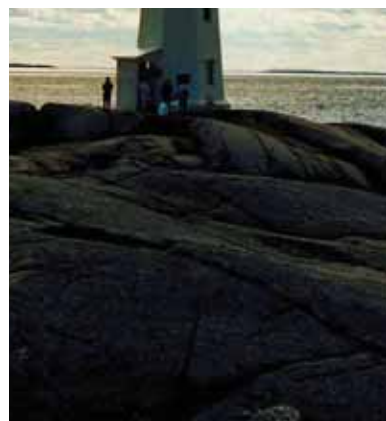
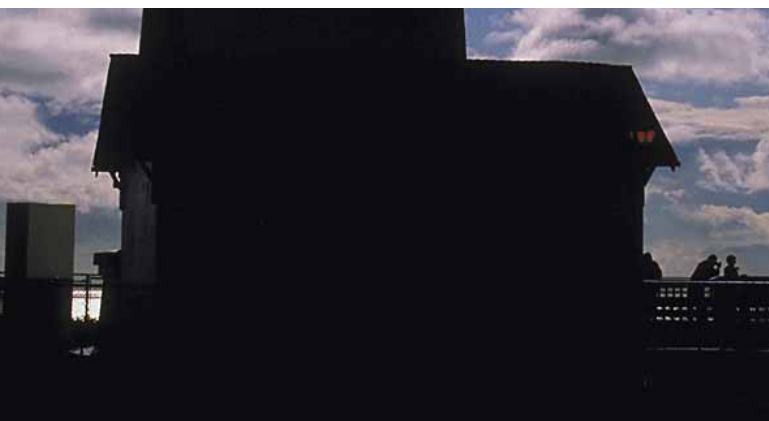
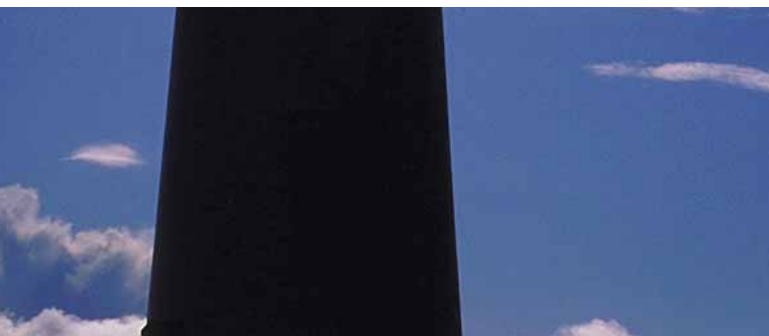


› The Scottish Capital Protected Fund plc  
Application booklet



This application booklet should be read in conjunction with the *SCPF Guide, Key features* and *Scheme particulars* of The Scottish Capital Protected Fund plc.

Copies of these items, together with constitutional documents and the latest *Report & accounts* of the fund are also available on request from our registered office. If there is any doubt as to the relevance of any fact it should be included in the booklet, as it is important that all information is fully disclosed. If more space is required please continue on a separate piece of paper and ensure it is signed and dated by each applicant.

### Before you return this booklet, please check the following

- Section 1 completed if Single/Joint applicant(s)
- Section 2 completed if Trustee applicant
- Section 3 completed if Corporate trustee applicant
- Section 4 completed if Corporate applicant
- Section 5 completed in all cases
- Section 6 completed in all cases
- Section 7 completed if applicable
- Section 8 completed in all cases
- Section 9 completed in all cases
- Bank instruction letter (optional)

PLEASE NOTE THAT INSUFFICIENT DETAILS MAY DELAY INVESTMENT AND ACCEPTANCE

Please complete in BLOCK CAPITALS and in black ink throughout. Delete as appropriate where you see \*

Please indicate on which basis you are applying (tick one box only)

Single/Joint applicant(s)	Trustee applicant	Corporate trustee applicant	Corporate applicant
Section 1 <input type="checkbox"/>	Section 2 <input type="checkbox"/>	Section 3 <input type="checkbox"/>	Section 4 <input type="checkbox"/>

