

APPLICATION FORM MANAGED PORTFOLIO SERVICE CORPORATE ACCOUNTS



QUILTER CHEVIOT

Please help us by providing as much information as you can. The more information you are able to share, the more we will be able to match our investment service to your requirements.

MANAGED PORTFOLIO SERVICE (MPS)

Our Managed Portfolio Service (MPS) offers you the choice of predefined investment strategies that are selected based on your investment objective, attitude to risk and other relevant information. We undertake the investment transactions within these strategies without prior reference to you and the strategies are managed to meet the strategy objectives.

If registered with a financial services regulator, please provide the reference number:

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Location of activities, if not UK:

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PART A: PERSONAL DETAILS

ACCOUNT NAME

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Are there any overseas offices?

*Yes ☐ No ☐

*If yes, please give details:

DETAILS OF THE CORPORATE/PARTNERSHIP/CLUB/ FRIENDLY (OR OTHER) SOCIETY

Full registered name:

Type of account;

- ☐ Trading entity
- ☐ Personal investment company
- ☐ Other

If other, please specify:

Nature of business/activities:

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Registration number:

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Country of incorporation:

Registered address:

Postcode

Telephone:

Operating address (if different):

Postcode



Principal shareholders;

	%
	%
	%
	%

For a personal investment company, please give the full name(s) of the beneficial owner(s):

Source of wealth of the contributors to a personal investment company (tick all applicable);

- ☐ Employment
☐ Investment or savings
☐ Inheritance*
☐ Family trust
☐ Business ownership or sale
☐ Property
☐ Other*

*If inheritance, please state the full name of the deceased or donor (as applicable), their relationship to the contributor and their primary source of wealth. If this source of wealth derives from any activities abroad, please state which country(ies).

*If other, please specify:

Describe briefly how the asset contributor(s) derived their wealth (including occupation/business and geographical locations, where applicable).

Reason for using a legal structure to hold investments/assets:

Can the company issue bearer shares?

Yes ☐ No ☐

Are there any bearer shares in issue?

Yes ☐ No ☐**ASSOCIATED PARTIES**

We are required to verify the identity of all Associated Parties with an interest of 25% or more, attorneys and any other authorised signatories or agents.

The following section should NOT be completed for authorised signatories of a corporate administrator acting in a professional capacity. For these entities, please provide the following information to the bottom of this page and turn to the Investment Experience section on page 6.

Legal name:

Registered office address:

Date of incorporation:

DD

MM

YYYY

For UK and Jersey resident individuals, we will use the following information to perform electronic identification checks. For overseas residents, or where the electronic identification check fails, we will ask you for certified copies of identity documentation.



If there are more than four associated parties and you require further space, please photocopy this page and complete the relevant details.

First Associated Party

Title:

Surname:

Previous surname if changed in the last 5 years:

Forename(s):

Permanent residential address

(we are unable to accept a 'care of' or post box):

Postcode:

Previous residential address, if less than 1 year at current address (we are unable to accept a 'care of' or post box):

Postcode:

Date of birth:

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Nationality:

Country of birth:

National Insurance number:

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Either

Passport number (this is at the very bottom of the photo page):

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Date of expiry:

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Or

Driving licence number:

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Date of expiry – photocard:

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Please tick if this associated party would like to receive the following:

- ☐ Investment report
- ☐ Online access

Second Associated Party

Title:

Surname:

Previous surname if changed in the last 5 years:

Forename(s):

Permanent residential address

(we are unable to accept a 'care of' or post box):

Postcode:



Previous residential address, if less than 1 year at current address (we are unable to accept a 'care of' or post box):

Postcode:

Date of birth:

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Nationality:

Country of birth:

National Insurance number:

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Date of expiry – photocard:

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Please tick if this associated party would like to receive the following:

- ☐ Investment report
- ☐ Online access

Third Associated Party

Title:

Surname:

Previous surname if changed in the last 5 years:

Forename(s):

Permanent residential address

(we are unable to accept a 'care of' or post box):

Postcode:

Previous residential address, if less than 1 year at current address (we are unable to accept a 'care of' or post box):

Postcode:

Date of birth:

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Nationality:

Country of birth:

National Insurance number:

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Or

Driving licence number:

