

# Application Form

## Capital Guaranteed Income Plan 1

### For Trusts (including Pension Trusts)

Is this investment being made by James Hay Pension Trustees Ltd on behalf of an existing James Hay SIPP client?

Yes  No

If **No** please go straight to Section 1

If **Yes** please indicate the James Hay client number

James Hay SIPP or Wrap SIPP clients / Financial Advisers should fully complete from Section 4 onwards and forward a letter of instruction and the partially completed application form to James Hay, Dunn's House, St Pauls Road, Salisbury SP2 7BF. James Hay will then forward the completed application form to Cater Allen on your behalf.

**For Non Pension Trusts:** please complete all Sections except 2.

**For Pension Trusts:** (excluding James Hay) please complete all Sections.

Please complete this form in BLOCK CAPITALS and black ink and return it to: **TTS Team, Cater Allen Private Bank, 9 Nelson Street, Bradford BD1 5AN.** If you need any help to complete this form please call us on **0800 092 3300.**

For CAPB completion only

Marketing Code

For action by Professional Adviser only

Master Account Number

Cater Allen/James Hay  
Relationship Manager

**If any information section is not completed, it will be assumed that there is no information to input.  
Applications and funds must be received by Cater Allen by close of business on Friday, 26th March 2010.**

#### 1 Trust Details

Applicant to complete

Full name of Trust

Contact name

Title Mr  Mrs  Ms  Miss  Other

If 'Other' please state

Full forename(s)

Surname

Position

Type of Trust (Nature/Purpose of Trust)

Who is the Settlor?

Is the Settlor also the sole Beneficiary?

Yes  No  If No, then name all the Beneficiaries

First Beneficiary

Second Beneficiary

Date Trust started

Country of establishment  UK

Number of Trustees

Address for correspondence\*



Postcode

\* Your Financial Adviser's address is not acceptable as your address for correspondence.

Daytime telephone

Fax

E-mail

**2 Pension Scheme Details** Applicant to complete

Name of HMRC Registered Pension Scheme  
Registered Pension Scheme Number  
Scheme address  
Postcode

**3 Corporate Trustee's Details** Applicant to complete

Is a Corporate Trustee involved with this Plan?  
Yes  No  If Yes, please supply the following details:  
Name of Corporate Trustee  
Contact name  
Title Mr  Mrs  Ms  Miss  Other   
If 'Other' please state  
Full forename(s)  
Surname  
Trading address\* of Corporate Trustee  
Postcode  
Country of establishment/incorporation if outside the UK  
Nature/purpose of the business (please tell us the main activities it is involved in)  
Registered office address\* (if different from trading address)  
Postcode  
Registered number

**4 Total Investment Amount** Applicant to complete

Please invest a lump sum of £ (whole pounds only)  
The minimum total investment amount is £10,000. The maximum total investment is £1 million.  
Cheques should be made payable to 'Cater Allen Limited'. If the investment is being made by a James Hay SIPP or Wrap SIPP, do not send a cheque as James Hay will issue one from the SIPP or Wrap SIPP bank account.  
Please indicate the source of funds/wealth

**5 Payment Details (For your Investment Amount and Annual Income Payments)** Applicant(s) to complete

Name of bank  
Address of bank  
Postcode  
Account name  
Sort Code  
Account No

**6 Appropriateness (if applicable)** Applicant to complete

To be completed by Trustees if a personal recommendation from a Financial Adviser was NOT received to invest in this product.  
The questions below are designed to ensure you, as the Trustees, have fully considered all the important aspects regarding your proposed investment before deciding to go ahead.  
**Experience**  
Have you invested in a product similar to the one you're applying for in this application before? Yes  No   
**Term**  
Do you believe that you will be able to leave your money untouched for the 5 year investment term? Yes  No   
**Early encashment**  
Do you understand that if you cash in your investment early, you may get back less than you paid in? Yes  No   
**Risk and reward**  
Do you understand how any annual income payments on this product are calculated? Yes  No   
**Charges**  
Do you understand the charges associated with your investment? Yes  No   
**Tax**  
Do you understand the tax implications of your investment? Yes  No   
**Product information**  
Have you read the Product Guide (including the Key Features and Terms and Conditions) and the Capital Guaranteed Income Plan 1 Term Sheet for your investment? Yes  No

