

HAWKSMOOR
INVESTMENT MANAGEMENT

PORTFOLIO MANAGEMENT
SERVICES

For Clients of Financial Advisers

(Office Use Only)

Client Name

Financial Adviser

Investment Manager

Fee Code

ACCOUNT
APPLICATION
FORM

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.

Your 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.

If two or more Applicants complete and sign this Form, this gives your consent to open a Joint Account with Hawksmoor provided your investment objectives and risk profile are the same. Any holdings and/or cash that you transfer into the account will be held in your joint names, even if they are currently held or registered in your sole names. However, any Individual Savings

Account (ISA) holdings transferred in to the portfolio will continue to be held in separate accounts in the single names of the holders, but subject to the following Joint Account terms.

By opening a Joint Account, unless you instruct us otherwise, you agree to the following:

Hawksmoor will send a single valuation report which will include all your accounts, unless you specifically state otherwise.

Hawksmoor will manage your portfolio (including your ISAs, if applicable) as a single entity for investment purposes in order to meet the agreed investment objective and risk mandate.

Hawksmoor may transfer cash between both parties to ensure the efficient management of the combined portfolio. This may include (but is not limited to) cash transfers to cover standing orders, monthly income payments, fees and ISA subscriptions.

If you wish to keep your investments separate, in addition to or instead of a Joint Account, each Applicant needs to sign a separate *Account Application Form*.

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 your investment 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 your portfolio in accordance with the Objective and Risk levels agreed upon by you and your Financial Adviser, taking into account any investment 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.

DETAILS OF THE APPLICANTS

Please complete in BLOCK CAPITAL LETTERS.

	First Applicant	Second Applicant
Title		
First Name(s)		
Surname		
Address		
Postcode		
Home Telephone		
Mobile Telephone		
Email Address		
Date of Birth		
Place of Birth		
Nationality		
National Insurance Number		
Relationship of Joint Account holders where applicable		

For multiple applicant details, use the additional space on Page 10

Origin of Wealth

Please provide information on the origin of the capital available for investment (eg inheritance, pension lump sum, savings).

Additional Wealth

Please indicate any additional capital you are likely to receive in the future (eg inheritance, pension lump sum).

Anticipated withdrawals of capital

Please indicate whether you will need to withdraw investments from the portfolio (eg school fees, gifts) and if possible when.

Income Tax and Capital Gains Tax	Applicant 1	Applicant 2
What is your Income Tax Rate?	%	%
Is the whole of your annual tax-free CGT allowance available to us in the management of your portfolio?	Yes / No	Yes / No
If 'No', please explain		
Do you have any capital losses to carry forward?	Yes / No	Yes / No
If 'Yes', please quantify		
Do you wish your gains to be kept within the annual exemption allowance?	Yes / No	Yes / No
If 'Yes', we will always endeavour to avoid a CGT liability, but it is important to note there may be occasions when a taxable gain is unavoidable due to circumstances beyond our control, such as a company takeover.		

INFORMATION ABOUT YOUR ACCOUNT

1. Portfolio Service

DPMS		Capstone		SWDPMS	
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2. Value of the Portfolio to be Managed

Amount to be invested as cash:

£

Please make cheques payable to **Pershing Securities Limited**.

Existing securities to be transferred (approximate value including ISAs):

£

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 *Investment Report*

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 your 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 your portfolio.

4.1 (DPMS & SWDPMS only)

If there are any further details that are applicable to the management of your portfolio, please indicate in the 'Additional notes about Fees' box. If necessary, specify relevant accounts on Page 10.

Fixed Rate			
Fee Only		Fee plus Dealing Charge	

Tapered Rate			
Fee Only		Fee plus Dealing Charge	

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

I/We agree to Hawksmoor facilitating the payment of the following remuneration to our 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. Distribution Instructions

Method and Frequency

Please tick the appropriate boxes.	All Accounts	Taxable Account	ISA	Monthly	Quarterly	Half-yearly
Pay out all income						
Regular Fixed Payment of £						
Reinvest all income						

If you choose Regular Fixed Payments, they may consist of a combination of income and capital. You should be aware that drawing more than the portfolio's projected natural income could erode the capital value of the portfolio and its capacity to maintain the same level of income in future.

Bank/Building Society account details

This is the account into which we will pay any distributions from the portfolio, both regular income and one-off capital payments, that you request us to make from the portfolio.

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

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"/>
Annual Tax Reports	<input 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		

