised signatory on the account

Please continue on a separate sheet if required.

7 Authorised Signatories - MANDATORY

We, the Trustees, authorise you to operate our Wrap until further notice on the instructions of the following authorised signatories (please tick as appropriate):

Any one of the authorised signatories

One authorised signatory

(please name)

Any two authorised signatories*

All of the authorised signatories*

* Where more than one authorised signatory is required to operate the account, telephone dealing for an Abbey Sharedealing account can only be utilised if all of the Trustees complete and sign an authority to deal form giving authority for your Financial Adviser to place trades on behalf of the trust.

8 Investment Portfolio Payment Details

Applicant to complete

To make an initial payment into your Investment Portfolio Bank Account, please indicate the type of payment you wish to make:

Lump sum payment
Please complete 8a

And/or by Direct Debit

Please complete 8b

And/or by re-registering investments

Please complete the 'Request to Re-register Investments'

8a Lump Sum Payment

Applicant to complete

We wish to make payment by cheque:

Total Amount

£

Please make cheques payable to James Hay Wrap Managers Limited

(If cheque enclosed, please tick box)

8b Direct Debit Instructions

Applicant to complete

We wish to make regular monthly payments:

Total Amount

£

Date we wish Direct Debit to start

PLEASE NOTE: that this will be the day each month that the payment will be taken. Start date can only be between 1st and 28th, of any month.

Please now complete a Direct Debit Mandate, available at www.jameshay.co.uk. Please allow 20 working days for James Hay Wrap Managers Limited to set up any Direct Debit Mandate.

9 Investment Options for Investment Portfolio

Applicant to complete

Should you wish to make an initial investment within your Investment Portfolio, please indicate your choices by ticking one or more of the following. Payment for your investments will be made from your Investment Portfolio bank account.

We wish to buy the following:

1. Investment Centre Funds

Please complete an Investment Centre Buy Form.

2. Stocks and Shares with Abbey Stockbrokers Limited

Please now complete the 'Abbey Sharedealing Application Form' at the back of this Application Form.

3. We wish to appoint an Investment Manager

Please now complete Section 6.

4. Other Permissible Investments

If you wish to buy Funds that are not available in the Investment Centre, please complete an Instruction to Trade Form and enclose the appropriate Fund Manager's Application Form having completed the amount to be invested, the fund choice and remuneration details. As the investment will be made by James Hay, James Hay will complete the rest of the investment application form.

For full details of the range of Investment Portfolio investments available, please refer to your copy of the Wrap Investment Portfolio Permitted Investments List. The Investment Centre Buy Form, the Instruction to Trade Form and the Wrap Investment Portfolio Permitted Investments List are available at www.jameshay.co.uk

PLEASE NOTE: Third party Investment Providers/Managers may impose additional requirements for Trust Applicants. You, and your Financial Adviser, will be responsible for ensuring these are met.

10 Your Financial Adviser's Details - MANDATORY

Applicant to complete

Company name

Telephone

Network name (if applicable)

Fax

Contact name

E-mail

FSA Authorisation number

Address

Post Code

This section confirms the level of annual remuneration for the whole Wrap.

Please indicate the annual amount of Remuneration to be paid to your Financial Adviser and included in your Transaction Charges. Please note a maximum of 7% pa Remuneration will be applied.

You may select a different level of annual remuneration for the Offshore Bond wrapper by completing the remuneration section within the Wrap Offshore Bond application form.

Option One

Value of assets in your product (excluding assets selected below)

Total	Level of remuneration
£	% p.a.

OR Option Two (Tiered)

Amount	Level of remuneration
First £	% p.a.
Next £	% p.a.
Next £	% p.a.
Next £	% p.a.
Over £	% p.a.

OR Option Three (Monthly)

Level of remuneration
£ per month

Transaction charges in respect of this Remuneration will be charged monthly on a pro-rata basis.

Is Remuneration to be applied across all assets within the Product?

