

Income Instruction Form

Please note:

- Please complete this form to let us know how you would like us to treat your income from your income paying funds and exchange traded investments. _
- You may use this form to reinvest your income into the source investment, arrange for income to be paid to you, or ask us to keep income in your account as cash. - Income cannot be paid out from accumulation funds
- Complete in BLOCK CAPITALS using BLACK INK -
- Any applications received that are not completed correctly may incur delays or may have to be returned to you -
- You must read all information in Section 4 before completing this form

Please return the completed form to Fidelity, PO Box 391, Tadworth, KT20 9FU.

| 1 | Personal Details | | | | | | |
|--|---|--|--|--|--|--|--|
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| | | | | | | | |
| FIRST NAME(S) IN FULL | | | | | | | |
| | | | | | | | |
| ADDRESS ("Care of" and PO Box are not acceptable.) Only UK add HOUSE NUMBER AND/OR HOUSE NAME | dresses are eligible. CONTACT TELEPHONE NUMBER (in case of query) | | | | | | |
| | | | | | | | |
| STREET, CITY, COUNTY AND COUNTRY DETAILS | POSTCODE | | | | | | |
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| 2 | Your Investment | | | | | | |
| Investment ISA (including Junior ISA) ACCOUNT NUMBER | | | | | | | |
| | I confirm that all income from my income paying investments is to be paid in to my Bank/Building Society account as detailed in Section 3. (Please mark an X in the box) Please note that this option is not available for Junior ISAs OR | | | | | | |
| | I confirm that all income from my income paying investments is to be reinvested where possible. I understand that small sums may be paid to cash within my account where | | | | | | |
| | a reinvestment cannot be made. (Please mark an X in the box) | | | | | | |
| | I confirm that all income from my income paying investments is to be held as cash | | | | | | |
| | within my account. (Please mark an X in the box) | | | | | | |
| Investment Account or SICAV Account ACCOUNT NUMBER | | | | | | | |
| | I confirm that all income from my income paying investments is to be paid in to my Bank/Building Society account as detailed in Section 3. (Please mark an X in the box) | | | | | | |
| | OR | | | | | | |
| | I confirm that all income from my income paying investments is to be reinvested where possible. I understand that small sums may be paid to cash within my account where a reinvestment cannot be made. (Please mark an X in the box) | | | | | | |
| | OR | | | | | | |
| | I confirm that all income from my income paying investments is to be held as cash within my account. (Please mark an X in the box) | | | | | | |
| | | | | | | | |
| | PLEASE TURN OVER | | | | | | |

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| 2 Yo | our Investment (continued) |
|--|--|
| 2 10 | our investment (continued) |
| Fidelity SIPP (including Junior SIPP) | |
| | I confirm that all income from my income paying investments is to be reinvested where possible. I understand that small sums may be paid to cash within my account where a reinvestment cannot be made. (Please mark an X in the box) |
| | I confirm that all income from my income paying investments is to be held as cash within my account. (Please mark an X in the box) |
| • | ncome paying investments held in your account(s). There is no need to submit a further instruction you hold. Any new investments will also follow the same treatment. More income options are |
| 3 | Mandate Details |
| | sing from my holdings by direct credit transfer to the Bank/Building Society |
| NAME(S) OF ACCOUNT HOLDER(S) — THIRD PARTIES ARE | NOT ACCEPTED |
| | |
| L BANK/BUILDINGSOCIETYACCOUNTNUMBER BRANCH | I SORT CODE |
| | |
| NAME AND ADDRESS OF BANK OR BUILDING SOCIETY | |
| | |
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| | |
| that your Building Society account will accept direct credit payment | PPLICABLE)* lection account number can be obtained from your Building Society branch. Please ensure is through the Banks Automated Clearing system. Fidelity does not accept instructions for rsonal account. If the account number and sort code are incorrect, Fidelity will not accept |
| | |
| 4 D | Declaration and Signature |
| | on form will be processed in accordance with Fidelity's data protection statement contained in the Client Terms confirm that I/we have received the Doing Business with Fidelity and/or Fidelity Pension Key Features Document and/or Pension Client Terms which I/we accept. |
| SIGNATURE(S) OF ALL APPLICANTS AND DATE – YOU MU | ST 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 us for the details of documentation that is required for this to be acceptable).

You must provide a SIGNATURE for EACH ACCOUNT HOLDER

| PRIMARYACCOUNT SIGNATURE/ GUARDIAN | X | | X | PRINTNAME | |
|--|---|--|---|-----------|--|
| SECOND ACCOUNT SIGNATURE | X | | X | PRINTNAME | |
| THIRD ACCOUNT SIGNATURE | X | | X | PRINTNAME | |
| FOURTH ACCOUNT SIGNATURE | X | | X | PRINTNAME | |
| | | | | | |
| For more information visit <u>fidelity.co.uk</u> Please send your completed form to Fidelity, PO Box 391, Tadworth, KT20 9FU. Issued by FIL Investments International which is authorised and regulated by the Financial Conduct Authority. Fidelity, Fidelity International, FundsNetwork™, their logos and F symbol are trademarks of FIL Limited. | | | | | |

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