

Can we help you?

If you or your financial adviser needs help completing the form, please contact us, telephone calls may be recorded.

T: 0800 208 4483

E: admin@uk.causeway-securities.com

Please send completed applications including the required supporting documentation to:

E: admin@uk.causeway-securities.com

Causeway Securities Limited
PO Box 1378, St Albans, AL1 9SX

Please note that 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.

UK MONTHLY KICK-OUT PLAN - CIT-02

AUGUST 2026

APPLICATION FORM **SIPP/SSAS PENSION TRUSTEES**

Key Dates

ISA Transfer Deadline: 7 August 2026

Application Deadline: 21 August 2026

Start Date: 28 August 2026

ISIN: XS3229993053

APPLICATION FOR SIPP/SSAS PENSION TRUSTEES

4. TRUSTEE DETAILS (...continued)

Third Trustee

Full Name:	
Residential	
Address:	
	COUNTY
	POST CODE
Tax Residency:	
Date of Birth:	DD MM YYYY
Telephone No:	

Fourth Trustee

Full Name:	
Residential	
Address:	
	COUNTY
	POST CODE
Tax Residency:	
Date of Birth:	DD MM YYYY
Telephone No:	

5. PAYMENT DETAILS

All redemptions will be transmitted to the following bank/building society account. Payments can only be made into an account with a bank or building society within the UK Clearing system.

Bank / Building Society Name:	
Account Holder Name:	
Sort Code:	
Account Number:	
Building Society Reference or Roll Number	

6. SOURCE OF FUNDS - What has created / is generating the funds being used to open this plan?

☐ Accumulated Savings	☐ Pension Lump Sum	☐ Employment related (e.g. Bonus)	☐ Property Sale
☐ Inheritance	☐ Reinvestment of matured funds	☐ Transfer from another provider	

Other (please state):	
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7. INVESTMENT DETAILS (Minimum £3,000.00)

Product Name	Amount (£)*	Adviser Fee (£ or %)	Adviser Fee has been settled Directly with Customer (circle)
			YES NO

***Investment amount must be in whole pounds.**

Please submit the above investment amount by bank transfer to the details below:

Bank Name:	Natwest
Account Name:	Causeway Securities Limited
Sort Code:	60-00-01
Account Number:	49228609
IBAN:	GB89NWBK60000149228609
Payment Reference (MANDATORY):	Please use your pension scheme name

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m, 2dzw tfl-yā RšālyāŠyR ū2 ōŠ KŠfR ōlūK2dzō ūKl-yōŠ dzyōtē lū Yt-lōdzōŠyā cYK lyūŠwY ōl-fdzē 2t ūKŠ dzyRŠlōēlyyā lyōŠāuYyŠyū 2t ūKŠ tfl-yā R2Šā y2ū RnwŠōūē lYlWl-ōū
2yūKŠ ōŠyŠtāwā 3yŠwŠl-ōŠRō cKŠ ōl-lūwY l wŠēdzdtwYy ūKŠ tfl-yāŠyRyā 2yK ūKŠ fŠōŠt 2t ūKŠ lRŠēKlyyōŠā lū Yt-lōdzōtē l-yR lūāKūKŠwŠ lūšf2wYy-l-yōŠ
ūKlW2dzK2dzō ūKŠ tfl-y cŠwYy ōKlōK ōl-yōŠ 2ōūt-l-yŠR wYy dā 2w lW2yY l2dzōtō ā2dzōōŠā 2 Š ōlēt āŠyR ē2dz tfl-y fūl-ōŠyŠyūā 2yōŠ l ēŠ lū ōlūK lyf2wYy-lū2y2y
K2ō ē2dzw tfl-yā lwn2wŠāālyō
mo / lūwYlōāŠyŠyūā dzyŠāā 2ūKŠwŠ ōlāŠ RŠtWŠR; Kl-ōŠ ūKŠ YŠl-šwā 3ōŠyŠyū 2ūKŠy l-yōKŠ cŠwYā l-yR / 2yRlū2wā ōlūKlW ūKŠ tfl-yōw2ōKdzōŠ

Authorised Signatory		Date: ____ / ____ / ____
Full Name:		
Capacity		

Authorised Signatory		Date: ____ / ____ / ____
Full Name:		
Capacity		

11. ADVISER SECTION

[illegible]

- [illegible]

**PLEASE SEND COMPLETED APPLICATIONS INCLUDING THE
REQUIRED SUPPORTING DOCUMENTATION TO:**

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PO Box 1378, St Albans, AL1 9SX

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