

Account opening form

**DFM service via a financial advisor
(with SOW and SOF)**



This Account Opening Form will allow you to provide Canaccord Genuity Wealth Management (CGWM) with important details. CGWM will review all the information you provide. When we are satisfied that we have all the information we need, we will be able to provide our services and meet our legal and regulatory requirements.

Section 1 – Personal information

(we will treat the first account holder as the lead unless advised otherwise)

The privacy of your data is important to us. For details of how your data will be processed, please refer to our privacy notice, which is available at: www.canaccordgenuity.com/wealth-management-uk/legal-and-regulatory-information/legal--regulatory-information-uk/

Personal details

First account holder

Title: Mr Mrs Ms Miss Dr
Other (please specify):

Surname:

Forename(s):

Premarital, former and any other name(s) by which you are known:

Date of birth:

Marital status: Single Married Divorced
Civil Partner Widow/widower

Place and country of birth:

Nationality/dual nationality:

Passport number:

Expiry date:

Country of issuance:

Are you a US citizen? Yes No

Second account holder

Title: Mr Mrs Ms Miss Dr
Other (please specify):

Surname:

Forename(s):

Premarital, former and any other name(s) by which you are known:

Date of birth:

Marital status: Single Married Divorced
Civil Partner Widow/widower

Place and country of birth:

Nationality/dual nationality:

Passport number:

Expiry date:

Country of issuance:

Are you a US citizen? Yes No

First account holder

Permanent residential address:

Postcode:

Email:

Telephone (home):

Telephone (work):

Telephone (mobile):

Second account holder

Permanent residential address:

Postcode:

Email:

Telephone (home):

Telephone (work):

Telephone (mobile):

Dependents

First account holder

Do you have any financial dependents? Yes No

If yes, please complete the following detail:

Anticipated date of independence:

Reason for dependency:

Anticipated date of independence:

Reason for dependency:

Second account holder

Do you have any financial dependents? Yes No

If yes, please complete the following detail:

Anticipated date of independence:

Reason for dependency:

Anticipated date of independence:

Reason for dependency:

Security questions to help protect your account

First account holder

Name of memorable place:

Name of first school:

Father's middle name:

Mother's maiden name:

Second account holder

Name of memorable place:

Name of first school:

Father's middle name:

Mother's maiden name:

Please note that we may also ask additional security questions regarding activity on your account.

If you work for a company which issues securities to the public (an 'Issuer') and you are involved in the management or oversight of that company (e.g. you are a senior manager, senior executive or director); you are able to make decisions which affect the future development and prospects of the company and you have regular access to inside information relating to the Issuer then you are likely to be considered a PDMR (which stands for 'person discharging managerial responsibilities'). If you are a PDMR we have to have a record of this fact.

Are you currently a PDMR or a close associate of a PDMR or are you otherwise connected to an issuer? Yes No

If so, please confirm the name of the issuer and the nature of your role or association:

Additional considerations

Is there anything you would like us to know about:

Circumstances/challenges that make it difficult for you to (understand or) manage your finances:

Yes No

Any assistance you require from other person(s) to manage your finances (such as a carer, relative or solicitor):

Yes No

Circumstances that affect your ability to communicate with us:

Yes No

Is there anything we can do that would help make communicating with us easier?

Yes No

Please help us to understand your difficult circumstances/challenges:

Section 2 – Tax details

First account holder

National insurance number:

Tax identification number (TIN):

Tax status:

Tax payer Non tax payer

Marginal tax rate:

Additional higher Higher

Basic Nil

Capital gains tax status:

Liable Exempt

Country of domicile for tax purposes:

Country of tax residency:

Additional country of tax residency:

Tax identification number (TIN):

Additional country of tax residency:

Tax identification number (TIN):

Additional country of tax residency:

Tax identification number (TIN):

Second account holder

National insurance number:

Tax identification number (TIN):

Tax status:

Tax payer Non tax payer

Marginal tax rate:

Additional higher Higher

Basic Nil

Capital gains tax status:

Liable Exempt

Country of domicile for tax purposes:

Country of tax residency:

Additional country of tax residency:

Tax identification number (TIN):

Additional country of tax residency:

Tax identification number (TIN):

Additional country of tax residency:

Tax identification number (TIN):

Capital Gains Tax

Our investment style is an active one. We believe that once an asset appears fully valued, CGT considerations should not prohibit a sale taking place. While we will consider the CGT implications of transactions and look to mitigate gains where possible, they should not be a constraint to investment management decisions. Therefore, bearing in mind the comparatively modest annual tax free allowance, it may prove both impractical and imprudent to keep gains within the nil rate band. If this is a view with which you disagree, please inform us.

Disagree

Section 3 – Service details

Available services

Tailored Investment Portfolio							Managed Portfolio Service					Fund of Funds					
RP3	RP4	RP5	RP6	RP7	RP8	RP9	RP3	RP4	RP5	RP6	RP7	RP3	RP4	RP5	RP6	RP7	RP9
ESG Tailored Investment Portfolio						ESG Managed Portfolio Service					MPS Fixed Interest Portfolio Service						
RP3	RP4	RP5	RP6	RP7		RP3	RP4	RP5	RP6	RP7	RP4						

Low risk	RISK PROFILE							High risk
	RP3	RP4	RP5	RP6	RP7	RP8	RP9	

Account type	Wrapper	Investment service
Joint/Individual	(General Investment Account GIA/ISA/SIPP/Bond)	

Risk warning in respect of this service

Your independent financial advisor has recommended this investment based on their assessment of its suitability for you in accordance with FCA rules. This assessment will be based on information you have provided to your IFA and therefore Canaccord Genuity Wealth Management bears no responsibility for the assessment of the suitability of this investment for you.

