

---

# HAWKSMOOR

INVESTMENT MANAGEMENT

---

PORTFOLIO MANAGEMENT  
SERVICE

For Clients of Financial Advisers

---

(Office Use Only)

Account Name

Financial Adviser

Investment Manager

Fee Code

# ACCOUNT APPLICATION FORM

Self-Invested Personal Pensions (SIPPs)

---

# PLEASE READ THIS PAGE BEFORE YOU COMPLETE THIS FORM

---

This *Account Application Form* ensures that we are aware of your requirements so that we have the essential information to provide the level of service suitable for you, and to set up and operate an Account for you.

The information you provide will be treated in the strictest confidence and will only be used by Hawksmoor to enable us to provide a suitable service to you and to comply with relevant tax reporting regulations. If you do not complete our Forms in full, or if in the future you do not inform us of any significant change to your circumstances, you should be aware that your portfolio may be inappropriate to your risk profile and/or investment objective.

Once we have a completed and signed copy of this Form, and have satisfied our obligations under the Anti-Money Laundering legislation, the Agreement between you and Hawksmoor comes into effect.

The SIPP portfolio's investments will be held in a nominee account provided by a specialist third party provider of settlement and custody services, also authorised and regulated by the Financial Conduct Authority. More details, including the terms & conditions of the third party provider's services, can be found in the Hawksmoor *Terms and Conditions* document.

**From time to time we shall ask you to confirm and, if necessary, update information in this form, but in the meantime it is imperative that you notify us of any change to your circumstances that you think may be material to our management of your investments.**

## IMPORTANT INFORMATION ON THE ROLES OF YOUR FINANCIAL ADVISER AND HAWKSMOOR

**Your Financial Adviser** retains the responsibility for establishing the suitability of the Hawksmoor investment management services for your particular needs, based upon the detailed information you have provided him/her. In particular it is important to note that your Financial Adviser is responsible for advising you on the appropriate investment objective and preferred level of risk of the SIPP portfolio, and for keeping us informed of any changes to your circumstances that may affect the way we should manage your investments. We are not responsible for the accuracy of the information you provide to your Financial Adviser.

**Hawksmoor** is responsible for constructing and subsequently managing the SIPP portfolio in accordance with the Objective and Risk levels agreed upon by you and your Financial Adviser, taking into account any specific restrictions or instructions that you have specified.

Our services are classified as "Restricted Advice" because we specialise in investment management and do not provide financial advice. Financial planning remains the responsibility of your Independent Financial Adviser. Please see the *Terms and Conditions* document for a definition of our regulatory classification.

---

# SUMMARY DETAILS OF THE PENSION PLAN

---

Please complete in BLOCK CAPITAL LETTERS.

Full Name of Plan	
Plan Provider	
Plan Member	
Plan Number	

---

# DETAILS OF THE APPLICANT

---

Please complete in BLOCK CAPITAL LETTERS.

Title	
First Name(s)	
Surname	
Address	
Postcode	
Home Telephone	
Mobile Telephone	
Email Address	
Date of Birth	
Place of Birth	
Nationality	
National Insurance Number	
Planned Retirement Age	

# INFORMATION ABOUT YOUR ACCOUNT

## 1. Portfolio Service

DPMS	<input type="checkbox"/>	Capstone	<input type="checkbox"/>	SWPMS	<input type="checkbox"/>
------	--------------------------	----------	--------------------------	-------	--------------------------

## 2. Value of the SIPP Portfolio to be Managed

Amount to be invested as cash:

£	
---	--

Existing securities to be transferred (approximate value):

£	
---	--

**Please provide a copy of the most recent valuation of these investments, including the acquisition dates and costs of the holdings to be transferred.**

## 3. Investment Objectives and Risk

Please tick this box to confirm you have received and approved an initial <i>Investment Report</i>	<input type="checkbox"/>
--	--------------------------

Please see the document *Explaining Your Portfolio* and your initial *Investment Report* for guidance on confirming your Investment Objective and your Risk Profile.

Please confirm your chosen Investment Objective and Risk Profile by ticking the appropriate boxes below.

Investment Objective	
Capital Growth	<input type="checkbox"/>
A Balance between Income & Growth	<input type="checkbox"/>
Income	<input type="checkbox"/>

Risk Profile	
Low	<input type="checkbox"/>
Low/Moderate	<input type="checkbox"/>
Moderate	<input type="checkbox"/>
Moderate /High	<input type="checkbox"/>
High	<input type="checkbox"/>

### Investment Restrictions and Specific Instructions

Please give details of any restrictions, specific instructions or any other information not otherwise included on this Form that you would like us to take into account in managing the SIPP portfolio. If you leave this box blank, we will assume that there are none.

