(including SIPP and SSAS) for Investment **Funds, SICAV and Unit Trust Investments**

Please complete in BLOCK CAPITALS using BLACK INK. PLEASE NOTE: Any applications received that are not completed correctly may incur delays or

may have to be returned to you.			
 This application is for existing SIPP/SSAS and other pension schemes that wish to invest in funds on the Fidelity platform. 			
Please enclose:			
For a SIPP: Certified copy of the supplementary trust deed for the scheme naming the trustees and any deeds showing a change of trustees. Where a supplementary trust deed does not exist, please forward a certified copy of the members application to join the scheme.			
For a SSAS or other pension scheme: Certified copy of the trust deed for the scheme naming the trustees and any deeds showing a change of trustees. We do not require copies of scheme rules or Master Trusts.			
An original or certified copy of an Authorised signatory list for any Corporate Trustee or administrator.			
Certification:			
Certification of Trust deeds can be by an independent financial adviser, a representive of a regulated pension trustee company, a solicitor, Bank Manager, Notary Public or Stockbroker. Certification should be in ink, and include the printed name of the certifier and their professional capacity, as well as a company stamp and contact details. it should state that the document is a true copy of the original. In some cases further verification may be required.			
1 Scheme Details			
Type of scheme			
Personal Pension scheme/Self Invested Personal Pension (SIPP) OR Occupational pension scheme/Small Self-Administered Scheme (SSAS)			
NAME OF SCHEME (optional)			
Please note: For regulatory reasons the account has to be registered in the name(s) of the trustees. The scheme name/reference number can be added as a designation (this can not include the word 'Trust').			
NEW ACCOUNT DESIGNATION (eg. Member name and or plan number)			
LEGAL ENTITY IDENTIFIER (Please note your identifier in the boxes provided.)			
From 3 January 2018 you will need to give us a Legal Entity Identifier (LEI) if you are going to buy, sell or switch into or out of exchange traded instruments, such as			
investments trusts, exchange traded funds and company shares. For Information in how to apply for an LEI, please go to fca.org.uk and search for 'LEI update'.			
If you have more than one LEI, please include details with this form. We may need to contact you for further information.			
2 Primary Trustee Details			
Please enter the details of the Primary Trustee here. This should be the Corporate Pension Trustee. Where there is no Corporate trustee, please enter the details of the lead trustee who will receive the correspondence.			
NAME OF PRIMARY TRUSTEE			
ADDRESS FOR CORRESPONDENCE ("Care of" and PO Box are not acceptable. Only UK addresses are eligible) HOUSE NUMBER AND/OR HOUSE NAME			
STREET, CITY, COUNTY AND COUNTRY DETAILS POSTCODE			
NAME OF ADMINISTRATOR (Ordinary). If a third party administrative in the control of the control			
NAME OF ADMINISTRATOR (Optional - if a third party administrator is used)			

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Details of additional Trustees

Second Trustee (if applicable)			
TITLE SURNAME		MALE FE	MALE
FIRST NAME(S) IN FULL			
ADDRESS ("Care of" and PO Box are not acceptable. Only UK addresses are eligible) BUILDING NUMBER AND/OR BUILDING NAME	POSTCODE		
STREET, CITY, COUNTY AND COUNTRY DETAILS	DATE OF BIRTH		
Third Trustee (if applicable)			
TITLE SURNAME		MALE FE	MALE
FIRST NAME(S) IN FULL			
ADDRESS ("Care of" and PO Box are not acceptable. Only UK addresses are eligible) BUILDING NUMBER AND/OR BUILDING NAME	POSTCODE		
STREET, CITY, COUNTY AND COUNTRY DETAILS	DATE OF BIRTH		
Fourth Trustee (if applicable) TITLE SURNAME		MALE FE	MALE
FIRST NAME(S) IN FULL			
("Care of" and PO Box are not acceptable. Only UK addresses are eligible)	POSTCODE		
STREET, CITY, COUNTY AND COUNTRY DETAILS	DATE OF BIRTH		
1			

