

**For office use only**

Account number: \_\_\_\_\_

# Account opening form

## Offshore bonds via a financial adviser

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.

## **The account opening form is comprised of nine sections:**

Section 1 – Policyholder information

Section 2 – Policy information

Section 3 – Service details (Discretionary only)

Section 4 – Account administration

Section 5 – Correspondence

Section 6 – Marketing and communications

Section 7 – Financial adviser's details

Section 8 – Agreements

Section 9 – Investment Manager notes

## **Additional forms**

Direct Debit Mandate

# Section 1 – Policyholder information

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/](http://www.canaccordgenuity.com/wealth-management-uk/legal-and-regulatory-information/legal--regulatory-information-uk/)

## Personal details

### First policyholder

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

Permanent residential address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone (home): \_\_\_\_\_

Telephone (work): \_\_\_\_\_

Telephone (mobile): \_\_\_\_\_

### Dependents

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 policyholder

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

Permanent residential address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone (home): \_\_\_\_\_

Telephone (work): \_\_\_\_\_

Telephone (mobile): \_\_\_\_\_

## Security questions to help protect your account

### First member

Name of memorable place: \_\_\_\_\_

Name of first school: \_\_\_\_\_

Father's middle name: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

### Second member

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.

## Consent to process your special category data

During the course of our relationship, you may disclose to us details about your health including your mental health, which may be relevant to the services which we provide to you and which we may need to know in order to protect your economic wellbeing. This falls within a class of data called 'special category data'. We require your consent to process this class of data.

Please note that if you do not give your consent, this may limit our ability to provide products and services to you.

I/we consent to CGWM processing my/our special category data.

## Section 2 – Policy information

Name of Insurance Company: \_\_\_\_\_

Registered office: \_\_\_\_\_

Postcode: \_\_\_\_\_

Registered number: \_\_\_\_\_

Authorised by: \_\_\_\_\_

Reference: \_\_\_\_\_

Name of policyholder and any reference to be quoted: \_\_\_\_\_

## Insurance Company provider / administrator

### First contact

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

### Second contact

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

## Section 3 – Service details (Discretionary only)

Initial investment £ (or currency equivalent) \_\_\_\_\_

### Managed Portfolio Service

Risk profile	Please tick
Cash Plus	3
Cautious Balanced	4
Income	5
Balanced	5
Growth	6
Aggressive Growth	7

### Passive Portfolio Service

Risk profile	Please tick
Cash Plus	3
Cautious Balanced	4
Balanced	5
Growth	6
Aggressive Growth	7

### ESG Portfolio Service

Risk profile	Please tick
Cautious Balanced	4
Balanced	5
Growth	6

Other (please specify): \_\_\_\_\_

### 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

### Nominee and safe custody services

All investments forming part of your portfolio will be held as specified in our Custody Agreement.

### Bank details

Payments will only be made to your nominated bank account.

#### Bank account

Name of account holder(s): \_\_\_\_\_

Name of bank/building society: \_\_\_\_\_

Address of bank/building society: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Account number: \_\_\_\_\_

Sort code: \_\_\_\_\_

IBAN/Account number: \_\_\_\_\_

Building society reference number (if applicable): \_\_\_\_\_

\_\_\_\_\_

### 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 left)

### Fees

Please indicate how you would prefer to settle any fees and charges on your account (please tick one):

Direct Debit (please fill in form attached)

Debit this CGWM account

I/we will settle the fees and charges directly by bank transfer/cheque

### Canaccord Genuity Wealth Management bank details

When making payments to Canaccord Genuity Wealth management please ensure that you quote the account number that you will be provided with once the account is open.

**Bank name:** HSBC

**Sort code:** 40-05-30

**Account number:** 63682919

**Account name:** CANACCORD GENUITY WEALTH LTD  
CLIENT MONEY

**BIC Code:** HSBCMIDLGB22

**IBAN:** GB45MIDL40053063682919

Please contact us for non-GBP payment details.

## Mandate authorising third parties (other people) to give instructions on the account

Evidence of identity and address will be required for all individuals able to give instructions on your account.

