OEIC & Unit Trust Investment Funds Application Form (Company and Scheme Accounts.)

FUNDSNETWORK®

Please Note: For Scheme Accounts we register the account in the name of the Trustee(s). The Scheme name can be entered as a designation. If you are a Private Individual or a Trust looking to invest in an OEIC/UT Account, please contact us for the appropriate form.

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™ and the FundsNetwork® logo are trademarks of FIL Limited.

1 Company Details

Please enter here details of any applicant that is a Corporate Body. Note: If there are multiple holders the Corporate Body will be made the Primary Account Holder.

COMPANY NAME

COMPANY HOUSE REGISTRATION NUMBER (mandatory for UK companies)

2 Registration Details

REGISTERED ADDRESS ("Care of" not acceptable. Only UK mainland and Northern Ireland addresses are eligible)
BUILDING NUMBER AND/OR BUILDING NAME

EXISTING CLIENTS ONLY
ACCOUNT NUMBER OR CLIENT NUMBER

STREET, CITY, COUNTY AND COUNTRY DETAILS

CONTACT TELEPHONE NUMBER (in case of query)

POSTCODE

Please note: All correspondence will be sent to the address identified here.

NEW ACCOUNT DESIGNATION If you hold existing Fidelity accounts excluding ISA you must enter a designation to identify this new account, otherwise this investment will be treated as a top up into your existing Fidelity account. The maximum no. of characters is 18. Please note that we are precluded from accepting the word 'trust'.

3 Joint Holder Details

If you require additional holders to be added, please mark an X in the box below and also complete the Joint Holders Supplement Form.
If any of the applicants for this investment are a Corporate Body please complete their details in Section 1 above. A maximum of 3 holders are permitted in addition to the Corporate body.

If you would like Joint Holders on this account, please mark an X in this box. ☐ **All holders must sign the reverse of this form. The Joint Holder Supplement Form must also be completed and returned with this application form.**

BOEICFNWCorpInt/05.08/v1.1/CO17056

PLEASE TURN OVER

4 Investment Details

Please complete your fund choice(s) and investment amount(s) below and refer to the Key Features Document/Simplified Prospectus or visit www.fundsnetwork.co.uk/findafund for the Fund Code and Fund Name.
Note: Your fund choice will be derived by the Fund Code that you enter and not the Fund Name.

FUND CODE	FUND NAME	LUMP SUM (£)	MONTHLY (£) *
		.	
		.	
		.	
		.	
		.	
		.	
		.	
		.	
		.	
		.	
	TOTAL (£)	.	

Income Option? If you have chosen income funds the income will be automatically re-invested unless you complete your bank details overleaf in Section 6.

*** Monthly Savings:** **Any Monthly Savings Plan details given in this section will override the existing Monthly Savings Plan details for the account.**

If investing a lump sum please refer to Section 5.

If you are investing monthly you must complete your mandate details in Section 6.

5 Lump Sum Payment Details

All lump sum payments should be made by cheque, payable to **Fidelity**. →

Payment should be drawn from the company or scheme bank account. If you are sending a bankers draft or building society cheque, please ensure that the company or scheme name is entered on the reverse side of the cheque and that the bank or building society endorse this by adding their own stamp.

6 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.

We have chosen an **Income fund** and would like our 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. We understand that this instruction may remain with Financial Administration Services Limited and, if so, details will be passed electronically to our Bank/Building Society. Banks and Building Societies may not accept Direct Debit instructions for some types of accounts. ☐

DIRECT Debit

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

NAME AND ADDRESS OF BANK OR BUILDING SOCIETY

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 that your 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.

SIGNATURE AND DATE (YOU MUST SIGN HERE to set up a Monthly Savings Plan (MSP). **You must also sign Section 7.**)

✘ ✘ 2 0

Originators Identification Number: 624232

BOEICFNWCorpInt/05.08/v1.1/CO17056

OEIC & Unit Trust Investment Funds Application Form (Company and Scheme Accounts.)

7 Declaration & Signature

We understand that the information 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.

We understand that such information will be held in confidence and not passed to any company other than as outlined without our permission or unless required by law. We confirm that we have included the following information in order to complete this application: company documents; a complete list of company directors, together with specimen signatures (this should include details of signing rights, otherwise Fidelity will accept future instructions from two authorised directors, or one director and the company secretary); a certified copy of the relevant board minutes or written resolution of the directors, confirming that the company is authorised by its directors to invest corporate monies into collective investment schemes. We agree to provide Fidelity with written details of future changes of company directors together with specimen signatures.

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

We declare that:

- The information given by us is correct to the best of our knowledge, and 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

Two authorised signatories are required to sign on behalf of a corporate entity, in addition to any named individuals.

FIRST CORPORATE BODY SIGNATURE ✘ ✘

SECOND CORPORATE BODY SIGNATURE ✘ ✘

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. ☐

☐☐☐☐20☐☐

8 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 ☐

If you have any queries about this form, or regarding your company's eligibility 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 (IMS), PO Box 80, Tonbridge, TN11 9YA. Issued by Financial Administration Services Limited which is authorised and regulated by the Financial Services Authority.

BOEICFNWCorpInt/05.08/v1.1/CO17056