Beneficial Owner/Member Details

Member details			
TITLE SURNAME		MALE	FEMALE
FIRST NAME(S) IN FULL			
ADDRESS ("Care of" and PO Box are not acceptable. Only UK addresses are eligible) BUILDING NUMBER AND/OR BUILDING NAME	POSTCODE		
STREET, CITY, COUNTY AND COUNTRY DETAILS	DATE OF BIRTH		
Member details (if applicable)			
TITLE SURNAME		MALE	FEMALE
FIRST NAME(S) IN FULL			
ADDRESS ("Care of" and PO Box are not acceptable. Only UK addresses are eligible) BUILDING NUMBER AND/OR BUILDING NAME	POSTCODE		
STREET, CITY, COUNTY AND COUNTRY DETAILS	DATE OF BIRTH		
Member details (if applicable)			
TITLE SURNAME		MALE	FEMALE
FIRST NAME(S) IN FULL			
ADDRESS ("Care of" and PO Box are not acceptable. Only UK addresses are eligible) BUILDING NUMBER AND/OR BUILDING NAME	POSTCODE		
STREET, CITY, COUNTY AND COUNTRY DETAILS	DATE OF BIRTH	_	

PLEASE TURN OVER

If you have selected Income funds, would you like your income to be paid out?

If yes please mark this box and provide your bank details under section 7 for

your income to be credited.

L 0 0 0 2 7 0 4

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All	lump	sum	payments	should	be	made
payable to Fidelity						

Lump Sum Payment Details

Payment should be drawn from the company or scheme bank account. If you are sending a bankers draft or building society cheque please ensure that the back of the cheque states the name of the company or scheme account to be debited. This should be endorsed with the stamp of the bank/building society and signed by the bank official adding the endorsement.

Mandate Details

Any bank details given in this section will override any existing bank details that we may hold for you.

by cheque, _

This Section must be completed and will be used for:

- Paying income out to any selected funds
- Any monthly saving plans

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• Any future redemption payment

Instruction to your Bank or Building Society to pay by Direct Debit. Please pay Financial Administration Services Limited Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. We understand that this instruction may remain with Financial Administration Services Limited and, if so, details will be passed electronically to our Bank/Building Society. Banks and Building Societies may not accept Direct Debit instructions for some types of accounts.



NAME(S) OF ACCOUNT HOLDER(S) — THIRD PARTIES ARE NOT ACCEPTED	or some types of accounts. ORIGINATORS REFERENCE NUMBER (Fidelity use Only)
BANK/BUILDING SOCIETY ACCOUNT NUMBER BRANCH SORT CODE	
NAME AND ADDRESS OF BANK OR BUILDING SOCIETY	*BUILDING SOCIETY COLLECTION ACCOUNT NUMBER (IF APPLICABLE)* *Building Society accounts — the sort code and building society collection accoun number can be obtained from your Building Society branch. Please ensure tha your Building Society account will accept direct credit payments through the Banks Automated Clearing system. Fidelity does not accept instructions for payments to be made to an account other than the client's own personal account. If the accoun number and sort code are incorrect, Fidelity will not accept responsibility for any loss incurred by the applicant.
SIGNATURE AND DATE (YOU MUST SIGN HERE to set up a Monthly Savings Plan (MS	SP). You must also sign Section 10.)
x x	Originators Identification Number: 624232
8 Intermedian	y Details
This section should only be completed by Intermediaries. Please enter the appropriate deta INTERMEDIARY STAMP UNIQUE ADVISER NUM	
	ed with the Financial Conduct Authority and my authorisation number is:
	OFFICEUSEONLY
REMUNERATION DETAILS YES OR NO	
Have you provided a personal recommendation? (please mark an X in one box only)	
Please note these assets will be added to your client's fee account and if Adviser Ongoing Fee cannot be applied to this type of instruction.	Fee has previously been setup this will be automatically applied. An Initial
An Adviser Ongoing Fee cannot be applied to this type of investment using an application once the assets have been received.	form. If you would like to setup an Adviser Ongoing Fee this must be done online
VERIFICATION OF IDENTITY I/We confirm and consent to Fidelity's reliance on the fact that I/we have verified the Regulations and standards set in guidance issued by the JMLSG and will retain the of the relationship with the client.	
This confirmation must carry an original signature or electronic equivalent. I/We confirm that I/we have provided the client with the appropriate documentation for their if the things are the things and the things are the thinterest.	nvestment:
XX	