## › Section 1 - Single/Joint applicant(s)

	Applicant 1	Applicant 2
Title:	<input type="text"/>	<input type="text"/>
Surname:	<input type="text"/>	<input type="text"/>
Forename(s) (in full):	<input type="text"/>	<input type="text"/>
Residential address (in full):	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode:	<input type="text"/>	<input type="text"/>
Telephone:	<input type="text"/>	<input type="text"/>
Country of residence:	<input type="text"/>	<input type="text"/>
Nationality:	<input type="text"/>	<input type="text"/>
Occupation (if retired please give details of last employment):	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Please insert existing account numbers: <small>(if applicable)</small>	<input type="text"/>	<input type="text"/>
Correspondence address: <small>(in full if different from above)</small>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode: <input type="text"/>	
Please give reasons why this address is to be used:	<input type="text"/> <input type="text"/> <input type="text"/>	

All applicants must sign the Declaration in section 8 and the following should be submitted to support the application:

- › full true certified copy of a current passport or national identity card carrying a photograph of the applicant(s)
- › documentary evidence of the current residential address of the applicant(s) (for example, original or true certified copy of utility, rates or local authority bill, entry from local telephone directory, extract from electoral roll, current driving licence, state benefit book, tax assessment or a mortgage statement.) This evidence must be no more than three months old.

	Applicant 3	Applicant 4
Title:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Surname:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Forename(s) (in full):	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Residential address (in full):	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Postcode:	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
Telephone:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Country of residence:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Nationality:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Occupation (if retired please give details of last employment):	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date of birth:	<input style="width: 100%; text-align: center;" type="text" value="D D M M Y Y Y Y"/>	<input style="width: 100%; text-align: center;" type="text" value="D D M M Y Y Y Y"/>
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Please insert existing account numbers:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
(if applicable) Correspondence address:	<input style="width: 100%;" type="text"/>	
(in full if different from above)	<input style="width: 100%;" type="text"/>	
	<input style="width: 60%;" type="text"/>	Postcode: <input style="width: 40%;" type="text"/>
Please give reasons why this address is to be used:	<input style="width: 100%;" type="text"/>	
	<input style="width: 100%;" type="text"/>	
	<input style="width: 100%;" type="text"/>	

All applicants must sign the Declaration in section 8 and the following should be submitted to support the application:

- › full true certified copy of a current passport or national identity card carrying a photograph of the applicant(s)
- › documentary evidence of the current residential address of the applicant(s) (for example, original or true certified copy of utility, rates or local authority bill, entry from local telephone directory, extract from electoral roll, current driving licence, state benefit book, tax assessment or a mortgage statement). This evidence must be no more than three months old.



All trustees must sign the Declaration in section 8 and the following should be submitted to support your application:

- › full true certified copy of a current passport or national identity card for each trustee which should have a photograph of the individual.
- › documentary evidence of the current residential address of each trustee (for example, original or true certified copy of utility, rates or local authority bill, entry from local telephone directory, extract from electoral roll, current driving licence, state benefit book, tax assessment or a mortgage statement.) This evidence must be no more than three months old.
- › certified true copy of the trust deed and any subsequent deed(s) of appointment/retirement of trustees
- › if not detailed on the trust deed, full details of the settlor(s)/protector(s) dates of birth and current address (if the settlor is no longer living the trustees should provide the date of death)
- › full details of all current named beneficiaries, including name, date of birth and current address (trustee(s) to provide). Where the beneficiaries are not individuals, sufficient information should be provided to identify any class, corporate entity, charity or other beneficiary.

### › Section 3 - Corporate trustee applicant details

Name of corporate trustee:

All changes in trustees, directors and authorised signatories will be immediately notified to Scottish International Fund Managers Limited in writing and I/we\* agree that appropriate evidence of identity will be provided.

Permanent registered office address (in full):


 Postcode: 

Correspondence address (in full):

(if different to above)

 Postcode: 

Directors/authorised signatories: Please enclose certified copy passports for at least two of the listed directors one of whom must be an executive director

Title:

--	--	--	--

Surname:

--	--	--	--

Forename(s) (in full):

--	--	--	--

Residential address (in full):

--	--	--	--

(must be provided)

--	--	--	--

--	--	--	--

Postcode:

--	--	--	--

Position/Title:

--	--	--	--

Signed:	<input type="text"/>	Print name in full:	<input type="text"/>
Date:	<input type="text" value="D D M M Y Y Y Y"/>		
Signed:	<input type="text"/>	Print name in full:	<input type="text"/>
Date:	<input type="text" value="D D M M Y Y Y Y"/>		
Signed:	<input type="text"/>	Print name in full:	<input type="text"/>
Date:	<input type="text" value="D D M M Y Y Y Y"/>		
Signed:	<input type="text"/>	Print name in full:	<input type="text"/>
Date:	<input type="text" value="D D M M Y Y Y Y"/>		

I/We\* confirm the following:

that

is/are\* the beneficial owner(s) of the trust company.