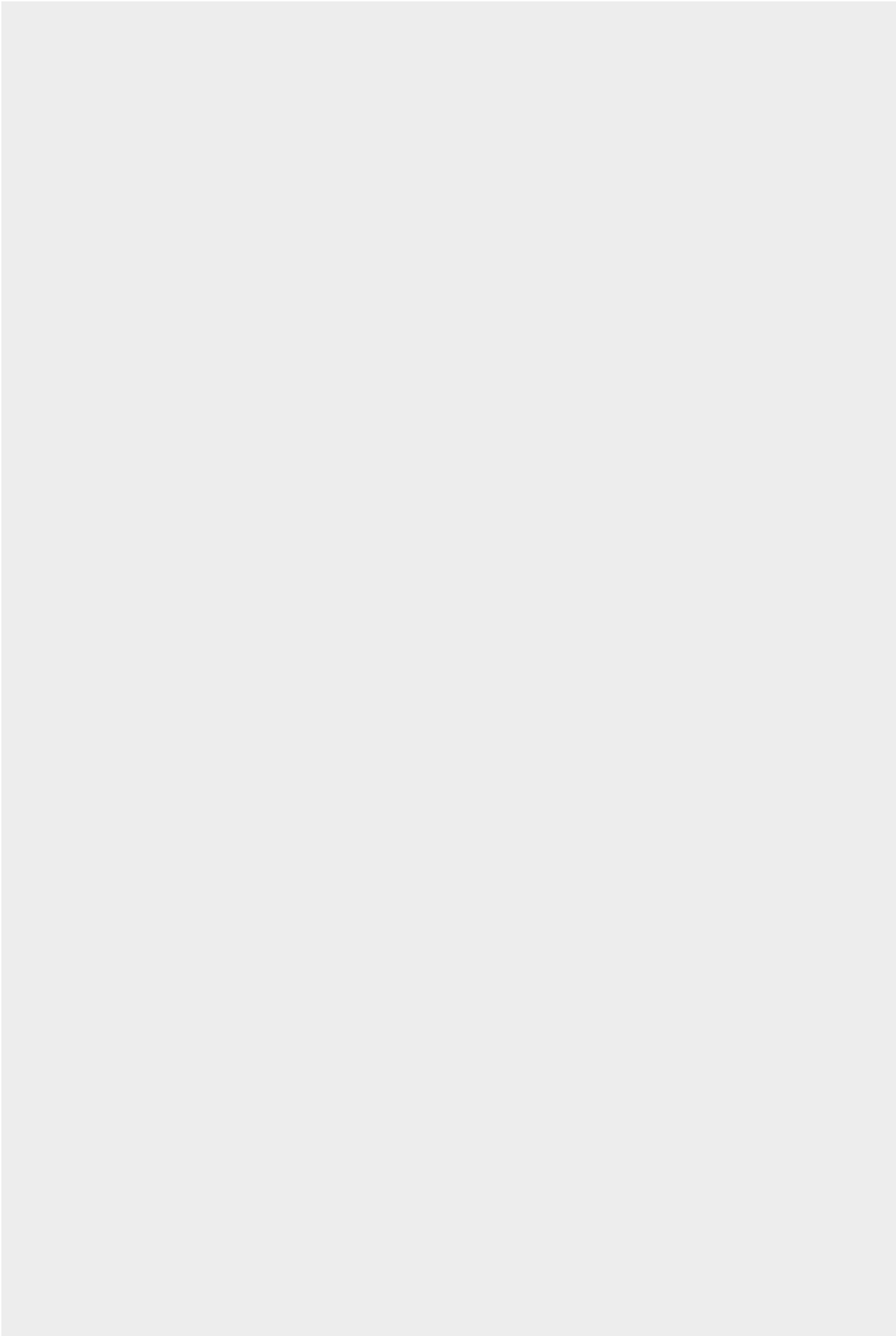
Please provide contact details (if different from 7.1)

Company/Firm		
Full Name		
Position		
Address		
Telephone		
Email		

8. Online Portfolio Valuations

We will provide you with details of the Hawksmoor Client Portal where you can access information about your investment portfolios, reports and other communications at any time. Your Adviser will also be able to view your portfolio online unless you advise us to the contrary.

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

I/We authorise you to accept instructions in relation to my/our portfolio from my/our Financial Adviser, including payments to my/our designated bank account.

I/We authorise you to facilitate the Adviser Agreed Remuneration payments as detailed in section 5 of this Form. I/We confirm that these payments have been fully explained to me/us by my/our Financial Adviser.

I/We understand that joint clients will be jointly and severally 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 any one of us.

I/We hereby apply for an Account with Hawksmoor Investment Management Limited

First Applicant		Second Applicant	
Signature		Signature	
Name		Name	
Date		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.

Signed for and on behalf of Hawksmoor	
Name/Capacity	
Date	

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

Individual Tax Status Self-Certification

UK Tax Regulations¹ 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).

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

Second Applicant	
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.

First Applicant		Second Applicant	
Signature		Signature	
Name		Name	
Date		Date	

1. The term "UK Tax Regulations" refers to HMRC regulations created to enable automatic exchange of information and include FATCA² 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(s)	
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CONFIRMATION

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

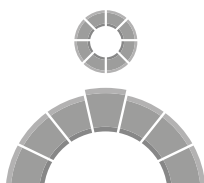
I/We confirm that:

- (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

Head Office:
17 Dix's Field
Exeter
EX1 1QA

01392 410180

info@hawksmoorim.co.uk
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

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

► For use by individuals. Entities must use Form W-8BEN-E.
► Go to www.irs.gov/FormW8BEN for instructions and the latest information.
► Give this form to the withholding agent or payer. Do not send to the IRS.

Do NOT use this form if:

- You are NOT an individual **W-8BEN-E**
- You are a U.S. citizen or other U.S. person, including a resident alien individual **W-9**
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services) **W-8ECI**
- You are a beneficial owner who is receiving compensation for personal services performed in the United States **8233 or W-4**
- You are a person acting as an intermediary **W-8IMY**

Instead, use Form:

Note: If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner		2 Country of citizenship
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.		
City or town, state or province. Include postal code where appropriate.		Country
4 Mailing address (if different from above)		
City or town, state or province. Include postal code where appropriate.		Country
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		
6a Foreign tax identifying number (see instructions)	6b Check if FTIN not legally required <input type="checkbox"/>	
7 Reference number(s) (see instructions)	8 Date of birth (MM-DD-YYYY) (see instructions)	

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____.

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself for chapter 4 purposes;
- The person named on line 1 of this form is not a U.S. person;
- This form relates to:
 - (a) income not effectively connected with the conduct of a trade or business in the United States;
 - (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;
 - (c) the partner's share of a partnership's effectively connected taxable income; or
 - (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

Sign Here ▶

I certify that I have the capacity to sign for the person identified on line 1 of this form.

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Print name of signer