**7 Financial Adviser Details (if applicable)** IFA to complete

**The details below must be completed to ensure your commission is paid.**  
Name of regulated firm  
Address of regulated firm  
Postcode  
FSA number  
Full name of Financial Adviser  
Telephone  
E-mail  
**Service provider/networks**  
Are you an Appointed Representative? Yes  No   
If so please specify Network  
FSA number of Network if known  
Are you directly regulated? Yes  No   
If so please specify Service Provider if you use one

**7 Financial Adviser Details (if applicable) (cont.)** IFA to complete

IFA commission of 3% of the gross investment amount will be paid at the start of the plan, if less than the maximum IFA commission is to be paid, the difference will be used to enhance the allocation of the investment. If less commission is to be paid to your firm, please indicate the % to be paid.

 %

Name of bank

Address of bank



Postcode

Account name

Sort Code

  

Account No

         
**8 Mandatory: Personal Details for all Settlers; Non Corporate Trustees; Beneficiaries and Scheme Members (where applicable)**

In order to ensure that the Bank's information is always up to date, and to comply with Anti Money Laundering Regulations, please complete the form below. In some circumstances the Bank may not be able to process this request without this information. If this application form does not provide you with enough space for everyone's Personal Details, please photocopy this section of the form and complete for each additional person then attach all relevant pages to this application. **The information provided will be used in accordance with the Data Protection statement in Section 9.**

**Details of First Person**

Applicant to complete

Please tick all appropriate boxes

Existing Cater Allen Customer  New Customer

Existing Account No:

Non Corporate Trustee  Settlor

Beneficiary  Scheme Member

Title Mr  Mrs  Ms  Miss  Other

Full forename(s)

Surname

Any other name you have been, or are, known by

Male

Female

Date of birth

         

Nationality

Second nationality (if you have dual nationality)

Permanent residential address



Postcode

How long have you lived at this address?  Years  Months

Previous address if less than three years at address shown above (if more than one address, please provide details of all other addresses on a separate sheet)



Postcode

How long did you live at this address?  Years  Months

Country of residence

I confirm that I have enclosed proof of identity in accordance with the Customer Identification Requirements in Section 11b or

I confirm a Customer Verification of Identity (CVIC) is being supplied.

**Details of Second Person (cont.)**

Applicant to complete

Please tick all appropriate boxes

Existing Cater Allen Customer  New Customer

Existing Account No:

Non Corporate Trustee  Settlor

Beneficiary  Scheme Member

Title Mr  Mrs  Ms  Miss  Other

Full forename(s)

Surname

Any other name you have been, or are, known by

Male

Female

Date of birth

         

Nationality

Second nationality (if you have dual nationality)

Permanent residential address



Postcode

How long have you lived at this address?  Years  Months

Previous address if less than three years at address shown above (if more than one address, please provide details of all other addresses on a separate sheet)



Postcode

How long did you live at this address?  Years  Months

Country of residence

I confirm that I have enclosed proof of identity in accordance with the Customer Identification Requirements in Section 11b or

I confirm a Customer Verification of Identity (CVIC) is being supplied.

**8 Mandatory: Personal Details for all Settlers; Non Corporate Trustees; Beneficiaries and Scheme Members (where applicable) (cont.)**

**Details of Third Person**

Applicant to complete

Please tick all appropriate boxes

Existing Cater Allen Customer  New Customer

Existing Account No:

Non Corporate Trustee  Settlor

Beneficiary  Scheme Member

Title Mr  Mrs  Ms  Miss  Other

Full forename(s)

Surname

Any other name you have been, or are, known by

Male  Female  Date of birth

Nationality

Second nationality (if you have dual nationality)

Permanent residential address   
  
 Postcode

How long have you lived at this address?  Years  Months

Previous address if less than three years at address shown above (if more than one address, please provide details of all other addresses on a separate sheet)

Postcode

How long did you live at this address?  Years  Months

Country of residence

I confirm that I have enclosed proof of identity in accordance with the Customer Identification Requirements in Section 11b or  
 I confirm a Customer Verification of Identity (CVIC) is being supplied.