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Date of expiry – photocard:

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Please tick if this associated party would like to receive the following:

- ☐ Investment report
- ☐ Online access

Fourth Associated Party

Title:

Surname:

Previous surname if changed in the last 5 years:

Forename(s):

Permanent residential address

(we are unable to accept a 'care of' or post box):

Postcode:

Previous residential address, if less than 1 year at current address (we are unable to accept a 'care of' or post box):

Postcode:

Date of birth:

DD	MM	YYYY
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Nationality:

Country of birth:

National Insurance number:

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Passport number (this is at the very bottom of the photo page):

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Or

Driving licence number:

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Date of expiry – photocard:

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Please tick if this associated party would like to receive the following:

- ☐ Investment report
- ☐ Online access



OUTSIDE BUSINESS INTERESTS

The following questions must be completed in respect of ALL individuals identified (and any outlined on additional sheets).

Are any of the individuals listed (or have any of the individuals listed ever been), a US citizen, the holder of a US passport, Green Card or US bank account; or have they ever resided in or owned property in the US?

*Yes ☐ No ☐

*If you have answered yes, please state the name of the individual(s) below and provide details;

Have any of the individuals listed ever been employed in the financial services industry?

Yes ☐ No ☐

Are any of the individuals listed a politically exposed person or associated with one now or at any time in the past?

*Yes ☐ No ☐

*If you have answered yes to any of the * questions above, please provide the name of the individual(s) concerned and provide details of the political association.

INVESTMENT EXPERIENCE

Your answers to these questions will enable us to determine the associated parties familiarity with particular types of services and investment. We would draw your attention to the risk warnings outlined in Annex 1 of our Terms and Conditions booklet in respect of some of these types of investment.

Have any of the associated parties been investors in financial markets for less than 5 years?

Yes ☐ No ☐

Do any of the associated parties have experience of managing investments and directing deals?

Yes ☐ No ☐

Do any of the associated parties have experience of using derivatives (including options), warrants, leveraged or unregulated products?

Yes ☐ No ☐

PART B: INVESTMENT STRATEGY

A good starting point for any investment portfolio is a clear definition of the aims, objectives, constraints and risk tolerance as well as the anticipated time horizon. The following questions will help us recommend and implement a suitable long-term investment strategy.

It is important that you keep us informed of any changes to your circumstances or objectives so we can review the strategy.

YOUR INVESTMENT OBJECTIVE

Please select one of the following as your main objective:

- ☐ Capital Growth – the principal objective is to grow the capital value of the portfolio.
- ☐ Capital Growth and Income – the objective is to grow the capital value of the portfolio, as well as generating some degree of income from the portfolio.
- ☐ Income – the principal objective is to generate income from the portfolio.

UNDERSTANDING RISK

Obtaining an investment return higher than cash deposits will involve taking risk. To meet your longer-term objectives, you may have to be prepared to take on a higher level of risk than you have historically. Risk associated with investments can take many different forms, including:

- The sensitivity of your investments to various market events or economic factors, including changes to interest rates and inflation
- The possibility that your investments do not meet your objective, such as a targeted future expenditure
- The chance of irregular or unusual investment returns, particularly in times of financial crisis
- The likelihood of temporary or permanent loss of capital or income
- The possible lack of liquidity, meaning that in certain market circumstances, it might not be possible to sell a particular investment.

Completing the information and questions in this section will help us assess your risk profile. We have divided the questions into two parts:

- Willingness to accept risk in the portfolio – this is sometimes called your Risk Tolerance
- Your ability to bear loss – this is sometimes referred to as your Risk Capacity and is a function of your broader financial circumstances.













YOUR WILLINGNESS TO ACCEPT RISK

The Quilter Cheviot Understanding Your Investment Portfolio document must be read for further guidance.

Please select the risk category that most closely matches your tolerance to risk and minimum time period for the investment portfolio we will be managing for you. Please tick **one** box only.

The tables below provide guidance on the level of equities that would be involved and the range of returns that can be experienced in each of the risk categories.