My/Our adviser has provided me/us with the following documents either as an electronic version, which I/we have saved or printed, or as a paper copy:

- The Key Features Document Doing Business with Fidelity.
- The key information document applicable to my/our investment.
- · The Fidelity Client Terms.

Important Notice: If you have not received one or all of the documents listed above, please contact your adviser.

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Declaration and Signature

By signing the form I/we confirm that this application is for a UK registered pension or plan that:

- · is solely tax resident in the UK.
- · meets the definition of an exempt beneficial owner under the International Tax Compliance Regulations 2015 for the purposes of FATCA.
- · meets the definition of a non reporting financial institution under the International Tax Compliance Regulations 2015 for the purposes of the Common Reporting Standard.

I/We understand that the information I/we provide on this application form will be processed in accordance with Fidelity's data protection statement contained in the Fidelity Client Terms referred to below.

I/We understand that such information will be held in confidence and not passed to any company other than as outlined without our permission or unless required by law.

I/We confirm that I/we have included the following information in order to complete this application: company documents; a complete list of company directors, together with specimen signatures (this should include details of signing rights, otherwise Fidelity will accept future instructions from two authorised directors, or one director and the company secretary); a certified copy of the relevant board minutes or written resolution of the directors, confirming that the company is authorised by its directors to invest corporate monies into collective investment schemes. I/We agree to provide Fidelity with written details of future changes of company directors together with specimen signatures.

I/We declare that:

- · I/We have read the latest Key Features Document Doing Business with Fidelity.
- I/We have read the latest key information document.
- · I/We accept the Fidelity Client Terms.
- · The information given by me/us is correct to the best of my/our knowledge, and I/we will inform Fidelity immediately of any changes to the information contained therein.

SIGNATURE(S) OF ALL NAMED TRUSTEES AND DATE (YOU MUST SIGN HERE - Please ensure all relevant sections are completed as per the instructions on this form) If you are signing the application form by Power of Attorney, please call Fidelity for the details of documentation that is required for this to be acceptable.

You must provide a SIGNATURE for EACH NAMED TRUSTEE

Two authorised signatories are required to sign on behalf of a corporate entity, in addition to any additional trustees. The beneficial owner/member does not need to sign here.

FIRST CORPORATE BODY SIGNATURE	FIRST CORPORATE BODY PRINT NAME
X	X
SECOND CORPORATE BODY SIGNATURE	SECOND CORPORATE BODY PRINT NAME
X	X
FIRST TRUSTEE SIGNATURE	FIRST TRUSTEE PRINT NAME
X	X
SECOND TRUSTEE SIGNATURE	SECOND TRUSTEE PRINT NAME
X	X
THIRD TRUSTEE SIGNATURE	THIRD TRUSTEE PRINT NAME
X	X
FOURTH TRUSTEE SIGNATURE	FOURTH TRUSTEE PRINT NAME
X	X

If you have any queries about this form please ask your Intermediary, or ring our ServiceLine on 0800 358 4060. Please send your completed form to your Intermediary or to Fidelity, PO Box 391, Tadworth, KT20 9FU. Issued by Financial Administration Services Limited, authorised and regulated in the UK by the Financial Conduct Authority.

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