**Details of Fourth Person**

Applicant to complete

Please tick all appropriate boxes

Existing Cater Allen Customer  New Customer

Existing Account No:

Non Corporate Trustee  Settlor

Beneficiary  Scheme Member

Title Mr  Mrs  Ms  Miss  Other

Full forename(s)

Surname

Any other name you have been, or are, known by

Male  Female  Date of birth

Nationality

Second nationality (if you have dual nationality)

Permanent residential address   
 Postcode

How long have you lived at this address?  Years  Months

Previous address if less than three years at address shown above (if more than one address, please provide details of all other addresses on a separate sheet)

Postcode

How long did you live at this address?  Years  Months

Country of residence

I confirm that I have enclosed proof of identity in accordance with the Customer Identification Requirements in Section 11b or  
 I confirm a Customer Verification of Identity (CVIC) is being supplied.

## 9 Data Protection

Applicant to read

I/we confirm that I/we am/are entitled to disclose information about any third party named on this application form and that I/we will share with them details of what I/we have agreed on their behalf and how their information will be used.

Whether or not I/we become a customer, all the information I/we and/or my Financial Adviser give to you Cater Allen Limited, James Hay Pension Trustees Limited and James Hay Wrap Managers Limited or you hold on me/us including transactional data, may be shared with and used by the group of companies to which Cater Allen Private Bank, James Hay Pension Trustees Limited and James Hay Wrap Managers Limited belong (the Santander group), your associated companies, service providers or agents who may be located in other countries. I/we understand that you will ensure that my/our information is only used in accordance with your instructions and your own strict internal confidentiality policies. If you transfer my/our information to another country, you will also ensure that it is given the same levels of protection as required under the UK Data Protection Act.

I/we agree that my information may be used in this way for administration purposes and to:

- Provide and run the account or service I/we have applied for and develop and improve your products and services.
- Check my/our identity to prevent financial crime. I/we understand that you may contact me/us for further information and evidence if necessary before the Plan is open.
- Invite me/us to take part in market research surveys. **If I/we would prefer not to be included in market research I/we can tick this box.**

**I am/I/we are a Customer dealing directly with Cater Allen Private Bank, James Hay Pension Trustees Limited and James Hay Wrap Managers Limited.** I/we agree that Cater Allen Private Bank, James Hay Pension Trustees Limited and James Hay Wrap Managers Limited may identify and advise me/us by post, telephone, or electronic media (including email or SMS) of products or services, which you think may interest me/us. **If I/we would prefer not to receive up to date information on other products and services from Cater Allen Private Bank, James Hay Pension Trustees Limited and James Hay Wrap Managers Limited, I/we can tick the following boxes. Please do not contact me by telephone  by post  by electronic media . Unless I/we have indicated otherwise, by continuing with this application, I/we consent to you contacting me via any of the channels above.**

I/we understand that I/we may receive details of products and services from other Santander group companies, if I/we have agreed to receive marketing from them directly.

**I/we have been Introduced to Cater Allen Private Bank, James Hay Pension Trustees Limited and James Hay Wrap Managers Limited via an Intermediary.** I/we understand that Cater Allen Private Bank, James Hay Pension Trustees Limited and James Hay Wrap Managers Limited will not use my/our information for marketing purposes unless agreed with my Intermediary in advance. However, I/we understand that I/we may receive details of products and services from other Santander group companies, if I/we have agreed to receive marketing from them directly.

You will use fraud prevention and credit reference agencies to prevent fraud and money laundering. **Further details of how my/our information will be used by you and the fraud prevention and credit reference agencies are contained in clause 19 of the Terms and Conditions in the Product Guide which I/we must read before signing this application form.** Details of the fraud prevention and credit reference agencies that you use are available by telephoning your Agents on 0800 092 3300.

