

Downing AIM Estate Planning Service

Application form for individual and joint investors

Investor section

Investors must complete sections 1-8 and sign the investor declaration in section 8. Please read the brochure and terms and conditions before submitting your application.

1a. Investor details

Title

First name(s)

Surname

Nationality(ies)

Date of birth
(DD/MM/YYYY)

Country of birth

National
insurance
number

Permanent residential address

Postcode

City

County

Country

Contact number

Correspondence address
(if different to residential address)

Postcode

City

County

Contact number

Email address

May we contact you occasionally about new products and services?

Yes, by email

Yes, by post

No

We will automatically send you an email to set you up with an online portal, where you can view all communications from Downing and valuations of your investment. If you would like to receive paper copies please tick this box.

Here at Downing, we pride ourselves on the service we provide, and we always strive to go above and beyond for our clients. Should you have any specific service needs which you wish to make us aware of, please detail below.

1b. Tax residency

(i) Do you pay tax in the UK? Yes No

(ii) Do you also pay tax in another country? Yes No

If Yes to (ii), please list which country(ies) below, together with any tax identification number(s) (TIN):

Country

TIN

Country

TIN

1c. Power of attorney

Is a person with a power of attorney making this application? Yes No

If Yes, please provide their name and address:

Title

First name

Surname

Date of birth
(DD/MM/YYYY)

Permanent residential address

Postcode

City

County

Country

Contact number

Email address

In making this investment which delegates discretionary investment management to Downing LLP, I confirm that it is my understanding that this investment is within my authority as attorney under the Lasting Power of Attorney that is in place and is in line with the wishes of the donor. I understand that it is my responsibility to make this determination and Downing LLP is not able to advise me on this issue.

Please tick to confirm

2a. Second investor details (if applicable)

This section applies to joint investors only. If you are making a single application, please go to section 3.

Title

First name(s)

Surname

Nationality(ies)

Date of birth
(DD/MM/YYYY)

Country of birth

National insurance number

Permanent residential address

Postcode

City

County

Country

Please note that in cases where there are two investors, all correspondence will go to the first investor's address.

Contact number

Email address

May we contact you occasionally about new products and services?

Yes by email

Yes by post

No

2b. Second investor tax residency

(i) Do you pay tax in the UK? Yes No

(ii) Do you also pay tax in another country? Yes No

If Yes to (ii), please list which country(ies) below, together with any tax identification number(s) (TIN):

Country

TIN

Country

TIN

2c. Second investor power of attorney

Is a person with a power of attorney making this application? Yes No

If Yes, please provide their name and address:

Title

First name

Surname

Date of birth
(DD/MM/YYYY)

Permanent residential address

Postcode

City

County

Country

Contact number

Email address

In making this investment which delegates discretionary investment management to Downing LLP, I confirm that it is my understanding that this investment is within my authority as attorney under the Lasting Power of Attorney that is in place and is in line with the wishes of the donor. I understand that it is my responsibility to make this determination and Downing LLP is not able to advise me on this issue.

Please tick to confirm

3. Investment amount

How much are you investing? (minimum £20,000)

£

Please confirm the source of funds (the origin of the funds being used for this transaction e.g., salary, savings, pension)

Please confirm the funds will be sent from a bank account in your name.

Please confirm your source of wealth (the economic, business and/or commercial activities that generated your overall wealth e.g., business ownership, inheritance, investment)

Please indicate how you will pay for your investment

By bank transfer.

Please transfer your funds to the following account:

Sort code: **12-22-07**

Account number: **10015467**

Account name: **TPS Re Downing Client Money**

Account Payment ref.:

Will be confirmed in acknowledgement of application

Please note that the payment must come from an investor's personal bank or building society account. We cannot accept payments from third parties (including your spouse). Please refrain from making payment until your application has been acknowledged. If payment is made in advance then the funds may be returned to you in line with CASS rules.

OR

By cheque.

Please enclose a cheque from your personal account made payable to:
"TPS Re Downing Client Money Account re [investor's name]"

Please note that we cannot accept cheques from business accounts.