Lower TICK <input type="checkbox"/>	I/we have a low tolerance for risk and regardless of market circumstances, I/we would only be comfortable with minimal variation or disruption to capital value or current income			
Typical equity weighting – up to 25% 	Suggested minimum investment period 1 year or more	Estimated range of annualised return* +8% -2%	Estimated peak to trough decline across investment period* -15% 	
Lower to Medium TICK <input type="checkbox"/>	I/we have a lower to medium tolerance for risk, I/we would only be comfortable with moderate variation or disruption to capital value or current income			
Typical equity weighting – up to 50% 	Suggested minimum investment period 3 years or more	Estimated range of annualised return* +15% -3%	Estimated peak to trough decline across investment period* -20% 	
Medium TICK <input type="checkbox"/>	I/we have a medium tolerance for risk and can accept moderate variation or disruption to capital value or current income in order to meet my/our longer-term objectives			
Typical equity weighting – up to 75% 	Suggested minimum investment period 5 years or more	Estimated range of annualised return* +20% -6%	Estimated peak to trough decline across investment period* -35% 	
Medium to Higher TICK <input type="checkbox"/>	I/we have a medium to high tolerance for risk and can accept significant variation or disruption to capital value or current income in order to meet my/our longer-term objectives			
Typical equity weighting – up to 100% 	Suggested minimum investment period 5 years or more	Estimated range of annualised return* +25% -10%	Estimated peak to trough decline across investment period* -45% 	
Higher TICK <input type="checkbox"/>	I/we have a high tolerance for risk and can accept significant variation or disruption to capital value or current income in order to meet my/our longer-term objectives			
Typical equity weighting – up to 100% 	Suggested minimum investment period 7 years or more	Special situations apply to specialist mandates where the types and concentration of riskier assets could be significant	Estimated peak to trough decline across investment period* >-45% 	

* Source: Quilter Cheviot. These figures are for illustrative purposes and represent estimated pattern of return for each risk profile. Past performance is not indicative of future performance and actual performance may vary.



YOUR ABILITY TO BEAR LOSS

Here, we are trying to ascertain your ability to bear investment losses, in the broader context of your overall current financial situation and standard of living.

Please select one of the following which most closely matches your circumstances:

- ☐ I/we have **NO** ability to bear investment losses. Any losses to the value of the portfolio would have an unacceptable impact on my/our overall financial position and standard of living.
- ☐ I/we have a **LOW** ability to bear investment losses. In extreme circumstances, falls in the value of the portfolio of up to 20% would not have a material impact on my/our overall financial position and standard of living.
- ☐ I/we have a **MODERATE** ability to bear investment losses. In extreme circumstances, falls in the value of the portfolio of up to 35% would not have a material impact on my/our overall financial position and standard of living.
- ☐ I/we have a **SIGNIFICANT** ability to bear investment losses. In extreme circumstances, falls in the value of the portfolio in excess of 35% would not have a material impact on my/our overall financial position and standard of living.

INVESTMENT RESTRICTIONS

Do you wish to exclude certain investments and/or asset classes for tax or ethical reasons from your portfolio?

Yes ☐ No ☐

If yes, please contact us for our Investment Restrictions supplement.

POTENTIAL RISK TO YOUR INCOME

Are you intending to withdraw income from this portfolio?

Yes ☐ No ☐

If yes, please select one option that most closely matches your circumstances:

- ☐ Your withdrawals from this portfolio are your primary source of income for essential expenditure.
- ☐ Your withdrawals from this portfolio will supplement your primary source of income for essential expenditure.
- ☐ Your withdrawals will provide income for discretionary expenditure.
- ☐ Any withdrawals are surplus to your regular needs for both essential and discretionary expenditure.

PART C: ACCOUNT SET-UP

PRINCIPAL CORRESPONDENCE ADDRESS

Name:

Address:

Postcode:

Telephone:

We will send you an investment report to the principal correspondence address. This includes a valuation, performance summary, transaction schedule, capital and income statements. If you require further reporting, please indicate below:

- ☐ Online access
- ☐ Additional statements

DETAILS OF AUDITOR/ACCOUNTANTS

Name:

Address:

Postcode:

Telephone:

We will share information relevant to your account with your appointed auditor/accountant. If you do not consent, please tick this box. ☐



ANNUAL TAX REPORT

Date of financial year end:

DD	MM	YYYY
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Annual tax report to be sent to:
(only **one** report will be produced)

- ☐ Principal correspondence address
☐ Auditor's/accountant's address

If to another associated party, please give details:

FUNDS FOR INVESTMENT

Please indicate amount to be invested in this portfolio:

£

Please describe the source or origin of the funds being invested with Quilter Cheviot. Please note that we may ask for evidence of source of funds in some cases.

