

Using the editable fields?

To ensure your information is saved correctly, we recommend you save the form to your desktop before you start completing the required fields.

Discounted gift trust

For use with bare and discretionary versions

For completion with a financial adviser

With this form you can:

- apply for a Collective Investment Bond (CIB) to use with a discounted gift trust.

We regularly update our forms; your financial adviser can confirm that this **September 2023** version is the latest by checking the documents on our website [quilter.com](https://www.quilter.com)

Note This application cannot be submitted online

- The **Capital Protected Death Benefit** cannot be selected for a discounted gift trust.
- If you send your payment at the same time as this application, we will invest it **without waiting for an underwriting decision. Please note the following:**
 - The cancellation period on the bond is 30 days from the bond start date. Since the underwriting process often exceeds 30 days, you will have to surrender the bond if you decide not to proceed.
 - No withdrawals are permitted until the trust is declared.
 - The discount calculation may be based on the bond value where the underwriting process exceeds 3 months.
 - If you would rather wait until underwriting is complete, **do not send a payment yet;** we will inform you of the underwriting decision after which payment can be sent for investment, if required.

Completing this form

- Use BLOCK CAPITALS and blue or black ink. For dates, please use the format day/month/year.
- Missing or unclear information can result in delays. We are unable to correct errors or omissions retrospectively.

The form is in three parts:

- **Part A**, which comprises the CIB application
- **Part B**, which comprises a Health Declaration
- **Part C**, which comprises authorisation for us to obtain a General Practitioner's report.

Tax information

- Under Exchange of Information regulations we are required to obtain various details of our investors, including where they were born, their nationalities, countries of tax residence and related tax identification numbers - section 2 of this form is where you can provide this information.
- We also need to obtain 'a self-certification' that the information provided is true and complete - this is contained in the declaration in section 7.
- Non-UK tax - if you are subject to tax in any country outside the UK, please contact your tax specialist, to understand whether you will be liable for tax in that country

Send your completed form as follows:

- **By post** – to Quilter, SUNDERLAND, SR43 4JP.

Important documents for you to read before completing your application

Your financial adviser will have provided you with the following:

- **CIB Key Features Document**
- **CIB Terms and Conditions** for Charge Basis 3
- **Costs and Charges documents**
- **Key Information Document (KID)** in respect of the CIB
- **Asset list** for your Charge Basis
- Information about the assets chosen for your investment, including:
 - **Key Investor Information Documents (KIIDs) or Key Information Documents (KIDs)**
 - **Details of any rebates applicable**
- **Privacy notice** concerning use of your personal information.

In section 7 of this application, the declaration you sign will include your confirmation that you have read these documents.



Part A - Application for a Collective Investment Bond (CIB)

1. Financial adviser's details and declaration ▶ to be completed by your financial adviser

1.1 Network ▶ *If applicable* Company name

Assigned adviser/Account to receive remuneration

1.2 Are you appropriately authorised to conduct this business? Yes - go to 1.3 No - you will be unable to submit this application

1.3 Did you give financial advice to the client in respect of this application? Yes No

Declaration

1.4 **Adviser Fees** – I understand that adviser fees will be paid subject to the limits outlined in Quilter's Remuneration Guide.

1.5 **Confirmation of Verification of Identity** – I confirm that:

- I have verified the identity of all relevant parties referred to in this application
- the information in this form was obtained by me in respect of the relevant parties
- the evidence I have obtained to verify the identity of the relevant parties can be produced on demand and meets the standard of evidence set out within the guidance for the UK Financial Sector issued by the Joint Money Laundering Steering Group (JMLSG)
- if any individual referred to in this application has changed address within the last three months, I can provide evidence on demand
- I have not verified the identity of the following parties referred to in this application because they are exempt from verification under Money Laundering Regulations

(f) this section is signed below by the person who has seen the documentary evidence (which may include an electronic identity check).

1.6 **Tax information** – based on the knowledge I have gained of the relevant parties, I have no reason to believe that the tax residency self-certification requires any follow-up action from me.

Financial adviser's signature Date

Print name Position

Email address Telephone

Note Managed Portfolio Service (MPS) or Discretionary Investment Manager (DIM) portfolios

- If the asset selection in section 5 includes any MPS or DIM portfolios, you must also sign the declaration in section 8.

