

APS Additional Subscription Eligibility Declaration

Please complete this form for additional subscriptions to an APS allowance. This form will need to be completed and sent to Waystone Management (UK) Limited with payment for each additional subscription made to the ISA.

INVESTOR DETAILS (Please complete in BLOCK CAPITALS)

Title (Mr/Mrs/Miss/Other): Surname:

Forename(s):

Permanent address

Address line 1:

Address line 2:

Town or city:

County:

Country:

Postcode:

ISA Account number:

DETAILS OF THE DECEASED

Full name:

APS ALLOWANCE SUBSCRIPTION INFORMATION

I (the investor) wish to subscribe an additional £ using my APS in respect of the deceased and wish to make my subscription to a Stocks & Shares ISA in cash.

APS SUBSCRIPTION ELIGIBILITY DECLARATION

I (the investor) declare that:

- the subscription is made under the provisions of regulation 5DDA of the ISA regulations (additional permitted subscription)
- the subscription is being made within 3 years of the date of death or, if later, 180 days of the completion of the administration of the estate (where the deceased died in the period beginning with 3 December 2014 and ending on 5 April 2015, the deceased is treated as dying on 6 April 2015).
- A subscription made, and to be made, belongs to me.
- I am not resident in the United States of America.

I agree to the ISA terms and conditions.

I have received, read and understood or had satisfactorily explained to me the Key Investor Information Document and the Additional Investor Information Document as applicable (where subscriptions are to be made to a new fund and/or share class (where applicable)).

I am aware that the Prospectus and the latest Annual and if more recent Interim Fund Reports are available free of charge and I confirm that I have accessed them to the extent I believe necessary.

I declare that this APS application form has been completed to the best of my knowledge and belief.

Signed: Date:

APS Transfer Authority Form

Please complete this form if the deceased held an ISA with a plan manager other than Waystone Management (UK) Limited and you wish for Waystone Management (UK) Limited to become the ISA plan manager and accept APS subscriptions.

Investor Details (Please complete in BLOCK CAPITALS)

Title (Mr/Mrs/Miss/Other): Surname:

Forename(s):

Permanent address

Address line 1:

Address line 2:

Town or city: County:

Country: Postcode:

Date of birth:

National Insurance number:

Please tick here if you do not have a National Insurance number:

Details of the Deceased (Please complete in BLOCK CAPITALS)

Title (Mr/Mrs/Miss/Other): Surname:

Forename(s):

Permanent address at the date of their death

Address line 1:

Address line 2:

Town or city: County:

Country: Postcode:

Date of birth: Date of death:

Date of marriage or civil partnership between the investor and the deceased:

National Insurance number:

Please tick here if they did not have a National Insurance number:

Deceased existing ISA account number(s):

Please note if multiple ISAs were held by the deceased with the ISA manager their value will be combined to form one APS allowance.