## 4. Charges

Please see the separate *Schedule of Charges for Clients of Financial Advisers* for the Portfolio Service chosen in Section 1 and the *Ex-Ante Costs and Charges Disclosure* document for details of these fees and charges and any other charges that may apply to the SIPP portfolio.

### 4.1 (DPMS only)

Please indicate the charging structure which applies to the management of the SIPP portfolio by ticking the relevant box and adding any further details applicable.

Fee Only	<input type="checkbox"/>	Fee and Transaction Dealing Charges	<input type="checkbox"/>
----------	--------------------------	-------------------------------------	--------------------------

Additional notes about Fees

### 4.2 Aggregated 'Family' Management Fees

(For explanation of a 'Family Group' see the *Terms and Conditions* document)

We will assume that the Aggregated 'Family' Management Fees are to be charged pro rata across the portfolio, according to value. If this is **not the case**, please indicate in the box below how you would prefer the fees to be settled.

## 5. Adviser Agreed Remuneration

The Trustee/SIPP Provider agrees to Hawksmoor facilitating the payment of the following remuneration to the Financial Adviser from the portfolio:

### Non-recurring adviser agreed remuneration

The sum of	£
A percentage payment of the initial value of the portfolio	%

### Recurring adviser agreed remuneration

A fixed annual sum of	£
An annual percentage payment of	%

## 6. Additions and Withdrawals

Please indicate the size and frequency of regular payments from the portfolio to the SIPP Provider

## 7. Communicating with You and Other Parties

### 7.1 Documentation

The Quarterly Report which includes valuations and details of all transactions (both cash movements and details of purchases and sales) is usually produced on the last business day of each quarter (March, June, September and December). Contract notes will not be issued at the time of transaction unless you instruct us otherwise.

We will always send you the Quarterly Report for your portfolio, but please indicate by ticking the appropriate boxes below which of the additional reports and statements you and / or other third party recipients would like to receive in respect of the portfolio.

	You	Financial Adviser	Other
Quarterly Reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide third party recipient contact details

Company/Firm		
Full Name		
Position		
Address		
Telephone		
Email		



## 7.2 Third Party Instructions

Please indicate your permission for any third parties to give instructions on your behalf. (Please note some third parties will be subject to verification to comply with Anti-Money Laundering legislation). We reserve the right to contact you to verify your agreement to any third party instruction received.

	Financial Adviser	Other
Permission to give instructions on my behalf		

Please provide contact details (if different from 7.1)

Company/Firm		
Full Name		
Position		
Address		
Telephone		
Email		

## 8. Online Portfolio Valuations

We will provide you with details of the Hawksmoor Client Portal which will be where you access information on your investment portfolios, reports and other communication.

---

# DETAILS OF THE SIPP PROVIDER

---

This section is to be completed by the SIPP Provider.  
Please complete in BLOCK CAPITAL LETTERS.