Additional needs

- If any of the parties associated with the investment (eg trustees) have any additional needs arising from aspects of their life such as their capabilities, health issues, life events, or their resilience, please capture the details on our [Additional Needs form](#), available from our website. For more information about additional needs click [here](#) or go to 'help and support' on our website, [quilter.com](#).

2. Applicant details

2.1. First applicant's details

Title	Mr	Mrs	Miss	Ms	Other (please specify)	<input type="text"/>	
First name(s)	<input type="text"/>						
Surname	<input type="text"/>						
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone number	<input type="text"/>			Email	<input type="text"/>		
National Insurance (NI) number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Permanent UK residential address	<input type="text"/>					OR	If you have never been issued with an NI number, tick here
						<input type="checkbox"/>	
					Postcode	<input type="text"/>	

► We cannot accept a residential address that is 'care of', which contains a PO Box number or which is the financial adviser's address.

Use the residential address for correspondence? Yes No - enter the correspondence address below

Correspondence address	<input type="text"/>				
	Postcode				

Correspondence

We will provide all correspondence for you digitally, and store it online in your document library for you to access through our online Customer Centre and Quilter App. We will send you details about how you can activate your online account and notify you by email each time we issue new correspondence. Once the trust is declared, we will also send correspondence by paper, unless instructed otherwise.

Tax Residency

a) Do you hold tax residency status* anywhere other than the UK?	Yes - go to b)	No - go to f)		
b) Are you or your spouse/civil partner, a Crown employee?	Yes - go to f)	No - go to c)		
c) Country of tax residency*	<input type="text"/>		- go to d)	
d) Tax identification type**	<input type="text"/>		- go to e)	
e) Tax identification number**	<input type="text"/>		- go to f)	
f) Do you hold dual tax residency status?	Yes - go to g)	No - go to j)		
g) Country of tax residency*	<input type="text"/>		- go to h)	
h) Tax identification type**	<input type="text"/>		- go to i)	
i) Tax identification number**	<input type="text"/>		- go to j)	
j) Country of nationality	UK - go to l)	Other (please specify)	<input type="text"/>	- go to k)
k) Passport number and expiry date***	<input type="text"/>			- go to l)
l) Do you have a dual nationality?	Yes - go to m)	No - go to section 2.2		
m) Second country of nationality	UK - go to section 2.2	Other (please specify)	<input type="text"/>	- go to n)
n) Passport number and expiry date***	<input type="text"/>			- go to section 2.2

*Country of tax residence

Normally you are resident for taxation in the country in which you spend the majority of your time each year. However, some countries (eg the United States) may also treat an individual as resident for taxation based on their nationality or citizenship. As tax residence is determined by the country in which tax is paid, it is possible to be tax resident in more than one country.

**Tax identification type/number

If your country of tax residence is the UK or the Isle of Man your 'tax identification type' is your National Insurance number. If it is Guernsey, Jersey or Gibraltar it is your Social Security Number. If you are a US national/tax resident it is your US Tax Identification Number. For many European countries it's your National ID Number; for Greece and Portugal it's the Tax Identification Number; and for Italy it's the Fiscal Code. If the tax identification type has an expiry date, this will also be needed.

For help to work out where you are tax resident, or if you are unsure about your tax identification type/number, please consult a financial adviser or the information at www.oecd.org/tax/automatic-exchange.

*** Passport number

Passport numbers and expiry dates are required for most non-UK nationalities; for many European nationalities, the tax identification 'type' is required in the passport number field, see ** above. If we need any additional information, we'll let you know.

2.2 Joint applicant's details (if applicable)

Title	Mr	Mrs	Miss	Ms	Other (please specify)	<input type="text"/>
First name(s)	<input type="text"/>					
Surname	<input type="text"/>					
Date of birth	<input type="text"/>					
Telephone number	<input type="text"/>			Email	<input type="text"/>	
National Insurance (NI) number	<input type="text"/>			OR	If you have never been issued with an NI number, tick here	
Permanent UK residential address	<input type="text"/>					Postcode
<p>► We cannot accept a residential address that is 'care of', which contains a PO Box number or which is the financial adviser's address.</p>						
Use the residential address for correspondence?	Yes	No - enter the correspondence address below				
Correspondence address	<input type="text"/>					Postcode

Correspondence

We will provide all correspondence for you digitally, and store it online in your document library for you to access through our online Customer Centre and Quilter App. We will send you details about how you can activate your online account and notify you by email each time we issue new correspondence. Once the trust is declared, we will also send correspondence by paper, unless instructed otherwise.

