Scotiabank
FTSE 100 Monthly Fixed Income Plan
Issue 2 - January 2027

Pension Scheme Application Form

KEY DATES

ISA transfer deadline:	30 December 2026
Cheque application deadline:	13 January 2027
Application deadline:	13 January 2027
Start Level Date:	20 January 2027

ISIN: XS3549450883

Can we help you?

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

Tel: 01253 831 165

Email: idad.applications@jbrearley.co.uk

Please send completed applications including the required supporting documentation to:

James Brearley, Walpole House, Unit 2, Burton Road, Blackpool, FY4 4NW.

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.

Application Checklist: Please follow the instructions below when completing and submitting your application. Please note these are guidelines only and when the application is received more information may be requested for successful account setup.

Requirements for all applications:

- ☐ Before any business can be accepted an IDAD Terms of Business form must be completed by the financial adviser and submitted to IDAD for approval. (This only needs to be completed the first time a financial adviser submits an application form.)
- ☐ Application form must be completed in full, filling in all required fields.
- ☐ Section titled "Financial Adviser Section" must be completed in full by the financial adviser.
- ☐ Funds must be submitted from an account in the client's own name. Funds received from third party accounts cannot be accepted.
- ☐ Funds must be sent to the Administrator and Custodian within the respective deadlines set forth above. The amount sent must match the amount in the application.

Additional Requirements for Pension Scheme applications only:

- ☐ Pension deed (if the underlying client's name does not appear on the pension deed please in addition provide a covering letter or copy of the original application form establishing the relationship between the underlying client and the pension provider/administrator).
- ☐ Authorised Signatory list (If there is no signatory list available please complete section 7).
- ☐ FATCA Entity self-certification form to be completed in full (this only needs to be completed the first time the entity invests in an IDAD Plan).

Please complete this form using BLOCK CAPITALS and black ink.

Please fill in the name of your financial adviser and firm here:	
Financial adviser name:	
Financial adviser firm:	

PAYMENT INFORMATION

If you are paying by bank transfer tick here: ☐ **Please send the investment amount to the following account:**		If you are paying by cheque please make it payable to: **James Brearley & Sons Limited.**
Account name:	**James Brearley & Sons Limited**	Please note that your payment should be made from an account held in your name. Your application will be rejected if payment is not made from an account held in your name. Important: If you do not quote the reference you use when transferring your payment in support of your application it may not be possible to connect your Application Form with your payment and this may lead to your application being rejected. No liability will be accepted where this occurs if you have not quoted a reference number on your payment transfer and on this Application Form.
Account number:	**10491689**	
Bank sort code:	**16-14-12**	
Bank:	**Royal Bank of Scotland**	
Please quote your name in the reference.		

SECTION 1 – SCHEME DETAILS

Name of Scheme:	
Legal Entity Identifier (LEI)*:	
LEI expiry date*:	
Name of Trustees/Administrators:	
Address:	
Postcode:	
Contact Name:	
Contact telephone number:	
Type of pension scheme:	☐ An occupational scheme which is not a small self-administered scheme ☐ A small self administered scheme (SSAS) ☐ A personal pension scheme ☐ A self-invested personal pension scheme (SIPP)
HMRC scheme reference number:	
Country of incorporation/establishment:	
If there are more than two trustees/administrators, please attach their details on a seperate sheet with your completed application form.	

*SSAS APPLICATIONS ONLY. Under new European legislation, the Markets in Financial Instruments Directive (MiFID II) and Regulation (MiFIR) require 'Legal Entities' to obtain a 'Legal Entity Identifier' (LEI). We are unable to process your application without a LEI.

Administrators of Trust	
Name in full:	
Address:	
Postcode:	
Contact Name:	
Contact Telephone Number:	
Contact Email:	

Beneficiary Owner:	
Full first name(s):	
Surname:	
Date of Birth:	
National Insurance Number:	
Permanent Address Building Name/Number:	
Street Name:	
City/Town:	
Postcode:	
Country:	

SECTION 2 – YOUR EMAIL ADDRESS

Please provide a valid email address to enable us to provide you with access to the James Brearley web portal. We are unable to accept any applications without a valid email address.

Email address:	

SECTION 3 – INVESTMENT AMOUNT

The minimum investment is £10,000.

ISIN:	XS3549450883
How much money are you sending with this application?	£

SECTION 4 – 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 complete below.

Adviser Charge:	£	or %

SECTION 5 – YOUR BANK ACCOUNT DETAILS FOR PAYMENTS

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

Important: Please note that for any remittance of monies to be made to you, the bank account details you have provided need to have been verified as yours. If you have sent a cheque in support of this application and the account the cheque has been drawn on is the same as the account above, then your cheque can provide the evidence needed for verification. If you send your Payment in support of this application electronically, you may need to provide additional documentation that verifies the account details above as yours.

Documentation that is acceptable as verification evidence include an original bank statement for the account detailed above showing your name and address or an original cheque (which can be crossed as "void" for security purposes).

SECTION 6 – ADDITIONAL ANTI-MONEY LAUNDERING INFORMATION

Under the rules and guidance of the Financial Conduct Authority, James Brearley has a regulatory obligation to manage the risk that its business may be used to further financial crime. In order to meet these regulatory obligations certain information is needed from you.

