Additional Permitted Subscription (APS) Application Form (Platform)



PLEASE PRINT CLEARLY IN BLOCK CAPITALS AND COMPLETE ALL APPLICABLE SECTIONS OF THIS FORM.

Please use this form to tell us that you wish to open an APS ISA account with Seven Investment Management LLP (7IM) and utilise your APS allowance. Please be aware in order to subscribe to your APS account with 7IM you will also need to complete the 7IM APS Subscription Information form.

Section 01 **Individual Details**

Investor Details

If you have an existing 7IM personal account, please provide your account number below.

Title:	Title:
First Name(s):	First Name(s):
Surname:	Surname:
Date of Birth (DD/MM/YYYY):	Date of Birth (DD/MM/YYYY):
National Insurance Number:	National Insurance Number:
Nationality:	Permanent Residential Address accept a PO Box number or a car
Permanent Residential Address (please note we cannot accept a PO Box number or a care of (C/O) address):	
	City:
	County (or country if not UK):
City:	
County (or country if not UK):	Postcode:
	Date of Death (DD/MM/YYYY)
Postcode:	Please provide a certified copy

When did you move to this address?

]/[
Ema	il:		

Telephone Number:

Deceased Details

If the deceased held a 7IM personal account, please provide account number below.

Title:
First Name(s):
Surname:
Date of Birth (DD/MM/YYYY):
National Insurance Number:
Permanent Residential Address (please note we cannot accept a PO Box number or a care of (C/O) address):
City:
County (or country if not UK):
Postcode:
Date of Death (DD/MM/YYYY) Please provide a certified copy of the Death Certificate , , , , , , , , , , , , , , , , , , ,

Section 02 Third Party APS Transfers

If the deceased held an ISA account with a third party, you will need to complete an APS Transfer Authority Form for each other ISA Manager. This will transfer your APS allowance(s) to 7IM. Your 7IM APS allowance will be the total aggregated value of APS allowances in respect of all ISAs held by the deceased with 7IM, and any APS allowances transferred to 7IM.

Please be aware that your APS allowance can only be transferred once and only when no subscriptions have been made to that APS allowance previously. Once transferred, subscriptions may only be made in cash to 7IM.

Section 03 Financial Adviser Details

You confirm that you have appointed the following Financial Adviser to act on your behalf under a separate agreement. Firm:

Full name and title of contact at Financial Adviser:

Section 04 Fees and Charges

A. 7IM fees

Please refer to the Fees and Charges information made available to you.

B. Financial Adviser charges

By signing this form, you:

- confirm that you have discussed and agreed with your Financial Adviser each of the charges set out below;
- instruct 7IM to deduct the charges from your account(s) and to pay the amounts deducted to your Financial Adviser or as they otherwise instruct. In making these payments 7IM will be acting as the agent of your Financial Adviser;
- authorise 7IM to accept any instruction from your Financial Adviser as to which portfolio or account to first deduct fees and charges from; and
- agree that unless and until 7IM receives written notice from you to amend or cancel the instructions given below, 7IM
 will continue to make payments to your Financial Adviser as set out in this form.

(I) Initial fees

You agree to your Financial Adviser receiving an initial fee of:

Percentage Value	%	OR Fixed Value	£			
(II) Ongoing fees You agree to your Financial Adviser receiving ongoing fees in recognition of an ongoing service of:						
Percentage Value	%	OR Fixed Value	£			
	per annum		per annum			

of the portfolio value*.

*Calculated using average daily portfolio values.

Collection of 7IM and ongoing Financial Adviser fees

Please first deduct cash for the payment of fees from (you must tick **one** box):

Individual Account

APS Account

C. Family Fee Group

Close family members may have their accounts grouped together in order to take advantage of reduced tiered fees, where applicable.

Please provide the name(s) of your family member(s) and their relationship to you.

Please provide their account number(s), if known.

Section 05 Reporting Currency

The reporting for all your accounts will be in Sterling. If you would prefer this to be in US Dollar or Euro please specify below. If you are an existing client your reporting currency cannot be changed therefore please move on to the next section.