Tax Residency

a) Do you hold tax residency status* anywhere other than the UK?	Yes - go to b)	No - go to f)
b) Are you or your spouse/civil partner, a Crown employee?	Yes - go to f)	No - go to c)
c) Country of tax residency*	<input type="text"/>	
d) Tax identification type**	<input type="text"/>	
e) Tax identification number**	<input type="text"/>	
f) Do you hold dual tax residency status?	Yes - go to g)	No - go to j)
g) Country of tax residency*	<input type="text"/>	
h) Tax identification type**	<input type="text"/>	
i) Tax identification number**	<input type="text"/>	
j) Country of nationality	UK - go to l)	Other (please specify) <input type="text"/>
k) Passport number and expiry date***	<input type="text"/>	
l) Do you have a dual nationality?	Yes - go to m)	No - go to section 3
m) Second country of nationality	UK - go to section 3	Other (please specify) <input type="text"/>
n) Passport number and expiry date***	<input type="text"/>	



3. Lives assured details

Note The applicants named in section 2 (referred to in the trust deed as the 'settlers') or their spouses/civil partners may NOT be included as lives assured. This is because under the Finance Act 1986, Paragraph 7, Schedule 20, a gift with reservation may consequently arise.

1. Title	Mr	Mrs	Miss	Ms	Other <i>(please specify)</i>	<input type="text"/>
First name(s)	<input type="text"/>					
Surname	<input type="text"/>					
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to applicant	<input type="text"/>					
Gender*	Male	Female				
2. Title	Mr	Mrs	Miss	Ms	Other <i>(please specify)</i>	<input type="text"/>
First name(s)	<input type="text"/>					
Surname	<input type="text"/>					
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to applicant	<input type="text"/>					
Gender*	Male	Female				
3. Title	Mr	Mrs	Miss	Ms	Other <i>(please specify)</i>	<input type="text"/>
First name(s)	<input type="text"/>					
Surname	<input type="text"/>					
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to applicant	<input type="text"/>					
Gender*	Male	Female				
4. Title	Mr	Mrs	Miss	Ms	Other <i>(please specify)</i>	<input type="text"/>
First name(s)	<input type="text"/>					
Surname	<input type="text"/>					
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to applicant	<input type="text"/>					
Gender*	Male	Female				

* Only required where Capital Protected Death Benefit has been selected



4. Contribution details

- If you send your payment at the same time as this application, we will invest it **without waiting for an underwriting decision**.
- If you would rather wait until underwriting is complete, **do not send a payment yet**; we will inform you of the underwriting decision after which payment can be sent for investment, if required.

Note Single payments

- **Bank transfer:** send to Quilter Life and Pensions Ltd Collections Account
NatWest Sort Code 56-00-68, Account Number 42086841
Reference - *your account number with us, starting with AC; if not known, enter your surname and postcode*
- **Cheques:** make your cheque payable to Quilter Life and Pensions Ltd Collections Account
If known, please write your account number with us, starting with AC, on the back of the cheque
- If you are sending **more than one payment** for your application, we will invest your contribution only when we have received all payments.
- If you are sending payment **for more than one application**, please send a separate payment for each one.

Phased investment

- You can place single investments into the BlackRock Cash Fund within your CIB, then phase the investment into your choice of assets in equal instalments on the first working day of each month for 3, 6 or 12 months.
- To select phased investment, complete the required start date and frequency below, then list your choice of assets in section 5.
- If you do not specify a start date, we will begin phasing the month following your investment.
- Any phased investment instructions will be cancelled once the bond is assigned into trust; this is because the ownership changes. To re-apply phased investment, please speak to your financial adviser who can provide our Phased Investment Request form, which can be sent to us after the bond has been assigned into trust.

Initial fees

- **Initial fees are deducted prior to investment.**
- The 5% tax-deferred allowance on the bond should therefore be calculated using the net investment amount.
- Percentage fees can be entered up to two decimal places.