(Please tick as applicable) **What is the source of the funds being used to support this application?**	**Source of funds**			
	Trust assets	☐	Personal savings	☐
	Estate assets	☐	Property sale	☐
	Pension fund	☐	Bequest	☐
	Other (please state)			

SECTION 7 – TRUSTEES/AUTHORISED SIGNATORIES

The instruction to invest in the Plan under the Terms and Conditions of the Plan must be authorised by the requisite number of authorised signatories set out in the Scheme or, where a number is not stipulated, by at least one authorised signatory. Please provide a list of authorised signatories (a certified true copy if a copy of the list) and their signing authority. 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 to the authorised signatories, please notify James Brearley & Sons Limited in writing giving the date of the change. Notice should be sent to Outsourced Administration Services, James Brearley & Sons Limited, PO Box 34, Unit 2 Burton Road, Blackpool, Lancashire, FY4 4WX. James Brearley & Sons Limited will be entitled to rely on any previous list until receipt of notice of a change or a replacement list.

	First Trustee/Authorised Signatory	Second Trustee/Authorised Signatory
Name:		
Date of birth:		
National Insurance (NI) Number:		
Capacity:		
Signature:		
Date:		
	Third Trustee/Authorised Signatory	**Fourth Trustee/Authorised Signatory**
Name:		
Date of birth:		
National Insurance (NI) Number:		
Capacity:		
Signature		
Date:		

SECTION 8 – 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 General Data Protection Regulation (GDPR). 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 IDAD. 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

We, the trustees/authorised signatories, request James Brearley & Sons Limited to arrange for the purchase of the Plan(s) on our behalf.

We declare that:

1. We have full power to invest in the Plan and have taken all necessary action to authorise the making of this application. The person(s) signing this application are authorised to do so on behalf of the Scheme.
2. The Trust/Scheme is a registered pension scheme under Part 4 of the Finance Act 2004 (or an application has been made) and we undertake to advise James Brearley & Sons Limited immediately if it ceases to be a registered pension scheme or if its application for registration is withdrawn or refused.
3. We authorise the Board of the HMRC to tell James Brearley & Sons Limited if the Scheme is not granted exempt approval or if that approval is withdrawn.
4. We authorise James Brearley & Sons Limited to hold the cash subscription, investments, interest, dividends and other rights or proceeds in respect of those investments and any cash or other proceeds.
5. We have read and understood the information contained within the brochure 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.
6. We have read and understood "Is this investment suitable for you?" and "Risks" and confirm that the terms set out within the brochure are acceptable to us as the investor.
7. We understand that past performance is not a guide to future performance.
8. We understand that the extent and value of any tax advantages or benefits arising from the use of tax- advantaged services such as ISAs and SIPPs will vary according to our circumstances. The levels and bases of taxation may also change.
9. We understand that in compliance with the FCA rules, telephone calls will be recorded.
10. We understand that early encashment is likely to lead to some loss of capital.
11. 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.
12. 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).
13. We undertake to advise James Brearley & Sons Limited immediately in writing of any changes in the information contained in this application form including any changes to the Trustees/authorised signatories.

We have read and understood the relevant Key Information Document (KID) and the Plan brochure including the Terms & Conditions and accept the terms under which the Investment will be managed. 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 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:

	First signature:	Joint signature: (for direct investments only)
Signature:		
Print name:		
Date		

SECTION 9 – FINANCIAL ADVISER SECTION (FINANCIAL ADVISER USE ONLY)

Please ensure you have completed, signed and returned an IDAD Terms of Business.
A copy can be requested from **emily.goldring@idad.com**
If an IDAD Terms of Business Form has not been completed and approved, we will be unable to process any applications.

Name of adviser:	
Name of company:	
Address:	
Postcode:	
Telephone number:	
Email address:	
Are you a member of a network or directly authorised?	Please tick as appropriate: ☐ Network ☐ Directly authorised
If you have selected network, please state which network:	
Your FCA (or equivalent) registration number:	
Have you deemed this client as Vulnerable?	☐ Yes. We have omitted the "no" tick box as we will assume if not ticked the client is not identified as vulnerable.

Suitability (For Advised applications only)

Please confirm that you have provided a copy of this Plan's Key Information Document (KID) and brochure 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.

Appropriateness (For Execution Only applications)

Please confirm that you have provided a copy of this Plan's Key Information Document (KID) and brochure and confirmed the appropriateness of this investment and that you consider this productto be appropriate for your client.

Please advise on what basis this application has been submitted and only tick one of the boxes:

☐ Advised

☐ Execution Only

Verification of Identity

Please be aware that we have obligations under UK Anti Money Laundering (AML) regulations and reserve the right to request further evidence of identity so as to be able to fulfil these requirements. Depending on the circumstances, where we considerwe have not been able to fulfil these obligations, we may decide not to proceed with an application.

Adviser Declaration:	I confirm that all dealings with the investor have been carried out in accordance with the requirements of the FCA Handbook and in accordance with my obligations under IDAD/JBS' current Terms of Business. I acknowledge my responsibility to evaluate all information on the Plan and confirm that where I have given advice, I have the necessary knowledge and experience to be deemed competent to assess the Plan and its suitability to an applicant's circumstances and investment objectives. I declare that this application has been completed to the best of my knowledge and belief and I have agreed any adviser charge with the applicant.
Signature:	
Date	



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