

Trust Account Opening Form (Platform)



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

For Trusts only

Section 01 Identity Verification

Regulations require us to identify our clients. The information listed here are our minimum requirements, we may request further documentation.

Please tick the information you have included with this application:

- ☐ Certified copy of the document evidencing formation of the trust / scheme e.g. Trust Deed or Will
- ☐ Extract from the trust registration Service (if applicable)
- ☐ Certified copies of any subsequent deeds of amendment which shows appointment of current trustees, removal of previous trustees (if applicable)
- ☐ If there is a corporate trustee, an original / certified copy of the list of authorised signatories
- ☐ Recent bank statement for the trust bank account (if available)

We will carry out an electronic identity verification check based on the information you have provided for any individuals named on the application form including settlor, trustees, beneficiaries.

Please include one form of identification from each list below for each individual. We can only accept originals or certified copies. If you are unable to provide the standard documentation please contact us for further guidance.

Please tick with information you have included with this application:

List A:
Valid Personal Identification which incorporates your full name

- ☐ Passport / national identity card
- ☐ Photocard driving licence (full or provisional)
- ☐ Firearms certificate / licence
- ☐ Other government issued document

List B:
Address Verification
(*issued within the last three months)

- ☐ Old style full UK driving licence
- ☐ Local authority issued letter / statement / bill*
- ☐ Solicitor's letter*
- ☐ Tax bill
- ☐ Utility bill*
- ☐ Bank / credit card statement*
- ☐ State pension or other government issued document*

Section 02 Entity Details

Please select an account type:

☐ Trust
 ☐ Bare Trust
 ☐ RATS
 ☐ QROPS
 ☐ SSAS
 ☐ Other (Please specify):

Name of Trust or Scheme:

Legal Entity Identifier (LEI) Number (not required for Bare Trusts):

Country where trust or scheme was created:

Tax Residency of Trust or SchemeFor Tax Residency and Tax Identification Number guidance, please refer to: www.oecd.org/tax/

Country / Countries of Tax Residence

Tax Identification Number (TIN)

If a TIN is not available please select **one** of the following reasons:

- ☐ The country where you are liable to pay tax does not issue TINs to its residents.
- ☐ No TIN is required. (Note only select this reason if the authorities of your country of tax residence do not require the TIN to be disclosed).
- ☐ You are otherwise unable to obtain a TIN or equivalent number. Please explain why you are unable to obtain a TIN in the box below:

UK legislation requires us to collect information about your tax residency. In certain circumstances we may be obliged to share information on your account with HMRC who may in turn share this information with tax authorities of other jurisdictions. If you have any questions about your tax residency or Entity Classification, please contact your tax adviser. You may also refer to the Frequently Asked Questions which are available on our website www.7im.co.uk

HMRC Trust Registration Service ("HMRC TRS")

- ☐ Please tick to confirm you have included a copy of the trust registration certificate. This is to evidence that the trust is registered with HMRC TRS.

If the trust is not registered with HMRC TRS please provide details of the reason for exemption.

Section 03 Classification of Trust or SchemePlease complete either **Section A** or **Section B****Section A – Financial Institution (FI)**(i) Classification - Please tick **ONE** of the following options below:

- ☐ Investment Entity - An investment entity located in a non-participating jurisdiction and managed by another financial institution
- ☐ Investment Entity - Other Investment Entity
- ☐ Depository Institution, Custodial Institution or Specified Insurance Company

(ii) Global Intermediary Identification Number (**GIIN**)

Please provide the entity's GIIN

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If the entity is unable to provide a GIIN, please tick **ONE** of the below reasons:

- ☐ The entity has not yet obtained a GIIN but is sponsored by another entity which does have a GIIN. Please provide the sponsor's name and sponsor's GIIN:

Sponsor's name

Sponsor's GIIN

- ☐ Exempt Beneficial Owner
- ☐ Certified Deemed Compliant Foreign Financial Institution
- ☐ Non-Participating Foreign Financial Institution
- ☐ Excepted Foreign Financial Institution

Section B – Non-Financial Entity (NFE)Please tick **ONE** of the following options below:

- ☐ Active NFE - a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation. Please provide the name of the established securities market and, where appropriate, the name of the regularly traded corporation.

