



# Income Series & Kick Out Series FTSE 100 EWFD Quarterly Memory Autocall 4 3 Stock Fixed Dividend Autocall 1

April 2022

UK Trustees and Corporate Investors

**This form is to be completed if you are intending to invest in the Income Series: FTSE 100 EWFD Quarterly Memory Autocall - Issue 4 & Kick Out Series: 3 Stock Fixed Dividend Autocall - Issue 1.**

## Can we help you?

If your financial adviser needs help completing the form, please contact our Administrator and Custodian on:  
Telephone: 0203 808 7138 or by E-mail: hilbert@hilbert-is.com telephone calls may be recorded.

Please note, Hilbert is unable to provide investment advice or to assess the suitability of this investment. This is the responsibility of your financial adviser.

## Return your completed form and documents to your financial adviser, who will then send it to:

Hilbert Investment Solutions, St Clements House, 27-28 Clements Lane, London, EC4N 7AE.

We cannot accept your application unless you have either received financial advice or had the appropriateness of this investment assessed by an FCA regulated financial adviser and the Financial Adviser Section of this application form has been completed.

## NAME OF YOUR FINANCIAL ADVISER AND FIRM

Financial adviser name:

Financial adviser firm:

## INVESTMENT DETAILS

*Minimum investment is £5,000 and maximum £2,000,000*

A: FTSE 100 EWFD QUARTERLY MEMORY AUTOCALL ISSUE 4	Amount	£
B: 3 STOCK FIXED DIVIDEND AUTOCALL ISSUE 1	Amount	£

Please indicate the method of payment:

Enclosed cheque  If you are paying by cheque please make it payable to:  
HILBERT INVESTMENT SOLUTIONS LTD  
Your application will be rejected if payment is not made from an account held in your name. Application Forms with post-dated cheques will not be accepted.

Electronic payment  Bank transfers should be sent to:  
HILBERT INVESTMENT SOLUTIONS LTD  
Bank: Clydesdale Bank  
Sort Code: 82-11-07, Account Number: 30069315  
You must quote your name in the reference.

**Please confirm the date that you expect to send the funds to us.**

Date: DDMMYYYY

Re-investment from a  Please ensure you enclose your completed maturity options form with this  
matured Hilbert product application.

**SECTION 1 – COMPANY DETAILS**

Name of Trust/Company:

Date of incorporation:

Registration number:

Country of incorporation:

Legal Entity Identifier (LEI):

Permanent address:

Postcode:

Country:

Registered address:

Postcode:

Country:

**LEGAL REPRESENTATIVE**

Title (Mr/Mrs/Miss/Ms):

Full first name(s):

Surname:

Function:

Office telephone:

Mobile telephone:

Email:

**TAX RESIDENCY**

*For tax purposes, please provide a list of all countries where the company/trust is based. This usually refers to the country(ies) where you have an obligation to pay taxes or file tax returns. If there are more than four countries, please continue on a separate sheet of paper.*

*Please include the corresponding Tax Identification Number (TIN). A TIN is a tax reference number issued by the tax office in the country where your company/trust is based. Where the country does not issue a TIN, please provide an alternative reference.*

Country:	<input type="text"/>	TIN:	<input type="text"/>
Country:	<input type="text"/>	TIN:	<input type="text"/>
Country:	<input type="text"/>	TIN:	<input type="text"/>
Country:	<input type="text"/>	TIN:	<input type="text"/>

*Where your company has been issued with a Global Intermediary Identification Number (GIIN) by the US Internal Revenue Service (IRS), please provide below.*

GIIN:

# INDIVIDUALS WITH MANAGEMENT CONTROL

Please provide details of all C-level executives, directors, or other senior management of the entity; if more than two please provide details of each on a separate list or on a photocopy of this page.

	Individual 1	Individual 2
Title (Mr/Mrs/Miss/Ms):	<input type="text"/>	<input type="text"/>
Full first name(s):	<input type="text"/>	<input type="text"/>
Surname:	<input type="text"/>	<input type="text"/>
Function:	<input type="text"/>	<input type="text"/>
Share capital (%):	<input type="text"/>	<input type="text"/>
Permanent address:	<input type="text"/>	<input type="text"/>
Postcode:	<input type="text"/>	<input type="text"/>
Country:	<input type="text"/>	<input type="text"/>
Date of birth:	D D M M Y Y Y Y	D D M M Y Y Y Y
Place of birth:	<input type="text"/>	<input type="text"/>
Office telephone:	<input type="text"/>	<input type="text"/>
Mobile telephone:	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>	<input type="text"/>
Are you a US Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If yes, please note that this Plan is not offered to US Persons. Please speak to your financial adviser for advice on any alternative options available to you.*

