

Wrap Application Form for all Wrap Products



Application guide

The following sections of the Application Form must be completed before James Hay Wrap Managers Limited (JHWM) can set up your Wrap. These sections are marked 'Mandatory':

- Section 1: My details
- Section 4: Financial adviser's details
- Section 5: Your declaration
- Confirmation of Verification of Identity

If these sections are not completed this form may need to be returned to you.

Please complete this form in BLOCK CAPITALS and return it to James Hay Wrap Managers Limited, Suite 202 Warner House, 123 Castle Street, Salisbury, SP1 3TB.

If you need any assistance in completing this, or any of the other application forms, or have any queries, please contact your Customer Support Team or our general enquiry number 03455 212 414.

Checklist
In addition, before you submit your completed Application Form, please check you have included the following documents (if appropriate) to support your application:
Completed Direct Debit mandate if regular payments are to be paid by you.
Completed request to re-register investments if assets are to be transferred to JHWM.
Instruction to Trade Form if you wish to purchase permitted investments outside of the Investment Centre.
EQi (formerly Selftrade) Account Application Form for Wrap if you wish to appoint EQi as your stockbroker.
Products within your Wrap to be opened
When your completed Application Form is received, an Investment Portfolio which includes a product bank account will be opened for you. This bank account will be used to facilitate the movement of money throughout your James Hay Wrap.
Please indicate which products you wish to open as part of your Wrap:
SIPP - please also complete the SIPP section.
ISA - please also complete the ISA section.
Offshore Bond - please also complete the 'Wrap Offshore Bond Application Form' available from www.jameshay.co.uk.

Please note: If you wish to open an Offshore Bond, RL360 Insurance Company Limited (RL360), the product provider, will require your financial adviser to enter into separate terms of business with them.

Should you wish to apply for any of these products at a later date, you may do so by using the separate application forms, available from www.jameshay.co.uk or from the contact details in the application guide above.

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1	Personal de	tails - MANDATORY Applicant to complete
Title		
Fore	ename(s)	
Surn	iame	
	er previous	
nam	es or aliases	
Mari	tal status	Date of birth DDDMMYYYY
Sex	Male	Female
	nanent dential	
addr		
		Postcode
Time	e at	
curre	ent address	years months
		at your address for less than 18 months, please provide your previous address.
Prev addr		
		Postcode
Tala		Mahila
reie	phone	Mobile
Ema	il	
Natio Insu	onal rance number	OR I have never had a National Insurance number
Natio	onality	
If yo	u have dual n	ationality, please specify ¹
Are	you a US Pers	on or resident of the US for tax purposes? Yes ¹ No
		harged bankrupt? Yes ¹ No
¹ If Y	es, we may n	ot be able to proceed with your application. Please contact us for further details.
l am	resident in th	e UK (excludes Isle of Man and Channel Islands) ²
² Yo	u must be res	ident in the UK in order to open a Wrap Portfolio.
Pass	port number	Passport expiry date DDMMYYYY
	ur passport no	umber may be used in our identity checks. It is the full number from the bottom line of your passport including th e end.
For	Connected W	raps only
A Co civil mini	onnected Wra partner or bu mum charge.	p is a Wrap which is held or opened by an individual legally connected to you, such as a family member, spouse, siness partner. If you have a relationship like this with another Wrap client, you may be eligible for a discounted Please note that if you cease to be legally connected to that Wrap client, for example following divorce, or the client dies, then the discount will no longer apply.
l wis	h to apply for	the Connected Wrap discount (please tick box if applicable)
If so	, what is the f	ull name of the individual to which this Wrap should be connected?

Please note: For Connected Wraps, your financial adviser needs to complete the connected Wrap Discount Proforma on page 13 of this form.

1 Personal details (cont.) - MAND	ATORY		Applicant to complete
Please tick the most appropriate box	below - one box r	nust be ticked:	
Employed Self employed	Pensioner	Caring for one or more children under the age of 1	6 years
Caring for a person aged 16 years or o	over C	child under the age of 16 years In full time edu	ıcation
Unemployed			
Other (please provide details)			
Occupation			
Nature of business			
Employer name			
Employer address			
		Postcode	
Have you decided to opt out of, or not	t join, your employ	er's pension scheme? Yes No No	
Please note: If you are not employed please answer No to the above quest		ver does not offer a pension scheme that you would be eli	gible to join,
1. Common Committe			
1a Source of wealth	any carnings from	your occupation, as well as any savings or investment incor	Applicant to complete
£	earnings from	your occupation, as well as any savings of investment incor	ne.
Please tick one or more of the followi		cate from which source(s) you have accumulated the perso e the source of wealth for any contributions made by a thir	
	Your contribution	Third party contributions	
Income from employment			
Income from savings/investments			
Gift			
Lottery and other winnings			
Property sale			
Inheritance			
Divorce settlement			
Other (please specify)			

2	Investment Portfolio payment details	Applicant to complete

To make an initial payment into your bank account held within your Investment Portfolio, please indicate the types of payment you wish to make:

Single payment - Please complete Section 2a
Regular payment - Please complete Section 2b
And/or by re-registering investments - Please complete S

- If you do not want to change your existing investments, but simply want to hold them within your Investment Portfolio, please complete Section 2c.
- To find out which of your existing investments qualify for re-registration within your Investment Portfolio, please refer to your copy of the Wrap Investment Portfolio Permitted Investments List or your financial adviser. If you do not check whether your investments can be re-registered and the funds do not qualify, we cannot proceed with the re-registration.
- Our charges for administering the Wrap are included in your Monthly Transaction Charge. Please refer to the Wrap Charges Schedule for more information.
- Investments held in a joint name cannot be re-registered into your Investment Portfolio.

I wish to make the following payment by electronic bank transfer (please note - bank details will be available on James Hay Online once the Wrap Investment Portfolio is set up, or on request).

£

2b Regular payments Applicant to co	omplete
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I wish to make the following regular monthly payments

E	Start date			T	I	T	T

Please note: This will be the day each month that the payment is taken. The start date can only be between 1st and 28th of any month.

Please complete the Direct Debit Instruction at the end of this form. Please allow 10 business days for JHWM to set up the Direct Debit.

Guidance on re-registering investments into the Investment Portfolio

Stocks and shares

All stocks and shares must be re-registered into the nominee name of an approved investment manager or stockbroker. You should read the appropriate clauses in the James Hay Wrap Terms and Conditions, and provide JHWM with written confirmation of your choice of investment manager or stockbroker.

In order to open an account with an investment manager or stockbroker, please refer to the investment manager appointment form, available on our website www.jameshay.co.uk. Once the account has been set up JHWM will advise you of the nominee's details.

If shares are held by an existing nominee, they can be transferred electronically to the new nominee. Otherwise, the asset holders will need to complete Stock/Crest Transfer Forms and send them with the current share certificates to the new nominee.

Please note that stamp duty of £5 per holding may be payable.

Unit trusts/OEICs

These investments will be transferred into the name of JHWM's nominee following a similar process used to re-register stocks and shares, but you do not need to appoint an investment manager or stockbroker.

It is JHWM's understanding that no stamp duty is payable on the transfer of unit trusts.

The following investments are to be re-registered into the Investment Portfolio. Please note that timescales for re-registration are dependent on third parties.

Unless it is to be held in an investment manager account within the Investment Portfolio, any investment available within the Investment Centre will be re-registered to the Investment Centre, and will be subject to the Investment Centre terms of your Wrap Terms and Conditions. In particular, only single lump sum investments can be made, dividends are paid as cash, and no commission or adviser charges will be paid directly to your financial adviser by the Investment Centre fund managers.

Any collective investment to be re-registered that is not available in the Investment Centre will be held directly within the Wrap Product (where permissible), or with your appointed investment manager (if requested).

If you are transferring shares, you will need to open a sharedealing account provided by a stockbroker approved by us for use on the Wrap Product. Shares must be re-registered into the nominee chosen by the stockbroker.

Please refer to the Wrap Charges Schedule for information on the charges related to these processes.

Unit trusts/OEICs

Unit trusts/OEICs	
Current fund provider name and address	Account number of investments to be re-registered

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Investments to be re-registered (cont.)

Applicant to complete

If you wish to re-register stocks and shares or bonds, you may provide a current valuation from the existing fund provider and submit it with this document. Alternatively, please fully complete the table(s) below.

Stocks and shares

Name of share and type	ISIN or SEDOL code	Reference number (if applicable)	Name in which asset is currently registered	Name and address of current stockbroker/ investment manager	Number of shares held	Current value £	Date valued	Name of receiving stockbroker/investment manager

Important: Please submit the original share certificates for the shares listed above with this form.

If you require more space to provide details of all the stocks and shares to be re-registered, please photocopy this page.

Offshore Bonds

Product name and provider	Policy reference number (if applicable)	Name(s) in which asset is currently registered	ISIN code (if applicable)	Current unit holding	Current value £	Date valued	If income is being taken from your bond, is it to be paid into your Investment Portfolio Bank Account? Yes/No

Important: Please submit all original policy documents for the investments listed above with this form.

If you require more space to provide details of all the Offshore Bonds to be re-registered, please photocopy this page.