## 1. SIPP Provider’s Contact Details

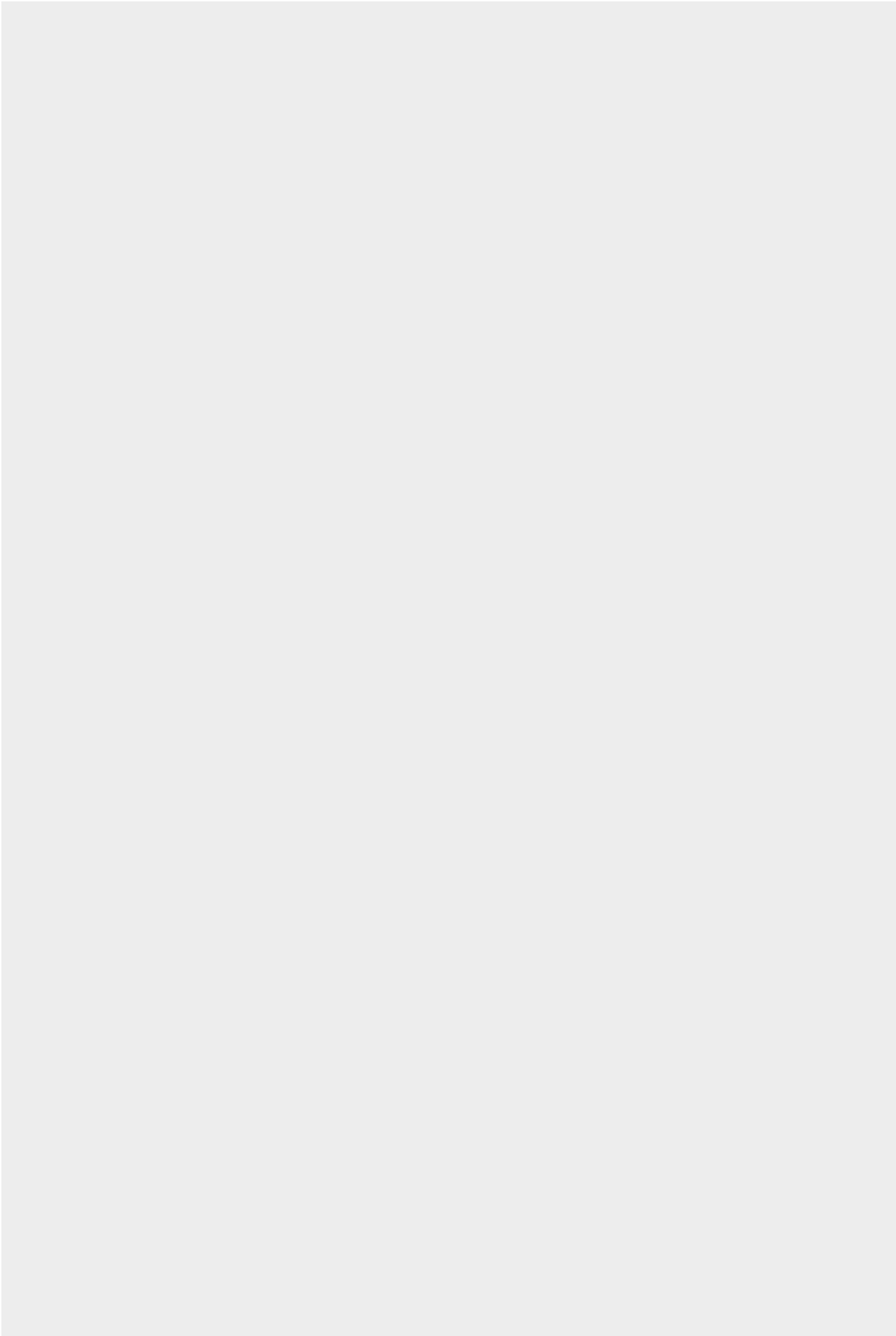
Full Name	
Address	
Postcode	
Policy Number	
Contact Name	
Telephone	
Email Address	

## 2. SIPP Provider’s Bank Details

Under the terms of the SIPP any payments from the SIPP portfolio will be made to the SIPP Provider. We are not permitted to make any payments directly to the Applicant. The SIPP Provider may request us to transfer cash to it from time to time to settle its fees and to make distributions from the SIPP to the Applicant.

Account Name			
Bank		Sort Code	
Address		Account Number	
		Other Ref (if any)	

Please use this page for any further information you think may be relevant to this Application or to the management of the Portfolio.



---

# CLIENT DECLARATION

---

This *Account Application Form*, the *Terms and Conditions* document, the *Schedule of Charges for Clients of Financial Advisers*, the *Explaining Your Portfolio* document and the *Ex-Ante Costs and Charges Disclosure* document, together constitute our standard client agreement (“Agreement”) upon which we intend to rely.

**For your own benefit and protection, you should read these documents carefully before signing this Form. If there is anything in them that you do not understand or you would like to discuss further, please get in touch with us or with your Adviser.**

I declare that all the details in the Agreement are correct to the best of my knowledge, that they comprise all the information that I am able or willing to provide and that **I will inform Hawksmoor in writing if there should be any material changes to the information that I have provided.**

I understand that the custody of the investments within the SIPP is subject to a separate agreement between Hawksmoor and the SIPP Provider. I understand that any payments from the SIPP

portfolio will be made to the SIPP Provider and that Hawksmoor is not permitted to make any payments directly to me.

Although the prime liability in respect of the SIPP portfolio lies with and to the SIPP Provider I understand that, where relevant, I (the Applicant) will be liable in respect of all the Terms and Conditions and any other obligations referred to in the Agreement and that Hawksmoor may receive and act on instructions in relation to the account from me only insofar as those instructions are not inconsistent with the agreement between Hawksmoor and the SIPP Provider.

