

Elite Charteris Premium Income Fund

Unit Trust and Stocks and Shares ISA

APPLICATION FORMS

1. Personal Details (BLOCK CAPITALS please)

Title _____
 Surname _____
 First Name(s) _____
 Permanent Address _____

 Postcode _____
 Telephone (daytime) _____
 Telephone (evening) _____
 Date of Birth _____

2. Personal Details of Joint Applicant

Title _____
 Surname _____
 First Name(s) _____
 Permanent Address _____

 _____ Postcode _____
 Date of Birth _____

Additional joint applicants (a maximum of 4 in total) must each sign and attach name and address details separately. Units cannot be registered in the name of a minor. Units should be registered in the name of an adult and designated with the minor's initials (eg. John Smith - account PBS). On attaining the age of majority, units can be transferred to the designee upon receipt of the appropriate documentation.

3. Investment Details

Unit Trust	Lump Sum (min £1,000)*	Monthly Savings Plan (min £100 pm)
Elite Charteris Premium Income Fund (Income Units)	£	£

*For Lump Sum investments of £25,000 or more you can choose to phase your investment into the Elite Charteris Premium Income Fund over 5 months and for £50,000 or more you can choose this facility over 5 or 10 months. If you qualify and wish your lump sum investment to be phased, please tick one of the boxes below.

I/we wish to phase the lump sum investment into the Elite Charteris Premium Income Fund over:

5 months 10 months **Please tick as appropriate**

Please note that when phased investment is selected, the first instalment is invested immediately in the Elite Charteris Premium Income Fund with the balance invested in the Elite Income Plan Cash Trust from which a further four or nine transfers are automatically made into the Elite Charteris Premium Income Fund at monthly intervals.

4. Income Distributions

You have the option to reinvest any income generated, to purchase further units in the Elite Charteris Premium Income Fund. If you wish to reinvest your income, please tick this box.

If you have not elected to have your income reinvested, please complete the following boxes to indicate where any income distributions should be paid, as all income is paid by BACS direct credit. *Please note that you should ensure that the bank account detailed can accept payments by this method.*

Name and full address of Bank/Building Society	Sort Code
	Account Name
	Account Number
Account must be in the name(s) of the Applicant(s) Documented proof of this must be sent with this application	

5. Declaration

- I/We confirm that I am/we are over 18 years of age.
- I/We confirm I/we have read the relevant Simplified Prospectus and that I/we have been offered a copy of the Scheme Particulars and Manager's Reports for the Elite Charteris Premium Income Fund.
- If I am/we are investing on a phased basis I/we request Elite Fund Administration to repurchase units in the Elite Income Plan Cash Trust on a monthly basis in accordance with my/our instructions and to reinvest the monthly proceeds into the Elite Charteris Premium Income Fund.

Cancellation Rights

Under the Financial Services Authority's Conduct of Business Rules cancellation rights will apply where the contract was arranged through an independent intermediary, unless they hold an appropriate Customer Agreement with you or dealt on your behalf on an execution-only basis. A copy of the Scheme Particulars is available, free of charge, on request. A copy of this completed application form is also available on request.

If Cancellation Rights **do** apply please tick this box

Data Protection Act

The details you have provided will be held on computer by Elite Fund Administration, but will not be used for any purpose except to fulfil its obligations to unitholders.

First Applicant's Signature	Date
Second Applicant's Signature	Date

1. Personal Details (BLOCK CAPITALS please)

Surname _____ Forename(s) _____ Title _____
 Permanent Residential Address _____

 _____ Postcode _____
 National Insurance Number* _____
 Date of Birth* _____
 Telephone (daytime) _____
 Telephone (evening) _____

If you do not have a National Insurance Number, please tick this box

*Your National Insurance Number (NINO), or National Pension Number and Date of Birth must be quoted. Your NINO should be available on either your payslip, form P45 or P60, a letter from HM Revenue & Customs (or DWP), or on your pension order book.

2. Investment Details

I apply to subscribe for the following investment in the **Elite Stocks and Shares ISA**:

Unit Trust	Lump Sum (min £1,000, max £7,200)	Monthly Savings Plan (min £100 pm)
Elite Charteris Premium Income Fund (Income Units)	£	£

Tax Year 20 / 20 and for each subsequent tax year until further notice.