If significant additions or withdrawals are anticipated, please inform your investment manager as this may affect the way in which we manage the portfolio.

INCOME INSTRUCTIONS

Please note that we can only set up the income payment facility in sterling. Please tick **one** box only:

- ☐ Transfer to capital account for re-investment
☐ Monthly payments of income received
☐ Quarterly payments of income received
(Jan/Apr/Jul/Oct)
☐ Quarterly fixed standing order*
(Jan/Apr/Jul/Oct)
☐ Retain on income account
☐ Monthly fixed standing order*

*If you have selected a fixed payment please complete the amount field(s) in the next section.

BANK DETAILS

Bank account details are required even if no income is being withdrawn. We can also hold details of additional bank or building society accounts if other payments are anticipated. If this includes HMRC details for tax payments, please include your unique tax payer reference in the account name line. Standing orders for different amounts to different banks can be arranged if the payment frequency is the same.

Account name:

Sort code:

	/		/	
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Account number:

Building society ref.:

Standing order (if applicable):

£

Account name:

Sort code:

	/		/	
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Account number:

Building society ref.:

Standing order (if applicable):

£

Account name:

Sort code:

	/		/	
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Account number:

Building society ref.:

Standing order (if applicable):

£



INTERNAL TRANSFERS BETWEEN ACCOUNTS

If transfers of cash or stock between this and another Quilter Cheviot account(s) without further written authority are permitted, please give details

Account name:

Client code:

☐ Cash ☐ Stock ☐ Both

Account name:

Client code:

☐ Cash ☐ Stock ☐ Both

Account name:

Client code:

☐ Cash ☐ Stock ☐ Both

FINANCIAL ADVISER

If you have a financial adviser, please give their details below.

Name:

Name of company:

Address:

Postcode:

Telephone number:

Please indicate whether;

- ☐ **We can share information relevant to your account with your appointed financial adviser**
- ☐ **Your appointed financial adviser can instruct us to make a payment to one of your nominated bank accounts (including HMRC), give investment instructions on your behalf and/or make changes to your investment strategy**

Please tick if you would like your financial adviser to receive the following:

- ☐ Investment report/valuations/transaction reports
- ☐ Online access
- ☐ Annual tax report

OTHER ADVISER

If you would like us to provide information to another professional or individual, please enter their details here.

Please note that if you want to authorise another individual to be able to give instruction on your account, please complete the authority as follows.

Name:

Name of company:

Address:

Postcode:

Please tick if you would like your adviser to receive the following:

- ☐ Investment report/valuations/transaction reports
- ☐ Online access
- ☐ Annual tax report



ADDITIONAL AML REQUIREMENTS FOR THE CORPORATE/PARTNERSHIP/CLUB/SOCIETY

Please note that for requirements marked * verification of identity for individuals will be performed electronically using the information provided on pages 3 to 5. For overseas residents, or where the identity check fails, we will ask you for certified copies of identity documentation.

Friendly societies;

- Evidence that those operating the account are duly authorised to do so (e.g. trustees' meeting minutes or authorised signatory list of corporate trustees); and
- Evidence of FCA regulated status

Corporate accounts;

- Certified copy of certificate of incorporation
- Evidence of appointment of Quilter Cheviot as managers (minutes of meeting)
- Evidence that those operating the account are duly authorised to do so (minutes of meeting and/or authorised signatory list)
- Certified copy of directors
- Certified copy of shareholders (if not Plc)
- *Verification of identity for the persons operating the account
- *Verification of identity for shareholders with 25% plus of equity (if not Plc)
- *Verification of identity for ultimate beneficial owner(s) of a personal investment company
- Beneficial Owner Declaration for personal investment company
- Offshore trust/PIC declaration for a personal investment company owned by an offshore trust.