I/We the account holders hereby authorise Canaccord Genuity Wealth Management to take instructions from the person(s) below, in relation to the purchase or sale of any investments and in respect of any corporate actions and payments.

### Individual 1

Name in full: \_\_\_\_\_

Date of birth: \_\_\_\_\_

National insurance number: \_\_\_\_\_

Nationality: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

### Individual 2

Name in full: \_\_\_\_\_

Date of birth: \_\_\_\_\_

National insurance number: \_\_\_\_\_

Nationality: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

## Mandate authorising third parties (other people) to request information on the account

### Individual 1

Name in full: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

### Individual 2

Name in full: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

## Section 5 – Correspondence

If you require additional correspondence to be sent to a third party, please tick the respective mailing product type and provide details of the copy correspondence below.

If you do not wish correspondence to go to the main account holder please tick this box  and provide details of an alternative copy correspondent below. If no correspondent details are provided, all correspondence will default to the main account holder.

### Mailing Product

General correspondence	Valuations	Contract notes	Statements	Tax pack
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 3

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Capacity:       Solicitor       Accountant       Other

#### Copy correspondent 2

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Capacity:       Solicitor       Accountant       Other

#### Copy correspondent 4

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Capacity:       Solicitor       Accountant       Other

## Section 6 – 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

## Section 7 – Financial adviser’s details

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

Financial adviser’s name: \_\_\_\_\_

Financial adviser’s 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.

Introducer’s signature: \_\_\_\_\_

Date: \_\_\_\_\_

Introducer’s stamp:

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 8 – 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, Terms of Business, service agreements including Discretionary Portfolio Management Agreement, as applicable, and the Terms of Business, including the ISA and Junior ISA terms, Nominee and Safe Custody Services Agreement, where applicable, and confirm that I/we agree to such terms.
2. I/we accept the fees and charges set out in the Fee Schedule provided in respect of the services provided to me/us by CGWM.
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.
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 agree to CGWM undertaking electronic checks to verify my/our identity.
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.
9. Where I/we are also Trustees of the Trust, I/we confirm that this Account Opening Form and accompanying schedules are also accepted on behalf of the Trust.

Financial adviser (insert name): \_\_\_\_\_

Signed: \_\_\_\_\_

Name: (block capitals) \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Name: (block capitals) \_\_\_\_\_

Date: \_\_\_\_\_



# Direct debit instructions

Please confirm how you would like us to manage this mandate by ticking the relevant box below:

Fees and charges



Originators I.D. No 655931

1. Name and full postal address of your Bank or Building Society branch

**To the Manager**

Bank/building society name: \_\_\_\_\_

Branch address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

2. Name(s) of account holder(s): \_\_\_\_\_

\_\_\_\_\_

3. Sort code (from top right hand corner of your cheque): \_\_\_\_\_

4. Bank or Building Society account or roll number (include '-' or '/' as necessary): \_\_\_\_\_

5. Canaccord Genuity Wealth Management reference number (to be filled in by CGWM): \_\_\_\_\_

6. Instructions to your Bank/Building Society

Please pay Canaccord Genuity Wealth Management Direct Debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee. I/We understand that this instruction may remain with Canaccord Genuity Wealth Management and, if so, details will be passed electronically to my Bank/Building Society.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (DDMMYY): \_\_\_\_\_

Date (DDMMYY): \_\_\_\_\_

Banks and Building Societies may not accept Direct Debit Instructions from some types of accounts.

.....  
**This guarantee should be detached and retained by the Payer.**

## The Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change Canaccord Genuity Wealth Management will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Canaccord Genuity Wealth Management or your Bank/Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time, by writing to your Bank or Building Society. Please also send a copy of your letter to us.

Canaccord Genuity Wealth Management is a trading name of Canaccord Genuity Financial Planning Limited (CGFPL) and Canaccord Genuity Wealth Limited (CGWL). Both are authorised and regulated by the Financial Conduct Authority, and are wholly owned subsidiaries of Canaccord Genuity Group Inc. Both have their registered office at 41 Lothbury, London, EC2R 7AE. CGFPL is registered in England & Wales no. 02762351. CGWL is registered in England & Wales no. 03739694.

Australia

Canada

Guernsey

Isle of Man

Jersey

United Kingdom

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