US Dollar Euro

Section 06 APS Eligibility Declaration

I (the investor) declare that:

- I am the surviving spouse / civil partner of the deceased; and
- I was living with the deceased within the meaning of Section 1011 of the Income Tax Act 2007 at the date of the deceased's death (we were not separated under a court order, under a deed of

separation, or in circumstances where the marriage or civil partnership had broken down).

I authorise 7IM to:

- hold my cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash; and
- make on my behalf any claims to relief from tax in respect of ISA investments.

Section 07 Financial Adviser Declarations

By signing this form below, your Financial Adviser declares that:

- the information provided in this form correctly reflects the contractual terms of your Financial Adviser's appointment under a separate agreement in place between you and your Financial Adviser;
- all instructions given by the Financial Adviser will be in accordance with those terms;
- your Financial Adviser has all authorisations necessary under applicable law and regulation to act as appointed and will remain so authorised;
- your Financial Adviser will notify us of any changes to its authorisation, including any disciplinary action taken against it, relevant to this appointment;
- where you are applying to open a 7IM account for a pension or bond wrapper, your Financial Adviser has provided appropriate advice to you regarding the suitability for you of the wrapper product in accordance with FCA Rules and FCA suitability requirements; and
- the signatory has the necessary authorisation to make these declarations and sign this form on behalf of the Financial Adviser.

Financial Adviser signature is required for the completion of this form

Financial Adviser Signature:

Signed by (please PRINT name):

Section 08 Declarations

This application form, if accepted by us, forms part of a legally binding agreement between you and us relating to the 7IM account(s) opened for you. The other parts of the agreement are contained in the applicable 7IM Terms and Conditions for the chosen 7IM investment service and the Fees and Charges provided to you.

You should read these documents and this section carefully before completing and signing this form. If there is anything you do not understand, please ask for further information.

By signing this form, you make the following declarations:

a. you:

i. apply to open the 7IM account(s) specified in this form;

ii. appoint 7IM to provide the chosen 7IM investment service for the purpose of your 7IM account(s); and iii. instruct 7IM to appoint a custodian to hold the money and investments relating to your 7IM account(s),

- in accordance with the 7IM Terms and Conditions for your chosen investment service;
- b. you understand and agree that when we notify you that we have accepted your application and opened your 7IM account(s), you will be bound by the terms of our agreement with you, as amended from time to time;
- c. you acknowledge that your personal data will be processed in accordance with our Privacy Policy, which is available on our website www.7im.co.uk;
- d. you confirm that, to the best of your knowledge and belief, the information, declarations and confirmations given by you in this form are true, accurate and complete; and
- e. you will notify 7IM immediately in writing of any changes to the information provided and any other relevant information.

Your signature(s) is required for the completion of this form

Your Signature:

Signed by (please PRINT name):

Date:

Authority to sign¹:

¹If the person signing this form is not the named applicant, please indicate the capacity in which you are signing this form, e.g. as attorney or Court appointed deputy. If signing as an attorney or Court appointed deputy, please also ensure that you have provided us with a certified copy or original of the power of attorney or Court order.

By opening this account and signing here, the account owner:

- a. represents and warrants that he/she/it is not a U.S. Person, meaning a person who is in either of the following two categories:
 (a) a person included in the definition of "U.S. person" under Rule 902 of Regulation S under the U.S. Securities Act of 1933, as amended, or (b) a person excluded from the definition of a "Non-United States person" as used in CFTC Rule 4.7; and
- b. agrees to inform us if there are any changes in circumstances which would mean that this representation is no longer accurate, including if the account owner becomes a resident of the U.S.

Additional Permitted Subscription (APS) Subscription Form

M

PLEASE PRINT CLEARLY IN BLOCK CAPITALS AND COMPLETE ALL APPLICABLE SECTIONS OF THIS FORM.

