

JISA Form

Application Form to subscribe to a Castlefield Funds JISA Application Form to transfer your existing JISA(s) to Castlefield Funds



Please complete this form and return it to your financial adviser, or to:

Castlefield Fund Partners Limited, Hamilton Centre, Rodney Way, Chelmsford, CMI 3BY.

All cheques should be drawn on a bank account held in your own name and payable to: Castlefield Fund Partners Limited.

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Before completing this form, please read the **Key Investor Information Document** and the **Supplementary Information Document** for the relevant share class of the Fund(s) you wish to invest in or transfer into. Copies are available on our website www.castlefield.com, calling **0345 026 4284** or emailing **castlefield@maitlandgroup.com**

Please let us know what type of investment you would like to make by ticking the relevant box below.

JISAs I wish to invest in a Stocks and Shares JISA.

- If you are applying for a ISA in this tax year, you should complete sections 1, 2, 3, 4, 5 and 6.
- If you wish to contribute monthly by direct debit, please complete section 4.
- Your financial adviser should complete sections 2 and 8.
- If you are investing without the services of a financial adviser, you must complete section **5**.

If you require JISA application forms for other eligible members of your family, please ask your financial adviser.

JISA transfers I wish to consolidate my existing JISAs.

- If you are consolidating your existing ISAs through a ISA transfer, you should complete sections 1, 2, 3, 4, 5, 6 and 7.
- Your financial adviser should complete sections 2 and 8.
- If you are investing without the services of a financial adviser, you must complete section **5**.

A separate application form must be completed for each ISA applicant. Joint applications are not permitted for ISAs.

SECTION 1

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Applicant's details					
If you are an existing Castlefield	account holder, please quote your reference number:				
Title:	Full name:				
Permanent residential address:					
		Postcode:			
Telephone numbers (inc STD code):	Home:	Mobile:			
Email address:					
National Insurance Number:		(You should be able to find your National Insurance Number on a payslip, form			
If you do not have a National Insurance Number, please tick here:					
& Customs, a letter from the DWF pension order book)					
Place and country of birth:					
	al security question and answer which will be required eac ne of my first school", "what is my mother's first name", " friend").				
Security question:					
Security answer:					

SECTION 1 continued

Security answer:

Child's details If contact information for the Child is the same as the Applicant please check this box. Otherwise, please fill in the fields below. If you are an existing Castlefield account holder, please quote your reference number: Title: Full name: Permanent residential address: Postcode: Telephone numbers Mobile: Home: (inc STD code): Email address: (You should be able to find your National National Insurance Number: Insurance Number on a payslip, form P45 or P60, a letter from HM Revenue If the child does not have a National Insurance Number, please tick here: & Customs, a letter from the DWP or a Date of birth (DD/MM/YYYY): pension order book) Place and country of birth: Please provide your own personal security question and answer which will be required each time you telephone for information on your account (for example "what was the name of my first school", "what is my mother's first name", "what was the name of my first pet" or "what was the name of my favourite childhood friend"). Security question:

Investment advice

Please indicate whether you have received advice from a Castlefield Fund Partners Limited will not pay commission to I have received advice from the following financial adviser			•			e investments.
Company:						
Address:						
			Postcode:			
I have not received advice from a financial adviser						
To be completed by your financial adviser.	_					
Financial adviser stamp	FCA number:					
SECTION 3						
Fund choice						
Please choose which Funds you wish to invest in and insert an or monthly contributions. If you are transferring an existing of the percentage split in the appropriate boxes.						
Minimum investment for JISAs: £500 lump sum, £50 monthly per Fund.*						
Maximum investment for JISAs:						
£9,000 (2020/21 tax year)						
I apply to subscribe for a Stocks and Shares ISA for the ta	ax year 20 / 2	20	and each subseque	nt year	until furthe	er notice.
There is no maximum JISA transfer.						