Investment options 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 Product Bank Account. It is advisable to retain sufficient cash in your Investment Portfolio Bank Account to pay monthly transaction charges and adviser charges to avoid the sale of assets. I wish to invest in the following investment options (tick appropriate boxes): Investment Centre funds Please either trade online using James Hay Online or complete an 'Investment Centre Buy Form'. Please note there is no charge for placing trades online but there is a charge if you submit paper investment instructions. Managed Portfolio Panel Your financial adviser can select a model portfolio on the Managed Portfolio Panel using James Hay Online. Please note: Your financial adviser will need to agree to the investment manager's terms of business prior to investing into a model portfolio on the Managed Portfolio Panel. If you select this option you will be unable to hold any Investment Centre funds outside of one of the model portfolios on the panel. Stocks and Shares using the services of EQi Please complete the 'EQi Account Application Form for Wrap'. Investment manager Please complete Section 3a, and enclose the completed application form for your chosen investment manager. **Non Investment Centre funds** 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 adviser charge details. As the investment will be made by us, we 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 'EQi Account Application Form for Wrap', the 'Instruction to Trade Form' and the 'Wrap Investment Portfolio Permitted Investments List' are available from www.jameshay.co.uk or from the contact details in the application guide section. Investment manager Applicant to complete Is the investment manager to be appointed your financial adviser named in Section 4? Yes No If Yes, go to Section 3b. If No, complete the details below. If you would like to appoint an investment manager who is not your financial adviser, please complete the following details: Firm name Address Postcode Contact name FCA firm reference number Telephone (if known) **Email** Basis of Execution only Advisory Discretionary appointment Once we have confirmed to you that the account is open, please use the 'Cash Transfer' tool via James Hay Online to transfer money to/from your investment manager/stockbroker. For help with this, please contact your Customer Support Team or our general enquiry number 03455 212 414. If you wish to set up a regular transfer of money, please submit a written instruction via fax, post or secure message, confirming the amount, frequency and start date. 3b Products using an investment manager or EQi

Please complete this section to indicate which products your investment manager or EQi will be appointed to provide a service for:

	Investment manager	E
Investment Portfolio		
SIPP		
ISA		

4	Financial advise	r's details - MANDATORY	Applicant to complete
Com	pany name		
	vork name		
	oplicable)		
Cont	act name		
	firm ence number nown)		
Add	7055		
Addi			
		Postcode	
(if di	act name fferent from		
abov	/e)		
Ema	il		
Tele	ohone		
We	will correspond w	th your financial adviser unless otherwise stated.	
4-	Due doubt level in	ikiel odvisov obovne	
4a	Product level in	itial adviser charge	Applicant to complete
initia	l adviser charge t	rcentage of the money and assets transferred into your Wrap which you would like to be paid a o your financial adviser. Please also indicate the products that this charge is to be paid from. All dviser charge payable as a one-off payment.	
A ma	aximum of 5% (in	cluding VAT) product level initial adviser charge will be applied.	
Perc	entage of amoun	t invested in your Wrap %	
Is th	is to be applied a	cross all products within the Wrap? Yes No	
	o, please tick the cular products):	products you wish to exclude (this includes if you want a different adviser charge calculation	to apply to
Inves	stment Portfolio		
SIPP			
ISA			
Offsl	nore Bond		
OR			
One	payment of	£	

Please note that a product level initial adviser charge will only be paid from the Investment Portfolio and/or SIPP upon receipt of an invoice on the financial adviser's headed paper addressed to JHWM stating a monetary amount. Invoices can only be paid from the SIPP for advice relating to the SIPP.

Where product level initial adviser charges are to be paid from both the SIPP and the Investment Portfolio, the invoice must state the monetary breakdown for each.

Where further money or assets are received, or where further James Hay Wrap Products are opened after the Wrap has commenced, the same terms will apply and invoices should be submitted at the same time. Where applicable, the above amounts are including VAT.

Please note: JHWM's payment terms are 28 days from the receipt of the invoice.

This section confirms the levels of ongoing adviser charges for the Investment Portfolio.

If you are opening additional Wrap products you must complete the adviser charges section within the relevant application.

Please indicate the annual amount of product level ongoing adviser charges to be paid to your financial adviser and included in your monthly transaction charges.

Please note: A maximum of 7% p.a. (including VAT) product level ongoing adviser charges will be applied.

Option one

Value of assets in your product (excluding assets selected at the end of this section)

Total	Level of adviser charge
£	% p.a.

OR

Option two (tiered)

Amount	Level of adviser charge
First £	% p.a.
Next £	% p.a.
Next £	% p.a.
Next £	% p.a.
Over £	% p.a.

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Option three (monthly)		
Level of adviser charge	£	per month
Are adviser charges to be	applied across all assets within the product?	Yes No No
If No , please tick which ca individual investment man	-	note that we are unable to exclude individual investments or
All Investment Centre fun	ds (including Managed Portfolio Panel)	
All assets held with EQi		
All assets held with an inv	restment manager	
Cash held in each of the p with any of our Cash Pane	product bank accounts and cash deposits held el providers	
Property (including prope	erty cash)	

	4c	Initial adviser charge on investment trades
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Applicant to complete

This is the maximum amount that may be paid on any investment buy or switch trade in any Wrap product that you open.

The initial investment level adviser charge will need to be confirmed on each investment instruction.

A maximum of 5% (including VAT) investment level adviser charge will be facilitated from a Wrap product.

Percentage %

All other permissible investments

Before signing this declaration, it is important that you carefully read the James Hay Wrap Terms and Conditions; the Wrap Charges Schedule; the Permitted Investments Lists for the products within the James Hay Wrap service; and the Key Features of the products within the James Hay Wrap Service. These documents specify important information about your James Hay Wrap, how the product works, the benefits and risks and the charges you will pay.

There is a lot of information for you to consider so, if you are in any doubt about whether the James Hay Wrap is right for you, we strongly recommend that you seek advice from your financial adviser.

Any queries for us must be directed to James Hay, Suite 202 Warner House, 123 Castle Street, Salisbury, SP1 3TB; or telephone us on 03455 212 414.

- a) I accept the James Hay Wrap Terms and Conditions.
- b) I authorise James Hay Wrap Managers Limited (JHWM) to set up and administer my Wrap Portfolio in accordance with the James Hay Wrap Terms and Conditions (subject to JHWM accepting my application to do so).
- c) I authorise JHWM and their agents to deal directly with the providers and issuers of investments held within the Wrap Portfolio and their agents, so as to give practical effect to my application for a Wrap Portfolio and any instruction I or the financial adviser/investment manager may give you within the scope of the James Hay Wrap Terms and Conditions and the relevant Product/investment Terms and Conditions.
- d) I authorise the financial adviser named in this Application Form to act on my behalf, to authorise Transactions and to issue instructions to JHWM in connection with my Wrap Portfolio until I notify you to the contrary in writing.
- e) I authorise JHWM to make the investments detailed in Section 3 and to arrange any Transaction in respect of any investments held within my Wrap Portfolio that I, or my financial adviser/investment manager on my behalf, may request from time to time.
- f) I authorise JHWM or its nominee to hold investments within my Wrap Portfolio on my behalf and to receive interest, dividends and any other rights or proceeds in respect of those investments and any other cash on my behalf and to reinvest or pay those dividends and other rights or proceeds in accordance with my instructions or those of my financial adviser/investment manager.
- g) I acknowledge that I 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.
- h) I acknowledge that JHWM has not provided me with any advice under the terms of the Financial Services and Markets Act 2000, in respect of any aspect of my Wrap Portfolio or the appointment of any investment manager and has no responsibility for doing so.
- i) I have not received and do not expect to receive from JHWM any advice in relation to my Wrap Portfolio or investments, including whether I should buy, retain or sell any particular investments.
- j) I acknowledge and accept that JHWM will not carry out any review of my 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.
- k) If I cease to be UK resident I will notify you in writing within 30 days.
- 1) I 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.
- m) I authorise JHWM to send copies of all statements issued in respect of my Wrap Portfolio and to disclose details of that Portfolio to my financial adviser as named on this Application Form. I confirm that my financial adviser may receive adviser charges from JHWM in respect of my Wrap Portfolio.
- n) I confirm that to the best of my knowledge and belief, the information given in this Application Form is true and complete.
- o) I undertake to inform JHWM promptly in writing of any changes to the information contained in this Application Form as soon as I am aware that what is stated is no longer true and complete.
- p) I accept that in addition to the Confirmation of Verification of Identity that my financial adviser is obliged to complete, which forms part of my Application Form, JHWM may at its discretion use a third party of its choosing to fulfil its obligations under the Money Laundering Regulations. I agree that the results of any such third party verification searches will not be seen or used by lenders to assess my ability to obtain credit.
- q) I accept it is a serious offence to make false statements and that the penalties are severe and could lead to prosecution.
- r) I confirm I have read and agreed to the Investment Centre Key Features and the section relating to the operation of the Investment Centre, as set out in the Wrap Terms and Conditions.
- s) I hereby authorise the Providers of the investments listed in Section 2, as soon as reasonably practicable, to transfer the investments into the Investment Portfolio. This transfer will be made by re-registering the assets, subject to acceptance.
- t) I further instruct the Providers of the investments named in Section 2 to provide JHWM with any information requested in respect of these investments, including but not limited to transaction and dividend histories and details of the current portfolio and its value.

- u) If I have indicated that I wish to use the services of EQi or any other investment manager/stockbroker under Section 3 of this Application Form, I hereby instruct JHWM to open an account with my selected investment manager/stockbroker and accept and agree that:
 - I am solely responsible for all decisions relating to the purchase, retention and sale of the investments forming part of the
 products; furthermore, where my account is operated on an execution only or advisory basis, I accept that it is the joint
 responsibility of myself and my financial adviser to ensure any investments purchased comply with JHWM's published
 permitted investments list.
 - I hold JHWM harmless and indemnified against any claim in respect of such decisions.
 - I acknowledge and accept that JHWM has not and shall not in the future carry out any review of my nominated investment manager's/stockbroker's financial status, their investment and/or risk strategies nor will JHWM monitor the ongoing performance of them. I am, or my financial adviser is, responsible for checking these matters on my behalf and ensuring that the investment manager/stockbroker is suitable for my investment objectives.
 - my investment manager/stockbroker will be bound by the investment manager/stockbroker terms of business agreed with JHWM. I will not take any action, intentionally or otherwise, or instruct my investment manager/stockbroker to take actions that result in a breach of this agreement.
 - I have seen and I accept the terms and conditions and charges schedule of the investment manager/stockbroker I wish to appoint.
- v) I accept that James Hay Wrap Managers Limited will not assess me against an investment manufacturer's target market when I make any investments. My financial adviser will make such an assessment.
- w) I understand and agree that if I, or my financial adviser, have completed the Wrap SIPP Application section of this form, the details provided in this form are addressed to the scheme administrator of the James Hay Personal Pension Plan, as well as to James Hay Wrap Managers Limited.