Scottish International Fund Managers Limited is authorised by the applicant to obtain a reference if required from:

Name of bank:

Address of bank:

Postcode:

Account name:

Account number:

Bank sort code:

I am/We are\* the current trustee(s) of the trust created on:

by the settlor(s):

and confirm the following:

The beneficial owners of the assets of the trust fund are:

the trust name is:

the nature and purpose of the trust is:

I/We\* have the necessary powers to make the proposed investment

The minimum number of the current directors and authorised signatories of the trust company required to provide instructions (including without prejudice to the generality of the foregoing instructions to change underlying investments, make withdrawals, or totally encash the contract) is  number

Where there are more than four directors/authorised signatories, please provide details on a separate sheet. The required number of authorised signatories must also sign the Declaration in Section 8 and the following should be provided to support your application:

- › full true certified copy of a current passport or national identity card carrying a photograph for at least two directors one of whom should be an executive director.
- › documentary evidence of the current residential address of the directors (for example, original or true certified copy of utility, rates or local authority bill, entry from local telephone directory, extract from electoral roll, current driving licence, state benefit book, tax assessment or a mortgage statement.) This evidence must be no more than three months old.
- › certified true copy of the trust deed and any subsequent deed(s) of appointment/retirement of trustees
- › if not detailed on the trust deed, full details of the settlor(s)/protector(s) dates of birth and current address (if the settlor is no longer living the trustees should provide the date of death)
- › full details of all beneficiaries (including contingent beneficiaries, if any) including name, date of birth and current address (trustees to provide). Where the beneficiaries are not named, sufficient information should be provided to identify any class, corporate entity, charity or other beneficiary
- › true certified copy of the corporate trustees certificate of incorporation
- › evidence of the registered office of the corporate trustee
- › list of directors
- › list of officers from whom Scottish International Fund Managers Ltd is to take instructions together with their specimen signatures
- › for private limited companies only - verification of the identity of all shareholders holding 20 per cent or more of the issued share capital as at the date of the application. If the holder of 20 per cent or more is a holding company, trust or nominee, further information may be required
- › where possible a set of the latest annual report and accounts.

## › Section 4 - Corporate applicant details

To be completed if you are a corporate applicant. Corporate trustees should complete section 3.

Are you a: Public registered company:  Private limited company:  Unincorporated company:

Name of company:

I/We\* confirm that the beneficial owner(s) of the company's shares is/are\*

(Beneficial owner being any director/shareholder holding 20 per cent or more of the issued share capital)

At a meeting of the board of directors held on the

date:

at:

(location)

It was agreed and resolved that:

1. the company has the capacity to enter into the contract applied for
2. the minimum number of the current directors and/or authorised signatories of the company required to provide instructions (including without prejudice to the generality of the foregoing instructions to change underlying investments, make withdrawals, or totally encash the contract) is  (number)
3. all changes in directors and authorised signatories will be immediately notified to Scottish International Fund Managers Limited in writing and I/we\* agree that appropriate evidence of identity will be provided.

Scottish International Fund Managers Limited is authorised by the applicant to obtain a reference if required from:

Name of bank:

Address of bank:

Postcode:

Account name:

Account number:

Bank sort code:

Permanent registered office address (in full):

Postcode:

Correspondence address (in full):

(if different to above)

Postcode:

All applicants must sign the Declaration in section 8 and the following should be submitted to support the application:

- › full true certified copy of a current passport or national identity card carrying a photograph of the beneficial owners
- › documentary evidence of the current residential address of the beneficial owners (for example, original or true certified copy of utility, rates or local authority bill, entry from local telephone directory, extract from electoral roll, current driving licence, state benefit book, tax assessment or a mortgage statement.) This evidence must be no more than three months old.

Directors/authorised signatories: Please enclose certified copy passports for at least two of the listed directors one of whom must be an executive director

Title:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Forename(s) (in full):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address (in full): (must be provided)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signed:	<input type="text"/>	Print name in full:	<input type="text"/>
Date:	<input type="text" value="DDMMYYYY"/>		
Signed:	<input type="text"/>	Print name in full:	<input type="text"/>
Date:	<input type="text" value="DDMMYYYY"/>		
Signed:	<input type="text"/>	Print name in full:	<input type="text"/>
Date:	<input type="text" value="DDMMYYYY"/>		
Signed:	<input type="text"/>	Print name in full:	<input type="text"/>
Date:	<input type="text" value="DDMMYYYY"/>		

Where there are more than four directors/authorised signatories, please provide details on a separate sheet.