Yes No

If 'No' please tick which categories of assets you wish to exclude:

- Investments purchased through Investment Manager
- Investments purchased through an Execution Only Stockbroker, excluding Abbey Stockbrokers Limited
- Investments purchased through Abbey Stockbrokers Limited
- Cash
- Investment Centre Funds
- Other Investments

11 Investment Manager's Details

Is the Investment Manager to be appointed your Financial Adviser named in Section 10?

If you have ticked the box please go straight to Section 12.

If you would like to appoint an Investment Manager who is not your Financial Adviser please complete the following details:

Investment Manager name

Contact name

FSA Authorisation number

Address

Post Code

Telephone

Fax

E-mail

Is your Investment Manager to hold funds on your behalf for the Investment Portfolio?

Yes No

(Money will be passed to your Investment Manager in accordance with your instructions).

If 'Yes' please confirm the % of your fund or amount you wish to be transferred to your Investment Manager.

% or £

I confirm that I am entitled to disclose information about any of the Trustees and authorised signatories named in Section 2 in this Application.

Whether or not we become a customer, all the information I and/or my Financial Adviser give to you, James Hay, or you hold on me including transactional data, may only be shared by the group of SIPP administration companies within the IFG Group PLC, and their service providers and agents who may be located in other companies. We understand that you will ensure that our information is only used in accordance with your instructions and your own strict internal confidentiality policies. If you transfer our information to another country, you will also ensure that it is given the same levels of protection as required under the UK Data Protection Act.

We agree that our information may be used in this way for administration purposes, and to:

- Provide and run the product we have applied for and develop and improve your products and services
- Identify and advise us by post, telephone or electronic media of products or services, which your group of companies and associated companies think may interest us
- Invite us to take part in market research surveys.

We would prefer not to receive up to date information on other products or services or be included in market research (tick box)

Before you can open our account, you may make searches at credit reference agencies who will supply you with information including information from the electoral register, for the purposes of verifying our identity. Scoring methods may be used to verify our identity. The credit reference agencies will record details of the search whether or not the application proceeds but we understand this is not a credit check and will not be seen or used by lenders to assess our ability to obtain credit.

If we give you false or inaccurate information and fraud is identified, details will be sent to fraud prevention agencies by IFG Group PLC. Law enforcement agencies may access and use this information. You and other organisations may search and use these records to prevent fraud and money laundering, for example:

- To help make decisions about credit and credit related services, insurance proposals and claims, and all types of facilities
- To manage accounts and facilities, (including tracing debtors) and recovering debt
- To help make decisions about job applicants and employees.

You and other organisations may search and use from other countries the information recorded at fraud prevention agencies. Further information on the credit reference agencies and fraud prevention agencies that you use is available by contacting you.

You may also give essential information about our account to our Financial Adviser and others if necessary to run our account and for regulatory purposes. Information about us will be kept after our account is closed. We understand we have the right to see certain records you hold about us on payment of a fee and that an information sheet explaining our rights is available from James Hay Wrap Managers Limited, PO Box 1931, Dunn's House, St Paul's Road, Salisbury, SP2 7ZT.