Data Protection Statement

You can access full details on what to expect when we process your personal data under your product in the Data Protection Statement - James Hay Products document, which is available on our website at www.jameshay.co.uk or by calling us on 03455 212 414 f you have any questions about data protection, please contact us using the contact details in the Data Protection Statement.
At James Hay, we conduct market research to improve our products and services. Please tick this box if you do not wish to receive invitations to participate.

You can change your mind at any time by contacting us.

This Application Form must be completed by you or an FCA authorised financial adviser who holds the appropriate permissions. If completed by an FCA authorised financial adviser, you must still check that the completed information is correct, as by signing below you are confirming this.

It is an offence to make false statements and the penalties are severe and could lead to prosecution.

By signing this Application Form below, I confirm:

- My financial adviser has provided me with the following documents: the James Hay Wrap Terms and Conditions; the Wrap
 Charges Schedule; the Permitted Investments Lists for the products within the James Hay Wrap service; the Key Features of the
 products within the James Hay Wrap Service; and the Data Protection Statement James Hay Products.
- I agree to be bound by, and to at all times comply with, the James Hay Wrap Terms and Conditions; the Wrap Charges Schedule; the Permitted Investments Lists for the products within the James Hay Wrap service and the above Declaration.

Applicant name		Applicant signature		
	Date D D M M Y Y Y Y			

We are able to provide literature in alternative formats. For a Braille, large print, audio or E-text version of this document call us on 03455 212 414 (or via the Typetalk service on 18001 03455 212 414).

"James Hay Partnership" is the trading name of Nucleus Group Services Limited (NGSL) (registered in England, number 02538532); James Hay Services Limited (JHS) (registered in Jersey, number 77318); IPS Pensions Limited (IPS) (registered in England, number 02601833); James Hay Administration Company Limited (JHAC) (registered in England, number 04068398); James Hay Pension Trustees Limited (JHPT) (registered in England, number 01435887); James Hay Wrap Managers Limited (JHWM) (registered in England, number 04773695); James Hay Wrap Nominee Company Limited (JHWNC) (registered in England, number 07259308); PAL Trustees Limited (PAL) (registered in England, number 01606419); Sarum Trustees Limited (SarumTL) (registered in England, number 01003681); The IPS Partnership Limited (IPSP) (registered in England, number 02634371).

Union Pension Trustees Limited (UPT) (registered in England, number 02634371).

NGSL, IPS, JHAC, JHPT, JHWM, JHWNC, PAL, SarumTL, IPSP, UPT have their registered office at Suite B & C, First Floor, Milford House, 43-55 Milford Street, Salisbury, SP1 2BP. JHS has its registered office at Aztec Group House, IFC6, The Esplanade, St Helier, Jersey, JE4 0QH. JHAC, JHWM, IPS, IPSP, are authorised and regulated by the Financial Conduct Authority. NGSL, IPS, IPSP, PAL, UPT, JHWM, JHPT, JHAC, SarumTL and JHS are members of a VAT group with VAT registration number 514 0358 80. All companies are wholly owned subsidiaries of Nucleus Financial Platforms Limited (registered in England, number 06033126) whose registered office is at Suite B & C, First Floor, Milford House, 43-55 Milford Street, Salisbury, SP1 2BP, and are members of the Nucleus Group. Further details of the Nucleus Group can be found at nucleusfinancial.com (12/24)



Confirmation of Verification of Identity - Private Individual

Introduction by an FCA-regulated firm

Explanatory notes

This form should be completed by an FCA approved financial adviser or a representative of the introducing firm.

A separate confirmation must be completed for each customer (e.g. joint holders, trustee cases and joint life cases). Where a third party is involved, e.g. a payer of contributions who is different from the customer, the identity of that person must also be verified, and a confirmation provided.

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, **or**
- 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.

Please complete this form in BLOCK CAPITALS and return it to: James Hay, Suite 202 Warner House, 123 Castle Street, Salisbury, SP1 3TB. If you require any assistance, please call your Customer Support Team or our general enquiry number 03455 212 414.

1 Details of individual							
Full name of customer							
Current address							
		F	Postcode				
Date of birth	D D M M Y Y Y Y						
Previous address details if individual							
has changed address							
in the last 18 months		F	Postcode				
2 Details of introducing	firm (or sole trader)						
Full page of regulated firm	(ar cala tradar)						
Full name of regulated firm	(or sole trader)						
FCA reference number	FCA reference number						
3 Confirmation							
I/We confirm that:							
The information in section	on 1 above was obtained by mo	e/us in relation to	the customer;				
The evidence I/we have	obtained to verify the identity	of the customer	: (tick only one)				
meets the standard evi	idence set out within the guida	ance for the UK F	inancial Sector issued by JMLSG, or				
exceeds the standard evidence.							
Copies of the underlying evidence taken in relation to the verification of the customer's identity will, on request from you (or from UK law enforcement agencies or regulators under court order or relevant mutual assistance procedure), be made available, to the extent that we are required under local law to retain these records.							
Name			Signature				

Date

Position

In order for this to be accepted it must be reproduced on a financial adviser's company headed paper

FAO: James Hay Wrap Managers Limited Suite 202 Warner House 123 Castle Street Salisbury SP1 3TB

Please note: This form only needs to be completed once per Connected Wrap.

First client name		
Wrap number		
Second client name		
Wrap number		
	•	t the clients are legally connected for the purposes of the
Signature of financial	adviser	Full name
Date DDM	MYYYY	





Wrap Investment Portfolio, Wrap ISA

Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:											
James Hay Wrap Managers Limited Suite 202 Warner House 123 Castle Street Salisbury SP1 3TB	Service 8	e User	Numb	er 1	2	3					
Name(s) of Account Holder(s)	Refere	nce									
Bank/Building Society Account Number Branch Sort Code	Instruction Please from the safegue I under Wrap I electron	pay Jahe acco ards a rstand Manag	ames Hount do ssured that there	lay Wretailed by the his Inst	rap Mar I in this e Direct ruction and, if s	nagers Instru t Debit n may r	Limite action s t Guara remain ails will	ubjed ntee. with	ct to t Jame	he s Hay	,
Name and full postal address of your Bank or Building Society To: The Manager Bank/Building Society	Signatui			Daring	, Banan						
	Signatui	6(3)									
Address											
Postcode	Date										

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the Payer

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, James Hay Wrap Managers Limited will
 notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request James Hay
 Wrap Managers Limited 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 James Hay Wrap Managers Limited 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 James Hay Wrap Managers Limited 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.



Wrap SIPP Application Section

Details of the pension schemes I wish to transfer

Applicant to complete

IMPORTANT NOTE: If you are transferring an occupational defined benefits (final salary) scheme, we will require written confirmation from your financial adviser that they have advised you in respect of this transfer and recommended that you proceed with the transfer

If you wish to transfer an occupational money purchase (defined contribution) scheme, we may accept the transfer if you provide either written confirmation from your financial adviser that they have recommended that you proceed with the transfer, or written confirmation from the transferring scheme that the transfer contains no safeguarded benefits.

If applicable, your financial adviser can submit a completed 'Confirmation of Advice to Transfer Pension Fund' form, available from www.jameshay.co.uk.

Please list details of any schemes you wish to transfer here and provide further details in the sections that follow.

Scheme name	Policy number(s)	Estimated value
		£
		£
		£
		£
		£
		£
		£
		£
		£
		£
	£	

Please note:

- Whether or not you have already requested the transfer, you will still need to provide us with all the information relating to the transfer. Please ensure you complete the following 'Transferring scheme' sections fully for each transfer you would like to make. For any transfers that you have not already requested, we will request them on your behalf.
- If the transfers are made up of a mixture of plans in capped drawdown and plans in flexi-access drawdown, we will convert all to flexi-access drawdown upon receipt.
- The transferring schemes may require additional information before releasing any funds and this could delay your transfer to us.
- If you intend to transfer both beneficiary and non-beneficiary pension rights, a separate Wrap SIPP application form will be required for each type of pension rights. In addition, if you are transferring beneficiary pension rights which have different tax treatments, a separate Wrap SIPP application form will be required for each type of tax treatment. Please note that completing the deceased's personal details will help facilitate any beneficiary pension rights transfers.