The capital you ask us to invest will be exposed to the risks of the stock market and the value of the investment and income from it can go down as well as up. You may not get back all the money you invested.

Section 4 – Account administration

First account holder

Nominee and Safe Custody Services

All investments forming part of your portfolio will be held as specified in our terms of business.

Bank details

Payments will only be made to your nominated account and will only be accepted from your nominated account.

Bank account

Name of account holder(s):

Name of bank/building society:

Account number:

Sort code:

IBAN/Account number:

Building society reference number (if applicable):

Fees

Fees will be debited from this CGWM account.

Cash

Please indicate how the following account dividends should be treated, in the absence of contrary instruction:

Income (e.g. dividends or interest):

Retain on deposit

Transfer to bank account (shown above)

Fixed standing order

Monthly fixed income £

Quarterly fixed income £

Second account holder

Nominee and Safe Custody Services

All investments forming part of your portfolio will be held as specified in our terms of business.

Bank details

Payments will only be made to your nominated account and will only be accepted from your nominated account.

Bank account

Name of account holder(s):

Name of bank/building society:

Account number:

Sort code:

IBAN/Account number:

Building society reference number (if applicable):

Fees

Fees will be debited from this CGWM account.

Cash

Please indicate how the following account dividends should be treated, in the absence of contrary instruction:

Income (e.g. dividends or interest):

Retain on deposit

Transfer to bank account (shown above)

Fixed standing order

Monthly fixed income £

Quarterly fixed income £

Section 5 – Correspondence, reporting and online access

Our reporting is provided safely and securely via our client portal, Wealth Online, where you will obtain a daily valuation of your investments with us, as well as all portfolio reports, contract notes and consolidated tax vouchers (if required). Alerts will also be sent to your chosen email address each time a new document is made available to you. Wealth Online can be accessed online through your web browser. Our mobile device app is also available from the Apple and Google stores. Your login details will be confirmed in your account opening letter.

If you do not have access to the internet, please tick here and we will contact you to agree an alternative communication method.

Mailing product and online access

General correspondence	Valuations	Contract notes	Statements	Tax pack	Online access to be granted
Copy correspondent 1					
Copy correspondent 2					
Copy correspondent 3					
Copy correspondent 4					

Copy correspondent 1

Name:

Email:

Address:

Postcode:

Country:

Capacity: Solicitor Accountant Other

Copy correspondent 2

Name:

Email:

Address:

Postcode:

Country:

Capacity: Solicitor Accountant Other

Copy correspondent 3

Name:

Email:

Address:

Postcode:

Country:

Capacity: Solicitor Accountant Other

Copy correspondent 4

Name:

Email:

Address:

Postcode:

Country:

Capacity: Solicitor Accountant Other

All correspondence will be sent to the third party using the email address provided above. In order to secure the transmission of client data over email, we require an agreed password for the third party (this should be between 7 and 15 characters long and should comprise letter and numbers only please):

Section 6 – Source of funds

We are required to verify your identity and document the source of the assets you are using to fund your account with CGWM. This can include: employment, business ownership, external investments or an inheritance/gift/divorce settlement.

Please indicate all the origins of your overall wealth and complete all of the sections below that are relevant to your circumstances.

First account holder

Initial investment (or currency equivalent)

£

Second account holder

Initial investment (or currency equivalent)

£

Source	Documents required	Amount (if applicable)
First account holder		
Cash from bank or building society account in my/our name	Please enclose a statement showing the sum to be transferred	
Existing Investments held with an external custodian	Please provide current valuations including sedol and cost information	
Transfer of ISAs from another ISA manager	Please provide current valuations including sedol codes	
Share certificates held in the individuals name	A schedule of the shares that are to be transferred detailing: no. of shares, name of stock, price paid per share, with copies of the valid certificates. Original shares certificates should not be sent until the relevant transfer forms have been signed by the Client	
Unit Trusts held in the individuals name	Please provide a current statement from each UT manager including sedol or ISIN codes and cost information	
Second account holder		
Cash from bank or building society account in my/our name	Please enclose a statement showing the sum to be transferred	
Existing Investments held with an external custodian	Please provide current valuations including sedol and cost information	
Transfer of ISAs from another ISA manager	Please provide current valuations including sedol codes	
Share certificates held in the individuals name	A schedule of the shares that are to be transferred detailing: no. of shares, name of stock, price paid per share, with copies of the valid certificates. Original shares certificates should not be sent until the relevant transfer forms have been signed by the Client	
Unit Trusts held in the individuals name	Please provide a current statement from each UT manager including sedol or ISIN codes and cost information	

Section 7 – Source of wealth

We need to have a full and comprehensive understanding how you have accumulated your overall wealth. This can be from employment, business ownership, investment growth or an inheritance/gift/divorce settlement. Please indicate all the origins of your overall wealth and complete all of the sections below that are relevant to your circumstances.