***Where a beneficial owner of a Company is another Company or a Trust, verify that beneficial owner in accordance with its legal form and drill down to the ultimate individual beneficial owners.**

Partnerships;

- Certified copy of partnership deed/agreement
- Evidence of appointment of Quilter Cheviot as managers (minutes of meeting)
- Evidence that those operating the account are duly authorised to do so (minutes of meeting and/or authorised signatory list)
- Register of partners
- *Verification of identity for the persons operating the account
- Verification of identity for partners with 25% plus of equity (if not Plc)

***Where a beneficial owner of a Company is another Company or a Trust, verify that beneficial owner in accordance with its legal form and drill down to the ultimate individual beneficial owners.**

Clubs/Societies;

- Certified copy of Constitution
- *Verification of identity for the persons operating the account
- Evidence of appointment of Quilter Cheviot as managers (minutes of meeting)
- Evidence that those operating the account are duly authorised to do so (minutes of meeting and/or authorised signatory list)
- List of current officers
- *Where the club is active overseas please verify the identity of all the officers of the Club

***If the Club or the Society is a Trust or Company, please verify them in accordance with the appropriate legal form together with a certified copy of the Constitution.**

CERTIFICATION REQUIREMENTS

Where we require copies of documents, please send copies certified by:

- Quilter Cheviot staff (in the ordinary course of business)
- Notary Public
- Commissioner for Oaths
- UK/overseas solicitor
- UK barrister (**not** judge)
- UK licensed conveyancer
- UK/overseas certified or chartered accountant
- Banker
- Authorised financial adviser
- Authorised mortgage broker
- Embassy, Consulate **or** High Commission of the country of issue for a non UK national.

The individual undertaking the certification must be currently employed in the position stated and independent of the person whose document is being certified. **As well as signing, they must print their name, title, occupation and the certification date. An address should be given or an official stamp used to provide contact details if required.**

The following text should be used: 'I hereby certify this is a true copy of the original document presented to me on (date) by the named holder'. **If the document has a photo please include** 'and that it bears a true likeness of the person described therein'.

Please note that the "wet signature" of the person undertaking the certification is required on certified copy documents. Photocopies of certified copy documents will be rejected. Certified copy documents must be legible and capable of being reproduced.



DECLARATION

This form should be signed by all directors/signatories **or** two of those with authority to operate the account as evidenced by accompanying meeting minutes appointing Quilter Cheviot as investment manager, which is signed by **all** directors/signatories.

Please complete, sign and date the box to the right to: (1) acknowledge receipt of, and confirm that you agree to, our Terms and Conditions, risk disclosures and schedule of charges; and (2) give your consent to our order execution policy and list of execution venues, and to Quilter Cheviot (or an affiliate) effecting transactions on your behalf outside a regulated market or multilateral trading facility.

If you do not understand anything in these documents, please ask your investment manager for further information.

☐ Please tick here to confirm you have received the Quilter Cheviot Understanding Your Investment Portfolio document.

Please also complete and return the attached form to cover FATCA reporting. Failure to return this section may prevent us from providing investment services to you.

Signed:

Date:

DD	MM	YYYY
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Print name:

Signed:

Date:

DD	MM	YYYY
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Print name:

Signed:

Date:

DD	MM	YYYY
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Print name:

Signed:

Date:

DD	MM	YYYY
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Print name:

QUILTER CHEVIOT

One Kingsway
London WC2B 6AN

t: +44 (0)20 7150 4200
w: quiltercheviot.com

Quilter Cheviot Limited is registered in England with number 01923571, registered office at One Kingsway, London WC2B 6AN. Quilter Cheviot is a member of the London Stock Exchange and authorised and regulated by the UK Financial Conduct Authority.

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) CORPORATE QUESTIONNAIRE



QUILTER CHEVIOT

For the purposes of FATCA and the UK Intergovernmental Agreements, Government legislation now requires investors to certify details relating to their tax arrangements.

This section of our client application form must be completed by new corporate entities as part of our account opening process.

We will use the information provided in this form to determine if you are a reportable entity under The International Tax Compliance Regulations (USA) 2014 and the International Compliance (Crown Dependencies & Gibraltar) Regulations 2014.

Quilter Cheviot cannot determine your FATCA status for you or provide you with any advice on this. We have provided accompanying explanatory notes & instructions which should be referred to when completing this form.