Transferring scheme Applicant to complete I wish to transfer my entitlement to benefits from the following pension scheme to the James Hay Personal Pension Plan administered by James Hay Partnership. Scheme name Scheme provider Scheme address Postcode Policy number(s) Occupational money purchase (defined contribution) 4 Occupational defined benefits (final salary) 4 Scheme type Other registered pension scheme Qualifying recognised overseas pension scheme Please read the important note at the beginning of Section 1 regarding financial advice. Guaranteed transfer value expiry date (if applicable) Important: If we receive this form 10 working days or less before the guaranteed transfer value expiry date, we are unable to guarantee that we can process the transfer within this timescale and will not accept any liability for the expiry date being missed. Estimated value Do you wish to transfer the full value of this scheme? £ If No, please state the amount you wish to transfer Phased drawdown Status of transfer value Uncrystallised Crystallised Please detail any guarantees and/or protection attached to the scheme Nο Does the transfer contain any safeguarded benefits? Yes No Is James Hay Partnership the administrator of this scheme? No Are the assets to be re-registered into your Wrap SIPP as part of an in-specie transfer? If Yes, we require a current valuation from the transferring scheme and a list of assets. We will then confirm which assets can be re-registered. Does James Hay need to complete the transferring scheme's transfer discharge form? If Yes, please enclose the form with this document. Do you wish to immediately withdraw benefits from this plan once it has been transferred? If Yes, please also complete the relevant James Hay 'Benefit Payment Form' to initiate benefits, or our 'Drawdown to Drawdown Transfer Form' if the plan being transferred in is already in drawdown. Have you taken income through flexi-access drawdown, or an uncrystalised funds pension lump sum, from any pension you hold with other providers? No Is the transfer payment subject to an earmarking order or any other type of attachment order? If Yes, please supply a certified copy of the order. Is the transfer payment in respect of a pension credit (pension rights received as part of a divorce settlement)? No If Yes, please supply a certified copy of the court order, final order of divorce and pension sharing annex. Nο Is this part of a block transfer? Have you already instructed this scheme that you wish to transfer? No Nο Does the payment include beneficiary pension rights? If Yes, please complete the deceased's personal details below. If Yes, is income from the beneficiary pension rights taxable? No Deceased's personal details (if applicable) Full name Date of death | D | D | M | M Date of birth

Transferring scheme Applicant to complete I wish to transfer my entitlement to benefits from the following pension scheme to the James Hay Personal Pension Plan administered by James Hay Partnership. Scheme name Scheme provider Scheme address Postcode Policy number(s) Occupational money purchase (defined contribution) 5 Occupational defined benefits (final salary) 5 Scheme type Other registered pension scheme Qualifying recognised overseas pension scheme Please read the important note at the beginning of Section 1 regarding financial advice. Guaranteed transfer value expiry date (if applicable) Important: If we receive this form 10 working days or less before the guaranteed transfer value expiry date, we are unable to guarantee that we can process the transfer within this timescale and will not accept any liability for the expiry date being missed. Estimated value Do you wish to transfer the full value of this scheme? If No, please state the amount you wish to transfer Uncrystallised Crystallised Phased drawdown Status of transfer value Please detail any guarantees and/or protection attached to the scheme No Does the transfer contain any safeguarded benefits? Is James Hay Partnership the administrator of this scheme? No Are the assets to be re-registered into your Wrap SIPP as part of an in-specie transfer? No If Yes, we require a current valuation from the transferring scheme and a list of assets. We will then confirm which assets can be re-registered. Does James Hay need to complete the transferring scheme's transfer discharge form? If Yes, please enclose the form with this document. Do you wish to immediately withdraw benefits from this plan once it has been transferred? If Yes, please also complete the relevant James Hay 'Benefit Payment Form' to initiate benefits, or our 'Drawdown to Drawdown Transfer Form' if the plan being transferred in is already in drawdown. Have you taken income through flexi-access drawdown, or an uncrystalised funds pension lump sum, from any pension you hold with other providers? Is the transfer payment subject to an earmarking order or any other type of attachment order? No If **Yes**, please supply a certified copy of the order. Is the transfer payment in respect of a pension credit (pension rights received as part of a divorce settlement)? If Yes, please supply a certified copy of the court order, final order of divorce and pension sharing annex. Nο Is this part of a block transfer? No Have you already instructed this scheme that you wish to transfer? Does the payment include beneficiary pension rights? If Yes, please complete the deceased's personal details below. If Yes, is income from the beneficiary pension rights taxable? Deceased's personal details (if applicable) Full name Date of death D D M M Y Y Y Date of birth

Transferring scheme Applicant to complete I wish to transfer my entitlement to benefits from the following pension scheme to the James Hay Personal Pension Plan administered by James Hay Partnership. Scheme name Scheme provider Scheme address Postcode Policy number(s) Occupational money purchase (defined contribution) ⁶ Occupational defined benefits (final salary) ⁶ Scheme type Other registered pension scheme Qualifying recognised overseas pension scheme Please read the important note at the beginning of Section 1 regarding financial advice. Guaranteed transfer value expiry date (if applicable) Important: If we receive this form 10 working days or less before the guaranteed transfer value expiry date, we are unable to guarantee that we can process the transfer within this timescale and will not accept any liability for the expiry date being missed. Estimated value Do you wish to transfer the full value of this scheme? £ If No, please state the amount you wish to transfer Phased drawdown Status of transfer value Uncrystallised Crystallised Please detail any guarantees and/or protection attached to the scheme Nο Does the transfer contain any safeguarded benefits? Yes Is James Hay Partnership the administrator of this scheme? Yes No Are the assets to be re-registered into your Wrap SIPP as part of an in-specie transfer? No If Yes, we require a current valuation from the transferring scheme and a list of assets. We will then confirm which assets can be re-registered. Does James Hay need to complete the transferring scheme's transfer discharge form? If Yes, please enclose the form with this document. Do you wish to immediately withdraw benefits from this plan once it has been transferred? If Yes, please also complete the relevant James Hay 'Benefit Payment Form' to initiate benefits, or our 'Drawdown to Drawdown Transfer Form' if the plan being transferred in is already in drawdown. Have you taken income through flexi-access drawdown, or an uncrystalised funds pension lump sum, from any pension you hold with other providers? Is the transfer payment subject to an earmarking order or any other type of attachment order? If **Yes**, please supply a certified copy of the order. Is the transfer payment in respect of a pension credit (pension rights received as part of a divorce settlement)? If Yes, please supply a certified copy of the court order, final order of divorce and pension sharing annex. No Is this part of a block transfer? No Have you already instructed this scheme that you wish to transfer? No Does the payment include beneficiary pension rights? If Yes, please complete the deceased's personal details below. If Yes, is income from the beneficiary pension rights taxable? Deceased's personal details (if applicable) Full name Date of death DDMMYYY Date of birth

Transferring scheme Applicant to complete I wish to transfer my entitlement to benefits from the following pension scheme to the James Hay Personal Pension Plan administered by James Hay Partnership. Scheme name Scheme provider Scheme address Postcode Policy number(s) Occupational money purchase (defined contribution) ⁷ Occupational defined benefits (final salary) 7 Scheme type Other registered pension scheme Qualifying recognised overseas pension scheme Please read the important note at the beginning of Section 1 regarding financial advice. Guaranteed transfer value expiry date (if applicable) Important: If we receive this form 10 working days or less before the guaranteed transfer value expiry date, we are unable to guarantee that we can process the transfer within this timescale and will not accept any liability for the expiry date being missed. f Estimated value Do you wish to transfer the full value of this scheme? Yes £ If No, please state the amount you wish to transfer Status of transfer value Uncrystallised Crystallised Phased drawdown Please detail any guarantees and/or protection attached to the scheme No Does the transfer contain any safeguarded benefits? Yes No Vρς Is James Hay Partnership the administrator of this scheme? Are the assets to be re-registered into your Wrap SIPP as part of an in-specie transfer? Yes Nο If Yes, we require a current valuation from the transferring scheme and a list of assets. We will then confirm which assets can be re-registered. Does James Hay need to complete the transferring scheme's transfer discharge form? If Yes, please enclose the form with this document. Do you wish to immediately withdraw benefits from this plan once it has been transferred? If Yes, please also complete the relevant James Hay 'Benefit Payment Form' to initiate benefits, or our 'Drawdown to Drawdown Transfer Form' if the plan being transferred in is already in drawdown. Have you taken income through flexi-access drawdown, or an uncrystalised funds pension lump sum, from any No pension you hold with other providers? Is the transfer payment subject to an earmarking order or any other type of attachment order? No If Yes, please supply a certified copy of the order. Is the transfer payment in respect of a pension credit (pension rights received as part of a divorce settlement)? No If Yes, please supply a certified copy of the court order, final order of divorce and pension sharing annex. Is this part of a block transfer? Nο Have you already instructed this scheme that you wish to transfer? Does the payment include beneficiary pension rights? No Yes If Yes, please complete the deceased's personal details below. If Yes, is income from the beneficiary pension rights taxable? Deceased's personal details (if applicable) Full name Date of death DDMMY Date of birth

2 Contributions

Please complete this section if single or regular contributions will be paid into your Wrap SIPP.

Please note: Please note that if you applied for enhanced or fixed protection on or after 15 March 2023, any contribution made to your Wrap SIPP will mean you lose this protection. If your contributions in respect of a tax year exceed the annual allowance, then you may be subject to a personal tax charge called the annual allowance charge. It is possible for unused annual allowance to be carried forward for up to three years. You should speak to your financial adviser about this.