First account holder

Please give us an indication of your total net worth (excluding the value of your main residence)

£

Second account holder

Please give us an indication of your total net worth (excluding the value of your main residence)

£

Assets (approximate value or ranges)

	First account holder	Second account holder	Joint
Main residence			
Other properties			
Investment portfolio(s) (including wrapper/broker)			
ISAs			
Insurance bonds			
Deposits (including bank term if any)			
Other ¹			
Pension(s) (including type of pension)			
Trusts held for your benefit			
Notes			

¹ Share incentives schemes, options, private equity, venture capital

Please tell us how you built your wealth

Please list all activities which contributed to your overall wealth. Please also include any activities which relate to the funds which you will specifically be investing with us and tick the appropriate box to show this.

If you are financially dependent on another person, please provide their details here and complete this section based on how that person generated their overall wealth:

Name of person on whom you are financially dependent:

Your relationship to this person:

Employment

Please complete details of each employment which has contributed to the majority of your wealth

First account holder

Name of employer:

Employment country:

Employment sector:

Job title(s):

Length of service (in years):

Current gross income per annum:

(For retired clients, last gross annual income)

This activity generated the funds you will be investing with us:

Yes No

Name of employer:

Employment country:

Employment sector:

Job title(s):

Length of service (in years):

Current gross income per annum:

(For retired clients, last gross annual income)

This activity generated the funds you will be investing with us:

Yes No

Second account holder

Name of employer:

Employment country:

Employment sector:

Job title(s):

Length of service (in years):

Current gross income per annum:

(For retired clients, last gross annual income)

This activity generated the funds you will be investing with us:

Yes No

Name of employer:

Employment country:

Employment sector:

Job title(s):

Length of service (in years):

Current gross income per annum:

(For retired clients, last gross annual income)

This activity generated the funds you will be investing with us:

Yes No

Business ownership/sale

First account holder

Name of business:

Date business was established:

Nature or sector of business:

Geographic scope of business activities:

Gross revenue per annum:

Date business sold (if applicable):

Sale proceeds (if applicable):

This activity generated the funds you will be investing with us:

Yes No

Second account holder

Name of business:

Date business was established:

Nature or sector of business:

Geographic scope of business activities:

Gross revenue per annum:

Date business sold (if applicable):

Sale proceeds (if applicable):

This activity generated the funds you will be investing with us:

Yes No

First account holder

Name of business:

Date business was established:

Nature or sector of business:

Geographic scope of business activities:

Gross revenue per annum:

Date business sold (if applicable):

Sale proceeds (if applicable):

This activity generated the funds you will be investing with us:

Yes No

Second account holder

Name of business:

Date business was established:

Nature or sector of business:

Geographic scope of business activities:

Gross revenue per annum:

Date business sold (if applicable):

Sale proceeds (if applicable):

This activity generated the funds you will be investing with us:

Yes No

Investment growth/cash savings/high value collectibles

First account holder

Amount of initial investment:

Current value:

Date you started investing/saving:

Sale proceeds (if applicable):

Type of investment:

- Savings at bank
- Diversified portfolio
- Listed securities / regulated funds
- Unlisted securities / unregulated funds
- Crypto assets
- High value collectibles (e.g. art / wine / classic cars)

This activity generated the funds you will be investing with us:

Yes No

Second account holder

Amount of initial investment:

Current value:

Date you started investing/saving:

Sale proceeds (if applicable):

Type of investment:

- Savings at bank
- Diversified portfolio
- Listed securities / regulated funds
- Unlisted securities / unregulated funds
- Crypto assets
- High value collectibles (e.g. art / wine / classic cars)

This activity generated the funds you will be investing with us:

Yes No

Property ownership/sale

First account holder

Property type:

Country where property is/was located:

Approximate current value (if applicable):

Approximate gross annual income (if applicable):

Date of sale (if applicable):

Sale proceeds (if applicable):

This activity generated the funds you will be investing with us:
Yes No

Property type:

Country where property is/was located:

Approximate current value (if applicable):

Approximate gross annual income (if applicable):

Date of sale (if applicable):

Sale proceeds (if applicable):

This activity generated the funds you will be investing with us:
Yes No

Second account holder

Property type:

Country where property is/was located:

Approximate current value (if applicable):

Approximate gross annual income (if applicable):

Date of sale (if applicable):

Sale proceeds (if applicable):

This activity generated the funds you will be investing with us:
Yes No

Property type:

Country where property is/was located:

Approximate current value (if applicable):

Approximate gross annual income (if applicable):

Date of sale (if applicable):

Sale proceeds (if applicable):

This activity generated the funds you will be investing with us:
Yes No

Inheritance/Gift/Divorce settlement

First account holder

Name of deceased/donor:

Deceased/donor's year of birth:

Relationship to the deceased or donor:

Amount received:

Date received:

Was the deceased/donor a politically exposed person?

Country where the deceased/donor generated their wealth:

Industry or sector deceased/donor generated their wealth:

This activity generated the funds you will be investing with us:
Yes No

Second account holder

Name of deceased/donor:

Deceased/donor's year of birth:

Relationship to the deceased or donor:

Amount received:

Date received:

Was the deceased/donor a politically exposed person?

Country where the deceased/donor generated their wealth:

Industry or sector deceased/donor generated their wealth:

This activity generated the funds you will be investing with us:
Yes No

Distribution from a trust or foundation

First account holder

Name of trust/foundation:

Domicile of trust/foundation:

Value of distribution received:

Name of settlor:

Settlor's year of birth:

Was the settlor of the trust a politically exposed person?

Country where the settlor generated their wealth:

Industry or sector where the settlor generated their wealth:

This activity generated the funds you will be investing with us:
Yes No

Second account holder

Name of trust/foundation:

Domicile of trust/foundation:

Value of distribution received:

Name of settlor:

Settlor's year of birth:

Was the settlor of the trust a politically exposed person?