If you are in any doubt about your FATCA status you should obtain advice from a suitably qualified tax specialist.

IMPORTANT INFORMATION:

In general, an organisation is treated as a 'Financial Institution' (FI) if the organisation's gross investment income exceeds 50% of the organisation's total gross income AND its assets are managed on a discretionary basis by an asset manager such as Quilter Cheviot.

Please complete section 1, 2, 3 and 8 in all cases and one of sections 4, 5 or 6. Section 7 should be completed only if applicable.

1. NAME OF ORGANISATION:

2. ACCOUNT NUMBER (IF KNOWN):

3. TAX RESIDENCY OF THE ORGANISATION

Country (or countries)
of residence:

Tax Reference
Number(s):

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If the organisation is resident in the United States you must complete and return IRS (Internal Revenue Service) form W-9.

If the organisation is NOT a financial institution (as described in the 'Important Information' box shown above) for the purposes of FATCA and the UK Inter-Governmental Agreements please complete section 6 onwards. Otherwise please continue by completing either of sections 4 or 5. (If there is any doubt, please refer to the explanatory notes and/or contact your usual tax advisor).

4. THE ORGANISATION IS A FINANCIAL INSTITUTION WITH A GIIN (GLOBAL INTERMEDIARY IDENTIFICATION NUMBER):

GIIN:

Please confirm in what capacity the GIIN has been supplied:
(Please tick only one)

- ☐ The organisation is a UK or Partner Jurisdiction Financial Institution
- ☐ The organisation is a Participating Financial Institution
- ☐ The organisation is a Sponsored Investment Vehicle/ Entity*

Please provide the name of the Sponsoring Financial Institution, if applicable:

*Delete as appropriate

If you have completed section 4, sections 5, 6, and 7 do not need to be completed. Please sign the declaration in section 8.



5. THE ORGANISATION IS A FINANCIAL INSTITUTION BUT DOES NOT HAVE A GIIN (GLOBAL INTERMEDIARY IDENTIFICATION NUMBER)

(Please tick only one)

- ☐ The organisation has applied, or is going to apply, for a GIIN
- ☐ The organisation is a Non-Participating Financial Institution
- ☐ The organisation is a Certified (or otherwise) Deemed Compliant FI

Other (please provide details):

If you have completed section 5, sections 6 and 7 do not need to be completed. Please sign the declaration in section 8.

6. THE ORGANISATION IS NOT A FINANCIAL INSTITUTION

Where the organisation is not a Financial Institution, you will need to determine if it is 'Passive' or 'Active' for the purposes of the Inter-Governmental Agreements. (If there is any doubt, please refer to the explanatory notes and/or contact your usual tax advisor).

- ☐ The organisation is an Active Non-Financial Foreign Entity
- ☐ The organisation is a Passive Non-Financial Foreign Entity

If the organisation is a 'Passive' NFFE, please complete section 7. If the organisation is an 'Active' NFFE then you only need to complete the declaration in section 8.

7. CONTROLLING PERSONS SELF-DECLARATION OF RESIDENCY (INCLUDING DIRECT AND INDIRECT OWNERS AND CONTROLLING PERSONS)

Please only complete Section 7 where you have indicated the organisation to be a Passive Non-Financial Foreign Entity under section 6.

Please ensure you list below each controlling person, confirming ALL countries of tax residency and ALL tax reference numbers for EACH controlling person. If a person is a US citizen, US green card holder or US resident, you must include United States in the table below along with his or her US Tax Identification Number (TIN).

Name:

Permanent residential address*

(we are unable to accept a 'care of' or post box):

Postcode:

Country of Tax Residency*:

Date of birth*:

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Country of birth*:

Tax Reference Number*:

*There is no need to provide this information again where it has already been declared in Part B (Associated Persons) of the client application form.

Postcode:

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Postcode:

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Postcode:

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Postcode:

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8. DECLARATION

Please complete in ALL cases.

The information I have provided within this form and any relevant detail provided in part B (Associated Persons) of the client application form, to the best of my knowledge is true, accurate and complete.

I confirm that I am authorised to sign on behalf of the organisation stated in section 1.

I undertake to advise Quilter Cheviot promptly of any change in circumstances which causes the information provided to become incorrect or incomplete.