The required number of authorised signatories must also sign the Declaration in Section 8 and the following should be provided to support your application:

- › full true certified copy of a current passport or national identity card carrying a photograph for at least two directors one of whom should be an executive director.
- › documentary evidence of the current residential address of the executive directors (for example, original or true certified copy of utility, rates or local authority bill, entry from local telephone directory, extract from electoral roll, current driving licence, state benefit book, tax assessment or a mortgage statement.) This evidence must be no more than three months old.
- › certified true copy of the trust deed and any subsequent deed(s) of appointment/retirement of trustees
- › list of directors
- › true certified copy of the certificate of incorporation
- › evidence of the registered office
- › list of officers from whom Scottish International Fund Managers Ltd is to take instructions and specimen signatures
- › for private limited companies only - verification of the identity of all shareholders holding 20 percent or more of the issued share capital as at the date of the application. If the holder of 20 percent or more is a holding company, trust or nominee, further information may be required
- › where possible a set of the latest annual report and accounts
- › for public registered company only - a copy of the board of resolution providing authority for the authorised signatories to act on behalf of the company

## › Section 5 - Investment

Amount of investment (minimum investment is GBP 5,000, EUR 8,000 or USD 8,000).

Where the investment amount is £225,000 (or currency equivalent) a large case questionnaire should be completed to support your application.

Amount and currency Investment amount: GBP/EUR/USD\*

If the investment is being made by telegraphic transfer or banker's draft, the attached bank instruction should be completed and a copy included with this form. The instruction requires a reference which should be obtained from Scottish International Fund Managers Limited and then entered below:

Please contact Scottish International Fund Managers Limited for a reference number.

Reference for banker's draft/telegraphic transfer:

Enter the source of the funds to be invested such as legacy, property sale, investments, etc. For trust cases, the origin of the assets under the trust should be disclosed here.

Source of funds:

## › Section 6 - Choice of funds

Please list your choice of sub-funds in the tables below. Section A should be completed if you wish to take advantage of the Safe Combination protection strategy and Section B where the self select protection strategy is selected. Please complete one section only, A or B, depending on the protection strategy chosen.

### A – Safe Combination protection strategy

Protected amount  (GBP, EUR or USD)\*

Lock-in level  % (as percentage of initial investment amount)

Please ensure both of the above boxes are completed.

### Fund choice

Indicate in which sub-funds the investment should be allocated. Minimum investment per sub-fund is GBP 5,000, EUR 8,000 or USD 8,000 and a maximum of FIVE sub-funds may be selected. Please ensure that total percentage investment equals 100%. The sub-fund currency is determined by the investment currency chosen in section 5.

Sub-fund name	Amount	or	%
Protected With Bonus sub-funds			
Protected Worldwide With Bonus			
Protected Multi Index With Bonus			
Protected UK With Bonus			
Protected US With Bonus			
Protected Japan With Bonus			
Protected Europe With Bonus			
<i>protected.com</i> With Bonus			
Protected Index sub-funds			
Protected UK Index			
Protected US Index			
Protected Japan Index			
Protected Europe Index			
Protected Multi Index			
<i>protected.com</i>			
Others			
Protected Deposit Bonus sub-funds			
Total			
Please ensure that the total amount equals 100% of the investment.			

B – Self select protection strategy – capital protected sub-funds from Scottish International Fund Managers Limited.

#### Fund choice

Indicate in which sub-funds the investment should be allocated. Circle the required level of self select protection for each sub-fund (where appropriate) and ensure that the last column totals 100%. The minimum investment per sub-fund is GBP 5,000, EUR 8,000 or USD 8,000. The sub-fund currency is determined by the investment currency chosen in section 5.