2a Entitlement to tax relief Applicant to	complete
Please tick one box only	
(i) I have relevant UK earnings chargeable to income tax, or general earnings from overseas Crown employment subject to UK tax, in this tax year.	
(ii) I am, or have been, resident in the UK at some time during this tax year.	
(iii) My spouse or civil partner has for this tax year general earnings from overseas Crown employment subject to UK tax.	
(iv) I am, or my spouse or civil partner is, in overseas Crown employment, but for this tax year do/does not have general earnings from overseas Crown employment subject to UK tax.	
(v) I was UK resident when I became a member of the SIPP and have been resident in the UK at some time during five tax years immediately before this tax year.	
(vi) None of the above.	
If you have ticked (i) or (ii) we will reclaim basic rate tax on your personal contributions. If you are liable to income tax at a raabove basic rate, you will be able to claim any additional relief from HMRC either through your self assessment return or, if yo complete one, by contacting HMRC.	
If you have ticked (iii), (iv) or (v), we will reclaim basic rate tax on your personal contributions up to the basic amount of £3,6 gross.	00
If you have ticked (vi) or have not completed this section at all, we will not be able to determine if you are entitled to have rate tax reclaimed on your personal contribution and so will not be able to reclaim this.	basic
Residency	
If you are a Scottish resident (as determined by HMRC) your tax rate may differ.	
For example, you may be liable to income tax at no more than the Scottish starter rate of 19%. For the 2025/26 tax year we we claim tax relief of 20% where applicable. HMRC has stated that it will not recover the difference between the Scottish starter the Scottish basic rate for the 2025/26 tax year.	
If you are liable to income tax at a rate above the Scottish basic rate of 20%, you will be able to claim the additional relief from either through your self assessment return or, if you do not complete one, by contacting HMRC.	n HMRC
The Welsh government has the power to amend the rate of income tax paid by Welsh residents, and if they do, this may important amount of tax we can reclaim on contributions made by Welsh residents. The Welsh government has indicated that they will amend the rate of income tax for the 2025/26 tax year.	
2b Personal contributions Applicant to	complete
Please state the net amount that you would like to pay into your Wrap SIPP. If, as per Section 2a, we are able to reclaim best tax on your personal contributions, this tax amount will be added to your stated net contribution amount. Please therefore the gross figure (the net amount you are contributing plus the value of any tax reclaim) is the figure used to calculate again annual allowance or money purchase annual allowance.	note that
How much would you like to pay into your Wrap SIPP?	
Single contribution	
£ (net) by electronic transfer	
Regular contributions	
£ (net) by Direct Debit	
Frequency Monthly Quarterly Half-yearly Annually	

If regular contribution payments are to be made to your Wrap SIPP, please forward a completed Direct Debit Mandate to us. Please allow 10 business days for us to set up the Direct Debit.

If applicable, we will reclaim basic rate tax on personal contributions. The tax reclaim will take between 7-11 weeks. Please note that the value of the reclaim can only be invested once it has been paid into your designated SIPP Bank Account and it has cleared.

Start date (this must be between 1st - 28th of the month)

2b Personal contributions (cont.)

Applicant to complete

Annual Allowance

Important: If your contributions in respect of a tax year exceed the annual allowance (£60,000° for the 2025/26 tax year), then you may be subject to an annual allowance tax charge. It is possible for unused annual allowance to be carried forward for up to three years. You should speak to your financial adviser about this.

⁸ If you have adjusted income (that is your total income before the deduction of personal allowances or reliefs) of more than £260,000 per annum, your annual allowance will be reduced by £1 for every £2 of income above £260,000 with a maximum reduction of your annual allowance to £10,000.

Please note: The tax treatment depends on the individual's circumstances and may be subject to change in the future.

Money Purchase Annual Allowance

If you have flexibly accessed your SIPP or any other money purchase pension you may have, you will be subject to the money purchase annual allowance (MPAA) limit (£10,000 for 2025/26 tax year). If your contributions exceed this amount, you may be subject to an annual allowance tax charge. You must inform us if you have flexibly accessed another money purchase pension scheme within 91 days of doing so.

2c Third party cor	ntributions	Applicant to complete
contributions to you	ake a contribution on your behalf to your Wrap SIPP. If a third party (other than your employer) r Wrap SIPP, please provide their details below. Please also note that we will need to carry out a tion checks on the third party before we can accept any contributions from them.	
If your employer is to	o make contributions to your Wrap SIPP, please complete Section 2d.	
Third party name		
Other previous names or aliases		
Permanent residential		
address		
	Postcode	
Date of birth		
2d Employer cont	ributions	Applicant to complete
	o make employer contributions to your Wrap SIPP, please provide their details below. Please no ti-money laundering identification checks on your employer before we can accept any contributed.	
Contact name		
Country of establishment/incorporation		
Registered number (if applicable)		
Nature of business		
Registered address		
	Postcode	
Telephone		
Email		
Do you give authorit	ry for James Hay Partnership to correspond with your employer directly?	No

2d	Employer contributions (cont.)					Applicant to complete
All en	nployer contributions are paid gross.					
How r	much will your employer pay into your Wrap SIPP?					
Single	e contribution					
£	(gross) by electronic tra	nsfer				
record Mand	r employer wishes to regularly contribute to your Wrap SIPP, pld for regular contributions' section below. For regular contributiate. Where applicable, please enclose any Direct Debit Mandate irect Debit.	ons your em	ployer will	also need t	o complete a	Direct Debit
2e	Employer's payment record for regular contributions					Employer to complete
dedu	the employer, should complete this section if you will be making cted from the employee's salary, or from your own funds. Regula byer, must prepare and maintain a record of the payments due t	ar payments	must be su	ubmitted vi	a Direct Debi	
Regul	ar employer contribution amount (including salary sacrifice arra	ngements)	£			(gross)
Pleas	e note that employer contributions to your SIPP (including sal	ary sacrifice	arrangeme	ents) are pa	aid gross.	
Regul	ar employee contribution amount		£			(net)
rate t note again	oyee contributions paid from your taxed income should be pai ax on your personal contributions, this tax amount will be add that the gross figure (the net amount you are contributing plus st your annual allowance or money purchase annual allowance	ed to your s the value o	tated net o	ontribution	n amount. Ple	ease therefore
Frequ	uency of contributions					
Month	nly Quarterly Ha	lf-yearly			Annually	
Date	of the first employer contribution (this must be between 1st - 28	8th of the mo	onth)	D M M	YYYY	/
	start date is provided, we will set up the Direct Debit for the firs require us to take a backdated payment once the Direct Debit h			g the date	that this form	n is signed. This
	e allow 10 business days for us to set up the Direct Debit.	us been set (ap.			
	contributions due prior to the specified date above should be pa	id in accorda	ance with S	Section 2d	of this form.	
	rill use the day of the first contribution date as the ongoing colle lator purposes, in relation to these regular payments, will always					date for Pension
To be	signed on behalf of the employer					
	firm that the information in this section is accurate and I will not	ify you if any	of these c	details chan	ge.	
Signa	ture	name				
	l di	Tidine				
	Dat	re D	D M M	YYYY	Y	
Positi	on					
	act number (if ent from above)					
3	Investment options					Applicant to complete
I wish	to invest my Wrap SIPP funds in the following investment option	ons (tick app	ropriate bo	oxes):		
	Managed Portfolio Panel Your financial adviser can select a model portfolio on the Managed	ged Portfolic	Panel usir	ng James H	ay Online.	
	Please note: Your financial adviser will need to agree to the into a model portfolio on the Managed Portfolio Panel. If you select funds outside of one of the model portfolios on the panel.		-		•	-
	Cash Panel Please complete the application form for your selected Cash Pareceipt of the completed form, if there is sufficient cash in your provider.					•

3	Investment options (cont.)	Applicant to complete
	Investment Manager Please compete Section 3b of this Application Form, and enclose the completed application form for your chanager.	iosen investment
	Investment Centre Funds If you have sufficient cash available in your SIPP Bank Account, Investment Centre trades may be placed via James Hay Online. Alternatively, you may submit paper instructions to us using an 'Investment Centre Buy For there is no charge for placing trades online but there is a charge if you submit paper investment instructions	orm'. Please note
	EQi Please read the EQi Terms and Conditions and EQi Order Execution Policy and complete Section 3a of this A We will notify you when your EQi account has been opened. You can then instruct us to send EQi cash from Account and access the trader terminal via the 'Trade' area of James Hay Online. You must be resident in the EQi dealing account.	your SIPP Bank
	Commercial Property Please read the 'Commercial Property Purchase and Maintenance Guide' and complete a 'SIPP Commercial P Questionnaire' and send it to us at the address below.	roperty
	Other permissible investments Please enclose the appropriate fund manager's application form having completed the amount to be invested and remuneration details. As the investment will be made in our name, we will complete the rest of the invest application form.	
	e note: The forms and documents detailed above can be obtained from our website at www.jameshay.co.uk ct details in the application guide section.	or from the
Please	e send forms to: James Hay, Suite 202 Warner House, 123 Castle Street, Salisbury, SP1 3TB	
3a	EQi dealing account	Applicant to complete
I woul	ld like to open an EQi dealing account	
I acce	pt the EQi Order Execution Policy Mother's maiden name	
Town	of birth	
Are yo	ou resident in the UK for tax purposes?	
Do yo	ou anticipate dealing in US securities, either now or later?	
Do yo	ou wish to deal in warrants?	
We w	ill contact you with details of your EQi account once we have successfully processed your Wrap SIPP applica	ition.
3b	Investment manager	Applicant to complete
	e complete this section if you would like to appoint an investment manager to act on your behalf in respect c	
The foinform	bllowing information allows us to identify and begin account opening conversations with your selected invest nation is optional at this stage but if you do not provide it now we may need to contact you to obtain it once een opened. Please be aware this may delay the account opening process with the investment manager or st that any investment manager must be UK based and FCA authorised and agree to our operational requirement	ment manager. The your Wrap SIPP ockbroker. Please
Firm r	name	
Addre	ess	
	Postcode	
Email		
	ence number	
(if kno		
	we have confirmed to you that the account is open, please use the 'Cash Transfer' tool via James Hay Online	to transfer money

to/from your investment manager/stockbroker. For help with this, please contact your Cusomter Support Team or our general enquiry number 03455 212 414.

If you wish to set up a regular transfer of money, please submit a written instruction via fax, post or secure message, confirming the amount, frequency and start date.

