Fidelity INTERNATIONAL

Income Form

Company, Charity, Pension Trust and Private Trust accounts

How to fill in this form:

- Please use black ink and write clearly inside the boxes provided using capital letters
- Mark your answers with a cross in the appropriate box like this: ☒
- Any applications received that are not completed correctly may incur delays

Who we can make the payment to:

- For pension trusts, the bank account must be held for the pension scheme.
- For companies and charities, the name of the bank account must be the same as the account name.
- For trusts, the bank account can be in the name of the trust itself, one or more of the trustees or specified beneficiaries. (Please remember that we can only make payments to trustees and beneficiaries if we have verified their identities).

What's next?

Please send your completed application form to:

Fidelity
PO Box 391,
Tadworth,
KT20 9FU

1 About the account

Account number

1.1 - Name of a trustee for private trust
Surname

First and other names in full

Telephone number

1.2 - Name of the company, charity, pension trustee or scheme

Details for the corporate body or scheme in case of any queries for this instruction

Surname

First name

Telephone number

Email address

2 Income Choices

Please choose how the income payments should be processed by selecting one option from below:

☐ All income from income paying investments is to be held as cash within the account.

☐ All income from income paying investments is to be re-invested. Where a re-investment cannot be made, or a full share purchased for an Exchange Traded Instrument (ETI), the residual cash will be paid to the cash within the account. There is a charge for an ETI reinvestment; please refer to our Client Terms for more information.

☐ All income from income paying investments is to be paid to by bank/building society account provided on this section.

I have detailed when I wish to receive my income payments below.
if no selection is made, payments will be made monthly from the next available date

Frequency when I wish to receive payments

MONTHLY ☐ **QUARTERLY** ☐ **BI-ANNUALLY** ☐ **ANNUAL** ☐

Date when I wish to receive payments; the payments will be made on or around your selected date

1st ☐ **10th** ☐ **17th** ☐ **25th** ☐

Bank name

Account holder name

Account number

Sort code

Building society collection account number

With some building society accounts, we need your roll number, as well as the eight-digit collection account number. If you are in any doubt as to which numbers to give us, please ask your building society.

3 Intermediary details (if applicable)

Company stamp

Unique Adviser Number

FCA number

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

Any existing Adviser Ongoing Fee or Discretionary Fund Manager Ongoing Fee on the account will be applied to these assets. If you wish to set up or amend the Adviser Ongoing Fees or Discretionary Fund Manager Ongoing Fees you can do this online. An initial fee cannot be set using this application form.

Intermediary signature

Date signed **(DDMMYYYY)**

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4 Declaration and signature

By signing this form, I/We declare that:

- I/We understand that the information I/we provide on this application form will be processed in accordance with Fidelity's privacy statement, a link to which is contained in the Fidelity Client Terms or the "Your personal information" section of the Fidelity Adviser Solutions Client Terms (as applicable). I/We understand that such information will be held in confidence and not passed to any company other than as outlined without my/our permission or unless required by law
- The information I/we have given is correct to the best of my knowledge, and I/We will tell Fidelity immediately if any of it changes.
- I/We have read and agree the latest Fidelity Client Terms or the Fidelity Adviser Solutions Client Terms (as applicable)
- I/We I have read and agree the latest Key Features Document, either Doing Business with Fidelity or Doing Business with Fidelity Adviser Solutions (as applicable)
- I/We have read the latest the key information document or product summary
- I/We have read the illustration document

For Corporate bodies, we need the signatures of two authorised signatories, unless the signatory list states that one is enough. Please provide an up to date signatory list with this form.

For Trust accounts, all trustees must sign.

FIRST CORPORATE BODY SIGNATURE

X X

FIRST CORPORATE BODY PRINT NAME

SECOND CORPORATE BODY SIGNATURE

X X

SECOND CORPORATE BODY PRINT NAME

SIGNATURE OF FIRST TRUSTEE

X X

PRINT NAME

SIGNATURE OF SECOND TRUSTEE

X X

PRINT NAME

SIGNATURE OF THIRD TRUSTEE

X X

PRINT NAME

SIGNATURE OF FOURTH TRUSTEE

X X

PRINT NAME

Date signed

☐☐☐☐☐☐☐☐ **(DDMMYYYY)**

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FOR OFFICE USE ONLY

☐☐ Docs

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