Country where the settlor generated their wealth:

Industry or sector where the settlor generated their wealth:

This activity generated the funds you will be investing with us:
Yes No

Lottery/large wins/large payout

First account holder

Name of lottery/competition or other payout:

Amount received:

When did you receive the payment:

This activity generated the funds you will be investing with us:

Yes No

Second account holder

Name of lottery/competition or other payout:

Amount received:

When did you receive the payment:

This activity generated the funds you will be investing with us:

Yes No

Life insurance payment

First account holder

Name of insured:

Insured's year of birth:

Name of life insurance provider:

Amount distributed to you:

Date received:

Relationship to policyholder:

This activity generated the funds you will be investing with us:

Yes No

Second account holder

Name of insured:

Insured's year of birth:

Name of life insurance provider:

Amount distributed to you:

Date received:

Relationship to policyholder:

This activity generated the funds you will be investing with us:

Yes No

How much are you looking to invest with us?

In what country are the funds currently held?

Name of bank account/financial institution where the funds are currently held:

IBAN/ account number etc:

Section 8 – Marketing and communications

As part of our service, we will send you investment commentaries, market updates or similar communications and invitations to our events. We may also invite you to participate in satisfaction surveys. You can unsubscribe to these at any time.

However, we require your consent to send you direct marketing material, which includes promotional material about new products and services, including those of other companies in the Canaccord Genuity group, which may be of interest to you. If you wish to receive direct marketing material, please indicate your consent below. You can withdraw your consent at any time. Please refer to our Privacy Notice for further information.

I/we consent to receive direct marketing material

How did you become aware of CGWM's services (for example, website, social media, recommendation from family/friend, ongoing business relationship, CGWM event, CGWM marketing, initiation from CGWM employee):

Section 9 – Financial adviser’s details

If you require copy contracts, statements and valuations please complete section 5.

Financial adviser’s name:

Financial adviser’s company name and address:

Postcode:

Financial adviser’s telephone number:

Initial adviser fee payable:

Ongoing adviser fee payable:

I/We certify:

I/We confirm we have assessed the suitability of the service in accordance with the FCA and will notify Canaccord Genuity Wealth Management immediately of any change in circumstances that may affect the management of the portfolio.

I/We confirm the verification of identity of the Client(s) introduced in accordance with the Money Laundering Regulations 2007. We hereby provide an introductory certificate along with supporting documentation.

I/We have not been able to confirm the verification of the Client(s) for the following reasons:

I/We will inform Canaccord Genuity Wealth Management of any change in the Financial Adviser VAT status.

I/We have met the client:

Face to face and can identify them

Via video call and able to identify them

Introducer’s signature:

Date:

If you wish us to facilitate the payment of your financial adviser’s initial and/or ongoing adviser fee, please indicate on the signature page.

Section 10 – Agreements

These are the standard terms and conditions upon which Canaccord Genuity Wealth Management (CGWM) intends to rely. 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. For the avoidance of doubt, this agreement is between Canaccord Genuity Wealth Management and the applicant(s) named in Section 1 of this form.

1. I/we have received, read and understood the guide to risk and investment, service agreements including discretionary portfolio management, advisory stockbroking, execution-only stockbroking, as applicable, and the terms of business, including the risk warnings, custody agreement, ISA and junior ISA terms, where applicable, and confirm that I/we agree to such terms.
2. I/We accept the fees and charges provided in a separate schedule.
3. I/We have provided details of my/our investment objectives, risk tolerance and financial situation to my financial adviser and will notify my/our financial adviser in writing of any change. I/We confirm that I/we can financially bear the associated risks consistent with my investment objectives
4. I/We have read your Order Execution Policy for Retail Clients and confirm that I/we accept the terms thereof including but not limited to:
 - (a) Consent to orders being executed outside a regulated market/MTF; and
 - (b) Consent not to publish limit orders.
5. I/We are investing excess capital and understand the value will fluctuate.
6. I/We understand that my financial adviser listed below providing me/us with financial advice will charge me/us a fee for that advice and I/we instruct and consent to CGWM facilitating the payment of such fee to that intermediary directly from my account with you.
7. Where more than one person has signed this agreement, CGWM may rely on information provided by either party regarding the others' circumstances and make their recommendations accordingly.
8. I/We agree that CGWM may communicate with us electronically (including the provision of documents), for which purposes I/we have provided my/our email address in Section 1.

Financial adviser (insert name):

Client signature:

Name (block capitals):

Date:

Client signature:

Name (block capitals):

Date:

Section 11 – Identification

In order for us to verify your identity please provide us with **ONE document from List A along with ONE separate document from List B.**

Please present original documents to your account executive who will copy and certify them.

Where you have not met your account executive, please send certified copies of the documents. You should not send valuable documents such as passports and driving licences in the post.

Certifying documents

The certification of documents bearing your photograph should read **I certify this to be a true copy of the original which I have seen and that the photograph bears a true likeness of the document holder.**

The certification of other documents should read: **I certify this to be a true copy of the original.**

- The certification should be signed by the certifier who should state: name, capacity in which they are certifying the documents, contact details: email, phone number or postal address, firm (if applicable) and date
- The certification may be given by the following: an FCA approved person, a lawyer or notary public who is a member of a recognised professional body, a serving police or customs officer (must include their full name, badge number, rank and station contact details), an officer of an embassy, consulate or high commission of the country or territory of issue of documentary evidence of identity, an actuary who is a member of a recognised professional body, an accountant who is a member of a recognised professional body, a member of the institute of chartered secretaries and administrators, Commissioner of Oaths, Justice of the Peace or Post Office Certification Service
- Please note that we may require additional information.