Castlefield Funds	JISA Investment	JISA monthly Investment*	JISA Transfer
B.E.S.T Sustainable Income Fund – General Income Shares	£	£	%
B.E.S.T Sustainable European Fund - General Income Shares	£	£	%
Real Return Fund – General Income Shares	£	£	%
B.E.S.T Sustainable UK Opportunities Fund – General Income Shares	£	£	%
B.E.S.T Sustainable UK Smaller Companies Fund – General Income Shares	£	£	%
Total	£	£	%

^{*}Monthly contributions must be rounded in £10 amounts. If you have chosen monthly contributions, please complete the direct debit instructions in section 4 and ensure that a cheque from the same account, made payable to Castlefield Fund Partners Limited, is submitted with this application form to represent the first contribution. Contributions will be collected from your bank on the first working day of the month.

Income Shares: Your share of net income of the Fund is reinvested to purchase additional shares, whereby these additional shares will be purchased at no extra cost.

Direct debit for regular savers - instruction to your Bank/Building Society to pay by direct debit



The bank account must be held in your own name.

Name and full postal address of your Bank or Building Society: $ \\$	Castlefield Fund Partners' reference number (office use only)		
To the Manager:			
Bank/Building Society Address:	Your instructions to the Bank/Building Society Please pay Castlefield Fund Partners Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured		
Postcode:	by the Direct Debit Guarantee. I understand that this Instruction may remain with Castlefield Fund Partners Limited and, if so, details will be		
Name(s) of Account Holder(s):	passed electronically to my Bank Building Society.		
Bank/Building Society Account	Signature 1:		
Number:	Signature 2:		
Branch Sort Code:			
Date (DD/MM/YY):			

Banks and building societies may not accept Direct Debit instructions for some types of account.

This guarantee should be detached and retained by the Payee.



The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, Castlefield Fund Partners Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Castlefield Fund Partners Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Castlefield Fund Partners Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
 - If you receive a refund you are not entitled to, you must pay it back when Castlefield Fund Partners Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please
 also notify us.



Identity verification

Money Laundering Regulations 2017

Under these regulations there is a legal requirement to prove the identity of people who wish to make an investment. You may therefore be asked for some evidence of your, and the Child's, identity and date of birth. This will normally be a passport or similar form of identity check together with proof of address from a recent utility bill. Alternatively, electronic checking systems may be used to verify identity, including credit agencies which may keep a record of this information although this is only to verify your identity and will not affect your credit rating. The information you provide on your application form (or subsequently) will be held and processed by Castlefield Fund Partners (a subsidiary of Castlefield Partners Limited) as data controller for the purposes of General Data Protection Regulation and the Data Protection Act 2018.

Do you (the Applicant) have a financial adviser?					
Yes, your financial adviser should complete section 8 .					
No, please complete the following Applicant Identity Verification section.					
f you are investing directly without the services of a financial adviser we will need to verify your, and the Child's, identity. We need to see certified copies* of either your current passport or full driving licence, and a recent (within the last six months) bank statement or utility bill (not a mobile relephone bill, copies printed off the internet cannot be accepted) showing your current address. We also need to see certified copies of the Child's passport or birth certificate, as well as proof of their address, which can be the same proof as the Applicant's if the Applicant is the Child's parent/carer/guardian and they live at the same address as the Child. Otherwise, address identification for the parent/carer/guardian of the Child should be supplied.					
*copies must be certified by either a solicitor, accountant, or you	bank/building society manager.				
Proof of identity for the Applicant					
Proof of identity: Copy of passport or full driving licence and Proof of address: Bank statement or utility bill	Note: If you do not have a current passport/full driving licence, please contact us on 0345 026 4284 to discuss other documentation which may be acceptable as proof of identity.				
Proof of identity for the Child					
Proof of identity: Copy of passport or birth certificate and Proof of address**: Bank statement or utility bill Note: If the Child does not have a current passport/birth certificate, please contact on 0345 026 4284 to discuss other documentation which may be acceptable as proof identity.					
**Proof of address for the Child can be the same as the Applicant's if address as the Child. Otherwise, address identification for the parent	the Applicant is the Child's parent/carer/guardian and they live at the same /carer/guardian should be supplied.				
If certified copies are included with this application pack, please c (continue on a separate sheet if necessary):	complete the following details for the person(s) certifying the documents				
Certified by:					
Name:					
Address:					
	Postcode:				
Occupation:					
Telephone number:					

