Nominated Bank Account Instruction

c•funds

This form can be used to advise Cofunds of your nominated bank account details. Please complete this form for each account at Cofunds which this applies to. Please allow up to 10 business days from the time Cofunds receives the instruction for your nominated bank account details to change.

Please complete this application form using black ink in BLOCK CAPITALS and return to: Cofunds Limited, PO Box 1103, Chelmsford CM99 2XY

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1 Adviser/Intermediary D	etails (For ad	viser/i	nterm	ned	iary u	se onl	y)
Cofunds Intermediary Authorisation Cod	e							
CONFIRMATION OF VERIFICATION	OF BAN	K ACC	OUNT	DETA	AILS	5	_	
I/We confirm that:								
the Sort Code, Bank Account Number and Account Name within this application was obtained and verified by me/us in relation to the customer(s) below							Signed Date	
Full name of regulated firm							Name	
FCA ref no.							Position	
2 Personal/Company Details								
Private/corporate investor(s). First named	primary hol	der. Ple	ease see	Sectio	on 3	to add	additio	onal holders.
Existing Cofunds Client Reference								Account Reference
Designation (if applicable)								Full first name(s)
Mr/Mrs/Ms/Miss/Other							or company name	
Surname								
3 Joint Holders (All joint holders MUST complete this section)								
Please include the full name and address of	each holdei	. All co	rrespond	lence	will l	be sent	t to the	primary holder.
Joint holders must have the same investme	ent service a	as the p	orimary h	older.				
Second named holder							Fourth named holder	
Mr/Mrs/Ms/Other							Mr/Mrs/Ms/Miss/Other	
Surname							Surname	
Full first name(s)							Full first name(s)	
Third named holder								
Mr/Mrs/Ms/Other								
Surname								
Full first name(s)								
4 Nominated Bank Accourt	nt Detai	ls						
conjunction with your Cofunds account. If you bank statements with this application. If you	/ou are payi u are an exi	ng by c sting c	heque tl ustomer	nen no , only c	o act com	tion is r nplete t	equire his sec	Please note: you will need to verify this bank account before it can be used in d. For all other funding options you can send a void signed cheque or three months tion if you would like to change your nominated bank account details. Any change to
your nominated bank account will not be applied to your regular monthly investments. You can only have one nominated bank account at any given time.							Branch Sort Code	
Name of account holder								
							Bank/Building Society Account Number	
Bank or Building Society name and address						_		
							_	Building Society Roll Number (if applicable)
						_		
Postcode								
5 Authorisation (All joint H	nolders MI	JST si	gn this	form))			
l authorise Cofunds to change my nominated bank account details, as indicated in Section 4. I understand that once Cofunds processes this instruction, the nominated bank account details for all of my investments will change.								
Primary holder signature Date							Third holder signature Date	
Capacity (if applicable)							Capacity (if applicable)	
Second holder signature			Dat	e				Fourth holder signature Date
Capacity (if applicable)							Capacity (if applicable)	

Issued and approved by Cofunds Limited. Authorised and regulated by the Financial Conduct Authority. Registered Office: One Coleman Street, London, EC2R 5AA. Registered in England and Wales No. 3965289.

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