- 13.1 We authorise JHWM to set up and administer our Wrap Portfolio in accordance with the James Hay Wrap Non-Personal Client Terms and Conditions (subject to JHWM accepting our application to do so).
- 13.2 We warrant and represent that we are acting within the terms of the Trust named in Section 1, and that JHWM is not considered to be the adviser or the manager of the Trust assets or investments, nor is it responsible for complying with any written policy statement issued, or to be issued, by the Trust in accordance with the Trustee Act 2000.
- 13.3 We understand that JHWM is not a Trust or tax specialist and will only use the Trust documentation for administration and money laundering purposes.
- 13.4 We authorise JHWM and their agents to deal directly with the providers and issuers of investments held within the Wrap Portfolio and their agents, all so as to give practical effect to our application for a Wrap Portfolio and any instruction we or the Financial Adviser/Investment Manager may give you within the scope of the Terms and Conditions for James Hay Wrap Non-Personal Clients.
- 13.5 We authorise the Financial Adviser named in this Application to act on our behalf, to authorise Transactions and to issue instructions to JHWM in connection with our Wrap Portfolio until we notify you in writing to the contrary.
- 13.6 We understand that the Financial Adviser named in this Application will normally provide investment transaction instructions to JHWM. However, if JHWM receive an investment transaction instruction from us directly it will only be accepted on the basis of the authority provided in Section 2.
- 13.7 We authorise JHWM to arrange any Transaction in respect of any investments held within our Wrap Portfolio that we or our Financial Adviser/Investment Manager, on our behalf may request from time to time.
- 13.8 We authorise JHWM or its nominee to hold investments within our Wrap Portfolio on our behalf and to receive interest, dividends and any other rights or proceeds in respect of those investments and any other cash on our behalf and to reinvest or pay those dividends and other rights or proceeds in accordance with our instructions or those of our Financial Adviser/Investment Manager.
- 13.9 We acknowledge that we have received a copy of and have read the James Hay Wrap Non-Personal Clients Terms and Conditions including those relating to the bank account. We understand that these Terms and Conditions together with this Application form shall form a legally binding agreement between ourselves and JHWM. Our Financial Adviser has explained to us the operation of the Wrap Portfolio.
- 13.10 We acknowledge that we have been independently advised in relation to the suitability of and the Terms and Conditions of the appointment of any Investment Manager appointed to provide Investment Management services.
- 13.11 We acknowledge that JHWM has not provided us with any advice under the terms of the Financial Services and Markets Act 2000, in respect of any aspect of our Wrap Portfolio or the appointment of any Investment Manager and has no responsibility for doing so.
- 13.12 We have not received and do not expect to receive from JHWM any advice in relation to our Wrap Portfolio or investments, including whether we should buy, retain or sell any particular investments. We acknowledge and accept that JHWM will not carry out any review of our Financial Adviser's and/or Investment Manager's financial status, their investment and/or risk strategies nor will JHWM monitor the ongoing performance of these persons.

- 13.13 We agree that any indebtedness or liability incurred to JHWM under this authority shall, in the absence of any express written agreement to the contrary, be due and payable on demand.
- 13.14 We authorise you to send correspondence to the Contact Name at the Correspondence Address notified in Section 1.
- 13.15 We authorise JHWM to send copies of all statements issued in respect of our Wrap Portfolio and to disclose details of that Portfolio to our Financial Adviser as named on this application. We acknowledge that our Financial Adviser may receive remuneration from JHWM in respect of our Wrap Portfolio.
- 13.16 We confirm that to the best of our knowledge and belief, the information given in this Application Form is true and complete.
- 13.17 We, the Trustees, undertake to inform JHWM promptly in writing of any changes to the information contained in this Application Form as soon as we are aware that what is stated is no longer true and complete.
- 13.18 We, or the authorised signatories, understand that in addition to the Identity Verification Certificate that our Financial Adviser is obliged to complete, which forms part of our Application, JHWM may at its discretion use a third party of its choosing to fulfil its obligations under the Money Laundering Regulations. We understand that the results of any such third party identity verification searches will not be seen or used by lenders to assess our ability to obtain credit.
- 13.19 We understand it is a serious offence to make false statements and that the penalties are severe and could lead to prosecution.
- 13.20 This application form and the Declarations in this Section are signed as approved and made by us on behalf of the Trust named in Section 1.

Signature of Trustee

Signature

Date

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

Signature of Trustee

Signature

Date

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

Signature of Trustee

Signature

Date

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

Signature of Trustee

Signature

Date

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

- 14.1 We appoint James Hay Wrap Managers Limited (JHWM) of Dunn’s House, St Paul’s Road, Salisbury SP2 7BF to be our Attorney for the purposes hereinafter specified.
- 14.2 In respect of our Wrap Portfolio our Attorney shall have full power and authority to invest and trade the cash assets and investments in connection with the Investment Portfolio in the Wrap in accordance with the James Hay Wrap Non-Personal Client Terms and Conditions for the Wrap Portfolio as such Terms and Conditions may later be amended or supplemented from time to time. Our Attorney is authorised to invest and trade the said cash assets and investments upon the instructions of our Financial Adviser named in our Application (or any person or organisation notified to the Attorney as acting as our Financial Adviser) to the same extent and with the same force and effect as if such actions were taken by us directly.

