

Request for Payment of Income or Dividends



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.

If you would like to invest within FundsNetwork™ please visit fundsnetwork.co.uk.

Form Code

90086

1 Registered Account Holder Details

Title	Surname
<input type="text"/>	<input type="text"/>
First Name(s) in Full	
<input type="text"/>	
Holder'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	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	Account Designation (if applicable)
<input type="text"/> - <input type="text"/>	<input type="text"/>

Fidelity Account or Client Number (if known)

Daytime Telephone Number (in case of query)

2 Registered Joint Holders Details

If any joint holders are registered to this account, please complete their details below:

	Title	First Name(s)	Surname	Date of Birth					
2nd Account Holder	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
3rd Account Holder	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
4th Account Holder	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>

3 Distribution Details

Please forward, until further notice, all Distribution Warrants that may from time to time become due on any Shares now standing, or which may hereafter stand in my (our) name(s) or the survivor(s) of us in the Company's books to:

Title	Surname
<input type="text"/>	<input type="text"/>
First Name(s) in Full	
<input type="text"/>	
Recipient'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	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	
<input type="text"/> - <input type="text"/>	

Or where payment is to be made to a Building Society/Bank, to such other Branch of that Building Society/Bank may from time to time request. Your compliance with this request shall discharge the Company's liability in respect of such Distributions.

Please note, payments of income or dividends to non account holders can only be paid by direct transfer to a nominated bank account in the name of the person detailed in Section 3.

Please Turn Over

4 | **Mandate Details — Income or Dividends** |

I/We authorise Fidelity International to make income payments arising from my/our holdings by direct credit transfer to the bank/building society account detailed below.

Name(s) of Account Holder(s)

Name and Address of Bank or Building Society

To: The Manager

Bank/Building Society Account Number

Branch Sort Code

Building Society Collection Account Number (if applicable) *

* Building Society accounts — the sort code and building society collection account number can be obtained from your Building Society branch. Please ensure your Building Society account will accept direct credit payments through the Banks Automated Clearing system. Should the quotation of account numbers and sort code made by the applicant prove incorrect, Fidelity will not accept responsibility for any loss incurred by the applicant.

5 | **Signatures — you must SIGN and date the form below** |

Signatures of ALL Shareholders (YOU MUST SIGN HERE — Please ensure all relevant sections are completed as per the instructions on this form)

Date

 / / 2 0 0

Primary Account Holder

X	<input type="text"/>	X
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Second Account Holder

X	<input type="text"/>	X
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Third Account Holder

X	<input type="text"/>	X
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Fourth Account Holder

X	<input type="text"/>	X
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- Notes:**
- i) This form must be signed by ALL the registered holders
 - ii) A Body Corporate should sign by means of Authorised Signatory(ies) whose capacity must be stated
 - iii) Regulated UK/EU Intermediary's must provide an IVC for the individual to whom payments are to be made

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If you have any queries about this form please ask your Intermediary, or ring our ServiceLine on 08457 44 66 00.
 Please send your completed form to your Intermediary or to Fidelity International, PO Box 80, Tonbridge, TN11 9YA.
 Issued by Financial Administration Services Limited which is authorised and regulated by the Financial Services Authority.