3. Income Distributions

You have the option to reinvest any income generated, to purchase further units in the Elite Charteris Premium Income Fund. If you wish to reinvest your income, please tick this box.

If you have not elected to have your income reinvested, please complete the following boxes to indicate where any income distributions should be paid, as all income is paid by BACS direct credit. *Please note that you should ensure that the bank account detailed can accept payments by this method.*

Name and full address of Bank/Building Society	Sort Code
	Account Name
	Account Number

Account must be in the name of the Applicant
 Documented proof of this must be sent with this application

4. Declaration

- I am 18 years of age or over.
- I have not subscribed and will not subscribe more than the maximum permitted in total to a cash and a stocks and shares ISA in the same tax year.
- I am resident and ordinarily resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of Section 132(4)(a) of the Income and Corporation Taxes Act 1988 (Crown Employees Serving Overseas), are treated as being performed in the United Kingdom, or I am married to a person who performs such duties. I will inform Elite Fund Administration if I cease to be so resident and ordinarily resident to perform such duties or be married to a person who performs such duties.
- I authorise Elite Fund Administration:
 - to hold my cash subscriptions, ISA investments, interest, dividends, and any other rights or proceeds in respect of those investments and any other cash,
 - to make on my behalf any claims to relief from tax in respect of ISA investments, and
 - on my request to transfer or pay to me, as the case may be, ISA investments, interest, dividends, rights or other proceeds in respect of such investments and any other cash.

- I confirm that I have not subscribed, and will not subscribe, to another Stocks and Shares ISA for the same tax year(s) that I subscribe to this Account.
- I confirm that all subscriptions made, and to be made, belong to me.
- I agree to the ISA Terms and Conditions. I declare that I have received and read the relevant Key Features document and that this application form has been completed to the best of my knowledge and belief.
- I understand that Elite Fund Administration may require further information from me, or about me, to satisfy the requirements of the Money Laundering Regulations in force.

Cancellation Rights

Under the Financial Services Authority's Conduct of Business Rules, cancellation rights will apply where the contract was arranged through an independent intermediary, unless they hold an appropriate customer agreement with you, or dealt on your behalf on an execution-only basis. A copy of the Scheme Particulars is available, free of charge, on request. A copy of this completed application form is also available on request.

If cancellation rights **do** apply please tick this box

Data Protection Act

The details you have provided, will be held on computer by Elite Fund Administration, but will not be used for any purpose except to fulfil its obligations to unitholders.

Applicant's Signature	Date
-----------------------	------

Please make sure you have:

- Signed the Application Form.
- Made your investment requirements clear.
- Completed the separate Direct Debit Mandate for a monthly savings plan, if applicable.
- Enclosed a cheque for the appropriate amount, payable to 'WAY Fund Managers Limited'.
- In order to comply with the UK law on money laundering, cheques must be drawn on your own account or a joint account with your spouse. If you ask your bank or building society or regulated financial adviser to draw the cheque, they must state on the cheque that the funds have been drawn from an account in your name. For example, the payee would be '**WAY Fund Managers Limited (Re: A. N. Other)**'. Alternatively, ask them to write your name and address on the reverse of the cheque and add the bank/building society/financial adviser stamp and signature to confirm the money is drawn from your account. For a monthly savings plan, please ensure that verification of bank details is supplied with this application form.

Intermediary Comments:

Intermediary Stamp:

Name of Registered Individual:

Elite Fund Administration (EFA)

Cedar House, 3 Cedar Park, Cobham Road, Wimborne, Dorset BH21 7SB
Telephone: 01202 855856 Facsimile: 01202 855850

IFA Dealing Line 01202 855856

Registered No. 4011838 England and Wales

Elite Fund Administration is a trading name of WAY Fund Managers Limited
which is authorised and regulated by the Financial Services Authority
A member of IMA

Charteris Treasury Portfolio Managers Limited

Cannon Bridge, 25 Dowgate Hill, London EC4R 2BB
Telephone: 020 7220 9780 Facsimile: 020 7929 6925
Registered Office: 25 Southernhay East, Exeter, Devon EX1 1QP
Authorised and regulated by the Financial Services Authority