

IFSL Harewood UK Enhanced Income Fund

IFSL Harewood US Enhanced Income Fund

OEIC Application Form for Corporates and Trusts

Please complete using BLOCK CAPITALS. Make your cheque payable to: **IFSL**
Send the completed form AND your cheque to:
IFSL (Harewood), Marlborough House, 59 Chorley New Road, Bolton BL1 4QP
Alternatively you may settle by TT:
Royal Bank of Scotland
Account Name: Investment Fund Services Limited
Sort code: 16 00 06
Account number: 12297959

Please quote either your Harewood account reference number or the client designation

Section 1 – Company Name/Trustee Details

Please fill in the details of the Company Name or Trustee on the account. If there are additional trustees, please include these details in Section 5.

Company Name/Trust Name

Trustee Name

Designation*

Address

Postcode

Telephone number

Existing account number (if any)

**Shares may not be registered in the name of a minor but should be registered in the name of an adult and designated with a child's name – e.g. a/c James Green – designation TG. Shares held in a Company Name or Trustee should be designated as appropriate.*

Section 2 – Financial Adviser Details

Adviser's Stamp

Agent Name

Agency Number

FCA Number

Advice given

By completing this section you are agreeing to the Terms and Conditions outlined in the IFSL Terms of Business for Intermediaries. A copy of this document can be found in the Supplementary Information Document which is available from www.ifslfunds.com

N.B. Identity checks will be completed and copies of relevant documentation will be requested.

Section 3 – Investment Details

Fund	Share Type	Lump Sum
IFSL Harewood UK Enhanced Income Fund	Class A – Income (Retail)	£ <input type="text"/> (min £1,000)
IFSL Harewood UK Enhanced Income Fund	Class B – Income (Institutional)	£ <input type="text"/> (min £1,000)
IFSL Harewood US Enhanced Income Fund	Class A – Income (Institutional)	£ <input type="text"/> (min £1,000)

Section 4 – Income Details – This section must be completed

Please note income payments are made by direct credit to your bank/buildings society and cheques cannot be sent. Where bank details differ from that used to open this account please provide us with a void cheque or paying-in slip to enable us to verify your bank account details.

Name of bank/building society		
Address		
		Postcode
Name of account holder		
Account number		Sort Code
Signature		Date

Section 5 – Additional Trustees

All additional Trustees must complete this section. Please note that correspondence will be sent to the first named Trustee only.

Title	Surname	Forenames	Address (if different from the first named holder)	Date of Birth*

**Please note Trustees must be at least 18 years of age.*

Section 6 – Beneficiaries

Please complete this section for all beneficiaries.

Title	Surname	Forenames	Address	Date of Birth

Section 7 – Beneficial Ownership

This section must be completed. If there are no beneficial owners the correct box must be ticked. If this section has not been completed properly we will reject the application form and request that it is completed fully.

Are you the beneficial owner* of this investment? Yes No
(If you answer "no" you are required to provide the full details of the beneficial owner(s) in the box below).

First Account Holder/Name		
Address		
		Date of Birth
Postcode		
Signature		Date
Second Account Holder/Name		
Address		
		Date of Birth
Postcode		
Signature		Date

Third Account Holder/Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>	Date of Birth	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>

Fourth Account Holder/Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>	Date of Birth	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>

**Applicants for direct investments are required to disclose circumstances where an individual or organisation other than the investor(s) named on the application form ultimately owns or controls the investment being made. You are therefore, required to make the relevant disclosure on the application form and where necessary provide the full name of any additional parties who have beneficial ownership of this investment. There are additional requirements for bodies corporate, partnerships, trusts, fund administrators/distributors and estates of deceased persons. Please contact your financial or professional adviser if you are in any doubt about your status.*

Section 8 – Key Investor Information Document

This section must be completed in order for us to be able to process your request.

All investors must, before they invest, be provided with the most up-to-date Key Investor Information Document (KIID) and Supplementary Information Document (SID) for the specific shareclass(es) of the fund(s) in which they wish to invest. Copies of these documents are available from www.ifslfunds.com or can be requested as a paper copy by calling 0845 123 1084 or writing to IFSL, Marlborough House, 59 Chorley New Road, Bolton BL1 4QP.

Please tick this box to confirm that you have been provided with a copy of the KIID and SID

Section 9 – Declaration

Please sign the declaration below. You should ensure that you have been provided with a copy of the KIID and SID and that you have had the opportunity to read this and ask for more information prior to signing the declaration below. Where there are additional holders, all holders must sign.

I/We declare that:

- I/We have been provided with a copy of the KIID and SID;
- I/We are aged 18 or over;
- I/We will inform the administrator in writing immediately of any changes in my/our circumstances;
- I/We understand that you may require additional information from me/us in accordance with the money laundering regulations and I acknowledge that electronic data sources may be used to check my identity under the money laundering regulations.
- Details of all beneficial owners, where they exist, have been included in the appropriate section of the application form.

The information supplied in this application is correct to the best of my/our knowledge and belief.

First Signatory/Applicant	<input type="text"/>	Date	<input type="text"/>
Second Signatory/Applicant	<input type="text"/>	Date	<input type="text"/>
Third Signatory/Applicant	<input type="text"/>	Date	<input type="text"/>
Fourth Signatory/Applicant	<input type="text"/>	Date	<input type="text"/>
Fifth Signatory/Applicant	<input type="text"/>	Date	<input type="text"/>

**Applications in a Company Name must be accompanied with an authorised signatory list. This application must be signed by two authorised signatories to be valid. For an application on behalf of a Trust all the Trustees must sign the application. If the document constituting the Trust permits fewer than all Trustees to sign the application, then a copy of the constituting document must be provided.*

If you have any questions please call the Harewood Hotline on +44 (0) 207 595 1405 or email harewoodsolutions@bnpparibas.com.

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