Without limitation of the foregoing, our Attorney is hereby authorised to:

- (a) Purchase, sell and otherwise deal in the investments selected by us or our Financial Adviser at such times and in such amounts as instructed and to give all instructions, orders or requests as our Attorney thinks fit for such purpose provided that such instructions shall not contravene any legal requirements or limitations relating to the particular Product
- (b) Appoint any third party as agreed with us or our Financial Adviser to carry out such instructions or generally to manage investments with or without prior reference to us or to execute instructions thereafter to be intimated by us or our Financial Adviser. The appointment of any such third party (whether or not originally appointed by the Attorney) may be revoked by the Attorney without our or our Financial Adviser’s consent and without any liability to the Attorney.
- (c) Pay any costs, charges and fees incurred in connection with the carrying out of such instructions
- (d) Transfer monies from the bank account to any of the other Product bank accounts to facilitate our or our Financial Adviser’s instructions in respect of the Wrap Portfolio.

14.3 We acknowledge and accept that:

- (a) All transactions in respect of the Wrap Portfolio are at our own risk and that our Attorney shall have no liability for any investment decision and,
- (b) Our Attorney shall be entitled to rely upon the instructions, orders and requests reasonably believed by JHWM to have been provided to it by us or our Financial Adviser.

14.4 Our Attorney is authorised to withdraw cash from the Wrap Portfolio in order to pay its fees and those of any third party or any other monies which are lawfully due and owing and to disinvest from any investments of any Product without our instructions if cash funds, after reasonable effort, cannot be obtained from me.

14.5 This Power of Attorney shall remain in full force and effect until revoked by law or by our giving, and our Attorney receiving our written notice of revocation. Revocation of this Power of Attorney shall not affect our liabilities in respect of the Wrap Portfolio that were initiated prior to the receipt of such notice of revocation. We acknowledge that any such revocation shall also require the termination of the Wrap Portfolio.

14.6 Governing Law. This Power of Attorney shall be governed by and construed in accordance with the laws of England.

Signed as a Deed by Trustee

Signature

Date

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

Print name

In the presence of:

Signature

Date

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

Print name

Address

Post Code

Signed as a Deed by Trustee

Signature

Date

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

Print name

In the presence of:

Signature

Date

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

Print name

Address

Post Code

Signed as a Deed by Trustee

Signature

Date

Print name

In the presence of:

Signature

Date

Print name

Address

Post Code

Signed as a Deed by Trustee

Signature

Date

Print name

In the presence of:

Signature

Date

Print name

Address

Post Code

15 Financial Adviser's Declaration - MANDATORY

I/We confirm that I/we are acting and will act for the Trust, named in Section 1 of this Application Form in accordance with the terms of business entered into between my/our Client and myself/ourselves.

I/We agree that any instructions, including investment transaction instructions, provided to James Hay Wrap Managers Limited will be made on the basis that all parties named as authorised signatories in this Application Form are in agreement with the instruction provided.

I/We understand that James Hay Wrap Managers Limited will action my/our instructions on the basis that all parties have agreed to this and I/we understand that James Hay Wrap Managers will not accept any liability for carrying out instructions where I/we do not receive the appropriate authority from my/our Client.

I/We acknowledge and agree that I/we are responsible for advising the Applicant as to the suitability of any investment transactions that are to be undertaken within this Wrap Portfolio.

Signature

Date

Confirmation of Verification of Identity Corporate and other Non Personal Entity Introduction by an FSA Regulated Firm

James Hay

Application Guide

Please complete this form in BLOCK CAPITALS and black ink.