List A – Verification of name

Evidence of name from a current permanent record or document issued by central, regional or local government.

Typical examples include:

- Signed current passport
- National photo identity card (in the absence of current passport), the document must include English description
- Current driver's licence, the document must have a photograph and include English description
- Current Armed Forces identity card (UK nationals only)

List B – Verification of residential address

Evidence of permanent residential address from a separate and different current official document. Examples include:

- Utility bill (excluding mobile phone bill) showing name and residential address (less than 3 months old)
- Bank statement (excluding online bank statement) showing name and residential address (less than 3 months old)
- Council tax bill showing name and residential address (current year)
- Copy of HMRC correspondence showing name and residential address (current year)
- Current driver's licence, the document must have a photograph and include English description (If not used above)

If you have difficulty in providing the documents listed above, please contact us.

Do you consider yourself, your close relatives or associates to be politically exposed persons (PEP)?

Yes No

A PEP is, or has been, in a prominent public function (or) an immediate family member, or a close associate, of such a person either in UK or abroad. (e.g. heads of state or of government, ambassadors, members of the board of central bank, heads of supranational bodies, senior politician, senior government, judicial or military official, senior executives of state owned enterprises and important political party officials, members of ruling royal family).

Canaccord Genuity Wealth Management (CGWM) is the trading name of Canaccord Genuity Wealth Limited (CGWL) and CG Wealth Planning Limited (CGWPL). They are both subsidiaries of Canaccord Genuity Group Inc. CGWL and CGWPL are authorised and regulated by the Financial Conduct Authority (registered numbers 194927 and 594155). CGWL and CGWPL have their registered office at 88 Wood Street, London, EC2V 7QR. CGWL and CGWPL are registered in England & Wales no. 03739694 and 08284862.

Third party authorisation

First account holder

Mandate authorising third parties (other individuals/corporates) to give instructions on the account

Please note that if the third party is a corporate and not limited to one individual employed by the company, please only complete the company section below.

I / We the account holder(s) hereby authorise Canaccord Genuity Wealth Management to take instructions from:

Title:

Surname:

Forename(s):

Date of birth:

Place of birth (town and country):

Nationality:

National Insurance number or Tax Identification number:

Dual Nationality (if applicable):

Permanent residential address:

Postcode:

Email:

Telephone (home):

Telephone (work):

Telephone (mobile):

Company name (if applicable):

Address:

Postcode:

Country of registration:

Registered office address (if different from above):

Postcode:

Contact name:

Email:

Telephone:

If you work for a company which issues securities to the public (an 'Issuer') and you are involved in the management or oversight of that company (e.g. you are a senior manager, senior executive or director); you are able to make decisions which affect the future development and prospects of the company and you have regular access to inside information relating to the Issuer then you are likely to be considered a PDMR (which stands for 'person discharging managerial responsibilities'). If you are a PDMR we have to have a record of this fact.

Are you currently a PDMR or a close associate of a PDMR or are you otherwise connected to an issuer? Yes No

If so, please confirm the name of the issuer and the nature of your role or association:

Please tick one of the following two options:

Instruction authority: Authority is limited to the buying and selling of securities, instructing on corporate actions (payment of dividends, rights issues, etc) and completing suitability reviews, but does not include the addition or removal of cash assets from the account.*

Operating Authority: This includes all actions included in instruction authority plus the ability to pay away money or close the account, but does not include instructing any static data (e.g. Address, contact details etc) changes or adding/ changing bank details.*

A suitability review is conducted with you in line with the time horizon of your investments. In these reviews we will ask about your objectives, financial circumstances and capacity for losses. Based on the information provided your service will have a risk profile assigned (with your agreement). Your risk profile will determine the combination of securities (equities, bonds, alternatives, small cap stock, etc) which can be held in your account, to ensure that you are not taking on more risk that you want. Please see the risk brochure for more details on our risk profiles.

*In the case of suitability reviews, the person to whom you have given authority is authorised to complete suitability reviews on your behalf and to bind you in respect of the outcome of such reviews. You must ensure that they have all necessary information to complete the review. You understand that where the updated suitability information concludes that your current risk profile is no longer suitable for you or the current service type is unsuitable, this will result in a change of risk profile and/or service type.

If you wish to appoint someone to have full authority, you should seek legal advice as you may need to register a lasting power of attorney. This is particularly important if you are concerned that you may become unable to manage your own affairs or provide confirmation through health or other reasons.

Where you have appointed someone with authority to act for you, you consent to CGWM disclosing your personal data to that person, insofar as it is relevant for the exercise of their authority.

Is the third party authorised to act alone? (i.e. not jointly with account holder) Yes No

Please indicate the extent of your (third party) knowledge and experience of the below types of investments:

Types of investment	None	Low	Medium	High
For example	Never traded, and no experience	Traded only once in last 12 months, and less than 1 years' experience of investing	Traded less than 10 times in last 12 months, and less than 5 years' experience of investing	Traded more than 10 times in last 12 months, and more than 5 years' experience of investing

Knowledge and experience of third party authorised to give instructions on behalf of a client

Cash
Bonds and Bond Funds
Equities and Equity Funds
Commodities
Derivative and Structured Products
Hedge Funds and Private Equity

Please provide answers to the following security questions to help protect our client's account:

Name of the road you grew up in:

Name of your first school:

Favourite colour:

Favourite holiday destination:

Make of your first car:

Name of your first pet:

Favourite actor, musician or artist:

Please obtain certified photo ID and certified proof of address (as per the company's Client Due Diligence procedures) for the third party.