You may also give essential information about my/our Plan to my/our Financial Adviser and others if necessary to run my/our Plan and for regulatory purposes. If money is sent electronically (e.g. by CHAPS or telegraphic transfer) from my/our Plan I/we understand that personal information about me/us contained in the transaction may be provided to overseas authorities and the beneficiary bank in order to comply with applicable legal obligations and prevent crime. I/we accept that you may be required to supply the beneficiary bank with my/our full name, address and Plan number and that this information may reach the beneficiary intact.

Information about me/us will be kept after my/our Plan is closed. I/we understand I/we have the right to see certain records you hold about me/us on payment of a fee and that an information sheet explaining my/our rights is available from Cater Allen Limited, 9 Nelson Street, Bradford BD1 5AN.

## 10 Trustees Declaration

Trustee to complete

(i) I/we have read and understood the Data Protection statement opposite, the Product Guide (including the Key Features and the Terms and Conditions) and the Capital Guaranteed Income Plan 1 Term Sheet for this Plan and accept the terms under which the investments will be managed.

(ii) I/we declare that, where applicable:

- I am/I/we are 18 years of age or over.
- I am/I/we are resident and ordinarily resident in the United Kingdom for tax purposes.
- I am/I/we are not, and am/are not acting on behalf of, a resident of the United States.

(iii) I/we declare that this application form has been completed to the best of my/our knowledge and belief; and I/we undertake to tell Cater Allen Limited in writing (at the address on the front page of the application form) of any changes in the information contained in this application.

(iv) I/we declare that all/any \* of the Trustees (if applicable) are authorised to give all types of instructions relating to the investment.

\* Delete as appropriate and enter number.

A Corporate Trustee submitting a list of their authorised signatories, must do so together with specimen signatures, on its company letter headed notepaper. This needs to be accompanied by an Extract of the Board Minutes authorising those signatories to sign for and on behalf of the Corporate Trustee.

Full name of First Trustee / Authorised Signatory

Signature of First Trustee / Authorised Signatory

Full name of Second Trustee / Authorised Signatory

Signature of Second Trustee / Authorised Signatory

Full name of Third Trustee / Authorised Signatory

Signature of Third Trustee / Authorised Signatory

Full name of Fourth Trustee / Authorised Signatory

Signature of Fourth Trustee / Authorised Signatory

## 11a Additional Documentation Required

### James Hay SIPP or Wrap SIPP investment requirements

If you have an existing James Hay SIPP or Wrap SIPP you will need to forward investment instructions by submitting a letter of instruction with this partially completed (i.e. section 4 onwards) application form to James Hay Wrap Managers Limited, Dunn's House, St Paul's Road, Salisbury SP2 7BF, who will then forward the completed application form to Cater Allen on your behalf.

### Non James Hay SIPP or Wrap SIPP providers application

If your application is through a SIPP or Wrap SIPP provider (excluding James Hay) please complete Sections 1 – 9 and forward it to your SIPP trustee or Wrap manager who will complete Sections 10 and forward the form to; TTS Team, Cater Allen Private Bank, 9 Nelson Street, Bradford BD1 5AN.

## 11b Customer Identification Requirements

**For Verification of Trust Accounts,** Professional Advisers who are FSA regulated may supply a Confirmation of Verification of Identity Certificate (CVIC) for the Trust provided that it is fully completed and is of sufficient quality.

If a Confirmation of Verification of Identity Certificate (CVIC) is not provided for the Trust, the following documentation is required for the verification of the Trust Account.

- A copy of the portion of the Trust Deed showing the name of the Trust and names and addresses of all Trustees, Settlers, Beneficiaries, and Scheme Members (if applicable).
- A copy of the Will or Agreement.
- A copy of a Death Certificate (if applicable).
- Any relevant deed of removal and/or appointment.
- Copies of any Legal Documents varying the appointment of Trustees should be provided in addition to this application.

**For Verification of Personal Details,** Professional Advisers who are FSA Regulated may supply a Confirmation of Verification of Identity Certificate (CVIC) for each named person on the application form provided that it is fully completed and is of sufficient quality.

If a Confirmation of Verification of Identity Certificate (CVIC) is not provided, the following persons must provide to us proof of their identity as detailed below – All Beneficiaries and all Non Corporate Trustees; Settlers; Authorised Signatories.