Investment amount	£ <input type="text"/>	(minimum £10,000)
Payment method	Cheque number <input type="text"/>	Bank transfer
Phased investment (if required)	Start date: <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Number of months <input type="text"/> 3 <input type="text"/> 6 <input type="text"/> 12
Adviser's initial fee	£ <input type="text"/>	OR <input type="text"/> %

5. Your asset selection

5.1 Portfolios

Managed Portfolio Service (MPS) and Discretionary Investment Management (DIM) Portfolios

- If you wish to invest using our WealthSelect MPS or into DIM portfolios, enter details of the portfolio(s)* required in the table overleaf.
*Some MPS portfolios are not available for the CIB, more information is in the Adviser Guide to the MPS.
- The MPS/DIM portfolio declaration in section 8 **must also be signed by your financial adviser**.

Note Please be aware that any MPS, DIM or adviser portfolios set up as part of this application will be cancelled once the bond is assigned into trust; this is because the ownership changes. If the trustees still then wish to invest in a portfolio, they will need to speak to their financial adviser who will help to arrange the switch online. This will need to be done after the bond has been assigned into trust.

5.2 We will automatically default to the 'unbundled' versions of any assets you choose in section 5.3.

- **'Unbundled'** assets typically have lower Annual Management Charges (AMC) with reduced rebates.
 - **'Bundled'** assets have full AMC with rebates.
- Tick here if you want the 'bundled' version of your asset choice, if available.

5.3 State your asset choice in the table below

- Note** – If you selected **phased investment** in section 4, you cannot phase back into the BlackRock Cash fund, so please do not select that fund as one of your asset choices below.
- **If an asset choice you give is missing, illegible or otherwise invalid**, we will place the investment into the BlackRock Cash Fund within your CIB, after which you or your adviser can switch into a revised asset choice.
 - **If Income (Inc) or Accumulation (Acc) is not stated**, accumulation units (where available) will automatically be applied. Where accumulation units have been selected and they are not available, income units will be automatically applied or vice versa.
 - **If you need more space for your asset choice**, please use a copy of this page and attach it to this application.

Asset or Portfolio Name	Inc/Acc	%
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
	TOTAL	100 %

Discretionary Investment Manager (DIM) – Portfolio Fee

If the asset choice includes a DIM portfolio, your adviser can record the related fee details here.

Portfolio Fee Amount: % of the portfolio value each year

Model portfolio(s) to which the fee relates

Frequency Monthly Quarterly Half-yearly Yearly

6. Charges and fees

More information about charges and fees is in the Charges, Fees and Rebates Guide in the CIB Terms & Conditions.

Part A - Our Product Charge

- Your CIB will be on Charge Basis 3, which means it will be subject to the Product Charge.
- **Family linking option**
 - The rates for our Product Charge reduce in stages as the total value of an investor's assets increases. 'Family linking' is where we can link your investments with those held on our platform by you or eligible members of your family, for the purposes of calculating the charge.
 - It means we would use the combined larger asset value to determine the Product Charge percentage, which could then potentially be lower.
 - To select this option, please complete our Family Linking Request form, available from your financial adviser.
- If the assets selected include a WealthSelect Managed Portfolio, the CIB will also be subject to a monthly Managed Portfolio Service (MPS) charge.



Part B - Adviser Fees ▶ If required

Initial Fee

If an initial fee is required, please complete the details in section 4.

Servicing Fee

Servicing fees cannot be authorised until the trust is declared.

- Note* – Once the trust has been declared, the trustees may wish to pay the financial adviser a servicing fee.
- This fee will need to be agreed with your financial adviser.
 - All the trustees will need to authorise deduction of this fee.
 - Any adviser fees paid from your CIB will count towards your 5% annual withdrawal allowance and may, therefore, have tax implications.

Part C - Charge and Fee Deductions

- Deductions to meet our Product Charge, MPS charge and any adviser ongoing servicing fees or discretionary investment manager fees, will be met from cash* in your account. If there is insufficient in cash, we will sell units proportionally across all assets.
- Where we sell units to meet the charge or fee, we will sell 6 times the value of the amount due (subject to a minimum value of £25 and a maximum of 0.75% of your account value). We will place the residual amount as cash within your account. This is to provide sufficient cash to meet future charges or fees without needing to sell assets on a frequent basis.

*References to cash mean 'transactional cash', which is held in your account to simplify the buying and selling of assets.

7. Declaration and signatures

Important Information: you must read the following declarations carefully. You should ask your financial adviser if there is anything you do not understand.

