

# C4C INVESTOR ACCOUNT

## Client Information Form – Pension Account

The Castlefield SIPP is provided by Pershing Securities Limited (Pershing), in conjunction with Castlefield Investment Partners LLP (CIP). In order to open an account, you will need to acknowledge that you have received, read and understood both the main C4C Investor account Terms of Business and the Pershing SIPP Terms and Conditions, together with any other relevant documents Pershing may require. These are listed as part of Section 8 of this form.

**Before we can act for you this form must be returned signed and dated at the end of Section 8**

Please note: Castlefield Investment Partners LLP is not a Financial Adviser or Financial Planner. It is therefore important that you have already reached a decision as to the basic suitability of the investment account which will be covered by this Agreement. This decision should be reached with reference to your overall financial affairs with the help of a Financial Adviser or Financial Planner.



THE THOUGHTFUL INVESTOR

## SECTION 1

### Your Details

Title:	<input type="text"/>	Full name:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/>		
		Postcode:	<input type="text"/>
Tel: Business	<input type="text"/>	Tel: Home	<input type="text"/>
Date of Birth:	<input type="text"/>	Email:	<input type="text"/>
Nationality:	<input type="text"/>	Country of Birth:	<input type="text"/>
Country of Residence:	<input type="text"/>	National Insurance Number:	<input type="text"/>

### Correspondence address (if different from first account holder)

Title:	<input type="text"/>	Full name:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/>		
		Postcode:	<input type="text"/>

## SECTION 2

### Options relating to income collected from underlying shares or cash.

Pay it into the main Capital (Dealing) account and

a. Retain it:

**OR**

b. \*Pay me a fixed amount of £  every  Month  Quarter  Year

\*Note: You may only draw an income if you qualify to do so under current HMRC rules. Please complete a benefit crystallisation request form.

### Bank/Building Society details

Any authorised payment will be made directly to this account using the BACS system. Capital funds will be retained on deposit in the course of administering your investments.

Bank/Building Society:	<input type="text"/>	Branch:	<input type="text"/>
Branch sort code (Bank):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account No.:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Holder:	<input type="text"/>	Reference No. (Building Society):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## SECTION 3

Would you like view-only online access to your C4C Investor account?

Yes

No

## SECTION 4

### Third Party Instructions

I/We authorise Castlefield to accept any and all instructions or as outlined below in Authority Levels, from the undermentioned third party(ies).

Title:	<input type="text"/>	Full name:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
	Postcode: <input type="text"/>		
Tel: Business	<input type="text"/>		
Signature of third party:	<input type="text"/>		
Nationality:	<input type="text"/>	Country of Birth:	<input type="text"/>
Country of Residence:	<input type="text"/>		

Title:	<input type="text"/>	Full name:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
	Postcode: <input type="text"/>		
Tel: Business	<input type="text"/>		
Signature of third party:	<input type="text"/>		
Nationality:	<input type="text"/>	Country of Birth:	<input type="text"/>
Country of Residence:	<input type="text"/>		

### Authority Levels

Please clarify the authority levels of the signatories above for this account. For example, are they allowed to provide instructions to deal in shares, change bank details or ask for income withdrawals? Please also refer to our Terms of Business with respect to the receipt of instructions.

## SECTION 5

### Nomination of beneficiaries

In the event of my death, I would like the scheme administrator of my SIPP to consider making payment of any death benefits to the following individuals:

#### Beneficiary Details 1

Full name:	<input type="text"/>	Relationship:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
	Postcode: <input type="text"/>		
Date of Birth:	<input type="text"/>	Percentage:	<input type="text"/>

#### Beneficiary Details 2

Full name:	<input type="text"/>	Relationship:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
	Postcode: <input type="text"/>		
Date of Birth:	<input type="text"/>	Percentage:	<input type="text"/>

#### Beneficiary Details 3

Full name:	<input type="text"/>	Relationship:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
	Postcode: <input type="text"/>		
Date of Birth:	<input type="text"/>	Percentage:	<input type="text"/>

#### Beneficiary Details 4

Full name:	<input type="text"/>	Relationship:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
	Postcode: <input type="text"/>		
Date of Birth:	<input type="text"/>	Percentage:	<input type="text"/>

## SECTION 6

### Money Laundering Regulations

For every individual with significant influence over your assets as listed in sections 4 and 8, we need to verify personal identity and address. Therefore, in signing this form, you do so on the understanding that we will ask you for additional documents to ensure that we comply with the requirements of current anti money laundering regulations.