I am aware that in certain circumstances Quilter Cheviot will be obliged to share information with the UK authorities, who may in turn, pass it on to other tax authorities.

Signed:

Print name:

Date:

DD	MM	YYYY
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Capacity:

FATCA CORPORATE QUESTIONNAIRE EXPLANATORY NOTES AND INSTRUCTIONS



QUILTER CHEVIOT

For the purposes of FATCA and the UK Intergovernmental Agreements.

These explanatory notes are not intended to substitute reading and understanding the certification requirements of the US Foreign Account Tax Compliance Act (FATCA) or the corresponding UK Intergovernmental Agreements.

The organisation completing the form will operate under the regulations applicable to their tax jurisdiction. This certification reflects the regulations in operation in their own jurisdiction.

PURPOSE OF THE FACTA CORPORATE QUESTIONNAIRE SECTION

This section of our client application form must be completed by all new corporate organisations as part of our account opening process.

We will use the information provided in this form to determine if you are a reportable entity under The International Tax Compliance Regulations (USA) 2014 and the International Compliance (Crown Dependencies & Gibraltar) Regulations 2014.

Quilter Cheviot cannot determine your FATCA status for you or provide you with any advice on this. We have provided accompanying explanatory notes & instructions which should be referred to when completing this form.

If you are in any doubt about your FATCA status you should obtain advice from a suitably qualified tax specialist.

There are separate forms for individuals, trusts and specialised entities such as pension funds or charities.

EXEMPT BENEFICIAL OWNER

The most common example for this category is a pension scheme (plan, scheme, Fund, Organisation or other arrangement established in the UK) which is generally exempt from income taxation in the UK or operated principally to administer or provide pension or retirement benefits or to earn income for the benefit of one or more such arrangements.

If you believe the organisation may fall within this category please consider if the pensions account opening form is more appropriate to your circumstances.

DEEMED COMPLIANT FINANCIAL INSTITUTION

A common example for this organisation category is a registered charity but other charitable organisations and non-profit organisations (e.g. Sports Clubs) will also be deemed compliant and are not required to report under FATCA.

If you believe the organisation may fall within this category please consider if the charity account opening form is more appropriate to your circumstances.

INSTRUCTIONS

SECTION 1: NAME OF ORGANISATION

Enter the full name of the Organisation (the account holder).

SECTION 2: ACCOUNT NUMBER (IF KNOWN)

Where you are a new client you may not have an account number. Where you are an existing client, you should list all account numbers to which the questionnaire applies.

SECTION 3: TAX RESIDENCY

The regulations require Quilter Cheviot to collect specific information about each client's tax residence(s), and determine whether Quilter Cheviot are obliged to submit account information to our local tax authorities, who may pass the information on to other tax authorities.

Please specify within the table provided, all countries in which the organisation is resident for tax purposes and the associated tax reference number(s).

Country or countries of Tax Residency: Enter the country or countries where the organisation is resident for the purposes of that country's income taxation. If the organisation is tax resident in more than one country, please list each one separately.

Tax Reference Number(s): Enter the tax reference number(s) that your country of residence for tax purposes has issued to you. Where a country does not issue tax reference number(s) a "functional equivalent" may be used, which may include a company registration number or other similar form of identification.

SECTION 4: THE ORGANISATION IS A FINANCIAL INSTITUTION WITH A GIIN (GLOBAL INTERMEDIARY IDENTIFICATION NUMBER)

Financial Institution - In general, an organisation is treated as a 'Financial Institution' (FI) if the organisation's gross investment income exceeds 50% of the organisation's total gross income and its assets are managed on a discretionary basis by an asset manager such as Quilter Cheviot.

If you are unsure about the organisation's classification for the purposes of FATCA please contact your tax advisor.



- (i) The organisation is a UK or Partner Jurisdiction Financial Institution – The organisation has registered directly with the IRS and will have a GIIN which should be recorded in the box provided.
- (ii) The organisation is a Participating Financial Institution – The organisation is not resident in the UK or a Partner Jurisdiction (Crown Dependencies or Overseas Territories) but has registered directly with the IRS and will have a GIIN which should be recorded in the box provided.
- (iii) Sponsored Investment Vehicle/Entity - The organisation can be an FI and be sponsored where it has a contractual arrangement for its due diligence and reporting is to be carried out by a Sponsoring Entity. If the trust is sponsored, please provide the GIIN and the name of the Sponsoring Entity in the boxes provided. Please ensure you confirm whether you are being sponsored as an 'investment entity' or an 'investment vehicle'.