6. Life Cover option

Whereas Downside Protection Cover is a standard feature included in the service, you can also choose to include Life Cover at an additional cost. Life Cover relieves you of the inheritance tax liability for the first two years of your investment. Please be sure to read the relevant product literature and terms and conditions to ensure the appropriateness of this option for you. Please note that if you opt for Life Cover, you will not be covered by Downside Protection Cover for the duration of the Life Cover policy.

Do you wish to opt for the Life Cover policy? Yes No

Do you wish to cover the entirety of your subscription (up to £750,00)

Yes No

If no, please enter the portion of your investment you wish to be covered. Please note the Life Cover will cover 40% of the amount populated below

£

Please confirm that you meet the conditions required to qualify for Life Cover:

You are over 18 years and under 85 years old at the **investment date**.

Prior to the inception of the policy, I have not been diagnosed with or received any medical advice or am awaiting medical investigation or hospitalisation or surgery on any illness which I have been advised by a medical professional could reduce my life expectancy to less than 24 months.

If you have a life limiting illness, you have a written opinion from a medical professional that your life expectancy is expected to exceed 24 months, with such opinion being dated within one month of the date of this application.

Please do read the Terms & Conditions to ensure you meet the criteria for the Life Cover. If you do not meet the conditions in full, the Life Cover will not pay out.

Definitions

- **Investment date:** each policy will commence on the date of investment, which is the date shares are issued in the portfolio.
- **Terminal illness:** an illness that has no known cure or progressed to the point where it cannot be cured and in the opinion of a registered UK doctor the illness is expected to lead to death within two years.
- **Life-limiting illness:** a medical condition for which there is no known cure and it is expected that death will be a direct consequence of the specified illness.

7. Beneficiaries

Should you need to claim on either insurance policy (Downside Protection Cover and/or Life Cover) you can specify the recipients of any proceeds from this claim. Downing, as trustee, will hold these proceeds for your nominated beneficiaries below.

Please indicate below who you wish to benefit from any claim on the insurance policy(ies).

First name(s)

Surname

Relation

Percentage of benefit %

Please ensure that your given percentages equal 100% in total. If you wish to include more than four beneficiaries, please note this on a separate sheet.

By signing this application you confirm that:

- you wish Downing, as trustee, to pay any lump sum claim under the insurance policy(ies) to the person(s) nominated above at the percentage outlined above;
- you understand that Downing can take your wishes into account but is not legally bound to do so; and
- you irrevocably assign your beneficial interest in the insurance policy to Downing as trustee as outlined in the terms and conditions, with effect from the date shares are issued in the portfolio companies.

8. Investor declaration

By signing below you confirm that:

- you have read and understood the relevant product literature;
- you agree to enter into and be bound by the investor agreement as detailed in the terms and conditions and authorise Downing LLP (Downing) to enter into custodian agreements on your behalf;
- you have provided full and accurate information on your personal and financial circumstances as at the date of the signature below and agree to notify Downing in writing immediately if this changes;
- you agree to Downing verifying your details by undertaking an electronic search against a public or private database and understand that Downing may use your details in future to meet regulatory obligations (please see www.downing.co.uk/privacy-and-cookie-policy for further details);
- where you are advised, you instruct Downing to pay the adviser listed in section 9 any charges entered in section 5;
- you are a 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 & Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or you are married to, or in a civil partnership with, a person who performs such duties. You will inform Third Platform Services 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;
- you agree to notify Downing if you become a US person. This includes individuals who are United States of America (US) citizens (including dual citizens) or resident, US passport holders, individuals born in the US who have not renounced their citizenship and permanent residents of the US and those with a "substantive presence" in the US as defined in US tax law;
- you consent to Downing's dealing and best execution arrangements and acknowledge that on occasions Downing may pass an order to another party for execution and that the counterparty may execute the trade outside a regulated market or exchange;
- you are making the settlement regarding your beneficial interest in the insurance policy detailed in the product literature and undertake to pay all inheritance tax arising out of such settlement; and
- you consent to Downing providing information to your adviser until notified otherwise.