4 Request to take benefits			A Coope by a coope labor
4 Request to take benefits			Applicant to complete
I wish to take immediate income	drawdown or an uncrystallised	funds pension lump sum from my Wrap SIPP	Yes No
it to James Hay, Suite 202 Warn	er House, 123 Castle Street, Salis	h is available from our website at www.jameshay sbury, SP1 3TB. We do not require the Benefit Pa s or commence income payments without it.	
The expected transfer is already	in income drawdown		Yes No
If Yes , please complete a 'Drawd income requirements.	lown to Drawdown Transfer For	m', also available from our website, to provide u	s with your on-going
		ppy of your passport. In the absence of either of on your financial adviser's company headed pa	
Please note: We cannot comme	nce benefit payments until we	have received evidence of your age.	
5 Flexibly accessing your pe	nsion with another provider		Applicant to complete
You must inform us if you have f		vith another provider	P.F. St. St. St. P. St.
•			
• •	3,	flexi-access drawdown or taken an uncrystallised rovider (including any plans you are transferring	Yes No
Please note: If you have answer of £10,000 on contributions to		you will be subject to a reduced money purchas arrangements.	se annual allowance
6 Ongoing adviser charges			Applicant to complete
Please pay my appointed financia	al adviser the same level of ongo	oing adviser charges as set out in my initial Wrap	Application Form.
If No , please specify the level of	annual ongoing adviser charges	required for this Wrap SIPP, by choosing one o	ption below.
Please note: A maximum of 7%	p.a. (including VAT) adviser ch	arges will be applied.	
6a Ongoing adviser charges			Applicant to complete
Option one			
Value of assets in your product (excluding assets selected at the	e end of this section)	
Total	Level of adviser charge	,	
£	% p.a.		
OR			
Option two (tiered)			
Amount	Level of adviser charge		
First £	% p.a.		
Next £	% p.a.		
Next £	% p.a.		
Next £	% p.a.		
Over £	% p.a.		

OR

Option three (monthly)

Level of adviser charge £ per month

6a Ongoing ac	dviser charges (cont.)		Applicant to complete
Transaction char	ges in respect of this adviser charge will be char	ged monthly on a pro rata basis.	
Are adviser charç	ges to be applied across all assets within the pro	duct? Yes No	
	which categories of assets you wish to exclude . nent manager accounts.	Please note that we are unable to exclude inc	dividual investments or
All Investment Co	entre funds (including Managed Portfolio Panel)		
All assets held wi	ith EQi		
All assets held wi	ith an investment manager		
Cash held in the s any of our Cash F	SIPP Bank Account and cash deposits held with Panel providers		
Property (includi	ng property cash)		
All other permiss	ible investments		
7 Expression	of wish		
· ·	etails of those people you would like to receive a	any benefit payable under your Wrap SIPP on	your death.
	of Wish does not bind the Trustee or Scheme Ad wishes. Your Expression of Wish can be changed	· · · · · · · · · · · · · · · · · · ·	em to pay out benefits
	ou disclose personal information about a third poose for which their information will be processe		and have informed
		a, 2010.0 acg cc.	
7a Individual o	details		Applicant to complete
Please provide de	etails of any individuals to whom you would like t	he proceeds of your Wrap SIPP to be paid, in	the event of your death.
Full name			
Address			
		Postcode	
Date of birth		Relationship	
Percentage of de	eath benefits %		
Full name			
Address			
Address			
		Postcode	
Date of birth		Relationship	
Percentage of de	eath benefits %		
Full name			
Address			
		Postcode	
Date of birth	D D M M Y Y Y Y	Relationship	

%

Percentage of death benefits

7a Individual de	ails (cont.)		Applicant to complete
Full name			
Address			
	F	Postcode	
Date of birth	DDMMYYYY	Relationship	
Percentage of deat	h benefits %		
7b Charity detail	s		Applicant to complete
Please provide deta	ails of any charity to which you would like the procee	eds of your Wrap SIPP to be paid, in the ev	ent of your death.
Charity name			
Address			
		Postcode	
	-	rosicode	
Registered charity number (if known)	Į.	Percentage of death benefits	%
Please note: Any c	nosen charity must be a UK registered charity.		
7c Trust details			Applicant to complete
	ails of any Trust to which you would like the proceed	ds of your Wran SIDD to be haid in the ever	
	ins of any frust to which you would like the proceed	as or your wrap sirr to be paid, in the ever	it of your death.
Name of Trust			
Address where Trust is held			
	F	Postcode	
Name of Trustee(s)			
Date of Trust		Percentage of death benefits	%

Please note: We require a certified true copy of any Trusts detailed above for our records. Please ensure this is sent to James Hay, Suite 202 Warner House, 123 Castle Street, Salisbury, SP1 3TB once you have submitted this Application Form.

Please also note that we are not Trust experts and cannot be held responsible for ensuring a Trust fulfils the purposes for which it was intended.

Your right to cancel

You have the right to cancel this Wrap SIPP application.

Once you have submitted your application we will send you a cancellation notice, which confirms that you will have 30 days from receipt of the notice to let us know that you have changed your mind and therefore wish to cancel your application.

We will set up your Wrap SIPP during your 30 day cancellation period and you can give us investment instructions during this time. However, if you choose to cancel your Wrap SIPP under the terms of the cancellation rights, any investment held by your Wrap SIPP will be sold, we will return any contributions made into your Wrap SIPP to their original source, and we will arrange to transfer any money that has been transferred to us from previous pensions to another provider chosen by you. Please note that if the value of your investments has fallen in the period between your money being invested and the time your cancellation instruction is received by us, you will not receive back the full amount that you invested. This is explained in the cancellation notice that we will send to you.

Notes

James Hay Pension Trustees Limited is the Trustee of the Scheme and James Hay Administration Company Limited are the administrators of the Scheme. Reference to James Hay Partnership in this document includes these companies where relevant in the particular context and unless a specific company name is mentioned.

Transfers

- a) We are not an annuity provider and we are unable to accept Open Market Options.
- b) Rather than your current pension assets having to be sold and a cash value transferred, it may be possible to transfer the physical assets with the agreement of your existing pension provider. This is called an in-specie transfer. For more information on the availability of this facility, please call 03455 212 414.
- c) Any entitlement to take lump sum rights in excess of 25% may be retained provided the transfer is part of a block transfer

Benefits

- a) The maximum pension commencement lump sum payable when you designate funds for income drawdown will normally be up to the lower of 25% of your Wrap SIPP, or 25% of your Wrap SIPP up to your lump sum allowance. The pension commencement lump sum has to be taken as a lump sum and cannot be taken in installments.
- b) If taking an uncrystallised funds pension lump sum, the tax free element of 25% will be paid separately to the balance which is paid after the deduction of income tax. Both are paid as lump sums and cannot be taken in installments.
- c) Before any benefits can be paid from your Wrap SIPP, we will require the full transfer value and associated transfer information, including any HMRC certificates enhancing your allowances, the re-registration of any assets being transferred in-specie to be complete, any contributions to be settled and evidence of your age, name and address.
- d) If taking income drawdown, to ensure that your income payment is included within our monthly income payroll, sufficient cleared money must be held in the SIPP Bank Account at least 9 business days before the end of the month prior to the date the income payment is to be made.
- e) We will always pay income on the first business day of the month.
 - If you wish to start taking an income from your Wrap SIPP, you must notify us at least 15 business days before the end of the month prior to the date the first income payment is to be made.
 - If you wish to vary the amount of income you receive, you must notify us at least 10 business days before the end of the month prior to the date the change is to come into effect.
 - If you are in partial drawdown and wish to take income from your remaining uncrystallised funds, you must notify us at least 15 business days before the end of the month prior to the date the change is to come into effect.

The 'date the change is to come into effect' is always the first business day of the month.

Investments

- a) We will deposit all money received into your SIPP Bank Account until you or your financial adviser give us investment instructions.
- b) We will require satisfactory transfer information from the transferring scheme administrator(s) before investments can take place.
- c) Investments will only take place upon receipt of all expected money, unless we have received alternative written instructions.
- c) We will not normally process your investments until your new income has been calculated, unless we have received alternative written instructions.

My declaration Applicant to complete

Before signing this declaration, it is important that you carefully read the Wrap SIPP Specific Terms and Conditions; the Wrap Charges Schedule; the Wrap SIPP Permitted Investments List and the Key Features of the products within the James Hay Wrap Service. These documents specify important information about your Wrap SIPP, how the product works, the benefits and risks and the charges you will pay.

There is a lot of information for you to consider so, if you are in any doubt about whether the Wrap SIPP is right for you, we strongly recommend that you seek advice from your financial adviser.

If you have any queries for James Hay Partnership, please direct them to James Hay, Suite 202 Warner House, 123 Castle Street, Salisbury, SP1 3TB; or telephone us on 03455 212 414.