**Are you, or any of your immediate family members/close associates, a 'Politically Exposed Person' (PEP), or have been in the last 12 months? (see definition below)**

Yes

No

If 'Yes' please provide further details:

Politically Exposed Persons are individuals who are or have been entrusted with prominent public functions, for example Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations and important political party officials.

**Are you the beneficial owner of the account?**

Yes

No

If 'No' please provide further details:

**Are you, or anyone else in your immediate family, a US citizen, the holder of a US passport, Green Card or US bank account or have you resided in or owned property in the US?**

Yes

No

If 'Yes', please provide further details:

## SECTION 7

### Assets to be Transferred to Our Management

Value and number of existing C4C shares to be transferred in:

£

No of shares:

Value of cash to be transferred in:

£

Total value of shares and cash to be transferred in:

£

If you have any current C4C shares how are they currently held? (Please provide full details):

## SECTION 8

Before considering the following Declaration and signing below, please make sure you have read and understood our Terms of Business. The latest version can be viewed on our website: [www.castlefield.com/c4c-terms-of-business-investor-account](http://www.castlefield.com/c4c-terms-of-business-investor-account)

### Declaration

I confirm that I have read and understand the Terms of Business and this Client Information Form and agree to its terms (including in particular, the terms in relation to my nominee holdings). I acknowledge that I have the right to request an explanation of any terms I do not understand, and that I have the right to object to any changes thereto that may occur from time to time. I further declare that all of the above details comprise all the information that I am willing to provide and are correct to the best of my knowledge. I undertake to inform Castlefield as soon as possible of any material change in regard to the details provided.

By signing this Form, I represent and warrant that I am not a U.S. person for the purposes of U.S. Federal income tax and that I am not acting for, or on behalf of, a U.S. person. I understand that a false statement or misrepresentation of tax status by a U.S. person could lead to penalties under U.S. law. If my tax status changes or I become a U.S. citizen or a resident, I will notify CIP within 30 days.

I understand neither CIP or Pershing Securities Limited (PSL) will provide any advice in relation to the suitability of the Pershing SIPP as a product, nor any advice in relation to the size or nature of any contributions to be made to the Pershing SIPP, pension transfers into the Pershing SIPP and/or the level and timing of any benefits withdrawn or available to withdraw from the Pershing SIPP, nor any advice in relation to the suitability of any underlying investments to be held within the Pershing SIPP.

I have also read and understood the following Pershing documents:

- Pershing SIPP Terms and Conditions as amended from time to time
- Pershing SIPP Charges Schedule
- Pershing SIPP Key Features
- Pershing SIPP Permitted Investment Schedule
- Pershing SIPP In Specie Contributions Guide

I authorise Pershing to accept investment and all other instructions in relation to my SIPP from CIP unless I give written notice to the contrary. I understand that it is a serious offence to make false statements in relation to a pension scheme and that I could be subject to prosecution and severe penalties as a result.

I undertake to inform Pershing in writing within 30 days if:

- There is a change in my permanent residential address
- There is a change in my employment status or employer
- I cease to be UK resident or I become UK resident again
- I cease to have UK relevant earnings or begin to have UK relevant earnings again
- I contribute on aggregate more than 100% of my UK relevant earnings to this and any other pension scheme in any tax year.

### Account holder

Signature:

Date:

Full name:



THE THOUGHTFUL INVESTOR

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Manchester M1 2HY  
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castlefield.com

Castlefield is a trading name of Castlefield Investment Partners LLP (CIP) and a registered trade mark and the property of Castlefield Partners Limited. CIP is authorised and regulated by the Financial Conduct Authority and is a member of the London Stock Exchange. Registered in England & Wales No. 0C302833. Registered Office: St George's House, 215-219 Chester Road, Manchester M15 4JE. Part of the Castlefield employee-owned group. Member of the Employee Ownership Association.

INVESTMENT MANAGEMENT