National Insurance number:	<input type="text"/>	<input type="text"/>
Nationality:	<input type="text"/>	<input type="text"/>
Passport number:	<input type="text"/>	<input type="text"/>
Passport issue date:	D D M M Y Y Y Y	D D M M Y Y Y Y
Passport valid to:	D D M M Y Y Y Y	D D M M Y Y Y Y
Are you a politically exposed person (PEP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If yes, please provide more information below.*

<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
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Are you an authorised signatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## BENEFICIAL OWNERSHIP

Please provide details of all interests in excess of 25%; if more than two please provide details of each on a separate list or on a photocopy of this page

### Beneficiary 1

Title (Mr/Mrs/Miss/Ms):

Full first name(s):

Surname:

Does the beneficiary have Management Control?  Yes  No

Function (If applicable):

Share capital (%):

Permanent address:

Postcode:

Country:

Date of birth:  D D M M Y Y Y Y

Place of birth:

Telephone number:

Email:

Are you a US person?  Yes  No

National Insurance number:

Nationality:

Passport number:

Passport issue date:  D D M M Y Y Y Y

Passport valid to:  D D M M Y Y Y Y

Are you a politically exposed person (PEP)?  Yes  No

*If yes, please provide more information below.*

Are you an authorised signatory?  Yes  No

### Beneficiary 2

Yes  No

D D M M Y Y Y Y

Yes  No

D D M M Y Y Y Y

D D M M Y Y Y Y

Yes  No

Yes  No

## AUTHORISED SIGNATORIES

The instruction to invest in the Plan and the exercise of any options under the Terms and Conditions of the Plan must be authorised by the trustees or authorised signatories as set out in the Trust Deed or corporate mandate authorised by a corporate resolution.

Please provide a list of the names and sample signatures of all the Trustees, or authorised signatories and provide details of their signing authority if applicable. If no list is available, please complete the section below. If there are more than four authorised signatories, please continue on a separate sheet of paper.

Where there is a change of the Trustees or the authorised signatories, please notify Hilbert Investment Solutions in writing giving the date of the change. Notice should be sent to Hilbert Investment Solutions, St Clements House, 27-28 Clements Lane, EC4N 7AE. Hilbert Investment Solutions will be entitled to rely on any previous list until receipt of notice of a change or a replacement list:

Signatory 1		Signatory 2	
Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Function:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date:	<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>	<input type="text"/>
Signatory 3		Signatory 4	
Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Function:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date:	<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>	<input type="text"/>

## SECTION 2 – INVESTMENT AMOUNT

The minimum investment amount is £5,000

How much money are you sending with this application? £

## SOURCE OF FUNDS

The source(s) which originally created the funds which you are using to open this plan.

- |   |                                      |  |   |
|---|--------------------------------------|--|---|
| <input type="checkbox"/> Company profits                            | <input type="checkbox"/> Gift        | <input type="checkbox"/> Pensions      | <input type="checkbox"/> Salary             |
| <input type="checkbox"/> Dividends / Director's token               | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Property sale | <input type="checkbox"/> Savings            |
| <input type="checkbox"/> Divorce settlement                         | <input type="checkbox"/> Loan        | <input type="checkbox"/> Rent          | <input type="checkbox"/> Share / Asset sale |
| <input type="checkbox"/> Encashment claim /<br>Maturing investments | <input type="checkbox"/> Other       | <input type="text"/>                   |   |

## SECTION 3 – ADVISER FEES

You may incur fees for the service provided by your financial adviser. We can facilitate the adviser fees from the money you are sending.

If you would like us to do this, please tick the box and fill in the amount below.

Would you like us to facilitate your adviser fees?  Yes  No  
Adviser Charge: £  or  %

## SECTION 4 – ACCOUNT DETAILS FOR INCOME PAYMENTS (If Applicable)

Bank/Building Society:   
Account name:   
Reference or Roll number:   
Sort code:   
Account number:

## SECTION 5 – DATA PROTECTION

*You authorise us to hold and process the information supplied on the application form as a data controller for the purposes of the The EU General Data Protection Regulation ("GDPR") and the Data Protection Act 2018 (DPA 2018). We will hold and process information for the administration of this and any future application, for the operation of your investment, for statistical analysis and for marketing goods and services. You also authorise us to transfer information you provide on your application form (or subsequently) to Hilbert. They will only use such data for purposes ancillary to their role as Plan Manager, including but not limited to hedge management, dealing with queries, fulfilling their regulatory obligations, statistical analysis and marketing on the Plan's maturity. Your data will be used for no other purposes. You authorise the disclosure of your information concerning your investment to a financial adviser acting on your behalf. You are entitled to request details of any of your personal data we may hold and to require us to correct any inaccuracies.*

## DECLARATION AND AUTHORITY

I/We, the trustees/authorised signatories, request Hilbert Investment Solutions to arrange for the purchase of the Plan(s) on our behalf.