This declaration is made by each party associated with the application.

- On the basis of the details supplied in my application:
 - I apply to invest in 1,000 unit-linked, whole of life assurance policies referred to collectively as the Collective Investment Bond. Alternatively, I apply to invest an additional amount into my existing Collective Investment Bond with that additional amount invested equally in each policy.
 - I declare that:
 - I am 18 years of age or over
 - the applicant is resident in the United Kingdom (this does not apply to top-ups) and will inform Quilter Life & Pensions Limited if this changes in the future.
 - I understand that Quilter will administer the Collective Investment Bond in accordance with UK tax legislation.
 - I understand that incorrect information regarding lives assured may result in a reduced death benefit being paid.
 - I confirm that if withdrawals are to be paid to a beneficiary, the beneficiary is 18 or over.
- I authorise Quilter:**
 - to hold interest distributions, dividends, rebates and any other rights or proceeds in respect of the investments in the Collective Investment Bond
 - to sell units or shares in investments within the bond to meet any charges or fees for my financial adviser or discretionary investment manager (if applicable)
 - to give effect to my instructions in accordance with the Terms and Conditions.
- Contract notes** – I understand that I will not receive confirmation relating to transactions involving the purchase or sale of investments, which are carried out on a periodic basis in the manner agreed to in this application. Details of these transactions will be shown in the periodic statement which will be sent to me. In particular, such transactions include:
 - phased investments
 - rebalances carried out by my financial adviser or portfolio manager (if applicable)
 - regular withdrawals
 - dividend and rebate reinvestments,
 - sales of units to meet Quilter charges and fees for my financial adviser and discretionary investment manager (if applicable).
- Important documents** – I have been given the opportunity to read and keep the following, and to have any questions concerning them answered to my satisfaction:
 - Terms and Conditions, to which I agree
 - Key Features Document
 - Key Information Document about the Collective Investment Bond
 - an illustration and information about the costs and charges associated with my investment
 - information including rebates, in respect of my chosen funds.
- Personal information** – I confirm that:
 - I have read Quilter's privacy notice available at [quilter.com/privacy](https://www.quilter.com/privacy) concerning use of my personal information
 - I have obtained the consent of any other party named in this application (including each life assured) to use their personal data in accordance with Quilter's privacy notice.

- 6. Facilitation of fees** – If I have authorised fees for my financial adviser or discretionary investment manager (DIM) in respect of my application:
- a) I authorise Quilter to deduct those fees from my investment and pay them to my financial adviser or DIM (as applicable).
 - b) I confirm that:
 - i. I have agreed any authorised fees with my financial adviser
 - ii. my financial adviser has explained the effect that selling units to pay fees from my investment will have on its future value and the tax implications of Quilter deducting these fees.
 - c) I understand that:
 - i. the fees agreed will be met as follows (as applicable):
 - Initial fee – by deduction from my payment before the balance is invested into my choice of assets
 - Ongoing servicing fees, DIM portfolio fees and ad hoc fees - by selling units proportionally from all assets in my bond
 - ii. if I authorise a servicing fee or DIM portfolio fee:
 - as a percentage amount, the fee paid may go up or down depending on the value of the investment on the date the fee is calculated
 - the agreed fee will be an annual amount, which will be divided by the payment frequency selected and paid to my adviser or DIM accordingly
 - the servicing fee will apply to the entire bond and will override any existing servicing fee on the bond
 - VAT may also be payable on DIM portfolio fees.
 - iii. Fees will be paid in line with my bond Terms and Conditions and subject to the limits outlined in Quilter’s Remuneration Guide for financial advisers
 - iv. Quilter will confirm details to me of the fees applied to my bond
 - v. I will need to reauthorise any increases to fees that have been previously agreed
 - vi. Ongoing servicing fees, DIM portfolio fees and ad hoc fees are taken as withdrawals from my bond and will utilise some of the 5% tax deferred allowance.
 - d) I understand that:
 - i. I can cancel an adviser ongoing servicing fee at least 10 working days before it is deducted, by contacting Quilter, but I cannot make changes to a discretionary management portfolio fee
 - ii. I cannot cancel a fee once it has been deducted, instead I would need to contact my financial adviser to discuss whether a refund is payable
 - iii. if I cancel a fee, a pro rata payment may be made for the period up to the date of cancellation.
 - e) Where I am investing an additional amount into my existing Collective Investment Bond and I am converting to Charge Basis 2:
 - i. I instruct Quilter to stop any commission payments currently being paid to my adviser (if applicable) in respect of this investment under Charge Basis 1 with immediate effect
 - ii. I understand that existing commission arrangements will not convert to fees when my account changes to the new Charge Basis, and that fees will therefore need to be agreed separately
 - iii. I confirm that Quilter has brought to my attention the importance of discussing adviser fees with my financial adviser before authorising them.
- 7. Tax information** – I understand that, for regulatory purposes, Quilter is required to obtain information concerning my tax status.
- a) I declare that:
 - i. I am resident for taxation in the country(ies) shown as part of this application and I am not resident for taxation elsewhere
 - ii. I am a national of the country(ies) shown as part of this application and I am not a national or a citizen of any other country
 - iii. I will inform Quilter if this changes in the future
 - iv. the information and the statements made in this declaration regarding my tax status are correct and complete, to the best of my knowledge and belief.
 - b) I understand that:
 - i. Quilter may need to contact me for further information regarding tax information
 - ii. if I am resident for taxation outside of the UK and/or a national/citizen in a country other than the UK, Quilter may need to share my information with the relevant tax authorities.
- 8. I declare that my application has been completed correctly and to the best of my knowledge and belief.**
- 9. Share class conversions** – If an asset manager launches a new version of an asset that I hold, which offers me better value, I understand that my account will benefit from automatic conversion to the newer version of the asset and I agree to such conversions.

