

For office use only

Account number: _____

Account opening form

Trusts and charities 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 eight sections:

Section 1 – Trust/Charity information

Section 2 – Service details (Discretionary only)

Section 3 – Account administration

Section 4 – Correspondence

Section 5 – Marketing and communications

Section 6 – Financial adviser's details

Section 7 – Agreements

Section 8 – Investment Manager notes

Additional forms

Direct Debit Mandate

LEI Letter

FATCA Form

Section 1 – Trust/Charity 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/

The Trust/Charity

Full name of the trust/charity: _____

Domicile: _____

Country under whose law the trust was established: _____

Type of trust: _____

Charity Commission Reference: _____

Legal Entity Identifier: _____

(If you do not have a Legal Entity Identifier please fill out the attached LEI letter)

Trustees

Trustee 1

Title: _____

Full name: _____

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

Permanent residential address: _____

Postcode: _____

Date of birth: _____

Country of birth: _____

National insurance number: _____

Nationality: _____

Country of residence for tax purposes: _____

Tax Identification Number (TIN): _____

Email: _____

You will receive any electronic correspondence at this email address.

If you do not wish to receive email correspondence please indicate your mailing address below:

Same as above

Address if different from above: _____

Postcode: _____

Telephone (work): _____

Telephone (mobile): _____

Trustee 2

Title _____

Full name: _____

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

Permanent residential address: _____

Postcode: _____

Date of birth: _____

Country of birth: _____

National insurance number: _____

Nationality: _____

Country of residence for tax purposes: _____

Tax Identification Number (TIN): _____

Email: _____

You will receive any electronic correspondence at this email address.

If you do not wish to receive email correspondence please indicate your mailing address below:

Same as above

Address if different from above: _____

Postcode: _____

Telephone (work): _____

Telephone (mobile): _____

Trustee 3

Title: _____

Full name: _____

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

Permanent residential address: _____

Postcode: _____

Date of birth: _____

Country of birth: _____

National insurance number: _____

Nationality: _____

Country of residence for tax purposes: _____

Tax Identification Number (TIN): _____

Email: _____

You will receive any electronic correspondence at this email address.

If you do not wish to receive email correspondence please indicate your mailing address below:

Same as above

Address if different from above: _____

Postcode: _____

Telephone (work): _____

Telephone (mobile): _____

Beneficiaries

Beneficiary 1

Receiving a benefit Not receiving a benefit

Title: _____

Full name: _____

Permanent residential address: _____

Postcode: _____

Date of birth: _____

Country of residence for tax purposes: _____

Nationality: _____

Trustee 4

Title: _____

Full name: _____

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

Permanent residential address: _____

Postcode: _____

Date of birth: _____

Country of birth: _____

National insurance number: _____

Nationality: _____

Country of residence for tax purposes: _____

Tax Identification Number (TIN): _____

Email: _____

You will receive any electronic correspondence at this email address.

If you do not wish to receive email correspondence please indicate your mailing address below:

Same as above

Address if different from above: _____

Postcode: _____

Telephone (work): _____

Telephone (mobile): _____

Beneficiary 2

Receiving a benefit Not receiving a benefit

Title: _____

Full name: _____

Permanent residential address: _____

Postcode: _____

Date of birth: _____

Country of residence for tax purposes: _____

Nationality: _____

Beneficiary 3

Receiving a benefit Not receiving a benefit

Title: _____

Full name: _____

Permanent residential address: _____

Postcode: _____

Date of birth: _____

Country of residence for tax purposes: _____

Nationality: _____

Please provide details of additional beneficiaries on a separate sheet.

Beneficiary 4

Receiving a benefit Not receiving a benefit

Title: _____

Full name: _____

Permanent residential address: _____

Postcode: _____

Date of birth: _____

Country of residence for tax purposes: _____

Nationality: _____

Details of the Settlor

Is the settlor deceased? Yes No

Date of death: _____

Full name: _____

Date of birth: _____

Nationality: _____

Permanent residential address (if applicable): _____

Postcode: _____

Details of Protector/Guardian

Full name: _____

Date of birth: _____

Nationality: _____

Permanent residential address (if applicable): _____

Postcode: _____

Authority

You should accept instructions from:

All Trustees acting jointly Any one Trustee Any ____ Trustees acting together

Please delete as appropriate - if no deletion is made all trustees must act jointly.

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 – 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 3 – 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.

Trust/Charity 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): _____

Beneficiary bank details

Payments will only be made to your nominated bank account.

Beneficiary 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 and capital 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 (see below)

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 4 – Correspondence

If you wish for all correspondence to go to each trustee please tick this box

Alternatively, please select the correspondence you wish to receive and provide details of additional correspondence to be sent to a third party below.

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 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

Section 5 – 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 6 – 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 7 – 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: _____

Trustee name: (block capitals) _____ Date: _____

Signed: _____

Trustee name: (block capitals) _____ Date: _____

Signed: _____

Trustee name: (block capitals) _____ Date: _____

Signed: _____

Trustee 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 Cost of purchases (required if sale proceeds are not retained on deposit) Both



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.

