

Allied Dunbar International Funds

Application for Additional Investment

Your Allied Dunbar International Funds application for additional investments

Please complete this application to apply for the plan detailed in the attached key features.

Your details

To be completed for each account holder:

1. Are you a US* tax-payer?

Account holder 1 Yes No Account holder 2 Yes No

2. Are you a US* citizen?

Account holder 1 Yes No Account holder 2 Yes No

3. Is the telephone number you intend to supply, a US* based number?

Account holder 1 Yes No Account holder 2 Yes No

* The definition of US includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, US Virgin Islands, American Samoa and the Northern Mariana Islands.

If you have answered 'Yes' to any of the above questions, or if either account holder is a US national, resides in the US or is requesting a regular income payment to be made to a US account, your application cannot be accepted by Charles Taylor International Fund Managers (IOM) Limited (CTIFM).

4. Please state all countries where you are currently deemed to be resident for tax purposes

	Country/Countries of tax residence	Tax reference number(s)*
Account holder 1		
Account holder 2		

* If you are currently tax resident in the United Kingdom, please provide your National Insurance number.

Name of first account holder

Title Mr Mrs Miss Ms Dr Other (please give details)

Day Month Year

Date of birth

Do you hold nationality in another country? Yes No

Name of second account holder

Title Mr Mrs Miss Ms Dr Other (please give details)

Family name

Forename(s)

Please give details of any previous name used (including maiden name)

Date of birth Day Month Year

Nationality Do you hold nationality in another country? Yes No

If 'Yes', please confirm the country

Country of birth Place of birth (town or city)

Occupation

Permanent address

If the second account holder's permanent address is different please provide details in the additional notes box on page 12.

Postcode

Is this application to add to an existing holding? Yes No

Have you recently cashed in any investment contract in whole or in part (e.g. life protection plan, savings or pension plan or unit trust) or intend to do so in the near future? Yes No

If there are more than two account holders, please provide full personal details as listed above (including any previous names used) on a separate page. Please ensure all account holders sign the declaration at the bottom of page nine.

Your investment

Please list investment amount and currency

Fund choice and amount	Managed	USD		UK Capital Growth	GBP		Gilt & Income	GBP		North American	USD	
	Managed Currency	USD		Far East	USD		Worldwide Equity	USD		Europe	EUR	

Bank details for cheque payments

Cheques must be made payable to: 'Charles Taylor International Fund Managers (IOM) Limited'

Name and address of bank on which cheque is drawn

Account name

Account number Sort code (for GBP cheques only) - - SWIFT code (if known)

Proof of identity to be completed by the relevant financial professional.

Client identification requirements

Verification of client identity is a regulatory requirement. Please note this section must be completed in full before your account can be opened.

For full list of the documents accepted for verification please refer to 'Anti-money laundering requirements for personal business' or 'Anti-money laundering for corporate business' which accompany this document.

Please note that where copies of documents are taken, these must be certified as true copies of the original. The certifier must sign and date the document (printing the name clearly in capitals) and clearly indicate their position/signing capacity.

Origin of wealth

Important information

Before completing this section, please read the 'Origin of wealth guidelines' carefully and discuss them with your relevant financial professional. If both account holders are joint payors, we require origin of wealth for both. If the second account holder has completed a separate 'Origin of wealth guidelines and questionnaire' please tick here.

If you are an existing account holder, your existing contribution levels will be included for the purposes of calculating the limits for which documentary evidence is required.

How you acquired the money

Savings from income/salary/company profits/bonus

Employer's name

Employer's physical address

Employer's telephone number

Nature of company business

Number of years employed with company

Annual income and currency

Bonus amount and currency

Number of years you have been saving

Proceeds from shares/investment holdings/property sale

Details of shares/investment holdings/property sale

Total value or amount
of sale and currency

Details/Address of property

Other

Please provide details here if your contribution is from a source other than those listed above. Please include full details of where funds are from, dates, currency and amount.

Data protection

I/We understand that the personal information that I/we supply or is derived from relevant background checks may be held and used by Charles Taylor International Fund Managers (IOM) Limited ("CTIFM") in the following ways:

- to process, evaluate and administer the contracts and redemptions
- to prevent and detect fraud and financial crime
- to comply with any legal and / or regulatory obligations
- to disclose to any relevant tax authority or governmental, regulatory or other bodies as required by law, regulation, codes or guidelines
- to perform accounting, statistical and research activities.