One identification item from List 1 and a different identification item from List 2. Documents from the same source cannot be used twice. Black and white photocopies of the identification should be provided for each applicant. Please do not provide original documents due to the dangers of postal interception and fraud – this is for your own protection.

## 11b Customer Identification Requirements (cont.)

### List 1

#### Identification Type

Current signed Passport  
 Current UK old style Driving Licence (not Provisional)  
 Current UK Photocard Driving Licence (including Provisional)  
 EEA or Swiss National Identity Card  
 Firearms Certificate or Shotgun Licence  
 Northern Ireland Voters Card  
 Notification of entitlement to state or local authority pension/ tax credit/grant\*

### List 2

#### Identification Type

Current signed Passport  
 Current UK old style Driving Licence (not Provisional)  
 Current UK Photocard Driving Licence (including Provisional)  
 EEA or Swiss National Identity Card  
 Firearms Certificate or Shotgun Licence  
 Northern Ireland Voters Card  
 Notification of entitlement to state or local authority pension/ tax credit/grant\*  
 HMRC Coding/Assessment/Statement /Tax Credit/Correspondence\*  
 Bank Statement (not internet printed)\*\*  
 Mortgage Statement from a recognised lender\*  
 Credit Card Statement (not internet printed)\*\*  
 Utility Bill or Statement (not mobile phone, satellite/cable TV or internet printed bills)\*\*  
 Local Authority Council Tax Bill/Demand Letter\*  
 Local Council Rent Card or Tenancy Agreement\*  
 Correspondence from DWP confirming Benefits or Pension\*  
 Instrument of Court Appointment e.g. Probate or Court Registered power of Attorney

\*Must be the most recently issued document and less than 12 months old

\*\* Must be the most recently issued and less than 3 months old (except water bills – less than 12 months old)

Checklist	Investor to check	
Signed and completed application form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signed cheque	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Completed Confirmation of Verification of Identity Certificate (Corporate and Other Non Personal Entity) from an FSA Regulated Firm or copies of 2 identification documents as per the 'Customer Identification Requirements' in Section 11b	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Letter of instruction (for James Hay SIPP or Wrap SIPP applications)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
For a Corporate Trustee, a list of authorised signatories supplied on letterhead paper and Extract of Board Minutes as detailed in Section 10.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Cater Allen Private Bank is able to provide literature in alternative formats. The formats available are: Large Print (as recommended by RNIB), Braille, Audio Tape and PC Disk. If you would like to register to receive correspondence in an alternative format please contact us on 0800 092 3300. For the hard of hearing and/or speech impaired please use the Typetalk service via 18001 0800 092 3300.

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www.caterallen.co.uk/structuredproducts

# Confirmation of Verification of Identity Cater Allen Capital Guaranteed Income Plan 1 (Trust Entity)

Introduction by an FSA-Regulated Firm

IFA and applicant to complete

## 1 Details of Customer (see explanatory notes below)

Full name of customer

Type of entity (corporate, trust, etc.)

Location of business/trust (full operating address)

  
  


Postcode

Registered office in country of incorporation (if appropriate)

  
  


Postcode

Registered number (if appropriate)

Relevant company registry or regulated market listing authority (if appropriate)

Names of Settlor/Trustees/Beneficiaries

  
  
  


## 2 Confirmation

I/We confirm that

- (a) the information in Section 1 above was obtained by me/us in relation to the customer;
- (b) the evidence I/we have obtained to verify the identity of the customer (tick only one):

- Meets the guidance for standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG; or
- Exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation)

Signature

Name

Position

Date

D	D	M	M	Y	Y	Y	Y
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## 3 Details of Introducing Firm (or Sole Trader)

Full name of regulated firm (or sole trader)

FSA reference number

## Explanatory Notes

- "Relevant company registry" includes other registers, such as those maintained by charity commissions (or equivalent) or chambers of commerce.
- This form cannot be used to verify the identity of any customer that falls into one of the following categories:
  - those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification;
  - those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering Regulations; or
  - those whose identity has been verified using the source of funds as evidence.
- This confirmation must carry an original signature, or electronic equivalent.

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