I hereby apply to James Hay Administration Limited for membership of the Wrap SIPP, and declare as follows:

- a) I agree at all times to be bound by, and comply with, the Trust Deed and Rules of the James Hay Personal Pension Plan, as amended from time to time; the Wrap SIPP Specific Terms and Conditions; the Wrap Charges Schedule and the Wrap SIPP Permitted Investments List.
- b) To the best of my knowledge and belief, the particulars and declarations given on this Application Form are correct and complete.
- c) I undertake to tell you in writing within 30 days if:
 - there is any change to my name, permanent residential address or residency status;
 - I am made bankrupt; or
 - there are any changes to the information contained in this Application Form as soon as I am aware that what is stated is no longer true and complete.
- d) I accept that this application determines whether I am entitled to basic rate tax relief at source on my contributions.
- e) I agree that the total contributions to any registered pension schemes in respect of which I am entitled to tax relief will not exceed the higher of:
 - the basic amount of £3,600; or
 - my relevant UK earnings for that tax year.
- f) If I am no longer entitled to tax relief on my contributions I will undertake to tell you in writing no later than:
 - 5 April in the year of assessment in which this occurs; or
 - within 30 days of this change.
- g) I accept that you will send correspondence to my financial adviser unless I have requested otherwise.
- h) I accept that the value of my Wrap SIPP may only be applied to provide benefits at the time I take retirement benefits or upon my death and that James Hay Pension Trustees Limited will provide the appropriate benefits as required.
- i) I give my authority for you to accept investment and disinvestment instructions from my financial adviser and to pay adviser charges to them as detailed in this Application Form.
- i) If I have indicated that I wish to use the services of EQi or any other investment manager under section 3 of this Application Form, I hereby instruct James Hay Partnership to open an account with my selected investment manager/stockbroker and accept and agree that:
 - I am solely responsible for all decisions relating to the purchase, retention and sale of the investments forming part of the Wrap SIPP, furthermore where my account is operated on an Execution only or Advisory basis then I accept that it is the joint responsibility of myself and my financial adviser to ensure any investments purchased comply with the Wrap SIPP Permitted Investments List.
 - I hold James Hay Pension Trustees Limited and James Hay Administration Company Limited harmless and indemnify each of them against any claim in respect of such decisions.
 - I acknowledge and accept that James Hay Administration Company Limited and James Hay Pension Trustees Limited have not carried out and shall not in future carry out any review of the nominated investment manager's/stockbroker's financial status, their investment and/or risk strategies nor will James Hay Partnership monitor the ongoing performance of them. I am, or my financial adviser is, responsible for checking these matters on my behalf and ensuring that the investment manager/stockbroker is suitable for my investment objectives.
 - My investment manager/stockbroker will be bound by the investment manager/stockbroker terms of business agreed with James Hay Partnership. I will not take any action, intentionally or otherwise, or instruct my investment manager/stockbroker to take actions that result in a breach of this agreement.
 - I have seen and I accept the terms and conditions and charges schedule of the investment manager/stockbroker I wish to appoint.
- k) I accept that James Hay Partnership will not assess me against an investment manufacturer's target market when I make any investments within my Wrap SIPP. If I am receiving financial advice on the investment, my financial adviser will make such an assessment. If I am not receiving financial advice, I am responsible for considering the investment manufacturer's target market before making my investment decision.
- 1) If I am investing in a UCITS fund, I certify that before providing investment instructions to you I will have either:
 - printed a copy of the current version of the 'Key Investor Information Document' (KIID) or 'Key Information Document' (KID) as appropriate; or
 - saved an electronic copy of the current version of the KIID or KID, as appropriate.

My declaration (cont.)

Applicant to complete

m) I authorise and instruct you to transfer funds from the scheme(s) listed in this application directly to you. Where you have asked me to give you any original policy document(s) in return for the transfer of funds and I am unable to do so, I accept full responsibility for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information deliberately or carelessly given by me, or on my behalf, either in this Application Form or with respect to benefits from the scheme(s).

- n) I authorise any relevant third parties to release all necessary information to you to enable the transfer of funds to you.
- o) I authorise you to obtain from and release to the financial adviser named in this application any additional information that may be required to enable the transfer of funds.
- p) If an employer is paying contributions to any of the schemes listed in this application, I authorise you to release to that employer any relevant information in connection with the transfer of funds from the relevant scheme(s).
- q) Until this application is accepted and complete, your responsibility is limited to the return of the total payment(s) to the provider(s) of the scheme(s) listed in this application.
- r) Where the payment(s) made to you represent(s) all of the funds under the scheme(s) listed in this application, then payment made as requested will mean that I shall no longer be entitled to receive pension or other benefits from the scheme(s) listed.
- s) Where the payment(s) made to you represent(s) part of the funds under the scheme(s) listed in this application, then the providers of the scheme(s) listed in this application will be discharged of all claims and responsibilities only in respect of the part of the scheme(s) represented by the payment(s).
- t) I accept full responsibility in respect of any claims, losses and expenses that you and the current provider(s) may incur as a result of any incorrect information provided by me in this Application Form or of any failure on my part to comply with any aspect of this application.
- u) Where transferring funds from schemes that are already in income drawdown, if the funds are a mixture of capped drawdown and flexi-access drawdown, I elect to convert all the drawdown funds to flexi-access drawdown.
- v) I acknowledge and accept that if the information supplied in this application and other required documentation is incomplete or incorrect this will result in a delay in processing my application and any associated transfers. In respect of transfers from Occupational Defined Benefit Schemes I acknowledge and accept this may result in any guaranteed transfer value expiry date being missed.
- w) I understand that if the Scheme Administrator chooses a beneficiary who has not been named in Section 7 of this form, drawdown income would normally only be available in limited circumstances. Therefore in order to allow the Scheme Administrator to pay drawdown income to as wide a range of beneficiaries as possible and for the purposes of the relevant tax legislation, I nominate any individual who is eligible to receive a lump sum on my death under the rules of the scheme.

Data Protection Statement

You can access full details on what to expect when we process your personal data under your product in the Data Protection
Statement - James Hay Products document, which is available on our website at www.jameshay.co.uk or by calling us on 03455 212 414.
If you have any questions about data protection, please contact us using the contact details in the Data Protection Statement.

At James Hay, we conduct market research to improve our products and services.	
Please tick this box if you do not wish to receive invitations to participate.	

You can change your mind at any time by contacting us.

This Application Form must be completed by you or an FCA authorised financial adviser who holds the appropriate permissions. If completed by an FCA authorised financial adviser, you must still check that the completed information is correct, as by signing below you are confirming this.

It is an offence to make false statements and the penalties are severe and could lead to prosecution.

By signing this Application Form below, I confirm:

- My financial adviser has provided me with the following documents: the Wrap SIPP Specific Terms and Conditions; the Wrap Charges Schedule; the Wrap SIPP Permitted Investments List; the Key Features of the products within the James Hay Wrap Service; and the Data Protection Statement - James Hay Products.
- I agree to be bound by, and to at all times comply with, the Wrap SIPP Specific Terms and Conditions; the Wrap Charges Schedule; the Wrap SIPP Permitted Investments List and the above Declaration.

Applicant name			Applicant signature
	Date	D D M M Y Y Y Y	

We are able to provide literature in alternative formats. For a Braille, large print, audio or E-text version of this document call us on 03455 212 414 (or via the Typetalk service on 18001 03455 212 414).

"James Hay Partnership" is the trading name of Nucleus Group Services Limited (NGSL) (registered in England, number 02538532); James Hay Services Limited (JHS) (registered in Jersey, number 77318); IPS Pensions Limited (IPS) (registered in England, number 02601833); James Hay Administration Company Limited (JHAC) (registered in England, number 04068398); James Hay Pension Trustees Limited (JHPT) (registered in England, number 01435887); James Hay Wrap Managers Limited (JHWM) (registered in England, number 04773695); James Hay Wrap Nominee Company Limited (JHWNC) (registered in England, number 07259308); PAL Trustees Limited (PAL) (registered in England, number 01003681); The IPS Partnership Limited (IPSP) (registered in England, number 01458445); Union Pension Trustees Limited (UPT) (registered in England, number 02634371).

NGSL, IPS, JHAC, JHPT, JHWM, JHWNC, PAL, SarumTL, IPSP, UPT have their registered office at Suite B & C, First Floor, Milford House, 43-55 Milford Street, Salisbury, SP1 2BP. JHS has its registered office at Aztec Group House, IFC6, The Esplanade, St Helier, Jersey, JE4 OQH. JHAC, JHWM, IPS, IPSP, are authorised and regulated by the Financial Conduct Authority. NGSL, IPS, IPSP, PAL, UPT, JHWM, JHPT, JHAC, SarumTL and JHS are members of a VAT group with VAT registration number 514 0358 80. All companies are wholly owned subsidiaries of Nucleus Financial Platforms Limited (registered in England, number 06033126) whose registered office is at Suite B & C, First Floor, Milford House, 43-55 Milford Street, Salisbury, SP1 2BP, and are members of the Nucleus Group. Further details of the Nucleus Group can be found at nucleusfinancial.com (12/24)

JHWO005A APR25 INT www.jameshay.co.uk





SIPP

Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:	
James Hay Pension Trustees Limited Suite 202 Warner House 123 Castle Street Salisbury SP1 3TB	Service User Number 8 8 0 1 1 3
Name(s) of Account Holder(s)	Reference
Bank/Building Society Account Number	
	Instruction to your Bank or Building Society Please pay James Hay Pension Trustees Limited Direct Debits from the account detailed in this Instruction subject to the
Branch Sort Code	safeguards assured by the Direct Debit Guarantee.
	I understand that this Instruction may remain with James Hay Pension Trustees Limited and, if so, details will be passed electronically to my Bank/Building Society.
Name and full postal address of your Bank or Building Society	
To: The Manager Bank/Building Society	Signature(s)
Address	
Postcode	Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the Payer

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, James Hay Pension Trustees Limited will
 notify you 10 business days in advance of your account being debited or as otherwise agreed. If you request James Hay
 Pension Trustees Limited 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 James Hay Pension Trustees Limited 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 James Hay Pension Trustees Limited 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.



