

# Additional Permitted Subscription (APS) Application Form

Marlborough

— Fund Managers —

This form is to be used to open a stocks and shares ISA with Marlborough Fund Managers for APS Purposes and to subscribe into this account. Alternatively, this form can be used to invest in to a stocks and shares ISA which has already been opened for APS purposes.

Please complete this form in **BLOCK CAPITALS** and return to: Marlborough Fund Managers Ltd, Marlborough House, 59 Chorley New Road, Bolton BL1 4QP or to your financial adviser.

## SECTION A - PERSONAL DETAILS - please complete this section in full as this is mandatory

Title Surname Forename(s)

Permanent residential address

Postcode

Nationality Date of birth D | D | M | M | Y | Y | Y | Y

National insurance number X | X | X | X | X | X | X | X | X | X If you do not have a NI number please tick this box

Telephone number Email address

Existing APS account number (if known)

How would you like to receive documentation related to your investments?  Post  Email

## SECTION B - DECEASED DETAILS - please complete this section in full as this is mandatory

Title Surname Forename(s)

Permanent residential address at date of death

Postcode Nationality

Date of birth D | D | M | M | Y | Y | Y | Y Date of death D | D | M | M | Y | Y | Y | Y

National insurance number (if known) X | X | X | X | X | X | X | X | X | X

Date of marriage or civil partnership between the investor and the deceased D | D | M | M | Y | Y | Y | Y

Was the deceased an existing client? If so, please provide their holder ID or account number (if known)

Deceased holder ID / account number

## SECTION C - FINANCIAL ADVISER'S DETAILS - to be completed by your financial adviser if applicable

Adviser's name/firm

Adviser's email address

FCA/FRN number

Agency code (if known)

Please tick all which apply

Cancellation rights apply  Discretionary business  Advised business

Execution only  Portfolio management services

Adviser's firm stamp

## SECTION D - INVESTMENT DETAILS - please provide details of your investment choices

PLEASE CHOOSE EITHER OPTION A OR OPTION B

**OPTION A** - Place the subscription using cash

I (the investor) wish to subscribe £  from my APS allowance in respect of the deceased and wish to make a subscription to my Marlborough Stocks & Shares ISA in cash

**OPTION B** - Place the subscription using the proceeds from the deceased account held with Marlborough Fund Managers

I (the investor and executor of the deceased account) wish to sell £  /100% from the deceased account named in Section B and use the proceeds to subscribe from my APS allowance to my Marlborough Stocks & Shares ISA.

*\*If there are multiple executors on the deceased account, or you are not the executor, please provide a signed letter of authority from the executor(s) confirming you have permission to sell from the deceased account and subscribe into your APS allowance.*

PLEASE INDICATE HOW MUCH OF YOUR INVESTMENT YOU WISH TO INVEST IN EACH FUND

Fund name	SEDOL/ISIN of Fund	% Split
1.		
2.		
3.		
4.		
5.		
<b>TOTAL</b>		<b>100%</b>

*Option A: Payment can be sent via bank transfer to the 'Marlborough Fund Managers - Client Account' Sort code 40-05-30 Account no. 74576837 and must include the main applicants full name as a reference.*

*Alternatively payment can be made by cheque, up to a maximum amount of £100,000.00, made payable to Marlborough Fund Managers Ltd. Please refer to the fund prospectus for minimum investment amounts.*

Please be aware that once a subscription to an APS allowance has been made, any future subscriptions under this APS allowance **MUST** be made to Marlborough Fund Managers using this Additional Permitted Subscriptions (APS) Application Form.

## SECTION E - INCOME INSTRUCTION & BANK DETAILS - please tick only one option. This section is mandatory

*When providing bank details please ensure these are accurate as we cannot accept any responsibility for payments made to incorrect account details which have been provided here.*

**REINVEST INCOME**  
(accumulation shares will be used where available)

OR

**PAY INCOME TO MY BANK ACCOUNT**  
(see below)

Cheques cannot be sent for dividend payments, if bank details are not provided income will be reinvested.

Name of bank/building society

Name of account holder

Bank account number

Sort code  |  |  -  |  |  -  |  |

Roll number / building society reference

## SECTION F - PRIVACY NOTICE

We're committed to processing the personal data that you provide to us in line with the latest data protection and data privacy legislation in force within the United Kingdom. We'll use your information in order to provide the service detailed in this Application Form and to administer your investments, communicate with you and provide information on our products and services when you request it, to meet our legal obligations and for the purposes of fraud prevention.

### Our full Privacy Notice

It's important that you understand how the personal information you give us will be used. We strongly advise that you read our full Privacy Notice, which you can find on our website at [www.Marlboroughfunds.com](http://www.Marlboroughfunds.com), or you can ask us for a copy.

### COMMUNICATING WITH YOU INCLUDING DIRECT MARKETING

We'd like to let you know about Marlborough investment products and services we think would be of interest to you. However, we'll only contact you if you consent by ticking the boxes below.

#### Your marketing preferences

I'm happy for Marlborough Fund Managers Ltd to contact me in the following ways about investment products, services and promotional offers that may be of interest.

Please tick here: By post  By phone  By email

You can withdraw your consent at any time by letting us know by post, phone or email. We'll continue to use your contact details for sending regular statements, changes to terms and conditions, account enquiries, and as required by law.

## SECTION G - DECLARATION - please ensure that you read and sign this section as this is mandatory.

- I declare that I have read and understood the relevant Key Investor Information Document (KIID), the Supplementary Information Document (SID) and the Marlborough Fund Managers Ltd Terms & Conditions and agree to be bound to these. I understand that these documents form part of the terms and conditions of my investment in the fund(s) and are available at [www.marlboroughfunds.com](http://www.marlboroughfunds.com)
- To the best of my knowledge and belief, all statements made in this application form are true and correct and I shall inform the plan manager immediately of any changes herein
- I apply to subscribe to a stocks & shares ISA for the APS allowance stated above
- I hereby authorise Marlborough Fund Managers:
  - (i) to hold my cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash
  - (ii) to make on my behalf any claims or relief from tax in respect of ISA investments
- I have read the Marlborough Fund Managers Privacy Notice concerning the use of my personal data
- I declare that I am 18 years of age or over
- I confirm that I am not a US Person (either a resident or citizen) and acknowledge that US Persons cannot hold shares/units in the fund(s)
- I declare that this subscription is being made under the provisions of regulation 5DDA of the ISA regulations (additional permitted subscription)
- This subscription is being made as cash within 3 years of the date of death, or if later, 180 days of the completion of the administration of the estate (where the deceased died in the period beginning with 3 December 2014 and ending on 5 April 2015, the deceased is treated as dying on 6 April 2015)
- All subscriptions made, and to be made, belong to me
- I am the surviving spouse/civil partner of the deceased
- I was living with the deceased within the meaning of Section 1011 of the Income Tax Act 2007 at the date of the deceased's death (ie. we were not separated under a court order, under a deed of separation, or in circumstances where the marriage or civil partnership had broken down)
- I acknowledge that, if multiple ISA's were held by the deceased with their ISA provider, the value of those ISA's will be combined to form one overall APS allowance

Client Signature \_\_\_\_\_

Date 

D		D		M		M		Y		Y		Y		Y
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