I acknowledge that I will be bound by instructions which CGWM accept and in good faith reasonably believe to have come from the person named above. I will notify CGWM in writing if I wish to amend or revoke this mandate.

I understand and acknowledge my personal information will be used in accordance with CGWM's Privacy Notice (please see www.canaccordgenuity.com/wealth-management-uk/legal-and-regulatory-information/).

I/we agree to CGWM undertaking electronic checks to verify my/our identity.

Signed (account holder):

(All account holders must sign, or an appropriate Authorised Signatory)

Date:

Signed (third party):

(Individual third party named above must sign. If a corporate third party, please sign in accordance with the company's authorised signatory list and provide a certified copy of such list)

Date:

Canaccord Genuity Wealth Management (CGWM) is the trading name of Canaccord Genuity Wealth Limited (CGWL) and CG Wealth Planning Limited (CGWPL). They are both subsidiaries of Canaccord Genuity Group Inc. CGWL and CGWPL are authorised and regulated by the Financial Conduct Authority (registered numbers 194927 and 594155). CGWL and CGWPL have their registered office at 88 Wood Street, London, EC2V 7QR. CGWL and CGWPL are registered in England & Wales no. 03739694 and 08284862.

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Third party authorisation

Second account holder



Mandate authorising third parties (other individuals/corporates) to give instructions on the account

Please note that if the third party is a corporate and not limited to one individual employed by the company, please only complete the company section below.

I / We the account holder(s) hereby authorise Canaccord Genuity Wealth Management to take instructions from:

Title:

Surname:

Forename(s):

Date of birth:

Place of birth (town and country):

Nationality:

National Insurance number or Tax Identification number:

Dual Nationality (if applicable):

Permanent residential address:

Postcode:

Email:

Telephone (home):

Telephone (work):

Telephone (mobile):

Company name (if applicable):

Address:

Postcode:

Country of registration:

Registered office address (if different from above):

Postcode:

Contact name:

Email:

Telephone:

If you work for a company which issues securities to the public (an 'Issuer') and you are involved in the management or oversight of that company (e.g. you are a senior manager, senior executive or director); you are able to make decisions which affect the future development and prospects of the company and you have regular access to inside information relating to the Issuer then you are likely to be considered a PDMR (which stands for 'person discharging managerial responsibilities'). If you are a PDMR we have to have a record of this fact.

Are you currently a PDMR or a close associate of a PDMR or are you otherwise connected to an issuer? Yes No

If so, please confirm the name of the issuer and the nature of your role or association:

Please tick one of the following two options:

Instruction authority: Authority is limited to the buying and selling of securities, instructing on corporate actions (payment of dividends, rights issues, etc) and completing suitability reviews, but does not include the addition or removal of cash assets from the account.*

Operating Authority: This includes all actions included in instruction authority plus the ability to pay away money or close the account, but does not include instructing any static data (e.g. Address, contact details etc) changes or adding/ changing bank details.*

A suitability review is conducted with you in line with the time horizon of your investments. In these reviews we will ask about your objectives, financial circumstances and capacity for losses. Based on the information provided your service will have a risk profile assigned (with your agreement). Your risk profile will determine the combination of securities (equities, bonds, alternatives, small cap stock, etc) which can be held in your account, to ensure that you are not taking on more risk that you want. Please see the risk brochure for more details on our risk profiles.

*In the case of suitability reviews, the person to whom you have given authority is authorised to complete suitability reviews on your behalf and to bind you in respect of the outcome of such reviews. You must ensure that they have all necessary information to complete the review. You understand that where the updated suitability information concludes that your current risk profile is no longer suitable for you or the current service type is unsuitable, this will result in a change of risk profile and/or service type.

If you wish to appoint someone to have full authority, you should seek legal advice as you may need to register a lasting power of attorney. This is particularly important if you are concerned that you may become unable to manage your own affairs or provide confirmation through health or other reasons.

Where you have appointed someone with authority to act for you, you consent to CGWM disclosing your personal data to that person, insofar as it is relevant for the exercise of their authority.

Is the third party authorised to act alone? (i.e. not jointly with account holder) Yes No

Please indicate the extent of your (third party) knowledge and experience of the below types of investments:

Types of investment	None	Low	Medium	High
For example	Never traded, and no experience	Traded only once in last 12 months, and less than 1 years' experience of investing	Traded less than 10 times in last 12 months, and less than 5 years' experience of investing	Traded more than 10 times in last 12 months, and more than 5 years' experience of investing

Knowledge and experience of third party authorised to give instructions on behalf of a client

Cash
Bonds and Bond Funds
Equities and Equity Funds
Commodities
Derivative and Structured Products
Hedge Funds and Private Equity

Please provide answers to the following security questions to help protect our client's account:

Name of the road you grew up in:

Name of your first school:

Favourite colour:

Favourite holiday destination:

Make of your first car:

Name of your first pet:

Favourite actor, musician or artist:

Please obtain certified photo ID and certified proof of address (as per the company's Client Due Diligence procedures) for the third party.

I acknowledge that I will be bound by instructions which CGWM accept and in good faith reasonably believe to have come from the person named above. I will notify CGWM in writing if I wish to amend or revoke this mandate.