1 Details of Customer (see explanatory notes)

Applicant to complete

Full name of customer

Type of entity (corporate, trust, etc)

Location of business (full operating address)

Post Code

Registered office in country of incorporation

Post Code

Registered number (if any, or if appropriate)

Relevant company registry or regulated market listing authority

Names of directors (or equivalent)

Names of principal beneficial owners (over 25%)

2 Confirmation

Applicant to complete

I/we confirm that

a) the information in Section 1 above was obtained by me/us in relation to the customer;

b) the evidence I/we have obtained to verify the identity of the customer (please tick one only):

Meets the guidance for standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG; or

Exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation)

Signature

Name

Position

Date

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

3 Details of Introducing Firm (or Sole Trader)

Applicant to complete

Full name of introducing firm (or sole trader)

FSA reference number

Explanatory Notes

- 'Relevant company registry' includes other registers, such as those maintained by charity remunerations (or equivalent) or chambers of commerce.
- This form 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.
- This confirmation must carry an original signature, or electronic equivalent.

James Hay is able to provide literature in alternative formats. The formats available are: Large Print (as recommended by RNIB), Braille, Audio Tape and PC Disk. If you would like to receive this document in an alternative format please contact us on 0845 850 4455. For the hard of hearing and / or speech impaired, please use the Typetalk service via 18001 0845 850 4455.

James Hay WRAP Managers Limited is a wholly owned subsidiary of IFG Group PLC, providing web-based transacting, reporting and administration facilities. Registered number 4773695 is registered in England and has its registered office at: Trinity House, Buckingham Business Park, Anderson Road, Swavesey, Cambs, CB24 4UQ. Authorised and regulated by the Financial Services Authority (FSA) under Firm Reference Number 225574 and you can check this authorisation at www.fsa.gov.uk/register or by calling the FSA on 0845 606 1234

Application Guide

Please complete this form if you wish to buy stocks and shares using the services of Abbey Stockbrokers Limited.

1 Security Password

Applicant to complete

Please provide a memorable security password for use when dealing by phone.

Password

(this should be at least 8 characters)

2 Warrants and Foreign Securities

Applicant to complete

Please complete this section if you wish to deal in Warrants/Covered Warrants

PLEASE NOTE: that before you can subscribe to this aspect of the service you must sign the Warrants/Covered Warrants Risk Warning Notice. A copy is available from the Wrap Client Services Team.

Overseas trading questionnaire & Declaration

Do you anticipate dealing in US securities, either now or later?

Yes No

If **'Yes'** please complete a W-8BEN form.

Any dividends and interest received from foreign investments will be in sterling.

3 Financial Adviser Authority to Deal

Trustees to complete

We, the trustees of

(print trust name)

authorise (print name), whose details appear below, to issue instructions in connection with the buying and selling of shares and securities and the receipt of dividends, rights and other proceeds ('Sharedealing Instructions'), on our behalf in connection with our sharedealing account ('Sharedealing Account').

We accept that we will be liable for transactions resulting from Sharedealing Instructions issued by the Financial Adviser on our

behalf and that neither the Authorised Financial Adviser nor Abbey Stockbrokers Limited (ASL) shall be liable for any losses or debts incurred.

This authority will remain in force until revoked in writing by the trustees of the above trust.

We hereby authorise ASL to accept Sharedealing Instructions for our Sharedealing Account from the above Financial Adviser, and to release information to him/her regarding our Sharedealing Account as requested.

We confirm that this authorisation does NOT allow the Financial Adviser to make any cash/stock withdrawals or transfers from our Sharedealing Account.

4 Financial Adviser Details

Financial Adviser to complete

Financial Adviser's name

Name of organisation

Address

Post Code

Please tick the following authorisation required:

- Place Dealing instructions
- Receive copy contract notes
- Place corporate action instructions
- Access to Sharedealing Account information

Persons within Financial Adviser's organisation authorised to give sharedealing instructions.

Name	Position

PLEASE NOTE: Abbey Sharedealing will only accept dealing instructions from staff who are personally registered with the FSA.**5 Declaration – PLEASE READ CAREFULLY**

Applicant to complete

We understand that all information provided in Section 1 and 2 of the main Application Form will be passed to Abbey Stockbrokers Limited, along with the information provided in this supplementary form, for the purpose of establishing a Sharedealing account.

We understand that James Hay Wrap Managers Limited (JHWM) have appointed Abbey Stockbrokers Limited (ASL) to carry out the Sharedealing Service as part of the Wrap Service. We also understand that ASL has appointed Pershing Securities Limited (PSL) as its agent to provide settlement, custody, nominee and associated services.