Sub-fund name	Protection level			Percentage of investment
Protected With Bonus sub-funds				
Protected Worldwide With Bonus	95%	100%		
Protected Multi Index With Bonus	95%	100%		
Protected UK With Bonus	95%	100%		
Protected US With Bonus	95%	100%		
Protected Japan With Bonus	95%	100%		
Protected Europe With Bonus	95%	100%		
<i>protected.com</i> With Bonus	95%	100%		
Protected Index sub-funds				
Protected UK Index	95%	97.5%	100%	
Protected US Index	95%	97.5%	100%	
Protected Japan Index	95%	97.5%	100%	
Protected Europe Index	95%	97.5%	100%	
Protected Multi Index	95%	97.5%	100%	
<i>protected.com</i>	95%	100%		
Others				
Protected Deposit Bonus sub-funds	95%	97.5%	100%	
Protected Cash Bonus sub-fund (100% protection only)				
Total percentage of investments				100%

Your portfolio will automatically be rebalanced at the end of each quarter, if you do not want your portfolio rebalanced at the end of each quarter please tick here

## › Section 7 – Appointment of investment adviser

#### Authority to give investment instructions

I/We\* authorise The Scottish Capital Protected Fund plc and Scottish International Fund Managers Limited to accept investment instructions given by the investment adviser whose details are contained in this application subject to their terms and conditions which may change from time to time. I/We\* undertake to give written notice if I/we\* wish to revoke this authority. I/We\* authorise The Scottish Capital Protected Fund plc and Scottish International Fund Managers Limited to levy a portfolio administration charge equal to  % per annum, to be taken quarterly. Furthermore I/we\* authorise Scottish International Fund Managers Limited to act upon instructions received by facsimile with regard to the shares. I/We\* agree that this authorisation shall remain in force until such written notice of its termination is received by Scottish International Fund Managers Limited and such notice shall be without prejudice to the completion of transactions already initiated pursuant to this authorisation.

Signatures:



FOR THE AUTHORITY TO APPLY THE APPLICANTS MUST SIGN TO SHOW AGREEMENT

## › Section 8 - Declaration

I/We\* apply to purchase participating redeemable preference shares in The Scottish Capital Protected Fund plc and confirm that:

- › To the best of my/our\* knowledge and belief all the statements I/we\* have given are true and complete and, together with the *scheme particulars*, will form the contract between me/us\*, The Scottish Capital Protected Fund plc (SCPF) and Scottish International Fund Managers Limited (SIFM);
- › I/We\* have read and understood the scheme particulars of SCPF and understand the charges that will be levied;
- › I/We\* understand that a portfolio administration charge as detailed in the scheme particulars may be made by redeeming shares in my/our\* portfolio and that this charge will be detailed on my/our\* quarterly statement;
- › I/We\* understand that where an investment adviser is appointed that they will be provided with all correspondence including quarterly valuation statements and the annual report containing the audited financial accounts of the fund;
- › I/We\* declare that each individual applicant is over the age of 18, are not US citizens/residents or residents of the Isle of Man and that to the best of my/our\* knowledge and belief are not subject to any legislation that would make this application unlawful;
- › We have not been, or we are not in the process of being dissolved, struck off, wound up or terminated. (Applicable to Corporate/Corporate Trustee applicants only);
- › I/We\* agree to indemnify and hold harmless SCPF & SIFM, its officers, employees or agents against all actions, suits, proceedings, claims, demands or costs, charges and expenses which may be taken or instituted against SCPF or SIFM, its officers, employees or agents in respect of any loss or damage sustained or alleged to have been sustained or affected, otherwise than by reason of bad faith, negligence or default of SCPF or SIFM its officers, employees or agents.

In accordance with the Isle of Man Data Protection Act 2002 by signing this form in the space indicated, you consent to us using the information provided, which may include sensitive personal data such as medical records, for the following purposes:

- › Administration of your policy;
- › Crime prevention and prosecution of offenders;
- › Market research and statistical purposes.

The information you have provided may be shared with other companies both inside and outside of the Royal London Group, including our reinsurers and financial intermediaries or agents acting on your behalf. It may be transferred outside the Isle of Man and we may be obliged to disclose it to our regulator and to others as demanded by law.

The Isle of Man's Data Protection Act 2002 entitles you, on payment of a small fee, to obtain a copy of the information we hold on you.

For further information please write to

Data Protection Officer, Royal London 360°, Royal London House, Isle of Man Business Park, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

Please remember that failure to disclose any material facts (even if they are outside the scope of the questions asked) may result in the contract being ineffective even if the application is accepted. If you are in doubt as to whether a fact is material, it should be disclosed.