I understand and acknowledge my personal information will be used in accordance with CGWM's Privacy Notice (please see www.canaccordgenuity.com/wealth-management-uk/legal-and-regulatory-information/).

I/we agree to CGWM undertaking electronic checks to verify my/our identity.

Signed (account holder):

(All account holders must sign, or an appropriate Authorised Signatory)

Date:

Signed (third party):

(Individual third party named above must sign. If a corporate third party, please sign in accordance with the company's authorised signatory list and provide a certified copy of such list)

Date:

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First account holder

Form **W-8BEN**

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

- ▶ For use by individuals. Entities must use Form W-8BEN-E.
- ▶ Go to www.irs.gov/FormW8BEN for instructions and the latest information.
- ▶ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form if:

- You are NOT an individual W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services) W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States 8233 or W-4
- You are a person acting as an intermediary W-8IMY

Instead, use Form:

Note: If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner		2 Country of citizenship
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.		
City or town, state or province. Include postal code where appropriate.		Country
4 Mailing address (if different from above)		
City or town, state or province. Include postal code where appropriate.		Country
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		
6a Foreign tax identifying number (see instructions)	6b Check if FTIN not legally required <input type="checkbox"/>	
7 Reference number(s) (see instructions)	8 Date of birth (MM-DD-YYYY) (see instructions)	

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself for chapter 4 purposes;
- The person named on line 1 of this form is not a U.S. person;
- This form relates to:
 - (a) income not effectively connected with the conduct of a trade or business in the United States;
 - (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;
 - (c) the partner's share of a partnership's effectively connected taxable income; or
 - (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

Sign Here ▶

I certify that I have the capacity to sign for the person identified on line 1 of this form.

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Print name of signer

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 25047Z

Form **W-8BEN** (Rev. 10-2021)

Second account holder

Form **W-8BEN**

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

- ▶ For use by individuals. Entities must use Form W-8BEN-E.
- ▶ Go to www.irs.gov/FormW8BEN for instructions and the latest information.
- ▶ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form if:

- You are NOT an individual W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services) W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States 8233 or W-4
- You are a person acting as an intermediary W-8IMY

Instead, use Form:

Note: If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner		2 Country of citizenship
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.		
City or town, state or province. Include postal code where appropriate.		Country
4 Mailing address (if different from above)		
City or town, state or province. Include postal code where appropriate.		Country
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		
6a Foreign tax identifying number (see instructions)	6b Check if FTIN not legally required <input type="checkbox"/>	
7 Reference number(s) (see instructions)	8 Date of birth (MM-DD-YYYY) (see instructions)	

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself for chapter 4 purposes;
- The person named on line 1 of this form is not a U.S. person;
- This form relates to:
 - (a) income not effectively connected with the conduct of a trade or business in the United States;
 - (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;
 - (c) the partner's share of a partnership's effectively connected taxable income; or
 - (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

Sign Here ▶

I certify that I have the capacity to sign for the person identified on line 1 of this form.

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Print name of signer

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 25047Z

Form **W-8BEN** (Rev. 10-2021)

Individual Savings Account (ISA)

Application and transfer form (stocks and shares/cash)

First account holder



Title:

Full name:

Permanent residential address:

Postcode:

Date of birth:

If you have an existing Canaccord Genuity Wealth Management ISA, please provide the reference:

National Insurance (NI) Number:

You should be able to find your NI number on a payslip, form P45 or P60, a letter from the HM Revenue & Customs, a letter from the Department of Works and Pensions (DWP), or pension order book.

I apply to:

- open and subscribe to the Canaccord Genuity Wealth Management stocks and shares ISA for the tax year 20 / and each subsequent year until further notice. (Please do not delete 'each subsequent year' as this does not commit you to subscribe each year).
- transfer my existing ISA with the manager listed overleaf.

Income will normally be retained within the ISA. However, if you want it paid to your main account please tick here.

Administration fees will normally be taken from the ISA. However, if you want them to be paid from your main account please tick here.

I declare that:

- All subscriptions made, and to be made, belong to me; (delete if you will not be subscribing to this ISA)
- I am 18 years of age or over;
- I have not subscribed and will not subscribe more than the overall subscription limit in total to a cash ISA and a stocks and shares ISA in the same tax year;
- I have not subscribed and will not subscribe to another stocks and shares ISA in the same year that I subscribe to this stocks and shares ISA; (delete if you will not be subscribing to this ISA)
- I am resident and ordinarily resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of Section 28 of Income Tax (Earnings & Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or I am married to, or in a civil partnership with, a person who performs such duties. I will inform Canaccord Genuity Wealth Management if I cease to be so resident and ordinarily resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties; (delete if you are a non resident and are only transferring your ISA, you will not be able to subscribe to this ISA) and
- I accept the fees and charges set out in the Fees & Other Charges Schedule.

I authorise Canaccord Genuity Wealth Management:

- to hold my cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash.
- to make on my behalf any claims to relief from tax in respect of ISA investments.

Information and instruction about the ISA to be transferred (to be completed by the ISA Investor)

Name of existing ISA Manager:

Address of existing ISA Manager:

Telephone number:

Account number of existing ISA to be transferred:

I wish to transfer my ISA indicated above to a plan managed by Canaccord Genuity Wealth Management, 88 Wood Street, London, EC2V 7QR, 020 7523 4610 and have informed them of my wish to transfer and ask that you liaise with them regarding all aspects of the transfer and supply all information required to effect this.