- ☐ Active NFE – a Government Entity
- ☐ Active NFE – an International Organisation
- ☐ Active NFE – other (for example a start-up NFE or a non-profit NFE)
- ☐ Passive NFE

Section 04 Main Contact - Enter the details of the main contact on this account

Title:	First Name(s):	Surname:
Position / Role:		
Date of Birth (DD/MM/YYYY): / /		
Nationality:		
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:
Please state correspondence address if different from Permanent Residential Address:		
	City:	
County (or country if not UK):		Postcode:
Email:		
Telephone:		

Section 05 Corporate Trustee / Scheme Administrator / Provider (if applicable)

Name:	Country of Registration:
Company Registration Number:	Regulator (if applicable):
Address:	
	City:
County (or country if not UK):	Postcode:
Are operations carried out in any other countries? ☐ Yes ☐ No	
If yes, please list country(ies) below:	
Full name of employer (SSAS only)	

Section 06 Individual Details

Please provide details of all individuals in relation to the trust (this includes all trustees, settlors and named beneficiaries). If the trust classification is Passive NFE, we will require details of all individuals who exercise ultimate effective control over the trust. If there are more than 4 individuals, please complete the **Additional Individual Details Form**.

Person One (tick all that apply)

☐ Individual Trustee ☐ Settlor ☐ Named Beneficiary ☐ Other (please specify):

Same as Main Contact? ☐ Yes ☐ No

If you are an existing client, please provide your account reference and fill out the details below:

Title:

First Name(s):

Surname:

Date of Birth (DD/MM/YYYY): / /

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:

Tax Residency (please only complete if Classification of Trust or Scheme is Passive NFE)

For Tax Residency and Tax Identification Number guidance, please refer to: www.oecd.org/tax/

Are you a US Citizen? ☐ Yes ☐ No

Please list all countries in which you are currently resident for tax purposes and the associated Tax Identification Number (TIN) for that jurisdiction. A UK tax resident for example, should provide a UK National Insurance Number or Unique Taxpayer Reference (UTR).

Country / Countries of Tax Residence

Tax Identification Number (TIN)

If a TIN is not available please select **one** of the following reasons:

- ☐ The country where you are liable to pay tax does not issue TINs to its residents.
- ☐ No TIN is required. (Note only select this reason if the authorities of your country of tax residence do not require the TIN to be disclosed).
- ☐ You are otherwise unable to obtain a TIN or equivalent number. Please explain why you are unable to obtain a TIN in the box below:

Person Two (tick all that apply)

☐ Individual Trustee
 ☐ Settlor
 ☐ Named Beneficiary
 ☐ Other (please specify):

If you are an existing client, please provide your account reference and fill out the details below:

Title:

First Name(s):

Surname:

Date of Birth (DD/MM/YYYY):

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:

Tax Residency (please only complete if Classification of Trust or Scheme is Passive NFE)

For Tax Residency and Tax Identification Number guidance, please refer to: www.oecd.org/tax/

Are you a US Citizen? ☐ Yes ☐ No

Please list all countries in which you are currently resident for tax purposes and the associated Tax Identification Number (TIN) for that jurisdiction. A UK tax resident for example, should provide a UK National Insurance Number or Unique Taxpayer Reference (UTR).

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- ☐ You are otherwise unable to obtain a TIN or equivalent number. Please explain why you are unable to obtain a TIN in the box below:

Person Three (tick all that apply)

☐ Individual Trustee
 ☐ Settlor
 ☐ Named Beneficiary
 ☐ Other (please specify):

If you are an existing client, please provide your account reference and fill out the details below:

Title:

First Name(s):

Surname:

Date of Birth (DD/MM/YYYY):

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:

Tax Residency (please only complete if Classification of Trust or Scheme is Passive NFE)

For Tax Residency and Tax Identification Number guidance, please refer to: www.oecd.org/tax/

Are you a US Citizen? ☐ Yes ☐ No

Please list all countries in which you are currently resident for tax purposes and the associated Tax Identification Number (TIN) for that jurisdiction. A UK tax resident for example, should provide a UK National Insurance Number or Unique Taxpayer Reference (UTR).