Signatures ► *All applicants must sign*

Applicant 1	<input type="text"/>	Date	<input type="text"/>
Applicant 2 <i>(if applicable)</i>	<input type="text"/>	Date	<input type="text"/>

Note – All types of investment involve some risk.
 – Your account value may fall or rise and you might not get back what you put in.



8. Managed Portfolio Service (MPS) and Discretionary Investment Manager (DIM) Portfolios

If the assets selected in section 5 include MPS or DIM portfolios, this section must be completed by your financial adviser.

► Please be aware that the portfolios will be cancelled once the bond is assigned into trust; see the note in section 5.1

Part A - Where the assets in section 5 include any MPS portfolios

- I have read and agreed to the following WealthSelect Managed Portfolio Service declaration.**
- I confirm that** I have explained the WealthSelect Managed Portfolio Service (MPS) to my client(s) and I have their authority to use the MPS in respect of their account and I request that you invest their account into the Managed Portfolio I have selected.
- I confirm for each client:**
 - I have given advice in relation to the suitability of using the Managed Portfolio Service and to the Managed Portfolio to be selected which meets my client's needs.
 - I have provided the client with the factsheet for the relevant Managed Portfolio; I have given the client an opportunity to read it and they understand the investment risks relating to the Managed Portfolio Service in general and specifically to the relevant Managed Portfolio.
 - I am responsible for ensuring that the Managed Portfolio selected is suitable currently and on an ongoing basis in accordance with my duties under the FCA rules.
 - My client is aware that you, as the portfolio manager, will have complete discretion over the assets in each Managed Portfolio to buy, sell, retain, exchange or otherwise deal in assets, take all routine and day-to-day decisions about the asset allocation of the Managed Portfolios, and that the client and I are not permitted to provide such dealing instructions or modifications to the Managed Portfolio.
 - My client accepts that the agreement to provide the Managed Portfolio Service is between you and them as detailed in the Terms and Conditions, and you are offering this service to them as part of your agreement with them on the condition that I am appointed as their financial adviser to offer advice in respect of the ongoing suitability of the Managed Portfolio for their needs.
- Where a portfolio that has an explicit Managed Portfolio Service Charge is chosen**
 - My client understands and agrees that, while the Managed Portfolio Service is in use for their account, a Managed Portfolio Service Charge will be applied in accordance with the latest Terms and Conditions for that account. I have explained that:
 - The Managed Portfolio Service Charge will be applied as a percentage of the value held within the Managed Portfolio Service and that the amount of the charge may go up or down depending on the value of the investments.
 - The Managed Portfolio Service Charge is accrued daily and will be deducted from the account on the Account Charge Date.
- My client understands that** deductions to meet withdrawals cannot be taken from individual assets within the Managed Portfolio, only from the Managed Portfolio as a whole.
- My client has a copy** of the latest Charge Basis 3 Terms and Conditions which includes the WealthSelect Managed Portfolio Service. They have had an opportunity to read and understand them before agreeing to the use of the Managed Portfolio Service.