We understand that the Sharedealing Service is a nominee Sharedealing Service which means that our shares are held in a nominee account and registered in the name of PSL's nominee.

We confirm that ASL is authorised to instruct PSL to provide settlement, custody, nominee and associated services for our investments in our Wrap Portfolio.

We confirm that ASL is authorised to provide the Sharedealing Service to us as part of the Wrap Service and is authorised to act on our instructions or the instructions of our Financial Adviser where our Financial Adviser has our written authority to act. We authorise ASL/PSL to operate the Sharedealing Service for the James Hay Wrap until further notice, on the instructions of the authorised signatories named in the main Application Form.

We warrant and represent that we are acting within the terms of the Trust named in Section 1, and that ASL/PSL is not considered to be the adviser or the manager of the Trust assets or investments, nor is it responsible for complying with any written policy statement issued, or to be issued, by the Trust in accordance with the Trustee Act 2000.

We can confirm that to the best of our knowledge and belief, the particulars given on this Application Form are correct and complete and we undertake to inform ASL and/or JHWM, without delay, if there are any changes in the information contained in this form.

We have read and understood the Terms and Conditions in the Sharedealing Agreement for the James Hay Wrap Service for Investment Portfolio ISA Clients and agree to be bound by those, including but not limited to the obligations contained in this supplementary form. We understand these will collectively constitute the formation of a contract between the Trustees and ASL and PSL.

We understand that ASL/PSL is not a Trust or tax specialist and will only use the information which forms part of our Application for administration and anti-money laundering purposes.

We understand that any information we give to ASL, JHWM, PSL or any IFG Group companies and associated companies or agents or any information held on ourselves, including transactional data may be shared and used by those companies for administration purposes and to:

- Provide and run the account or service applied for and develop and improve its products and services
- Identify and advise us by post, telephone or electronic media of products or services which the IFG Group and its associated companies may think is of interest. (When deciding whether to provide details of a credit product ASL or a member of the IFG Group may search the files of credit reference agencies. A record of this search will not be made available to other lenders who search your file.)

- Release name, address and telephone number to market research organisations for the purpose of confidential market research surveys carried out by post or telephone on ASL's behalf.
- Comply with a request made of ASL and JHWM.

We understand details about ourselves and the conduct of our account may be passed to credit reference agencies and that ASL may check our details with National Hunter and Dealex.

If we give false or inaccurate information and ASL suspects fraud, ASL will record this.

We understand ASL and other organisations may use and search these records to help make decisions about Sharedealing Services, credit and credit-related services and insurance including motor, credit, life and other insurance proposals and claims for us and also to trace debtors, recover debt, prevent money laundering and fraud and for statistical purposes.

We understand ASL may also give essential information about our account to others if necessary to run the account and for regulatory purposes. Information may be kept after the account is closed.

You have the right to see certain records held about you upon payment of a fee.

PLEASE NOTE: If you do not wish to receive marketing information or do not wish for your details to be released to market research organisations (tick box)

To be signed by all Trustees

Signature of Trustee

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Signature of Trustee

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Signature of Trustee

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Signature of Trustee

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Please continue on a separate sheet if required.

James Hay is able to provide literature in alternative formats. The formats available are: Large Print (as recommended by RNIB), Braille, Audio Tape and PC Disk. If you would like to receive this document in an alternative format please contact us on 0845 850 4455. For the hard of hearing and / or speech impaired, please use the Typetalk service via 18001 0845 850 4455.

James Hay WRAP Managers Limited is a wholly owned subsidiary of IFG Group PLC, providing web-based transacting, reporting and administration facilities. Registered number 4773695 is registered in England and has its registered office at: Trinity House, Buckingham Business Park, Anderson Road, Swavesey, Cambs, CB24 4UQ. Authorised and regulated by the Financial Services Authority (FSA) under Firm Reference Number 225574 and you can check this authorisation at www.fsa.gov.uk/register or by calling the FSA on 0845 606 1234