**I hereby apply for an Account with Hawksmoor Investment Management Limited**

Applicant	
Signature	
Name	
Date	

If signing on behalf of someone else (for example as an Attorney or for a corporate body) please state your capacity and provide certified documents of your authority.

--

For and on behalf of the Trustee/SIPP Provider

Signature	
Name	
Date	

For and on behalf of Hawksmoor

Signature	
Name	
Date	

Please also complete the individual Tax Status Self-Certification Form.

# Individual Tax Status Self-Certification

UK Tax Regulations<sup>1</sup> require us to collect information about each investor's tax residency. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with HMRC. If you have any questions about your tax residency, please contact your tax adviser. Should any information provided change in the future, please ensure you advise us of the changes promptly.

## Tax Residency

Please indicate **all countries in which you are resident for tax purposes** and the associated Tax Reference Numbers in the table below. If you are a US citizen or resident, please include United States in this table along with your US Tax Identification Number. (Please complete an additional sheet if necessary).

Country/Countries of Tax Residency	Tax Reference Number / NI Number

## Declaration

**I declare that the information provided on this page and the Account Application Form is to the best of my knowledge and belief, accurate and complete. I agree to notify Hawksmoor Investment Management Limited immediately in the event the information in the Self-Certification changes.**

Signature	
Name	
Date	

1. The term "UK Tax Regulations" refers to HMRC regulations created to enable automatic exchange of information and include FATCA<sup>2</sup> and the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information.
2. The term "FATCA" refers to The Foreign Account Tax Compliance provisions contained in the US Hire Act 2010.

---

# FINANCIAL ADVISER DECLARATION

---

This section is to be completed by the Financial Adviser.

Name of Primary Contact	
Name of Company	
FCA Registration Number	
Address	
Telephone	
Fax	
Email Address	
VAT Number	
Bank Details	

Details of all transactions, both cash movements and details of purchases and sales, are included in the Quarterly Report. Contract notes will not be issued at the time of transaction unless you instruct us otherwise.

I confirm that the client information in this Form is to the best of my knowledge correct.

I confirm I have completed a fact find for the client, verified their identity and established the source of their wealth. I will provide certified copies of the required documents as requested to at least meet the standard evidence required by JMLSG.

I understand that Hawksmoor will act on a “Restricted” basis (as explained in the Hawksmoor *Terms and Conditions* document) and will manage my client’s investments in accordance with the Risk and Objective levels that I have agreed with my client and that are indicated in this Form. I accept responsibility for assessing the suitability of the Hawksmoor service as required by the FCA.

I understand it is my responsibility to review regularly the client’s risk tolerance and objectives, and to notify Hawksmoor of any change to the client’s circumstances that may be material to the management of the investments.

I confirm that I have explained the Adviser Agreed Remuneration to my client.

Signed	
Name	
Date	

---

# CONFIRMATION OF VERIFICATION OF IDENTITY

---

Client Name	
-------------	--

## CONFIRMATION

Please tick the appropriate box. Incomplete forms may be rejected due to failure to comply with Anti-Money Laundering regulations.

I/We confirm that:

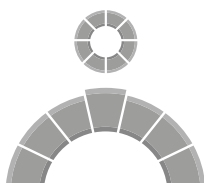
- (a) the information in this form was obtained by me/us in relation to the client;
- (b) the evidence I/we have obtained to verify the identity of the client

(please tick one)

meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG	<input type="checkbox"/>
requires enhanced due diligence evidence (written details of the further verification evidence taken are attached to this confirmation).	<input type="checkbox"/>

Signed	
Name	
Position	
Date	





---

# HAWKSMOOR

INVESTMENT MANAGEMENT

For further information on any of our services, or to arrange a meeting with an investment manager, please call one of our offices.

You can also find more information on Hawksmoor, our services and full contact details on our website at [www.hawksmoorim.co.uk](http://www.hawksmoorim.co.uk)

Head Office:

17 Dix's Field

Exeter

EX1 1QA

01392 410180

Offices also in:

London

Taunton

Dorchester

Bury St. Edmunds

[info@hawksmoorim.co.uk](mailto:info@hawksmoorim.co.uk)

[www.hawksmoorim.co.uk](http://www.hawksmoorim.co.uk)

**Registered Address:**

2nd Floor Stratus House, Emperor Way, Exeter Business Park, Exeter EX1 3QS. Company Number 6307442

Hawksmoor Investment Management Limited is authorised and regulated by the Financial Conduct Authority