You can use this form to subscribe to your Additional Permitted Subscription (APS) allowance. Please be aware you will need to complete this form whenever you wish to make a subscription. Once a subscription has been made within the APS allowance, all future subscriptions must be made with Seven Investment Management LLP (7IM).

nvestor Details		
Title:	First Names(s):	Surname:
Permanent Resid	lential Address (please note we cannot	accept a PO Box number or a care of (C/O) address):
		City:
County (or counti	ry if not UK):	Postcode:
7IM APS ISA Nun	nber:	
Deceased Detail	S	
Title:	First Names(s):	Surname:

Section 02 APS Allowance Subscription Information

Please be aware that 7IM will not be able to process your subscription request until we have confirmed your APS allowance (including any APS allowance(s) being transferred in from the deceased's ISA Manager(s) if you have completed a 7IM APS Transfer Authority form(s)).

Section A – Subscription

I wish to subscribe to a stock & shares ISA

My full APS allowance or	£
-	

Please tick **ONE** of the following options below:



In cash (please complete Section B - Cash Subscription)

In specie from (from an inherited 7IM ISA)

Note you will need to provide Grant of probate and signed instruction from all executers before APS subscription can be made from an inherited 7IM ISA.

Section B – Cash Subscription

For any subscription I wish to make in cash, I would like to subscribe - Please tick ONE of the following options below:

	by cheque or electronic payment. Note your Financial Adviser or Relationship Manager will contact you for details of payment after we have confirmed your APS allowance amount;
_	by transferring my inherited ISA account held with another ISA manager as cash. Note you will need

to complete the 7IM APS Transfer Authority form. A subscription will only be made after we have confirmed your APS allowance amount and 7IM receives cleared funds from the ISA manager.

by moving cash from an existing account I hold with 7IM,

my 7IM account reference is:									
------------------------------	--	--	--	--	--	--	--	--	--

Section 03 APS Eligibility Declaration

I (the investor) declare that:

- the subscription is made under the provisions of regulation 5DDA of the ISA regulations (additional permitted subscription)
- the subscription is being made
 - in the case of 'in specie' subscriptions, within 180 days of beneficial ownership passing to me (where the deceased died in the period beginning on 3 December 2014 and ending on 5 April 2015, this is treated as occurring on either 6 April 2015, or, the actual date of distribution, which ever is the later), and
 - in the case of cash subscriptions, within 3 years of the date of death, or if later, 180 days of the completion of the administration of the estate (where the deceased died in the period beginning on 3 December 2014 and ending on 5 April 2015, the deceased is treated as dying on 6 April 2015).
- · all subscriptions made, and to be made, belong to me

Section 04 Declarations

By signing this form, you declare that this application form has been completed to the best of your knowledge and belief.

Your signature is required for the completion of this form

Signature:

Signed by (please PRINT name):

Date:

Authority to sign¹:

¹If the person signing this form is not the named applicant, please indicate the capacity in which you are signing this form, e.g. as attorney or Court appointed deputy. If signing as an attorney or Court appointed deputy, please also ensure that you have provided us with a certified copy or original of the power of attorney or Court order.

Seven Investment Management LLP is authorised and regulated by the Financial Conduct Authority. Member of the London Stock Exchange. Registered office: 1 Angel Court, London EC2R 7HJ. Registered in England and Wales number 0C378740.

Additional Permitted Subscription (APS) Transfer Authority Form

	•	
7		M

PLEASE PRINT CLEARLY IN BLOCK CAPITALS AND COMPLETE ALL APPLICABLE SECTIONS OF THIS FORM.

You can use this form to transfer any Additonal Permitted Subscription (APS) to Seven Investment Management LLP (7IM). **Please be aware that:**

- An APS allowance can only be transferred once and only where no subscriptions have been made under that APS allowance. Once transferred, subscriptions may only be made in cash to 7IM;
- If you wish to subscribe to your 7IM APS allowance using cash from an inherited ISA account you will need to complete the 7IM APS Subscription Information form in addition to this form; and
- 7IM will not be able to process any subscription for an APS allowance transferred to 7IM until we have confirmed your APS allowance amount.