Amount to transfer:

Full

Partial £

1. This is a cash ISA.
 - Proceed immediately with the transfer
 - Serve the full notice period before this instruction can be processed

or
 2. Please arrange the sale of my existing stocks and shares and transfer the cash to Canaccord Genuity Wealth Management.
- or**
3. Please advise Canaccord Genuity Wealth Management of the existing stocks and shares in my plan and confirm the transfer arrangements with them. Please sell any that you cannot re-register and pay the proceeds and existing cash to Canaccord Genuity Wealth Management.

I am aware that often Unit trusts and OEICS cannot be transferred.

I agree to the CGWL Terms of Business and Service Agreements.

I declare that this application form has been completed to the best of my knowledge and belief.

Signature:

Date:

If you are not signing as the owner of the ISA, please state the capacity in which you are signing below:

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Individual Savings Account (ISA)

Application and transfer form (stocks and shares/cash)

Second account holder



Title:

Full name:

Permanent residential address:

Postcode:

Date of birth:

If you have an existing Canaccord Genuity Wealth Management ISA, please provide the reference:

National Insurance (NI) Number:

You should be able to find your NI number on a payslip, form P45 or P60, a letter from the HM Revenue & Customs, a letter from the Department of Works and Pensions (DWP), or pension order book.

I apply to:

- open and subscribe to the Canaccord Genuity Wealth Management stocks and shares ISA for the tax year 20 / and each subsequent year until further notice. (Please do not delete 'each subsequent year' as this does not commit you to subscribe each year).
- transfer my existing ISA with the manager listed overleaf.

Income will normally be retained within the ISA. However, if you want it paid to your main account please tick here.

Administration fees will normally be taken from the ISA. However, if you want them to be paid from your main account please tick here.

I declare that:

- All subscriptions made, and to be made, belong to me; (delete if you will not be subscribing to this ISA)
- I am 18 years of age or over;
- I have not subscribed and will not subscribe more than the overall subscription limit in total to a cash ISA and a stocks and shares ISA in the same tax year;
- I have not subscribed and will not subscribe to another stocks and shares ISA in the same year that I subscribe to this stocks and shares ISA; (delete if you will not be subscribing to this ISA)
- I am resident and ordinarily resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of Section 28 of Income Tax (Earnings & Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or I am married to, or in a civil partnership with, a person who performs such duties. I will inform Canaccord Genuity Wealth Management if I cease to be so resident and ordinarily resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties; (delete if you are a non resident and are only transferring your ISA, you will not be able to subscribe to this ISA) and
- I accept the fees and charges set out in the Fees & Other Charges Schedule.

I authorise Canaccord Genuity Wealth Management:

- to hold my cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash.
- to make on my behalf any claims to relief from tax in respect of ISA investments.

Information and instruction about the ISA to be transferred (to be completed by the ISA Investor)

Name of existing ISA Manager:

Address of existing ISA Manager:

Telephone number:

Account number of existing ISA to be transferred:

I wish to transfer my ISA indicated above to a plan managed by Canaccord Genuity Wealth Management, 88 Wood Street, London, EC2V 7QR, 020 7523 4610 and have informed them of my wish to transfer and ask that you liaise with them regarding all aspects of the transfer and supply all information required to effect this.

Amount to transfer:

Full

Partial £

1. This is a cash ISA.
 - Proceed immediately with the transfer
 - Serve the full notice period before this instruction can be processed

or
2. Please arrange the sale of my existing stocks and shares and transfer the cash to Canaccord Genuity Wealth Management.
- or
3. Please advise Canaccord Genuity Wealth Management of the existing stocks and shares in my plan and confirm the transfer arrangements with them. Please sell any that you cannot re-register and pay the proceeds and existing cash to Canaccord Genuity Wealth Management.

I am aware that often Unit trusts and OEICS cannot be transferred.

I agree to the CGWL Terms of Business and Service Agreements.

I declare that this application form has been completed to the best of my knowledge and belief.

Signature:

Date:

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Account transfer authority

First account holder



Name and address of current nominee/stockbroker:

Account reference number:

*Account name:

Contact name and telephone number:

Dear Sirs,

Please accept this letter as authority to release information to, and take instructions from Canaccord Genuity Wealth Ltd in order to facilitate the transfer of the above account in its entirety.

Please provide Canaccord Genuity Wealth Ltd with an up to date valuation, including sedol codes and appropriate costs, together with any details of any profits or losses taken in the current financial year.

Name:

Address:

National insurance number:

Date of birth:

Name of account executive:

Please tick the box for the relevant office:

Blackpool

Lancaster

Llandudno

London

Norwich

Worcester

Account reference number:

*Where there is a change in the account name Canaccord Genuity Wealth Management may contact you to confirm whether or not a change of beneficial ownership has occurred, and you may be required to confirm this in writing.

Yours faithfully,

Signed:

Print name:

Date:

Signed:

Print name:

Date:

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Account transfer authority

Second account holder



Name and address of current nominee/stockbroker:

Account reference number:

*Account name:

Contact name and telephone number:

Dear Sirs,

Please accept this letter as authority to release information to, and take instructions from Canaccord Genuity Wealth Ltd in order to facilitate the transfer of the above account in its entirety.

Please provide Canaccord Genuity Wealth Ltd with an up to date valuation, including sedol codes and appropriate costs, together with any details of any profits or losses taken in the current financial year.

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Date:

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Print name:

Date:

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