

Investment Funds Application



The Key Features of the Cofunds Platform that accompanies this application form is:

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

1 Intermediary Details (For Intermediary use only)

You will require a Cofunds authorisation code before being able to transact business. If you do not include this we will not be able to process this application.

Cofunds Intermediary Authorisation Code	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Intermediary Client/Deal Ref.	Marketing Code
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CONFIRMATION OF VERIFICATION OF IDENTITY (PRIVATE INDIVIDUALS)

Directly authorised firm Declaration for confirmation of verification of identity.
Who has been verified?

First or Sole Applicant	Second Applicant
Third Applicant	Fourth Applicant

I/We confirm that:

- a) the name, address and date of birth information contained in this application was obtained by me/us in relation to the customer(s);
- b) the evidence I/we have obtained to verify the identity of the customer(s): (Tick one box only)
 - meets the standard evidence set out within the guidance for the UK Financial sector issued by the JMLSG; or
 - exceeds the standard evidence (written details of the further verification evidence taken are attached to this application).

Explanatory notes:

1. The party that you have verified the identity of must be named above.
2. This confirmation 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.
3. This confirmation must carry an original signature as part of the application.

CONFIRMATION OF VERIFICATION OF SOURCE OF FUNDS (IF APPLICABLE)

I/We confirm that: (tick if applicable):

- the monies designated for investment has been drawn (either by building society cheque, bankers draft or direct debit mandate) from an account that is in the name of the applicant(s) below.

Full name of Regulated Firm	Signed	Date
FSA Ref No.	Name	
	Position	

2 Personal/Company Details (Please complete this section in full)

Private/Corporate Investor(s) First named ('Primary') Holder. (Please see section 5 to add additional holders.)

Existing Cofunds Client Reference

Did you receive advice from an Intermediary in relation to this investment? (If you do not answer this question we will assume you received advice)

- Advised Not Advised

Mr/Mrs/Ms/Miss/Other
Surname
Full First Name(s)
or Company Name

Male Female Date of Birth / /

(If more than one previous address in the last 2 years, please provide full details including the time at each address on a separate sheet of paper and staple securely to this application form.)

For corporate investors please ensure you have completed all the signatory requirements in Section 8.

Current Permanent Residential Address (if registering in the name of a company, please provide the company address here)
Postcode

Time at this Address yrs mths

If at current address for less than 2 years, please supply previous address and time there
Postcode

Time at this Address yrs mths

3 Designations (You can designate an account here using a maximum of 8 alpha/numeric characters)

If you wish to specify a unique designation for this account, please ensure that the designation reference does not make a meaningful word. Only the named applicants of this investment will be recognised as owners. If this section is not completed we will not designate this account. If you are funding this investment from a Cofunds Cash Account please ensure this designation is identical to that of the Cash Account.

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

4 Funding your investment

I will be funding my investment by (please tick the applicable box or boxes):

Cheque £ . Amount

Cofunds Cash Account £ . Amount

Please ensure that all the joint holders and the designation (if specified) on this application form match this Cash Account.

Monthly Direct Debit (please ensure you complete the 'Investment by Direct Debit for Monthly Savers' on page 3).

5 Joint Holders (You can nominate up to 3 additional holders)

Please include the full name and address of each holder. All correspondence will be sent to the 'primary' holder.

Second named holder

Mr/Mrs/Ms/Miss/Other

Surname

Full First Name(s)

Current Permanent Residential Address

Postcode

Time at this address yrs mths

Male Female Date of Birth / /

If at current address for less than 2 years, please supply previous address and time there

Postcode

Time at this address yrs mths

(If more than one previous address in the last 2 years, please provide full details including the time at each address on a separate sheet of paper and staple securely to this application form.)

Third named holder

Mr/Mrs/Ms/Miss/Other

Surname

Full First Name(s)

Current Permanent Residential Address

Postcode

Time at this address yrs mths

Male Female Date of Birth / /

If at current address for less than 2 years, please supply previous address and time there

Postcode

Time at this address yrs mths

(If more than one previous address in the last 2 years, please provide full details including the time at each address on a separate sheet of paper and staple securely to this application form.)

Fourth named holder

Mr/Mrs/Ms/Miss/Other

Surname

Full First Name(s)

Current Permanent Residential Address

Postcode

Time at this address yrs mths

Male Female Date of Birth / /

If at current address for less than 2 years, please supply previous address and time there

Postcode

Time at this address yrs mths

(If more than one previous address in the last 2 years, please provide full details including the time at each address on a separate sheet of paper and staple securely to this application form.)

6 Income

Please provide us with details of your bank account into which your income (if you have selected it) will be paid. If this section is not completed, any income generated from your investment will automatically be reinvested.