Wrap ISA Application Section

1 Pesonal details				Applicant to complete
Full name				
Permanent residential				
address				
		Pos	tcode	
Date of birth	D D M M Y Y Y	Y		
National Insurance number		OR I have ne	ver had a National Insurance	number
2 New subscription				
I apply to subscribe for a Stock a subscription.	s and Shares ISA for the	2025/26 tax year and each	subsequent tax year in which I	make
3 Payment details				Applicant to complete
Lump sum payments				
£				
I wish to pay for my subscription James Hay Online once the	-		tails will be available	
I wish to pay for my subscription	on from the bank account	associated with my Wrap I	nvestment Portfolio	
Regular subscriptions				
I wish to pay for my subscription	on by regular monthly pay	ments of the following amo	ount £	
Please note: For the 2025/26 t ISA, a Stocks and Shares ISA, a a Stocks and Shares ISA.				
Date I wish the Direct Debit to	start DDMMY	YYY		
Please note: This will be the da month. Please complete the Di Wrap Managers Limited to set	rect Debit instruction at	the back of this application	-	
4 Details of ISA(s) to be tra	ansferred			Applicant to complete
How many existing ISAs do you	u wish to transfer into you	ır Wrap ISA?		
Details of the ISAs to be transfe				
ISA mana	ager	Estimated value		
		£		
		£		
		£		
		£		
		£		
		£		
		£		
		£		
		£		
		£		

Details of ISA(s) to be transferred (cont.)

Applicant to complete

Please complete a separate 'ISA Transfer Request Form', available from www.jameshay.co.uk, for each existing ISA plan manager. James Hay Wrap Managers Limited will then forward the form to your existing ISA manager.

Important note: Your James Hay ISA is defined as a Stocks and Shares ISA under ISA regulations. If you are transferring a Stocks and Shares ISA from another provider that contains subscriptions for the current tax year, you will not be able to subscribe to your James Hay ISA until the transfer has fully completed.

This may impact your ability to fully utilise your annual ISA allowance if you are transferring current year Stocks and Shares ISA subscriptions to James Hay close to the end of the tax year.

5	Investment options	Applicant to complete
l wis	h to buy the following (tick appropriate boxes):	
	Investment Centre funds Please either trade online using James Hay Online or complete an 'Investment Centre Buy Form'. Please note for placing trades online but there is a charge if you submit paper investment instructions.	e there is no charge
Managed Portfolio Panel Your financial adviser can select a model portfolio on the Managed Portfolio Panel using James Hay Online.		
	Please note: Your financial adviser will need to agree to the investment manager's terms of business prior to a model portfolio on the Managed Portfolio Panel. If you select this option you will be unable to hold any liftends outside of one of the model portfolios on the panel.	•
	Stocks and shares using the services of EQi Please complete the 'EQi Account Application Form for Wrap'.	
	Non Investment Centre funds If you wish to buy funds that are not available in the Investment Centre, please complete an 'Instruction to T enclose the appropriate fund manager's application form, having completed the amount to be invested, the	

Please note: The forms and documents detailed above can be obtained from our website at www.jameshay.co.uk.

6 Product level ongoing adviser charges

Applicant to complete

Please pay my appointed financial adviser the same level of ongoing adviser charges as set out in my initial Wrap Application Form.

adviser charges details. As the investment will be made by us, we will complete the rest of the investment application form.

For full details of the range of ISA investments available, please refer to your copy of the Wrap ISA Permitted Investments List.

Yes No

If No, please specify the level of annual adviser charge by choosing one option from the following three options.

A maximum of 7% p.a. (including VAT) product level ongoing adviser charge will be applied.

Option one

Value of assets in your product (excluding assets selected at the end of this section)

Total	Level of adviser charge
£	% p.a.

OR

Option two (tiered)

Amount	Level of adviser charge
First £	% p.a.
Next £	% p.a.
Next £	% p.a.
Next £	% p.a.
Over £	% p.a.

OR

Option three (monthly)

Level of adviser charge £ per month

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

6	Product level ongoing adviser charges (cont.)	Applicant to complete	
Are	adviser charges to be applied across all assets within the product? Yes No		
If No , please tick which categories of assets you wish to exclude . Please note that we are unable to exclude individual investments.			
All Investment Centre funds (including Managed Portfolio Panel)			
All a	ssets held with EQi		
Cash	Cash held in the ISA Product Bank Account		
All o	ther permissible investments		
7	Declaration - MANDATORY	Applicant to complete	

Before signing this declaration, it is important that you carefully read the Wrap ISA Specific Terms and Conditions; the Wrap Charges Schedule; the Wrap ISA Permitted Investments List; and the Key Features of the products within the James Hay Wrap Service. These documents specify important information about your Wrap ISA, how the product works, the benefits and risks and the charges you will pay.

There is a lot of information for you to consider so, if you are in any doubt about whether the Wrap ISA is right for you, we strongly recommend that you seek advice from your financial adviser.

Any queries for us must be directed to James Hay, Suite 202 Warner House, 123 Castle Street, Salisbury, SP1 3TB; or telephone us on 03455 212 414.

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, more than the overall subscription limit in total to a Cash ISA, Stocks and Shares ISA, an Innovative Finance ISA and a Lifetime ISA in the same tax year, and
- I am resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of Section 28 of Income Tax (Earnings & Pension) Act 2003 (Crown employees serving overseas) are treated as being performed in the United Kingdom, or I am married to, or in a civil partnership with, a person who performs such duties. I will inform James Hay Wrap Managers Limited if I cease to be so resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties.

I authorise James Hay Wrap Managers Limited as the ISA Manager:

- to set up and administer my Wrap ISA
- to arrange any transfer of an ISA that I may request from time to time
- to hold my cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash
- to make on my behalf any claims to relief from tax in respect of ISA investments.

I accept that James Hay Wrap Managers Limited will not assess me against an investment manufacturer's target market when I make any investments. My financial adviser will make such an assessment.

I hereby consent to James Hay Wrap Managers Limited obtaining details from my existing ISA Manager and authorise the giving of any such details to James Hay Wrap Managers Limited.

I accept the Wrap ISA Specific Terms and Conditions.

I declare that to the best of my knowledge and belief, the particulars given on the Application Form are correct and complete and I undertake to inform James Hay Wrap Managers Limited, without delay, if there are any changes in the information contained in this form.

I authorise James Hay Wrap Managers Limited to send copies of all statements issued in respect of my ISA and to disclose details of that ISA to my financial adviser as named on my initial Wrap Application (or as subsequently amended by me as applicable). I acknowledge that my financial adviser may receive adviser charges from James Hay Wrap Managers Limited in respect of my ISA.

I confirm I have read and accept the Investment Centre section of the Wrap Terms and Conditions.

If applicable I have read and accept the Investment Centre Key Features. A copy of this is available on our website www.jameshay.co.uk, or on request.

Data Protection Statement

You can access full details on what to expect when we process your personal data under your product in the Data Protection Statement - James Hay Products document, which is available on our website at www.jameshay.co.uk or by calling us on 03455 212414. If you have any questions about data protection, please contact us using the contact details in the Data Protection Statement.

At James Hay, we conduct market research to improve our products and services.

Please tick this box if you do not wish to receive invitations to participate.

You can change your mind at any time by contacting us.

This Application Form must be completed by you or an FCA authorised financial adviser who holds the appropriate permissions. If completed by an FCA authorised financial adviser, you must still check that the completed information is correct, as by signing below you are confirming this.

It is an offence to make false statements and the penalties are severe and could lead to prosecution.

By signing this Application Form below, I confirm:

- My financial adviser has provided me with the following documents: the Wrap ISA Specific Terms and Conditions; the Wrap Charges Schedule; the Wrap ISA Permitted Investments List; the Key Features of the products within the James Hay Wrap Service; and the Data Protection Statement - James Hay Products.
- I agree to be bound by, and to at all times comply with, the Wrap ISA Specific Terms and Conditions; the Wrap Charges Schedule; the Wrap ISA Permitted Investments List and the above Declaration.

Applicant name		Applicant signature	
	Date DDMMYYYY		

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NGSL, IPS, JHAC, JHPT, JHWM, JHWNC, PAL, SarumTL, IPSP, UPT have their registered office at Suite B & C, First Floor, Milford House, 43-55 Milford Street, Salisbury, SP1 2BP. JHS

NGSL, IPS, JHAC, JHP1, JHWM, JHWNC, PAL, Sarum IL, IPSP, UP1 have their registered office at Suite 8 & C, First Floor, Milrord House, 43-55 Milrord Street, Salisbury, SPI 2BP. JHS has its registered office at Aztec Group House, IFC6, The Esplanade, St Helier, Jersey, JE4 0QH. JHAC, JHWM, IPS, IPSP, are authorised and regulated by the Financial Conduct Authority. NGSL, IPS, IPSP, PAL, UPT, JHWM, JHPT, JHAC, Sarum IL and JHS are members of a VAT group with VAT registration number 514 0358 80. All companies are wholly owned subsidiaries of Nucleus Financial Platforms Limited (registered in England, number 06033126) whose registered office is at Suite B & C, First Floor, Milford House, 43-55 Milford Street, Salisbury, SP1 2BP, and are members of the Nucleus Group. Further details of the Nucleus Group can be found at nucleus financial.com (12/24)





Wrap Investment Portfolio, Wrap ISA

Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:	
James Hay Wrap Managers Limited Suite 202 Warner House 123 Castle Street Salisbury SP1 3TB	Service User Number 8 8 0 1 2 3
Name(s) of Account Holder(s)	Reference
Bank/Building Society Account Number	Instruction to your Bank or Building Society
	Please pay James Hay Wrap Managers Limited Direct Debits
	from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee.
Branch Sort Code	I understand that this Instruction may remain with James Hay
	Wrap Managers Limited and, if so, details will be passed electronically to my Bank/Building Society.
Name and full postal address of your Bank or Building Society	clear all the my bally bally ballang ballety.
To: The Manager Bank/Building Society	Signature(s)
Address	
Postcode	Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the Payer

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, James Hay Wrap Managers Limited will
 notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request James Hay
 Wrap Managers Limited 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 James Hay Wrap Managers Limited 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 James Hay Wrap Managers Limited 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.