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Legal Entity Identifier (LEI) registrant authorisation

Individual entity

London Stock Exchange Plc

FAO: LEI Operations Department

4th Floor
10 Paternoster Square
London
EC4M 7LS
UK

Authorisation to apply for Legal Entity Identifier (LEI)

Dear Sirs,

The below named entity is authorised to apply for an LEI on our behalf, as well as maintain the related data (annual renewal), submit the corresponding declarations of intent in our name, and to take all necessary measures in this regard.

Requestor Entity name: CANACCORD GENUITY WEALTH MANAGEMENT

Requestor Entity address: 41 LOTHBURY, LONDON, EC2R 7AE

Requestor contact details

Full name: KEVIN NORMAN

Telephone: 0207 523 4595

Email: KEVIN.NORMAN@CANACCORD.COM

Regards

Authorising signature: _____

First name, last name (please print): _____

Organisation name: _____

Email: _____

Telephone number: _____

Position within organisation

Director

Company Secretary

Compliance Officer

Treasurer

Other (please specify): _____

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Declaration of tax residency and FATCA status

Companies, trusts and unincorporated associations

This form collects additional information required as a result of the US Foreign Accounts Tax Compliance Act (FATCA) and any other tax information exchange agreements which have been or may be entered into by the UK.

Sections 1 and 4 are required for all entities. Financial Institutions¹ must complete Section 2, please provide the additional information as indicated. All other entities must complete Section 3, note that we will require a Controlling Persons.

If you need assistance with completing this form, please consult your Account Executive.

Name of Entity: _____

Section 1 – Tax residency

If the Entity is resident in the United States, please complete and return IRS form W-9 to your Account Executive. The form can be found at www.irs.gov/pub/irs-pdf/fw9.pdf

Please list all countries of tax residency below:

Country of tax residency	Tax Identification Number(s)
List all countries in which the entity is incorporated/organised for the purposes of that country's income tax. Continue on a separate sheet if necessary	List all
1.	1.
2.	2.
3.	3.

Section 2 – Financial Institution (FI)

Reporting Financial Institution (FI)

Reporting Financial Institution GIIN: _____

Please confirm whether the GIIN belongs to the Entity or a Sponsoring Financial Institution.

Own Sponsor Name of Sponsor: _____

¹ A Financial Institution is defined as a Custodial Institution, a Depository Institution, an Investment Entity, a Specified Insurance Company, or a Holding Company and Treasury Centre of a Financial Group. The definition also includes a trust whose assets are managed under a discretionary mandate.

Non-Reporting Financial Institution

	Additional information required
Registered Deemed Compliant FI	GIIN: _____
Certified Deemed Compliant FI	Evidence of deemed compliant status
Exempt Beneficial Owner	Evidence of exempt beneficial owner status
Owner Documented FI	Please consult with Account Executive
Non-Participating FI	None

Section 3 – Non-Financial Foreign Entities (NFFEs)

An entity which is not a Financial Institution will be considered to be a Non-Financial Foreign Entity (NFFE). An NFFE can be Active, Passive, Direct Reporting or Sponsored Direct Reporting. Please select the appropriate classification below.

Active NFFE

If you have ticked Active NFFE, state which type of Active NFFE. We may ask you to provide evidence to support your selection.

Less than 50% of gross income is generated from investments, and less than 50% of assets produce investment income

Regularly traded on an established securities market or is a related entity of such an entity

Entity is organised in a US Territory and all its owners are bona fide residents of that US Territory

A government, international organisation, central bank or wholly owned by the foregoing

Non-financial holding company except investment fund

Non-financial start up entity, less than 24 months old

In liquidation or bankruptcy and has not been a financial institution in the last 5 years

Treasury centre for non-financial group

Passive NFFE

A passive NFFE is any entity which is not a financial institution and not an Active NFFE.

If you have ticked Passive NFFE, please list all the Controlling Persons and complete a Controlling Persons Certificate for each individual.

Controlling persons:

1. _____
2. _____
3. _____
4. _____

Continue on a separate sheet if necessary.

Direct Reporting NFFE

If you have ticked Direct Reporting NFFE, please provide your GIIN: _____

Sponsored Direct Reporting NFFE

If you have ticked Sponsored Direct Reporting NFFE, please provide:

Name of Sponsor: _____

Sponsor's GIIN: _____

Section 4 – Declaration and undertaking

1. I/we confirm that the information above is correct and complete to the best of my/our knowledge
2. I/we understand that Canaccord Genuity may be obliged to provide my/our account information to the UK tax authorities who may share it with other tax authorities
3. I/we undertake to advise Canaccord Genuity promptly of any change in the following information: country of incorporation or organisation; controlling persons; residency for tax purposes; registered office and place of business addresses; telephone numbers.

Signed: _____

Full name: _____

Date: _____

Position: _____

Signed: _____

Full name: _____

Date: _____

Position: _____

Account executive confirmation

Reportable account

Signed: _____

Date: _____

For office use only

Account

Reportable

Not reportable

Payments

Reportable

Not reportable

Australia

Canada

Guernsey

Isle of Man

Jersey

United Kingdom

canaccordgenuity.com

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.

The company of the Canaccord Genuity group of companies through which products and services are offered may differ by location and service. See www.canaccordgenuitygroup.com/en/companies for more information.