Investment Management Agreement for Discretionary Investment Management Services

AN INDIVIDUAL OR JOINT ACCOUNT

Name:

This Agreement should be read in conjunction with the attached Thomas Miller Investment Terms and Conditions for Discretionary Management Services (the "Terms and Conditions"), the attached Thomas Miller Investment Discretionary Management Charges Schedule ("Charges Schedule")and the attached Pershing Terms of Business (Pershing Securities Ltd or Pershing (Channel Islands) Limited as applicable). Where the context admits, words and expressions in this form have the same meaning as in those Terms and Conditions.

As well as this Investment Management Agreement, you must also submit a completed and signed Client Information Schedule to Thomas Miller Investment.

1. Personal Details

First Account Holder	Second Account Holder
Full Name:	Full Name:
Address:	Address:
Postcode:	Postcode:
Home Telephone Number:	Home Telephone Number:
Mobile Telephone Number:	Mobile Telephone Number:
Email:	Email:

Written notice should be given in respect of any changes to the above personal details within **14 days** of such change.

2. Client Due Diligence/Evidence of Identity Documentation

We are required to obtain certified copies of the following documentation when a new account is opened:

a. Evidence of identification of all parties to the account (such as a certified copy of their passport).

b. Evidence of permanent residential address for all parties (not a post office box number), such as a recent (dated within last six months) domestic utility bill or bank statement.

Certification of documents

The documentation must be certified by one of the following:

1. A member of the judiciary, a senior civil servant, or a serving police or customs officer;
2. An officer of an Embassy, Consulate or High Commission of the country of issue of documentary evidence of identity;
3. A lawyer or notary public who is a member of a recognised professional body;
4. An actuary who is a member of a recognised professional body;
5. An accountant who is a member of a recognised professional body;
6. A company secretary who is a member of a recognised professional body;
7. A director/company secretary/manager of a business regulated by the Financial Conduct Authority or the Financial Supervision Commission as applicable.

The certifier must:

1. Sign and date the copy document, stating:

   "I certify that this is a true copy of the original which I have seen."

   Or, for copy photographic evidence for identity, the certifier must state:

   "I certify that this is a true copy of the original which I have seen, and that the photograph represents a true likeness of the individual concerned".
2. Print their name clearly in capitals underneath the certification and clearly indicate their position or capacity;
3. Provide details of their qualifications;
4. Provide contact details.

Account opening formalities cannot be finalised without all of the above documents. When returning the completed Investment Management Agreement, please ensure that the above documents are enclosed, unless your Portfolio Manager has already taken copies of the required documents.

3. Investment Instructions

The following sections have been completed following discussion between you and your Portfolio Manager. Thomas Miller Investment may have provided investment recommendations to you, based upon the information that you have previously provided in the Client Information Schedule. Should your circumstances or requirements have changed since that Schedule was completed, it is important that you advise your Portfolio Manager accordingly before signing this Investment Management Agreement.

Investment Objectives:

Benchmark:

Risk Profile:

Investment Restrictions:

Unless otherwise specified, the base currency of the portfolio will be pounds Sterling. Please speak to your portfolio manager should you wish for a different currency portfolio.

4. Income Instructions

Please select one of the following options in relation to income received from investments within your portfolio:	
If you wish income to be transferred to the capital account to be available for reinvestment, please tick this box.	☐
If you wish income to accumulate on the income account, please tick this box.	☐
If you wish income to be paid out, please fill in the details of the account you wish us to credit below. We can not make payments to third parties. The nominated account must be in the name of the account holder(s).	☐

Name of Bank:

Address:

Postcode:

Account Name:

Sort Code:

Account Number:

Income is typically paid out on a calendar quarter basis, shortly after the period end. Please speak to your portfolio manager should you wish for a different payment frequency.

5. Charges

Please see the attached Charges Schedule. In accordance with the Thomas Miller Investment Terms and Conditions, we may vary our charges at our discretion on one month's notice to you.

6. Portfolio reporting

Our reporting frequencies are as follows:

Valuations (including statement of transactions and securities held):	Quarterly

To be received by:

Preferred method: ☐ Post ☐ Email

Address:

Postcode:

Email address:

Contract Notes:	Upon request

To be received by:

Preferred method: ☐ Post ☐ Email

Address:

Postcode:

Email address:

Consolidated tax voucher and certificate of interest paid:	Annually

To be received by:

Preferred method: ☐ Post ☐ Email

Address:

Postcode:

Email address:

What is the preferred tax year end date:

Would you like online access to your portfolio valuation:	☐ Yes ☐ No

If yes, please indicate the name (names) of the individual (individuals):

7. European Union Savings Tax Directive (applicable for non UK residents only)

Where requested, you will provide us with your Tax Identification Number (TIN) (if applicable), or other relevant information, together with documentary evidence of such information (for example, certified copy of passport and tax notification) so that we are able to meet our reporting requirements under the relevant European legislation.

8. Contacting you

We will contact you at the address of the first person stated above unless otherwise instructed. In addition, please provide details of any other party (e.g. financial adviser, accountant, solicitor) who should receive a copy of the quarterly and/or tax year end reporting packages:

9. Acceptance

By signing this Agreement, you:
Confirm that you have read and accepted the terms herein, the accompanying Thomas Miller Investment Terms and Conditions, Thomas Miller Investment Charges Schedule, and the Pershing Terms of Business;
Declare that all details given in this Agreement are to the best of your knowledge accurate and that any changes will be promptly notified to Thomas Miller Investment;
Consent to Thomas Miller Investment processing your personal data;
Authorise Thomas Miller Investment to rely on the instructions set out in this Agreement;
Consent to the arrangements for the safe custody of your investments in accordance with the Thomas Miller Investment Terms and Conditions and the Pershing Terms of Business;
Consent to Thomas Miller Investment verifying your identity and carrying out electronic verification checks, if appropriate;
Confirm that you understand that investment involves risk. The price or value of investments can go down as well as up and you may not necessarily receive back the original amount invested.

10. Authority

You hereby request and authorise us to withdraw amounts from your portfolio as you instruct from time to time, and to carry out other instructions, provided such instructions are submitted in writing by you or communicated by you over the telephone or by email. You acknowledge that Thomas Miller Investment may invoke a callback procedure to verify any such instructions.

11. Appointment

I/We acknowledge receipt of this Investment Management Agreement, together with the Thomas Miller Investment Terms and Conditions and Charges Schedule, and the Pershing Terms of Business.

I/We appoint Thomas Miller Investment to manage my/our assets in accordance with the terms of this Investment Management Agreement, and to arrange custodial and administrative services per the Thomas Miller Investment Terms and Conditions and the Pershing Terms of Business.

First Named	Second Named
Signed:	Signed:
Name:	Name:
Date:	Date:

Signed on behalf of Thomas Miller Investment

First Named	Second Named
Director/Authorised Signatory:	Director/Authorised Signatory:
Date:	Date: