

Application Form

Capital Guaranteed Defined Return Plan 8 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 028 1200**.

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 Thursday, 8 April 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 if any are named in the Deed

First Beneficiary

Second Beneficiary

Date Trust started

Country of establishment UK

Number of Trustees

Address for correspondence*

Postcode

Daytime telephone

Fax

E-mail

7 Mandatory: Personal Details for all Settlers; Non Corporate Trustees; Beneficiaries (where named in the Deed) and Scheme Members (This section can be left blank if there are no named beneficiaries; e.g. For a discretionary trust)

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 8.**

Details of First Person	Applicant to complete
Please tick all appropriate boxes	
<input type="checkbox"/> Existing Cater Allen Customer <input type="checkbox"/> New Customer	
Existing Account No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="checkbox"/> Non Corporate Trustee <input type="checkbox"/> Settlor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Scheme Member	
Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>	
Full forename(s) <input type="text"/>	
Surname <input type="text"/>	
Any other name you have been, or are, known by <input type="text"/>	
Male <input type="checkbox"/> Female <input type="checkbox"/> Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Nationality <input type="text"/>	
Second nationality (if you have dual nationality) <input type="text"/>	
Permanent residential address <input type="text"/>	
Postcode <input type="text"/>	
How long have you lived at this address? <input type="checkbox"/> Years <input type="checkbox"/> 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)	
<input type="text"/>	
Postcode <input type="text"/>	
How long did you live at this address? <input type="checkbox"/> Years <input type="checkbox"/> Months	
Country of residence <input type="text"/>	
<input type="checkbox"/> I confirm that I have enclosed proof of identity in accordance with the Customer Identification Requirements in Section 10b or <input type="checkbox"/> I confirm a Customer Verification of Identity (CVIC) is being supplied.	

Details of Second Person	Applicant to complete
Please tick all appropriate boxes	
<input type="checkbox"/> Existing Cater Allen Customer <input type="checkbox"/> New Customer	
Existing Account No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="checkbox"/> Non Corporate Trustee <input type="checkbox"/> Settlor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Scheme Member	
Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>	
Full forename(s) <input type="text"/>	
Surname <input type="text"/>	
Any other name you have been, or are, known by <input type="text"/>	
Male <input type="checkbox"/> Female <input type="checkbox"/> Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Nationality <input type="text"/>	
Second nationality (if you have dual nationality) <input type="text"/>	
Permanent residential address <input type="text"/>	
Postcode <input type="text"/>	
How long have you lived at this address? <input type="checkbox"/> Years <input type="checkbox"/> 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)	
<input type="text"/>	
Postcode <input type="text"/>	
How long did you live at this address? <input type="checkbox"/> Years <input type="checkbox"/> Months	
Country of residence <input type="text"/>	
<input type="checkbox"/> I confirm that I have enclosed proof of identity in accordance with the Customer Identification Requirements in Section 10b or <input type="checkbox"/> I confirm a Customer Verification of Identity (CVIC) is being supplied.	

7 Mandatory: Personal Details for all Settlers; Non Corporate Trustees; Beneficiaries and Scheme Members (This section can be left blank if there are no named beneficiaries; e.g. For a discretionary trust) (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 10b 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 10b or
 I confirm a Customer Verification of Identity (CVIC) is being supplied.

8 Data Protection Applicant to read

I/We confirm that I am/we 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 Santander ISA Managers Limited, 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 Santander ISA Managers Limited, Cater Allen Limited, 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/We are a Customer dealing directly with Santander ISA Managers Limited, Cater Allen Limited, James Hay Pension Trustees Limited and James Hay Wrap Managers Limited.

I/We agree that Santander ISA Managers Limited, Cater Allen Limited, 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 Santander ISA Managers Limited, Cater Allen Limited, 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 Santander ISA Managers Limited, Cater Allen Limited, James Hay Pension Trustees Limited and James Hay Wrap Managers Limited via an Intermediary.

I/We understand that Santander ISA Managers Limited, Cater Allen Limited, 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 21 of the Terms and Conditions in the Plan 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 028 1200.

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.

8 Data Protection (cont.) Applicant to read

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 the distributor and administrator of the Plan, Cater Allen Limited, 9 Nelson Street, Bradford BD1 5AN.

9 Trustees Declaration Trustee to complete

(i) I/We have read the Data Protection statement opposite, the Product Guide (including the Key Features and the Terms and Conditions) and the applicable Term Sheet, and accept the terms under which the investments will be managed.

(ii) I/We declare that I/we consent to Abbey National Nominees Limited selling the shares to Abbey National Treasury Services plc. on my behalf in the period between the end of the Final Average period and the Maturity Date for an amount not less than the proceeds that I would receive at the Maturity Date. I appoint Santander ISA Managers Limited as my Agent for the purposes of effecting the purchase of my shares.

(iii) By applying to invest in the Plan, I/we are asking to be classified as a Retail client by Santander ISA Managers Limited (SIM). SIM's current classifications policy is to accept such requests, given the enhanced level of protection this affords.

- (iv) I/We declare that, where applicable:
- I am/We are 18 years of age or over.
 - I am/We are resident and ordinarily resident in the United Kingdom for tax purposes.
 - I am/We are not, and am/are not acting on behalf of, a resident of the United States.

(v) 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.

(vi) 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

10a 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 – 8 and forward it to your SIPP trustee or Wrap manager who will complete Section 9 and forward the form to; TTS Team, Cater Allen Private Bank, 9 Nelson Street, Bradford BD1 5AN.

10b 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.

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*

10b Customer Identification Requirements (cont.)

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 10b	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 9.	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 028 1200. For the hard of hearing and/or speech impaired please use the Tynetalk service via 18001 0800 028 1200.

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Confirmation of Verification of Identity Capital Guaranteed Defined Return Plan 8 (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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