This application form, along with the relevant Prospectus, Key Investor Information Document and Supplementary Information Document each as amended from time to time, forms the agreement upon which Castlefield Fund Partners Limited intends to rely and will govern all sums now and in future invested unless the parties agree otherwise in writing. The current version of each document will be available on our website www.castlefield.com. For your own benefit and protection, you should read these terms carefully before signing them. If you do not understand any point, please ask for further information.

SECTION 6

The Declaration and Authority

I apply to subscribe to the Castlefield Junior ISA and/or transfer my existing JISA to Castlefield Fund Partners Limited. I confirm that I have received financial advice/not received financial advice (delete as appropriate). I enclose a cheque for the lump sum/monthly contribution stated in section 3 made payable to Castlefield Fund Partners Limited.

I declare that:

I am 16 years of age or over

- I am the Child/I have parental responsibility for that child (delete which does not apply)
- I/the Child does not have a Child Trust Fund account
- I will be the registered contact for the JISA
- The Child is resident in the UK, or is a UK Crown servant, a dependant of a UK Crown servant or is married to/in a civil partnership with a UK Crown servant
- I have not subscribed and will not subscribe to another JISA of this type for this child
- I am not aware that this child has another JISA of this type
- I am not aware of other JISA subscriptions that will result in this child exceeding the annual limit
- I will not knowingly make subscriptions to JISAs for this child that will result in the subscription limit being exceeded
- Any subscriptions I make into the account are a gift to the Child and cannot be returned if I change my mind.
- The Child will assume full responsibility for the account on their 18th birthday.
- No withdrawals can be made from the account before the Child's 18th birthday.

I authorise Castlefield Fund Partners Limited:

- to hold the Child's subscriptions, JISA investments, interest, dividends and any other rights or proceeds in respect of those investments and cash, and
- to make on the Child's behalf any claims to relief from tax in respect of JISA investments.

SFCTION 6 continued

Data Protection

I agree to the following:

- The information I provide on this application form (or subsequently provide) will be held and processed by Castlefield Fund Partners Limited as data controller for the purposes of General Data Protection Regulation and the Data Protection Act 2018.
- Castlefield Fund Partners Limited may hold and process information for the administration of the service(s) for which I am currently applying
 or may apply for in the future, for the operation of my investment in units or shares (e.g. for registration and distribution purposes), for the
 purposes of statistical analysis and the marketing of goods or services by this company or other companies in the Castlefield Fund Partners
 Limited group. This data may be held for up to seven years after your investment ceases, in line with the Law.
- Castlefield Fund Partners Limited may transfer information to other companies in the Castlefield Fund Partners Limited for any of the above purposes. Such third party agents may be in countries located outside of the European Economic Area (EEA). Castlefield Fund Partners Limited will take steps to ensure that my privacy rights are respected since these countries may not have comprehensive data protection and other laws as countries in the EEA.
- Further information about how Castlefield Fund Partners may use your data is available in our privacy notice, which can be accessed at: www.castlefield.com/privacy-notice
- If you would like your personal data to be used for marketing purposes, please tick this box
- Where a financial adviser acts on my behalf, Castlefield Fund Partners Limited will disclose information concerning my investment to that financial adviser.
- Save as noted above, Castlefield Fund Partners Limited will not provide to any other third party any information relating to me, unless I have given my consent or unless Castlefield Fund Partners Limited is required to do so by law.
- You are entitled to request details of information we may hold about and to require us to correct any inaccuracies in your personal data.
- I declare that I am aged 18 years old or older.

I enclose a cheque for the amount to be invested.

On signing this declaration, I confirm that I have read the latest Key Investor Information Document and Supplementary Information Document for the relevant share class of the Fund/s I apply to invest into.

Applicant Signature:	
Date:	

Note:

We may only accept Powers of Attorney (original or certified copy) due to physical or mental incapacity. For physical incapacity it must be accompanied by a written declaration by the person signing the application. A draft declaration can be obtained from Castlefield Fund Partners Limited. In the case of mental incapacity, the Power of Attorney must be registered and stamped by the Court of Protection.

Please fill out the below only if you would like to transfer your existing JISA(s) to the Castlefield Funds

JISA Transfer

If you need more instruction forms, please photocopy this sheet before completing.

Instruction to existing JISA Manager Please transfer my existing JISA to Castlefield Fund Partners Limited as instructed below.					
Please sell my entire holding OR Please sell of my holding Estimated value					
Name of existing Plan Manager:					
Address of existing Plan Manager:	Address of existing Plan Manager:				
			Postcode:		
Account number:					
Account name:					
Signature:			Date:		
Note to existing Plan Manager: we	confirm that we are willing to	accept the transfer in th	e form of cash only.		
Instruction to existing JISA Mana	ager				
Please transfer my existing JISA	to Castlefield Fund Partner	s Limited as instructed	below.		
Please sell my entire holding	OR Please sell	of my holding Estin	nated value		
Name of existing Plan Manager:					
Address of existing Plan Manager:					
o .			Postcode:		
Account number:			1 oscouc.		
Account name:	Account name:				
Signature:			Date:		

Note to existing Plan Manager: we confirm that we are willing to accept the transfer in the form of cash only.

Identity Verification - to be co	mpleted by your financial adviser
Financial advisers, please comp	lete the following section
Applicant:	
Date of commencement of bus	inece
relationship (DD/MM/YYYY):	TICSS
I certify that: (please tick as app	ropriate)
documentary evidence ha	y of the Applicant and the Child in accordance with the Money Laundering Regulations 2017 and confirm that is been obtained and identity checks have been undertaken to confirm that both the Applicant and Child's name rth as shown in section 1 are correct AND the details of the underlying records of identity are as described below
Certified Copy Attached	
For the Applicant Proof of identity:	Copy of passport or full driving licence and
Proof of address:	Bank statement or utility bill (not older than 6 months) Internet based bank statements and utility bills are not acceptable.
For the Child Proof of identity:	Copy of passport or birth certificate and
Proof of address:	Bank statement or utility bill (not older than 6 months)
_	Internet based bank statements and utility bills are not acceptable. Please note: For requirements of identifying the Child's address please see section 5 .
OR	
	ntity of the Applicant and/or the Child for the following reason:
Thave not verified the ide	Thirty of the Applicant and/ of the offine for the following reason.
I confirm that the Applica	nt is applying on his/her own behalf and not as nominee or in a fiduciary capacity for any other person.
Financial adviser signature:	Date:
Financial adviser/Consultant na	
Financial adviser/ Consoliant na	THE:
Company name:	
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CASTLEFIELD BANKING I	
Castlefield Fund Partners Cli Sort Code: 20 - 00 - 00	ent Money Account:
Client Money Account: 5373	4048
,	Place, Canary Wharf, London, E14 5HP
ADMINISTRATION QUERIE	
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For any administration queri	•
	mited, Hamilton Centre, Rodney Way, Chelmsford, CMI 3BY castlefield@maitlandgroup.com W: castlefield.com Fax: 0845 2802419
For your protection, calls ma	y be monitored and recorded for training and quality assurance purposes.
	of Castlefield Fund Partners Limited (CFP) and the property of Castlefield Partners Limited. CFP is authorised
	ial Conduct Authority. Number 229057. Registered in England No. 04605261. Registered Office: 111 Piccadilly, he Castlefield employee-owned group. Member of the Employee Ownership Association.



THE THOUGHTFUL INVESTOR

8th floor, 111 Piccadilly Manchester M1 2HY 0161 233 4551 castlefield.com

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