The latest version of the Terms and Conditions can be found on our website quilter.com

Part B - Where the assets in section 5 include any DIM portfolios

- I have read and agreed to the following discretionary managed model portfolio declaration.**
- I confirm that** I have explained the discretionary managed model portfolio service to my client(s) and I have authority from my client(s) to use the discretionary managed model portfolio(s) selected in respect of their account and I request that you invest their account into the model portfolio(s) I have selected.
- I confirm that** I have disclosed costs and charges to my client(s). I have printed/will print an Adviser Fee Authorisation form for my client(s) to sign and will retain a copy of this confirming their acceptance of the discretionary management portfolio fee (if applicable) associated to the model(s).
- I understand that** Quilter may ask for sight of the signed Adviser Fee Authorisation form in the future.
- I confirm that** for each client:
 - I have given advice in relation to the suitability of using the discretionary managed model portfolio(s) selected which meets my client's needs.
 - I am responsible for ensuring that the discretionary managed model portfolio(s) is suitable currently and on an ongoing basis in accordance with my duties under the FCA rules.
 - My client is aware that the portfolio manager will have complete discretion over the assets in each discretionary managed model portfolio to buy, sell, retain, exchange or otherwise deal in assets, take all routine and day-to-day decisions about the asset allocation of the discretionary managed model portfolio, and that the client and I are not permitted to provide such dealing instructions or modifications to the discretionary managed model portfolio.
 - My client accepts that the agreement to provide the discretionary managed model portfolio is between the discretionary investment manager and me, and I am offering this service to them as part of my agreement with them.
 - My client has been made aware of the roles and responsibilities of the discretionary manager in line with regulatory guidance.

Financial adviser's signature

Date

Print name



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Discounted gift trust

Part B - Health Declaration

This declaration must be completed by the applicant(s) for the Collective Investment Bond. The underwriting decision will be based on your answers AND further medical information we may request from your GP or other medical specialist.

Please tick/complete, as applicable, using BLOCK CAPITALS and blue or black ink.

► If there is insufficient space for your responses, please continue on a separate page and attach it to your application.

First applicant

Have you ever applied for a discounted gift scheme and been advised of a zero discount? Yes No

If you have ticked Yes, please give details.

Please note we may be unable to accept your application if you have been advised of a zero discount.

1. Are you currently awaiting/undergoing any specialist investigations or in-patient treatment? Yes No

If yes, please give details.

2. Do you suffer from or have you ever undergone treatment, investigations or operations for the following illnesses and conditions?

- Heart disease, disorder or surgery
- Stroke or TIA (Transient Ischaemic Attack)
- Diabetes
- Cancer, Hodgkin's disease, lymphoma or leukaemia
- Dementia, Alzheimer's disease or memory loss symptoms
- Any neurological disorder, loss of balance or falls

Yes No

If yes, please state the condition, details of the treatment and the dates.

3. Are you able to live independently? Yes No

4. Do you receive regular care assistance? Yes No

If yes, please give details.

5. Please confirm your height and weight

Height

m OR ft ins

Weight

kg OR st lbs

6. Do you smoke cigarettes, or have you in the last 12 months? Yes No

If yes, what is your daily consumption?



Joint applicant (if applicable)

Have you ever applied for a discounted gift scheme and been advised of a zero discount? Yes No

If you have ticked Yes, please give details.

Please note we may be unable to accept your application if you have been advised of a zero discount.

1. Are you currently awaiting/undergoing any specialist investigations or in-patient treatment? Yes No

If yes, please give details.

2. Do you suffer from or have you ever undergone treatment, investigations or operations for the following illnesses and conditions?

- Heart disease, disorder or surgery
- Stroke or TIA (Transient Ischaemic Attack)
- Diabetes
- Cancer, Hodgkin's disease, lymphoma or leukaemia
- Dementia, Alzheimer's disease or memory loss symptoms
- Any neurological disorder, loss of balance or falls

Yes No

If yes, please state the condition, details of the treatment and the dates.

3. Are you able to live independently? Yes No

4. Do you receive regular care assistance? Yes No

If yes, please give details.