Country / Countries of Tax Residence

Tax Identification Number (TIN)

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- ☐ No TIN is required. (Note only select this reason if the authorities of your country of tax residence do not require the TIN to be disclosed).
- ☐ You are otherwise unable to obtain a TIN or equivalent number. Please explain why you are unable to obtain a TIN in the box below:

Person Four (tick all that apply)

☐ Individual Trustee
 ☐ Settlor
 ☐ Named Beneficiary
 ☐ Other (please specify):

If you are an existing client, please provide your account reference and fill out the details below:

Title:

First Name(s):

Surname:

Date of Birth (DD/MM/YYYY):

 / /

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:

Tax Residency (please only complete if Classification of Trust or Scheme is Passive NFE)

For Tax Residency and Tax Identification Number guidance, please refer to: www.oecd.org/tax/

Are you a US Citizen? ☐ Yes ☐ No

Please list all countries in which you are currently resident for tax purposes and the associated Tax Identification Number (TIN) for that jurisdiction. A UK tax resident for example, should provide a UK National Insurance Number or Unique Taxpayer Reference (UTR).

Country / Countries of Tax Residence

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- ☐ You are otherwise unable to obtain a TIN or equivalent number. Please explain why you are unable to obtain a TIN in the box below:

Section 07 Bank Details

All payments will be made directly to this account.

Please note no withdrawals can be taken without the entity bank details.

Bank:

Account Name:

Sort Code:

 / /

Account Number:

Account Reference / Roll Number (if applicable):

Section 08 Dividends and income

Payments will normally be made on the first working day of the month.

Please note if there are insufficient funds in the account the payment will not be made.

What would you like us to do with the income from your investments?

☐ Retain in main account

☐ Retain in a separate account

☐ Pay out all income **OR** £

Please specify frequency:

Monthly / Quarterly / Half Yearly / Annually

Section 09 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 10 Your Financial Adviser Relationship

Please tell us the basis on which your Financial Adviser will be acting:

☐ **Advisory** Your Financial Adviser will seek your approval to make investment decisions.
Contract notes will be available to view online.
If you would also like copies posted to you, please tick here ☐

☐ **Discretionary** You have authorised your Financial Adviser to make investment decisions on your behalf.
Contract notes will be available to view online.

Section 11 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

 %

of all new contributions (excluding regular contributions by direct debit).

OR Fixed Value

 £
(II) Ongoing fees

You agree to your Financial Adviser receiving ongoing fees in recognition of an ongoing service of:

Percentage Value

 %

per annum

of the portfolio value*.

OR Fixed Value

 £

per annum

*Calculated using average daily portfolio values.

Section 12 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 13 Additional InformationInitial investment amount: £

How will you be funding your investments?

☐

Cheque

Amount: £

☐

Bank transfer

Amount: £

Expected 7IM account activity within the next 3 years:

For example, additional contributions and withdrawals, including estimated timing and frequency.

Source of funds:

Please specify the specific assets that you wish to transfer to 7IM. You should also state the name of the institution currently holding the funds.

Source of wealth:

Please describe the source of wealth of the Settlor who established the Trust.

Nature and purpose of Trust:

Section 14 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;
- e. you will notify 7IM immediately in writing of any changes to the information provided and any other relevant information; and
- f. the signatory(ies) has/have the necessary authorisation to make these declarations and sign this form on behalf of the applicant.

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

Authorised Signatory:

Signed by (please PRINT name):

Date:

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

Authorised Signatory:

Signed by (please PRINT name):

Date:

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

Authorised Signatory:

Signed by (please PRINT name):

Date:

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

Authorised Signatory:

Signed by (please PRINT name):

Date:

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.

Section 15 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:

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Signed by (please PRINT name):

Date: