



**FORESIGHT
ACCELERATED
INHERITANCE
TAX SOLUTION**

APPLICATION FORM

AUGUST 2018

Important

Before completing this form, please carefully read the Investor Guide and Customer Agreement marked August 2018 and seek independent advice. Definitions used in the Investor Guide and Customer Agreement apply herein.

Who can apply

You can only apply if you meet the eligibility criteria for the Foresight Accelerated ITS and the relevant Insurance Cover Option and your financial intermediary has certified that participation in the Foresight Accelerated ITS meets your objectives, you have the expertise, experience and knowledge to understand the risks and that you are able to bear the associated risk involved in participating in the Foresight Accelerated ITS. We reserve the right to accept Application Forms without an Adviser Certificate if we are otherwise satisfied with all applicable legal and regulatory requirements.

Financial advice, assessment and customer due diligence procedures

You must arrange for a financial intermediary authorised by the FCA to carry out:

- (i) a suitability assessment in accordance with COBS 9 to ensure that you have the requisite knowledge and experience to participate in the Foresight Accelerated ITS, and that it meets, and is suitable for, your needs in light of your financial situation and investment objectives; and
- (ii) the customer due diligence procedures required by the Money Laundering Regulations 2007 within the guidance for the UK Financial Sector issued by the Joint Money Laundering Steering Group.

Your financial intermediary must complete the Adviser Certificate in Section 9 in confirmation of the above points.

Applications not accepted

If any application is not accepted, the amount paid on application will be returned to the applicant, without interest, and less any charges incurred in returning such monies.

You will find these useful icons throughout the document to help you complete the form:



Declaration



Useful information



Please note



All fields marked with * are mandatory and must be completed. We regret we will not be able to accept applications missing these details.

Section 1: APPLICANTS

Applicant 1:

*Title (Mr/Mrs/Miss/Ms/Dr/Other) *Circle as appropriate*

*Forenames:

*Surname:

*Residential Address:

*Postcode:

Previous Address *(if moved in the last three years):*

Previous Postcode:

*Date of Birth:

-

*National Insurance No.:

Email:

Tel No (day):

Tel No (evening):

Correspondence address *(if different from above):*

Postcode:

Please tick this box if you are resident for tax purposes in any jurisdiction other than the UK

Where applicable, please provide confirmation of the non-UK jurisdictions in which you are resident for tax purposes, along with your corresponding tax payer identification number (TIN) or equivalent:

Country:

TIN/Equivalent:

Country:

TIN/Equivalent:

Applicant 2 (if applicable):

*Title (Mr/Mrs/Miss/Ms/Dr/Other) *Circle as appropriate*

*Forenames:

*Surname:

*Residential Address:

*Postcode:

Previous Address *(if moved in the last three years):*

Previous Postcode:

*Date of Birth:

*National Insurance No.:

Email:

Tel No (day):

Tel No (evening):

Please tick this box if you are resident for tax purposes in any jurisdiction other than the UK

Where applicable, please provide confirmation of the non-UK jurisdictions in which you are resident for tax purposes, along with your corresponding tax payer identification number (TIN) or equivalent:

Country:

TIN/Equivalent:

Country:

TIN/Equivalent:



The Foresight Accelerated ITS is only suitable for individuals and, in respect of joint applications, is restricted to two individuals. Foresight may (if necessary) disclose information to HMRC or other tax authorities in order to satisfy its FATCA and/or CRS obligations. Foresight may also undertake any electronic searches necessary for the purpose of verifying the applicant's identity and/or any personal information supplied.

Section 2: YOUR INVESTMENT

I/We would like to invest **£**

(including any adviser charges detailed in Section 6)



The minimum investment you can make is £25,000 and the maximum investment depends on the Insurance Cover Option you select (see Section 3).

How would you like to make your investment?



Bank transfers should be paid to:

Sort code: 80 - 22 - 60

A/c No: 14730960

A/c Name: The City Partnership – Foresight Accelerated ITS

Reference: Your surname and initials

Bank: Bank of Scotland

SWIFT: BOFSGBS1SDP

IBAN: GB60 BOFS 8022 6014 7309 60

I/We have transferred funds from a bank account in my/our name into the above bank account




I/We enclose a cheque or bankers' draft drawn on a UK clearing bank or building society in my/our own name, made payable to **"The City Partnership - Foresight Accelerated ITS"**

Section 3: INSURANCE

For joint applications, the total amount that you would like to invest will be split equally between the applicants.

Please carefully read the Investor Guide and Customer Agreement (in particular the eligibility criteria and exclusions in respect of each Insurance Cover Option set out on pages 16 to 21 of the Investor Guide and clause 20 of the Customer Agreement) before completing the following section.

Each applicant should tick only one box.

	INSURANCE COVER OPTIONS		
Insurance Cover Option	 A Immediate life insurance cover on investment for death by any cause	 B Immediate life insurance cover on investment for death by accident only in the first 100 days and thereafter for death by any cause	 C Immediate life insurance cover for death by accident only
Maximum investment	£1 million per applicant	£1 million per applicant	£5 million per applicant
Age criteria	Aged between 62 and 85 (inclusive)	Aged between 86 and 89 (inclusive)	Aged between 40 and 89 (inclusive)
Applicant 1 Please tick only one box per applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant 2 Please tick only one box per applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



If you wish to take out more than one Insurance Cover Option per applicant please use the supplementary "Multiple Insurance Cover Options" addendum.

Section 4: INSURANCE - ELIGIBILITY

Please carefully read the Investor Guide and Customer Agreement (in particular the eligibility criteria and exclusions set out on pages 16 to 21 of the Investor Guide and clause 20 of the Customer Agreement and, in respect of Insurance Cover Option A or Insurance Cover Option B (as relevant), the declaration set out on page 20 of the Investor Guide and clause 20.3.2 of the Customer Agreement) before completing the following declarations.

If Insurance Cover Option A or Insurance Cover Option B has been selected, all tick boxes in this section must be ticked by you for the application to be accepted. If insurance Cover Option C has been selected, only the first and third boxes need be ticked. Joint applicants should each tick their respective relevant boxes.



I confirm that, as at the date this Application Form is completed, signed and dated in Section 8 below:

	Applicant 1	Applicant 2
I am an individual aged within the relevant age criteria for the Insurance Cover Option I have selected (see page 17 of the Investor Guide and clause 20.3.1 of the Customer Agreement for full details)	<input type="checkbox"/>	<input type="checkbox"/>
I have no knowledge that I am suffering from a Terminal Illness (see page 20 of the Investor Guide and clause 20.3.2 of the Customer Agreement for full details)	<input type="checkbox"/>	<input type="checkbox"/>
I hereby give consent upon my death to the release of my medical records, including any post-mortem examination as may be necessary to enable the Insurer to adjudicate any claim thereunder as is required.	<input type="checkbox"/>	<input type="checkbox"/>

Section 5: INSURANCE - DECLARATION OF TRUST

Please tick the following box(es) to confirm your agreement to the below declarations and confirm your beneficiaries below:

APPLICANT 1

APPLICANT 2 (For joint applications only)

If applying as joint applicants and your respective beneficiaries details are different please complete the additional details on a separate copy of this page.



DECLARATION OF TRUST

By signing this Application Form, I, with effect from the date upon which an investment is acquired for my Portfolio, hereby automatically assign my beneficial interest in the Insurance Policy to Foresight as trustee according to the terms of the settlement detailed in Schedule 2 of the Customer Agreement and acknowledge that Foresight accepts the role of trustee of that settlement on the terms and conditions detailed in Schedule 2 of the Customer Agreement.



EXPRESSION OF WISHES

In this expression of wishes, I desire to make known to Foresight (as trustee of the Settlement) my wishes about whom I would like Foresight to consider should benefit from the Settlement. I understand that this expression of wishes is not binding on Foresight and Foresight will still have the freedom to decide who amongst the class of my Beneficiaries is to benefit from the Settlement.



Beneficiaries must be aged 18 or over.



Please only provide details of beneficiaries that you would like Foresight to consider should benefit from the proceeds of the Insurance Policy. The investments you hold through the Foresight Accelerated ITS at the time of your death will be subject to separate instructions given to us by the personal representatives of your estate.

BENEFICIARY 1

*Title: _____ *Forenames: _____

*Surname: _____

*Address: _____

*Postcode: _____

*Date of Birth: - -

BENEFICIARY 2 (if applicable)

*Title: _____ *Forenames: _____

*Surname: _____

*Address: _____

*Postcode: _____

*Date of Birth: - -

If you require more sections please provide these on a copy of this page.

Foresight will contact the Beneficiaries listed above to arrange payment if and when applicable.

Section 6: ADVISER CHARGES (if applicable)

This section is for you to complete the details of any charges that you have agreed with your authorised financial intermediary and that you wish Foresight to facilitate.

UPFRONT CHARGES **FIXED AMOUNT £** _____ OR **PERCENTAGE** _____ %



If you request us to facilitate upfront charges on a percentage basis, these will be calculated as a percentage of the amount you would like to invest (as stated at the start of Section 2).

ONGOING CHARGES **FIXED AMOUNT £** _____ OR **PERCENTAGE** _____ %



If you request us to facilitate ongoing charges as a percentage basis, these will be calculated as a percentage of the value of your Portfolio when calculated.

Section 7: CORRESPONDENCE

Direct

(I would like to receive paper copies)

Adviser only

(All correspondence will be sent to my adviser, who will update me)

Section 8: SIGNATURES AND ACKNOWLEDGMENTS

Once you have completed the previous sections, read the below carefully and sign as the person(s) listed in Section 1.