SECTION 5: THE ORGANISATION IS A FINANCIAL INSTITUTION BUT DOES NOT HAVE A GIIN

If the Organisation cannot provide a GIIN, please tick the reason why it does not have a GIIN:

- (i) The Organisation has applied, or is going to apply, for a GIIN (but has not yet received it) - Whilst most FIs will have applied and received a GIIN there may be cases where the FI is in the process of applying but not yet received it. If this is the case please tick this box and provide the GIIN as soon as this becomes available.
- (ii) The Organisation is a "Non-Participating FI" - The Organisation may be a Non-Participating FI if it is located in a jurisdiction that does not have an IGA with the US and the FI has not entered into a FATCA Agreement with the IRS. We may be obliged to report details of this account to HMRC.
- (iii) The Organisation is a Certified (or otherwise) Deemed Compliant FI - This category includes but is not limited to registered charities and other non-profit organisations.

Other reason (please specify) - Please explain in the box why you believe that the Organisation does not require a GIIN. We may be obliged to report details of this account to HMRC.

SECTION 6: THE ORGANISATION IS NOT A FINANCIAL ENTITY

Where the organisation is not Financial Institution, you will need to determine if the organisation is a 'Passive' or 'Active' NFFE for the purposes of the Inter-Governmental Agreements. (If there is any doubt, please refer to the explanatory notes and/or contact your usual tax advisor).

- (i) The organisation is an Active Non-Financial Foreign

Entity - The most common example of an Active NFFE is an organisation that has less than 50% of its gross income arising from investments. An Active NFFE has no registration or reporting requirements under FATCA or the UK IGAs.

- (ii) The organisation is a Passive Non-Financial Foreign Entity – If the organisation is not classified elsewhere, it will probably be deemed a Passive NFFE and you should tick the relevant box and go on to complete Section 7.

SECTION 7: CONTROLLING PERSONS

Please only complete Section 7 where you have indicated the organisation to be a Passive Non-Financial Foreign Entity in section 6.

Legislation based on international governmental agreements requires Quilter Cheviot to identify all controlling persons of a 'Passive NFFE' or Owner-documented organisation, determine their tax residences, and determine whether Quilter Cheviot are obliged to submit specific account information regarding such controlling persons to their local tax authorities, who may pass this information on to other tax authorities.

Therefore, section 7 must list all "controlling persons" in the table provided.

Definition of Controlling Persons: The term 'controlling persons' is to be interpreted in a manner consistent with the applicable Anti-Money Laundering regulations i.e. natural persons who exercise control over an entity. In the case of a corporate organisation "Controlling Person" this means any natural person who ultimately owns or controls a legal entity through direct or indirect ownership or control over a sufficient percentage of the shares or voting rights in that legal entity; a percentage of more than 25% shall be deemed sufficient to meet this criterion. Any natural person who otherwise exercises control over the management of a legal entity is also in scope.

Country of Tax Residency: Enter in full the name of the country in which the controlling person is resident for tax purposes.

Address: Enter the permanent residential address. The permanent residence address of the controlling person is the address in the country where he/she claims to be resident for the purposes of that country's income tax.

Tax Ref for Country of Residence: Enter the tax reference number of the controlling person's country of residence for tax purposes. Where a country does not issue a tax reference number a "functional equivalent" may be used. For an individual this would include, for example, a social security number, a national insurance number, a personal identification number or a resident registration number.

Country of birth: Enter the country in which you were born.

Date of Birth: Enter date of birth in the following format dd/mm/yyyy.



SECTION 8: DECLARATION

The individual signing this declaration must possess the authority to do so on behalf of the organisation.

This questionnaire must be completed and returned as soon as possible, as part of the account opening process. In any event within 90 days.

This document does not purport to provide legal or tax advice and we accept no liability for any loss arising from any action taken or not taken by anyone using the information contained herein.



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