I authorise Third Platform Services Limited:

- to hold my cash subscription, investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash; and
- to give effect to my instructions in accordance with the terms and conditions.

I declare that this application form has been completed to the best of my knowledge and belief. I will notify Third Platform Services without delay of changes to these particulars.

Investor signature (or power of attorney)

(Please print)

First name

Surname

Date
(DD/MM/YYYY)

Second investor signature (or power of attorney)

(Please print)

First name

Surname

Date
(DD/MM/YYYY)

Submitting your application

Please complete the following checklist before submitting your application.

I/we have checked and completed all the required sections that apply to me/us.
Investors or their attorneys should complete sections 1-8.

I/we have signed the declaration in section 8 (or power of attorney, where applicable).

I/we have arranged payment as per section 3. Please remember that the payment must come from an investor's personal bank or building society account. We cannot accept payments from third parties.

My/our adviser/intermediary has completed sections 9-11 overleaf.

What happens next?

Once you have completed the above checklist, please send your completed application form to customer@downing.co.uk or sent it to the address below:

**Downing
10 Lower Thames Street
London
EC3R 6AF**

We will send you and your adviser (where applicable) an acknowledgement by email within two business days that we have received your application, and notification of the allotment of your shares in due course. You will also receive quarterly valuation statements once your funds have been invested.

Advisers and intermediaries please now complete sections 9-11 opposite.

Adviser/intermediary section

Advisers and intermediaries should complete sections 9-11, and sign the adviser declaration in section 11.

9. About the adviser/intermediary

Company

If applicable, please enter your partner code below.

Adviser name

Adviser email address

Adviser Company Address

Postcode

City

County

Country

Contact number

Do you have another email address where you would like ongoing/servicing emails to be sent to? Yes No

If Yes, please enter below

Firm FCA number

Individual FCA number

Are you part of a service or network provider? Yes No

Service or provider name (if applicable)

If applicable, please enter your partner code below.

10a. Adviser charges or commission

Have you advised the investor?

Yes. Please tick all boxes below to confirm that:

the adviser fees stated in section 3d (if not nil) have been agreed with your client and comply with COBS 6.1A of the FCA Handbook;

you have made a personal recommendation and certify that you have undertaken an assessment of the investor's expertise and circumstances and confirm that this investment is appropriate for them complying with COBS 9 suitability; and

you consent to Downing relying on your assessment and understand that we reserve the right to request suitability reports.

OR

No. I have not advised the investor but I am permitted to receive commission as stated in section 3d in compliance with COBS 2.3A of the FCA Handbook (e.g. execution-only with enhanced services provided).

Please provide a reason below.

10b. Payment of charges or commission

If an adviser charge or commission payment is due, please provide details of the bank account to which you would like the payment credited.

Account name

Sort code

Account number

Bank or building society name

Please now sign the adviser/intermediary declaration overleaf.

11. Adviser/intermediary declaration

By signing below you confirm that:

- the investor is a client of your company and that the information provided on this form is, to the best of your knowledge and belief, accurate and complete;
- you have verified the identity of the applicant(s) in accordance with the Money Laundering Regulations 2017 and confirm that documentary evidence has been obtained and identity checks have been undertaken to confirm that the name and address as shown on this application form are correct;
- you agree to provide to Downing LLP, if requested upon reasonable notice, copies of such documentary evidence you hold on the applicant;
- you have been certified as fit and proper by the firm named in section 12 to advise the applicant(s); and
- you have read and understood Downing's terms of business and agree to be bound to them.

Adviser/intermediary signature

First name

Surname

(Please print)

Date
(DD/MM/YYYY)

This page has intentionally been left blank.

This page has intentionally been left blank.



Downing
10 Lower Thames Street
London EC3R 6AF

020 7416 7780
contact@downing.co.uk
www.downing.co.uk

Downing LLP is authorised and regulated by the Financial Conduct Authority (Firm Reference No. 545025). Registered in England and Wales (No. OC341575).
Registered Office: 10 Lower Thames Street, London EC3R 6AF.