By signing this form, I/we hereby irrevocably declare that I/we:

- i. wish to subscribe the amount shown in Section 2 in the Foresight Accelerated ITS;
- ii. have read and understood the Investor Guide and Customer Agreement dated August 2018 and the risk factors set out in it;
- iii. have read and understood the investment objectives of the Foresight Accelerated ITS;
- iv. am/are applying on my/our own behalf;
- v. am/are (if I/we have completed Section 6) declaring and validating to Foresight and the Receiving Agent the amount of the facilitation charge(s) specified therein and am/are agreeing to the making of a facilitation payment of that amount;
- vi. acknowledge that the amount set aside from my/our subscription in connection with initial product and adviser charges will not be invested in the Foresight Accelerated ITS and will not subsequently benefit from BPR, and that all indications of possible returns stated in the Investor Guide are based on amounts invested in the Foresight Accelerated ITS after the setting aside of any such fees;
- vii. give the declarations set out in Sections 4 and 5; and
- viii. confirm that, to the best of my/our knowledge and belief, the particulars I/we have given are correct.

SIGNATURE OF APPLICANT 1

Date:

SIGNATURE OF APPLICANT 2

Date:

Foresight respects your privacy and are committed to protecting your personal information. If you would like to find out more about how Foresight use and look after your personal information, please refer to its privacy notice, which can be found at www.foresightgroup.eu/privacy-cookies/

Section 9: ADVISER DETAILS AND DECLARATION



This section is to be completed by your authorised financial intermediary.

*Firm Name:

Directly authorised by FCA *Firm FCA Reference Number (FRN):

Or Authorised by network Name of network:

*Adviser email:

ADVISER DETAILS

*Title: *Forenames:

*Individual FCA Reference Number (FRN):

*Surname:

*Network partner ref. No.:

*Correspondence contact name:

*Firm address for correspondence:

*Postcode:

Telephone:

Correspondence email:

BANK ACCOUNT DETAILS FOR ADVISER CHARGES *(If applicable)*

If you require us to pay these charges to your network, please advise accordingly.

Account name:

Bank/building society:

Sort code:

 - -

Account number:

Email(s) for confirmation of ongoing adviser charges:



Special Instructions/Notes

If you have any special instructions/notes, please provide them in a covering letter with this Application Form.

We certify to FORESIGHT GROUP LLP and CITY PARTNERSHIP (UK) LIMITED as follows in relation to the applicant(s) set out in this Application Form:

1. We, confirm that we have applied customer due diligence measures on a risk-sensitive basis in respect of the applicant to the standard required by the Money Laundering Regulations 2007 within the guidance for the UK financial sector issued by the Joint Money Laundering Steering Group and that in the event that Foresight, the Promoter and/or the Receiving Agent require additional information in order to accept the subscription, we will provide it to them within two business days of receiving their request or, if we don't have the information required, arrange for the information to be provided to them.

2. We further confirm that, where we have provided advice to the applicant in connection with an investment in the Foresight Accelerated ITS, such investment (and the insurance element) is considered to be a suitable investment for the applicant in their current circumstances.

3. We confirm that the investor is making an application under the Foresight Accelerated ITS for the primary purpose of an Investment and/or BPR relief and not primarily as a means of accessing the insurance element.



By submitting this Application Form:

- We confirm that our details included in this Application Form are true and accurate;
- We make the above confirmations regarding customer due diligence, suitability of the investment and motive of the applicant;
- We confirm our acceptance of the Foresight Group's Terms and Conditions for Financial Advisers (which can be accessed at www.foresightgroup.eu/retail-investors); and

iv. We undertake to forthwith notify the Company and/or the Promoter if any changes to our details provided above and/or if the applicant ceases to be our client in respect of his or her investment in the Company.

Foresight respect your privacy and are committed to protecting your personal information. If you would like to find out more about how Foresight use and look after your personal information, please refer to its privacy notice, which can be found at www.foresightgroup.eu/privacy-cookies

*Adviser Signature:

*Date:

What happens next?

Before you submit this application, please make sure:

- You have read the Investor Guide and Customer Agreement marked August 2018 in full
- You have completed all parts of the Application Form
- You have signed and dated the Application Form (Section 8)
- Your adviser has completed, signed and dated the Adviser Certificate (Section 9)
- You have arranged payment or attached a cheque/bankers' draft to the Application Form

Once you have completed the Application Form, send the completed document to:
The City Partnership (UK) Limited, 110 George Street, Edinburgh EH2 4LH

Your funds will be invested after the two week cancellation period

You will receive confirmation when your investment has been made

Reporting for the six-month periods to the end of March and September will be sent to you in June and December, respectively

Have a question?

We would always recommend speaking to a qualified financial adviser before making any investment decision. Foresight is not able to provide advice about whether this investment opportunity is suitable for you. However, if you have any questions about the Foresight Accelerated Inheritance Tax Solution, or how to complete this Application Form we'd be happy to help. Please contact us by phone or email.

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 investorrelations@foresightgroup.eu



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Foresight AITS