5. Please confirm your height and weight

Height

m OR ft ins

Weight

kg OR st lbs

6. Do you smoke cigarettes, or have you in the last 12 months? Yes No

If yes, what is your daily consumption?



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Discounted gift trust

Part C - Authorisation to Obtain a General Practitioner's Report

This form should be completed in conjunction with Parts A and B.

Quilter Life & Pensions Limited will determine an estimated discounted value of the gift, based on information in the General Practitioner's Report. Please ensure you read sections 2, 3 and 4 overleaf before signing in section 4.

1. Bond applicant details

First applicant

Full name

Residential address

Postcode

Date of birth (dd/mm/yyyy)

Doctor's details

Doctor's full name

Doctor's address

Postcode

Telephone number

Previous doctor's details

**if registered with your current doctor for less than six months*

Previous doctor's full name

Previous doctor's address

Postcode

Telephone number

Joint applicant (if applicable)

Full name

Residential address

Postcode

Date of birth (dd/mm/yyyy)

Doctor's details

Doctor's full name

Doctor's address

Postcode

Telephone number

Previous doctor's details

**if registered with your current doctor for less than six months*

Previous doctor's full name

Previous doctor's address

Postcode

Telephone number

2. Your rights of access to medical reports

Before we can apply for a medical report from a doctor who has cared for you, we need you to give your consent by signing in section 4.

Please read the information below carefully as it explains the rights of UK residents under the Access to Medical Reports 1988 and the Access to Personal Files and Medical Reports (N.I.) Order 1991. You do not have to give your consent but, if you do, you should state in section 3 whether you wish to see the report before it is sent to our Chief Medical Officer.

If you wish to see the report, we will write to you when we ask the doctor for it and tell the doctor that you wish to see the report. You must contact the doctor to arrange to see the report within 21 days of receiving our letter. The sooner you act, the sooner we can consider your application. If you say you do not wish to see the report, we do not have to tell you if we apply for one. However, if you change your mind before such a report is sent to us, you should contact the doctor immediately, saying you wish to see it. You will have 21 days from then to see the report.

If you see a report before we do, the doctor cannot send it to us without your consent. You can write to the doctor, asking him/her to amend any part of the report which you consider to be incorrect or misleading. You can also ask the doctor to attach a statement of your views on any part of the report where you and the doctor do not agree and the doctor is not willing to alter the report.

Whatever you decide, you can still ask the doctor for a copy up to six months after it is completed. If you ask the doctor for a copy of the report, he/she can charge you a reasonable fee to cover costs.

Doctors do not always have to let you see any part of a report for the following reasons:

- if the doctor thinks it would be likely to cause serious harm to your physical or mental health or that of others
- if the report would indicate the doctor's intentions towards you
- if disclosure would be likely to reveal information about another person
- if disclosure might reveal the identity of another person who has supplied information about you, unless that person has consented or the information comes from a health professional involved in caring for you.

In such cases, the doctor must tell you, and you will only be able to see any remaining part of the report. If the whole report is affected, the doctor cannot send it to us without your consent.

3. Access to reports

Under the Access to Medical Reports Act 1988 and the Access to Personal Files and Medical Reports (N.I.) Order 1991, UK residents have certain rights regarding any medical report which we may ask a doctor to complete. Please read the details of these rights in section 2 before completing this part.

Note: If you indicate that you wish to see any medical report before it is sent to us, this may delay this application. You may prefer not to see any report at this stage and to take advantage of the right to ask your doctor for a copy up to six months after it is completed.

Each applicant must tick one box only; if neither is ticked, we will assume that the applicant does not wish to see the report.

First applicant **Joint applicant (if applicable)**

I wish to see the report before it is sent to Quilter Life & Pensions Limited

I do **not** wish to see the report before it is sent to Quilter Life & Pensions Limited

4. Declaration

This declaration is made by each applicant.

I have been informed of my statutory rights under the Access to Medical Reports Act 1988 and the Access to Personal Files and Medical Reports (N.I.) Order 1991 (see sections 2 and 3). In connection with the contract applied for, I consent to Quilter Life & Pensions Limited obtaining a medical report from any medical practitioner who has attended me in England, Scotland, Wales and Northern Ireland.

I agree that a copy of this consent will have the validity of the original.

Signatures ► *All applicants must sign*

Applicant 1

Date

Applicant 2 (if applicable)

Date

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