We declare that:

- ✦ 1. We, the trustees/authorised signatories, request Hilbert Investment Solutions to arrange for the purchase of the Plan(s) on our behalf.
- ✦ 2. We authorise Hilbert Investment Solutions to hold the cash subscription, investments, interest, dividends and other rights or proceeds in respect of those investments and any cash or other proceeds.
- ✦ 3. We have read and understood the information contained within the brochure and Key Information Document (KID) which refers to Counterparty Risk and understand that should the Counterparty fail to meet its obligations to pay us the amount due from our investment, we may not receive back our investment and may not be entitled to any compensation.
- ✦ 4. We have read and understood "Is this investment suitable for you?" and "Risks" and confirm that the terms set out within the brochure and Key Information Document (KID) are acceptable to us as the investor.
- ✦ 5. We understand that market prices can go down as well as up and we may get back less than our original investment. Past performance is not a guide to future performance.
- ✦ 6. We understand that the levels and bases of taxation may change.
- ✦ 7. We understand that in compliance with the FCA rules, telephone calls will be recorded.
- ✦ 8. We understand that early encashment is likely to lead to some loss of capital.
- ✦ 9. We are not acting on behalf of a resident of the United States or a U.S. Person (as defined under the Internal Revenue Code of 1986, as amended) and we will not assist any person who is resident in the United States or a U.S. Person to acquire an interest in the Trust/Bond. We agree to inform you immediately should we believe anyone connected with the trust becomes a resident of the United States or a U.S. Person.
- ✦ 10. We are not acting on behalf of a person who is in the United States or who is a U.S. Person (as defined in Regulation S under the U.S. Securities Act of 1933, as amended).
- ✦ 11. We undertake to advise Hilbert Investment Solutions immediately in writing of any changes in the information contained in this application form including any changes to the trustees/authorised signatories.

## SECTION 5 - DECLARATION AND AUTHORITY (Continued)

We have read and understood the relevant Plan brochure, Key Information Document (KID) and Terms & Conditions and accept the terms under which the Investment will be managed. We are not prohibited under the terms of the trust deed or the company's constitution from investing in this Plan. We declare that this application form has been completed to the best of our knowledge and belief. We understand that the producers of this brochure and Key Information Document (KID) have not provided investment advice and confirm that we are making this application through a financial adviser (and have taken taxation advice if appropriate) and we wish to make this investment.

Signed for and on behalf of the Trustees of the Scheme:

1st Authorised  
Signature:

Print name:

Date:

DDMMYYYY

2nd Authorised  
Signature:

Print name:

Date:

DDMMYYYY

## CHECKLIST

***Before returning this application form to your financial adviser or intermediary, please check that:***

- You have completed all relevant sections of the form.
- Your payment amount matches the amount documented on the application form.
- You have advised us of any fees that you wish us to pay a financial adviser or intermediary on your behalf.
- The relevant authorised signatories have signed the application form.



## SECTION 6 - FOR FINANCIAL ADVISER/INTERMEDIARY USE ONLY

Please ensure you have completed, signed and returned a Hilbert Terms of Business. A copy can be downloaded from our website at [www.hilbert-is.com](http://www.hilbert-is.com) or by contacting our sales team on 0203 808 7138. **If a Hilbert Terms of Business Form has not been completed and approved, we will be unable to process any applications.**

Name of adviser:

Company address:

Phone number:

Email address:

Are you a member of a network?  YES  NO

If No are you:  DIRECTLY AUTHORISED  OR AN AUTHORISED REPRESENTATIVE

Name of network:

FCA number (or equivalent) registration number:

**You must verify the identity of all investors and are confirming to the following:**

### Suitability (For Advised applications only):

- ★ You have provided a copy of this Plan's brochure and Key Information Document (KID) and disclosed the associated risks of this Investment and that you have conducted the required suitability assessment and that you consider this product to be suitable for your client.

YES  NO

### Verification of Identity (Please enclose supporting documents):

- ★ Please confirm that you have carried out the appropriate identity and anti-money laundering checks on the directors/trustees and beneficial owners of the company/trust (including but not limited to obtaining certified copies of bank statements, passport/driving licence) and have enclosed copies of this documentary evidence with this application. You confirm that you have seen the original documents where required and any that require a signature have been signed.

YES  NO

### Verification of Source of Wealth and Funds:

- ★ Please confirm that:
  - 1 You have obtained documentary evidence to verify the source of the wealth and funds being invested.
  - 2 You do not suspect that the source of wealth and funds are connected to any criminal activity
  - 3 Copies of documentary evidence are available immediately on request.
  - 4 You have seen the original documents and any that require a signature had been signed.
  - 5 You will retain copies of the data and documents referred to above for at least five years, beginning on the date on which the application is accepted by the Administrator and Custodian.

YES  NO

### Appropriateness (For Execution Only applications):

- ★ You have provided a copy of this Plan's brochure and Key Information Document (KID) and confirmed the appropriateness of this investment and that you consider this product to be appropriate for your client.

YES  NO

**Financial Adviser/Intermediary signature:**

**Date:**