Signed:	<input type="text"/>	Print name in full:	<input type="text"/>
Date:	<input type="text" value="DDMMYYYY"/>		
Signed:	<input type="text"/>	Print name in full:	<input type="text"/>
Date:	<input type="text" value="DDMMYYYY"/>		
Signed:	<input type="text"/>	Print name in full:	<input type="text"/>
Date:	<input type="text" value="DDMMYYYY"/>		
Signed:	<input type="text"/>	Print name in full:	<input type="text"/>
Date:	<input type="text" value="DDMMYYYY"/>		

Please enter the country where this form was completed:

Email address(es):

By providing us with your email address you consent to being contacted by email for normal business correspondence and for marketing purposes. If you do not wish to be contacted for marketing purposes, please tick this box

## › Section 9 - Investment adviser details

This page must be completed by your investment adviser.

Adviser's name:	<input type="text"/>
Company:	<input type="text"/>
Address (in full):	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode:	<input type="text"/>
Country:	<input type="text"/>
Telephone:	<input type="text"/>
Fax:	<input type="text"/>
Email:	<input type="text"/>
Name of regulator:	<input type="text"/>
Regulatory number: (if applicable)	<input type="text"/>
Adviser's signature:	<input type="text"/>
Date:	<input type="text" value="DDMMYYYY"/>

› Notes

Please use this page for any further/additional information.

## › Bank instruction

Please select one of the options below.

This is a copy instruction - the original has been sent to the bank detailed below.

Please forward this instruction to the bank detailed below.

Bank/building society:

Postcode:

Reference number:

This reference number must be obtained in advance from Scottish International Fund Managers Ltd and quoted by the bank on all advices. Failure to do so may result in payment being rejected by our bankers.

Prepare a GBP, EUR, USD draft payable to 'Scottish International Fund Managers Limited re. SCPF subscription a/c' quoting the reference number above for exactly GBP, EUR, USD\* (delete where appropriate)

(in figures)

or

(in words)

and send it immediately to Scottish International Fund Managers, PO Box 154, Douglas, Isle of Man IM99 1WS, British Isles

Remit by telegraphic transfer exactly GBP:

(in figures)

or

(in words)

Routing details for GBP (Payment by MT103), Correspondent (field 56): Natwest, London (Swift Code: NWBKGB2L). Account with (field 57): BNP Paribas Securities Services, Jersey (Swift Code: PARBJESH). Beneficiary (field 59): "SIFM Clients GPB Subscription account, Beneficiary Account Number 30650100" (Beneficiary IBAN GB04PARB60950630650100). Please quote the reference number above.

Remit by telegraphic transfer exactly EUR:

(in figures)

or

(in words)

Routing details for EURO: Correspondent (field 56): BNP Paribas, Paris (Swift Code: PARBFRPP, Correspondent IBAN: FR5541329000010000060466B52). Account with (field 57): BNP Paribas Securities Services, Jersey (Swift Code: PARBJESH). Beneficiary (field 59): "SIFM Clients EUR Subscription account, Beneficiary Account Number 30650710", (Beneficiary IBAN GB24PARB60950630650710). Please quote the reference number above.

Remit by telegraphic transfer exactly USD:

(in figures)

or

(in words)

Routing details for US Dollars (Payment by MT103), Correspondent (field 56): BNP Paribas, New York (Swift Code: BNPAUS3N). Account with (field 57): BNP Paribas Securities Services, Jersey (Swift Code: PARBJESH). Beneficiary (field 59): "SIFM Clients USD Subscription account, Beneficiary Account Number 30650220" (Beneficiary IBAN GB62PARB60950630650220). Please quote the reference number above.

Please charge the amount of the payment plus any charges or expenses incurred in the transfer to my/our\* account.

Account name:	<input type="text"/>		
Account number:	<input type="text"/>	Sort code:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
Signed:	<input type="text"/>	<input type="text"/>	
Date:	<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>	

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### New Business Administration

PO Box 154 Douglas Isle of Man IM99 1WS, British Isles  
Tel: +44 (0) 1624 681 578 Fax: +44 (0) 1624 690 578  
mail@sifm.com

### Servicing

PO Box 154 Douglas Isle of Man IM99 1WS, British Isles  
Tel: +44 (0) 1624 681 530 Fax: +44 (0) 1624 690 530  
mail@sifm.com



Internet: [www.sifm.com](http://www.sifm.com)  
Extranet: [www.royallondon360.com](http://www.royallondon360.com)