Section 01	Investors Details				
lf you have an ex your account nur	isting 7IM account, ple nber:	ase provide			
Title:	First Name	s(s):		Surname:	
Date of Birth (DD	/MM/YYYY):		National Ins	urance Number:	
Nationality:					
Permanent Resid	dential Address (pleas	e note we cann	not accept a PO Box	number or a care of (C/O) address):
				City:	
County (or count	ry if not UK):			Postcode:	
Section 02	Details of the Dece	ased			
Title:	First Name	es(s):		Surname:	
Date of Birth (DD	/MM/YYYY):		National Ins	urance Number:	
Nationality:					

Permanent Residential Address (please note we cannot accept a PO Box number or a care of (C/O) address):

	City:
County (or country if not UK):	Postcode:
Date of Death (DD/MM/YYYY):	Date of Marriage or Civil Partnership between the Investor and the Deceased:
Section 03 Details of deceased's ISA	
Deceased existing ISA account number(s):	

Please note, if multiple ISAs were held by the deceased with the ISA manger their value will be combined to form one APS allowance.

Name of the deceased's ISA Manager:

Address of the deceased's ISA Manager:

	City:		
County (or country if not UK):		Postcode:	

Section 04 Details of deceased's ISA

Please complete this section if you wish to transfer your inherited ISA accounts named in Section 3 to 7IM as cash. This cash may then be used to subscribe to your 7IM APS allowance, which will be your total allowance including all allowances transferred from the deceased's ISA Manager(s).

I wish to transfer all my inherited ISA account(s) named in Section 3 as follows to 7IM (please tick):

0 I T (/ 11			• • •
Cash Transfer	(sell any	y holdings	not in	cash)

Transfer Authority

By ticking the box above, I authorise the ISA Manager named in Section 3 to transfer all my inherited ISA account(s) named in Section 3 to 7IM by way of a cash transfer. I authorise the ISA Manager to accept any instructions from 7IM relating to the cash to be transferred.

Section 05 APS Eligibility Declaration

This section must be completed to confirm the investor named on this authority form is eligible to transfer an additional permitted subscription allowance in respect of the deceased named on this authority.

I (the investor) declare that:

- I am the surviving spouse / civil partner of the deceased
- I was living with the deceased within the meaning of Section 1011 of the Income Tax Act 2007 at the date of the deceased's death (we were not separated under a court order, under a deed of separation, or in circumstances where the marriage or civil partnership had broken down)
- I have not subscribed to and will not subscribe to the additional permitted subscription allowance with the existing ISA provider of the deceased in respect of the deceased named on this application
- I intend to make an Additional Permitted Subscription application to 7IM
- all subscriptions made, and to be made, belong to me
- · I authorise the existing ISA provider of the deceased as specified

I authorise the existing ISA provider of the deceased as specified above to provide Seven Investment Management LLP with any information, written, or non-written, concerning the APS allowance and former ISA in respect of the myself (the investor) and the deceased, and to accept any instruction from them relating to the APS allowance being transferred.

Section 06 Declarations

By signing this form, you declare that this application form has been completed to the best of your knowledge and belief.

Your signature is required for the completion of this form

Signature:

Signed by (please PRINT name):

Date:

Authority to sign¹:

¹If the person signing this form is not the named applicant, please indicate the capacity in which you are signing this form, e.g. as attorney or Court appointed deputy. If signing as an attorney or Court appointed deputy, please also ensure that you have provided us with a certified copy or original of the power of attorney or Court order.

Section 07 Transfer Acceptance

Seven Investment Management LLP is willing to accept this APS allowance transfer in line with the investors instructions above. We confirm that, subject to relevant checks, we are willing to accept an Additional Permitted Subscription application from the investor.

Seven Investment Management LLP also confirm that it is willing to accept the transfer of any cash from the deceased's ISA Manager in line with the investor's instructions above.