I/We also understand that to carry out the above CTIFM may need to pass the information, including sensitive data, to:

- Charles Taylor Plc Group companies, reference agencies, auditors, third parties who provide relevant services to CTIFM and my/our relevant financial professional
- any appointed third party to the contract such as trustee (including trust administrator)
- countries outside the Isle of Man that may not have equivalent levels of data protection; however the Company would be responsible for ensuring that equivalent levels of protection are maintained
- public bodies including the police, or screening database

I/We understand that CTIFM shall not be liable to me / us for any loss or damage where CTIFM exercises its right to disclose or withhold information pursuant to lawful order or otherwise in accordance with the Applicable Regulations.

I/We understand that CTIFM will communicate as appropriate using the contact details that I/we have supplied. Where I/we have provided more than one form of contact details, the most appropriate method of communication will be used depending on the urgency and sensitivity of the information as determined by CTIFM.

I/We also note that my/our telephone calls may be recorded or monitored in order to offer additional security, resolve complaints and for training, administrative and quality purposes.

I/We confirm that where I/we have provided CTIFM with information about another person (including, but not limited to, account signatories), I/we have received their authorisation to disclose such information to you, to consent on their behalf to the processing of their personal data, including sensitive personal data (where applicable) and, specifically, any overseas transfers of such data within and outside the European Economic Area, and also to receive any data protection notices on their behalf.

I/We confirm that I/we agree to my/our/the personal data being collected and used as set out above. I/We understand that I/we am/ are entitled to receive (from CTIFM's Data Protection Officer) a copy of my/our personal data held by CTIFM (and may be charged the statutory fee for this) and to have any errors corrected.

I/We declare that any subscription that I/we pay to the account will not contravene any applicable exchange controls regulations or trade or economic sanctions.

I/We declare that any subscription paid to CTIFM is not of criminal origin or directly or indirectly related to criminal activities or any actual or attempted money laundering or tax evasion.

Declaration

I/We apply for that number and class of participating shares of Allied Dunbar International Funds Limited (the Company) which may be purchased with my/our payment, subject to the terms of the Memorandum and Articles of Association of the Company and prevailing scheme particulars.

I/We confirm that I/we have read and understood the funds scheme particulars

I/We request you to place my/our name(s) on the register of shareholders of the Company as holder(s) of the participating shares which are allocated to me/us. I/We confirm that I am/we are at least 18 years old and declare that I am not/none of us is a US person and that, upon registration of participating shares applied for in my/our name(s) (or in any other name(s) in which I/we may request registration) no US person will be interested in such participating shares. A US person means a national citizen or resident of, or a corporation or partnership organised under the laws of the United States including its possessions, its territories and all areas subject to its jurisdiction. I/We confirm that CTIFM has provided no investment advice in connection with this application.

Signatures

First account holder name		
Authorised signature	Day	Month Year
	Date	<input type="text"/>
Second account holder name		
Authorised signature	Day	Month Year
	Date	<input type="text"/>
Third account holder name		
Authorised signature	Day	Month Year
	Date	<input type="text"/>
Fourth account holder name		
Authorised signature	Day	Month Year
	Date	<input type="text"/>
Please state in which country the application was signed		
Please state country of negotiation (if different)		

For introducer use only

Name of broker or consultant		
Authorised signature	Day	Month Year
	Date	
Position		
Introducer number		
Introducer name		

Disclosure requirements

Is the client entitled to cancellation rights? Yes No

Would you like us to provide product disclosure? Yes No

Financial adviser details

Independent financial adviser stamp (if applicable)

	Serial number

Do normal commission rates apply to this investment? Yes No
If 'No', please give details.

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IF ANY OF THE FINANCIAL ADVISERS WHO HAVE BEEN ALLOCATED FEES ARE NOT LICENCED, PLEASE COMPLETE THE DECLARATION BELOW:

I confirm that the sale of this case was made by the licence holder whose details appear below.

Financial adviser name	Code
Fund manager name	

Authorised signature

Do you wish to sacrifice any commission? Yes No If 'Yes', please indicate how much

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Any commission sacrifice will be given to the client as a discounted price.

Additional notes

Examples of additional information:

- Name and address of other holders
- Identification of other holders

Further information

Scheme particulars complying with the relevant regulations are available free of charge.
Please indicate if you would like to receive a copy or alternatively you can download a copy at www.ctplc.com/ctifm

Important information

This document is not intended as an offer to invest.

The Company has been recognised by the Financial Conduct Authority of the United Kingdom under Section 270 of The Financial Services and Markets Act 2000 (of the United Kingdom) – the Isle of Man having been granted designated territory status by the United Kingdom for the purposes of such Act.

Account holders will not have the protection of the UK Financial Services Compensation Scheme. Account holders are protected by the Isle of Man's Authorised Collective Investment Scheme's (Compensation) Regulations 2008.

For full details of Charles Taylor International Fund Managers (IOM) Limited's products, please refer to www.ctplc.com/ctifm.

For further details of Allied Dunbar International Funds Limited's funds, please refer to the scheme particulars.