

4

Lump Sum Payment Details

Cleared funds must be available BEFORE submitting your application. Maximum payment via Maestro or VISA Debit is £10,000. Please mark an X in the appropriate box.

CHEQUE PAYMENTS

I enclose a cheque payable to FIDELITY

•Cheques must be issued from your personal or joint account as **third party payments are not accepted.**
•Building Society and Bank Drafts payments **must bear a reference to confirm that this is your money.**
Please ensure your **name is clearly added, by the issuing bank only, on the face of the cheque.**

CARD PAYMENTS

I wish to pay by VISA DEBIT

I wish to pay by MAESTRO

CARDHOLDERS NAME

MAESTRO/VISA DEBIT NUMBER - from the middle of the card (note - not the "Card Number", if present)

ISSUE NO.

START DATE

END DATE

5

Mandate Details

Although the below is a Direct Debit agreement, this section **MUST** also be completed if you opt to have income paid out otherwise income will be re-invested. Please specify by marking an X in the relevant box below and completing your bank details.

I have chosen an **Income fund** and would like my income to be paid out into the account detailed below.

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

ORIGINATORS REFERENCE NUMBER (Fidelity use Only)

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 that Building Society account will accept direct credit payments through the Banks Automated Clearing system. Fidelity does not accept instructions for payments to be made to an account other than the client's own personal account. If the account number and sort code are incorrect, Fidelity will not accept responsibility for any loss incurred by the applicant.

NAME AND ADDRESS OF BANK OR BUILDING SOCIETY

SIGNATURE AND DATE (YOU MUST SIGN HERE to set up a Monthly Savings Plan (MSP). You must also sign Section 6.)

Originators Identification Number: 624232

6

Declaration & Signature

I/We understand that the information I/we 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/we confirm that I/we have received the relevant Key Features Document/Simplified Prospectus relating to this investment, and Terms which I/we accept. I/We declare that:

- All subscriptions made, and to be made, belong to me/us, and that I am/we are 18 years of age or over.
- The information given by me/us is correct to the best of my/our knowledge, and I/we will inform Fidelity immediately of any changes to the information contained therein.

A summary of Fidelity's Best Execution Policy can be found at Appendix 1 to the Fidelity Client terms. By your signature below you will be taken to have given your consent to the Best Execution policy, and, where appropriate, your prior express consent to our executing orders outside a regulated market or multilateral trading facility (within the meaning of the FSA rules).

SIGNATURE(S) OF ALL APPLICANTS AND DATE (YOU MUST SIGN HERE - Please ensure all relevant sections are completed as per the instructions on this form)

If you are signing the application form by Power of Attorney, please call Fidelity for the details of documentation that is required for this to be acceptable.

You must provide a **SIGNATURE** for **EACH ACCOUNT HOLDER**

PRIMARY ACCOUNT SIGNATURE

SECOND ACCOUNT SIGNATURE

THIRD ACCOUNT SIGNATURE

FOURTH ACCOUNT SIGNATURE

NOTE: For applications with joint holders the Joint Holder Supplement Form must also be completed and returned with this application form.

Please mark an X in the box if you have not received advice from an Intermediary regarding this investment.

7

Intermediary Details

This section should only be completed by Intermediaries. Please enter the appropriate details here and avoid supplying information on separate sheets.

INTERMEDIARY STAMP

UNIQUE ADVISER NUMBER

FSA FIRM REF NO.

I confirm that I am registered with the FSA to conduct business and my authorisation number is:

COMMISSION INSTRUCTIONS.

Please enter the percentage (%) commission you wish to take here, for this specific client, in 0.25% increments. If left blank, standard terms will apply.

OFFICE USE ONLY

