

OEIC/UT Monthly Savings Amendment Form incorporating FUNDS NETWORK[®]

Please complete in BLOCK CAPITALS using BLACK INK.

PLEASE NOTE: Any applications received that are not completed correctly may incur delays or may have to be returned to you.
FundsNetwork[®] is a trademark of FIL Limited.

Form Code

90085

You must read all the information in Section 4 before completing this application form.

1 Personal Details

Title <input type="text"/>	Surname <input type="text"/>	D
First Name(s) in Full <input type="text"/>		
Applicant's Permanent Residential Address (*Care Of* and PO Box not acceptable. Only UK mainland and Northern Ireland addresses are eligible.) House Name and/or Number and Street, City, County and Country Details		Fidelity Account Number. This must be the account number linked to the Monthly Savings details you are amending. <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/>		Home Telephone Number <input type="text"/>
		Daytime Telephone Number (in case of query) <input type="text"/>
		Existing Account Designation (If this Fidelity account has a designation assigned to it please enter it below) <input type="text"/>
Postcode <input type="text"/> - <input type="text"/>		

2 Details of your REVISED Monthly Savings Plan - Effective from the next available collection date

Note: The new details provided in this Section and in Section 3 will override existing Monthly Savings Plan details for the account number identified in Section 1.			Source Code LA1062
Fund Code: e.g XYZGI	Fund Name: e.g XYZ GROWTH AND INCOME FUND (INC)	Monthly (£)	Web Charges
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Change of Bank Details? If you wish to change the bank account details used for your Direct Debit you must complete the new details below in Section 3.			

3 Mandate Details - Monthly Savings

Instruction to your Bank or Building Society to pay by Direct Debit. Please pay Financial Administration Services Limited **Direct Debits** from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Financial Administration Services Limited and, if so, details will be passed electronically to my Bank/Building Society. Banks and Building Societies may not accept Direct Debit Instructions for some types of accounts.

Name(s) of Account Holder(s) - THIRD PARTIES ARE NOT ACCEPTED

Name and Address of Bank or Building Society <input type="text"/>	Bank/Building Society Account Number <input type="text"/>	 Originators Identification Number: 624232
To: The Manager <input type="text"/>	Branch Sort Code <input type="text"/>	Originators Reference Number (Fidelity use Only) <input type="text"/>

Signature (YOU MUST SIGN HERE to amend your Monthly Savings Plan (MSP). You must also sign Section 4.) **Date** / /

4 Declaration & Signature - you must SIGN and date the form below

I understand that the information I provide on this application form will be processed in accordance with Fidelity's data protection statement contained in the Key Features Document/Simplified Prospectus and Terms referred to below.

By signing below, I confirm that I have received the relevant Key Features Document/Simplified Prospectus relating to this investment, and Terms which I accept.

Signatures of ALL Holders (YOU MUST SIGN HERE - Please ensure all relevant sections are completed as per the instructions on this form)		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Primary Account Holder <input checked="" type="checkbox"/> <input type="text"/> <input checked="" type="checkbox"/>	Second Account Holder <input checked="" type="checkbox"/> <input type="text"/> <input checked="" type="checkbox"/>	
Third Account Holder <input checked="" type="checkbox"/> <input type="text"/> <input checked="" type="checkbox"/>	Fourth Account Holder <input checked="" type="checkbox"/> <input type="text"/> <input checked="" type="checkbox"/>	

For more information visit fundsnetwork.co.uk or telephone 0800 222 130.
Please send your completed form to Fidelity International (IMS), PO Box 80, Tonbridge, TN11 9YA.
Issued by Financial Administration Services Limited which is authorised and regulated by the Financial Services Authority.