Name of Account Holder

Bank or Building Society Name and Address

Postcode

Branch Sort Code

- -

Bank/Building Society Account Number

Building Society Roll Number

7 Investment Selection (Please refer to the Fund Charge Schedule and complete in full)

Minimum investment **£1,000 per fund (Lump Sum) or £100 per month per fund (Monthly savings)**. If investing in an OEIC fund, your investment will be made in the Retail Share Class. (For details of funds available, please refer to the Fund Key Features.) **Please ensure the funds are available through Cofunds.**

Fund Manager and Fund Name	Type of Unit/Share (Delete as appropriate)*	Lump Sum Minimum £1,000 per fund	Monthly Minimum £100 per fund	Commission Details**		
				WAIVE All or (✓)	OR Specific Amount	TAKE Specific Amount
	ACC/INC	£	£		%	<div style="border: 1px solid black; display: inline-block; width: 30px; height: 30px; margin-right: 5px;"></div> %
	ACC/INC	£	£		%	
	ACC/INC	£	£		%	
	ACC/INC	£	£		%	
	ACC/INC	£	£		%	
	ACC/INC	£	£		%	
	ACC/INC	£	£		%	
	ACC/INC	£	£		%	
TOTAL INVESTMENT AMOUNT		£	£			

*ACC/INC

If you do not specify ACC or INC in this column, Cofunds will not be able to process your application. If you have chosen income units/shares, please ensure you complete Section 6 if you wish the income to be paid to you.

**COMMISSION

The initial commission available (between 0%-5%) depends on the fund selected. Please refer to the Fund Charge Schedule for details of rates and funds available through Cofunds. Please state the amount of commission you wish to waive or the percentage of commission you wish to take. You can only choose one option. Commission waivers should be entered for each fund. Please note, if you wish to waive all commission please tick the 'ALL' box. Please specify a particular percentage amount in the last column. If you choose to take commission it must be for all of the investments, as a specific percentage. Any entries, other than those detailed above, will result in investments being made at your default commission terms.

Your cheque

Cheques must be drawn on your own or your joint account. The cheque must be made payable to **Cofunds Limited**. For a Building Society cheque or bankers draft your name must appear on the front of the cheque, or on the back of the cheque accompanied by the Building Society's or bank's official stamp and signature. We do not accept payments by any other method. If joint holder, cheques should be drawn by the individual joint primary holder or a named additional holder. We can only accept direct debit forms from the primary holder's account.

Your monthly savings

For monthly savings we will automatically collect on or just after the 25th day of each month. For applications received up until the last day in any month, the first direct debit collection will be made on or just after the 25th day of the following month.

Direct Debit Guarantee

Please refer to the Key Features document for details of the Direct Debit Guarantee.



8 Declaration and Authorisation

I/We confirm that:

I/We have read and understood the Platform Key Features document and agree to be bound by the terms within. My/Our signed application form (provided that my/our application is accepted by Cofunds), together with the Platform terms, constitute my/our Agreement with Cofunds Limited.

I/We understand that instructions may be delayed or rejected if this application form is not complete in all respects.

You may undertake a search with a reference agency for the purposes of verifying my/our identity. To do so, the reference agency may check the details I/we supply against any particulars on any database (public or otherwise) to which they have access. They may also use my/our details in the future to assist other companies for verification purposes. A record of the search will be retained as an identity search.

I/We declare that the information contained in this application form is correct to the best of my/our knowledge and belief.

I am/We are aged 18 or over.

Please note that all joint holders must sign this application.

Where there are two signatories for a corporate investor, please delete reference to primary and 2nd holder.

Data Protection

Cofunds Limited will use your information for the administration and servicing of your investments and all other related activities. We may disclose your information to our agents and service providers for these purposes. We may also disclose your information to organisations for compliance with legal and regulatory requirements.

With the exception of the above provisions, we will not pass on your details to any other third party without your permission, but we will disclose information concerning your investment to your Nominated Intermediary.

Cofunds may transfer your information to countries outside the EEA for the servicing of your investments. In such cases, contracts will be put in place to ensure that the service providers protect your information in accordance with the requirements of the Data Protection Act.

If you require a Fund prospectus, please contact your Intermediary or Fund Manager directly.

Primary Holder Signature <input checked="" type="checkbox"/>	Date
Capacity (if applicable)	
2nd Holder Signature	Date
Capacity (if applicable)	

3rd Holder Signature	Date
Capacity (if applicable)	
4th Holder Signature	Date
Capacity (if applicable)	

If you are completing this as a company you must include a copy of the Articles of Association.

Investment by Direct Debit for Monthly Savers

Instruction to your Bank or Building Society to pay Direct Debits

Please fill in the whole form and send it to:
Cofunds Limited, PO Box 1103, Chelmsford CM99 2XY.

Name and full postal address of your Bank or Building Society

To the Manager	Bank or Building Society
Address	
Postcode	

Name(s) of Account Holder(s)

Branch Sort Code

 - -

Bank/Building Society Account Number

Reference Number (office use only)

Originator's Identification No. (office use only)

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Instruction to your Bank or Building Society

Please pay Cofunds Limited Direct Debits from the account detailed on this instruction subject to the safeguards assured by The Direct Debit Guarantee. I understand that this instruction may remain with Cofunds Limited and, if so, will be passed on electronically to my Bank/Building Society. Banks and Building Societies may not accept Direct Debit instructions for some types of account.

Signature	Date
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