



Brewin  
Dolphin

# Intermediary Account Opening Form:

Charities

## **HELPING US DELIVER OUR SERVICES**

Before providing this service for your Charity client, we need to confirm your instructions as to the Risk Category of portfolio management that should be applied to this account and within which we will manage the associated investments. This form has also been designed to provide us with certain background information (such as any specific instructions as to moral or ethical investing) and, as a consequence, will help us deliver our services. Before completing this form, the Intermediary should undertake an assessment of the suitability of RBC Brewin Dolphin's services for the Charity.

Thank you for taking the time to complete and return this form to us. If you have any questions while completing the form your RBC Brewin Dolphin Business Development Manager will be pleased to help.

If you would prefer to complete the form in large print please ask your Business Development Manager for a copy.

Name of Investment Manager

Name of Business Development Manager

**SECTION 1: INTERMEDIARY REGISTRATION DETAILS**

Please print in capitals throughout this form and mark boxes with an X.

Intermediary Firm's Name

Intermediary Firm's Address

Firm's FCA Number

Adviser Name

Adviser's Contact Number

Adviser's Email Address

Adviser's Individual  
FCA NumberVAT Registration number  
(if registered)**SECTION 2: CHARITIES DETAILS**

Please print in capitals throughout this form.

Official Charity Name

Account name (if different)

Country of Establishment

Registered Charity No.

Objective of the Charity

HMRC Tax Reference  
(eg. Gift Aid number)**Primary Contact details (We will send all notices and correspondence to the person named here unless advised otherwise)**

First Name(s)

Surname

**Charities Registered Address**

Address

City

County

Country

Post Code

**SECTION 3: CHARITIES REQUIREMENTS**

3.1 How much does the Charity wish to invest?

£ 

3.2 Type of Service

This is a Discretionary Service.

3.3 What is your Charity's investment time horizon?

1-3 years

3-5 years

5-10 years

10+ years

3.4 Does the Charity anticipate any changes to its circumstances?

Yes

No

If yes, please provide details.

3.5 Does the Trust have any restrictions on where its money is invested?

Any investment restriction that the Charity may impose on our management of the portfolio will only apply to direct investments because of the difficulty and cost of keeping permanently up to date with the underlying holdings in collective investment schemes or other packaged retail investment products. The Charity further understands that any such restriction set by the Charity may affect the performance of the portfolio.

3.6 Please indicate below which Risk Category the Charity has agreed to for the account.

Please complete this section if you are a new Investor, or wish to amend any details.

**Risk Category**  
Intermediary 1

**Risk Category**  
Intermediary 5

**Risk Category**  
Intermediary 2

**Risk Category**  
Intermediary 6

**Risk Category**  
Intermediary 3

**Risk Category**  
Intermediary 7

**Risk Category**  
Intermediary 4

Please refer to our Retail Terms and Conditions for Clients of Financial Advisers and the associated Risk Guide for further information.

3.7 Benchmarks

Please refer to our Risk Guide for Intermediaries for further information on the default benchmark that corresponds with the selection in section 3.6.

3.8 Charity details

Date of last submitted accounts

Annual income

£ 

Annual surplus

£ 

Number of staff employed

(rounded down to the nearest 10)

3.9 How we hold your assets

Our default option is for our clients to use one of our pooled nominee facilities at no additional cost. In line with Central Securities Depositories Regulation (CSDR), we also offer designated nominee facilities at an additional charge (please refer to your rate card for more information).

Would you like to set up a separate designated nominee account?

Yes

No

If no selection is indicated the account will be set up in a pooled nominee.

For the risks and benefits of this service please visit <https://www.brewin.co.uk/csdr>

**SECTION 4 : CORRESPONDENCE CONTACT/PRIMARY CONTACT DETAILS**

Please complete the following section for the correspondent/lead trustee of the Charity.

Mr      Mrs      Miss      Ms      Mx      Other      *If Other, please state below*

Other

First Name(s)

Surname

Previous Name(s)

Date of Birth

Place of Birth

Country of Birth

Nationality

National Insurance Number

Country of Residence

Please ensure this is the residential address as it is required for Anti-Money Laundering purposes

Address

City

County

Country

Post Code

Home Telephone number

Mobile Telephone number

Other Telephone number

E-mail

Charity Role(s)

Trustee

Chief Executive

Director

Investment Committee Member

Administrator

Chairman

Settlor

Official correspondent

Correspondence Contact

Treasurer

Please indicate if you have authority to give instructions for the Charity

Full

Investment

Admin

Other (please specify below)

**Solely****With one or more other authorised signatory****Other (Please specify)****The Intermediary will receive all correspondence from RBC Brewin Dolphin including general correspondence, valuations/depreciation reports and contract notes (if applicable). The correspondent/lead trustee can request copies of the following:**

General Correspondence

Valuation/MiFID Report

Year End Tax Report\*

\* Please note that for data security reasons and to reduce the risk of fraud, we will not create more than one MyBrewin account with the same email address. If no other party selects to receive this, it will be sent to the Correspondence Contact/Primary Contact.

**SECTION 5 : AUTHORISED SIGNATORY DETAILS (MINIMUM OF TWO REQUIRED) – AS PER CHECKLIST IN SECTION 11****First Authorised Signatory**

Mr      Mrs      Miss      Ms      Mx      Other      *If Other, please state below*

Other

First Name(s)

Surname

Previous Name(s)

Date of Birth

Place of Birth

Country of Birth

Nationality

National Insurance Number

Country of Taxation

Country of Residence

Please ensure this is the residential address as it is required for Anti-Money Laundering purposes

Address

City

County

Country

Post Code

Home Telephone number

Mobile Telephone number

Other Telephone number

E-mail

Charity Role(s)

Trustee

Chief Executive

Director

Investment Committee Member

Administrator

Chairman

Settlor

Official correspondent

Correspondence Contact

Treasurer

Please indicate if you have authority to give instructions for the Charity

Full

Investment

Admin

Other (please specify below)

**Solely****With one or more other authorised signatory****Other (Please specify)****Please indicate which of the following you wish to receive:**

General Correspondence

Valuation/MiFID Report

Year End Tax Report\*

\* Please note that for data security reasons and to reduce the risk of fraud, we will not create more than one MyBrewin account with the same email address. If no other party selects to receive this, it will be sent to the Correspondence Contact/Primary Contact.

**SECTION 5 : AUTHORISED SIGNATORY DETAILS (MINIMUM OF TWO REQUIRED) – AS PER CHECKLIST IN SECTION 11****Second Authorised Signatory**

Mr      Mrs      Miss      Ms      Mx      Other      *If Other, please state below*

Other

First Name(s)

Surname

Previous Name(s)

Date of Birth

Place of Birth

Country of Birth

Nationality

National Insurance Number

Country of Taxation

Country of Residence

Please ensure this is the residential address as it is required for Anti-Money Laundering purposes

Address

City

County

Country

Post Code

Home Telephone number

Mobile Telephone Number

Other Telephone number

E-mail

Charity Role(s)

Trustee

Chief Executive

Director

Investment Committee Member

Administrator

Chairman

Settlor

Official correspondent

Correspondence Contact

Treasurer

Please indicate if you have authority to give instructions for the Charity

Full

Investment

Admin

Other (please specify below)

**Solely****With one or more other authorised signatory****Other (Please specify)****Please indicate which of the following you wish to receive:**

General Correspondence

Valuation/MiFID Report

Year End Tax Report\*

\* Please note that for data security reasons and to reduce the risk of fraud, we will not create more than one MyBrewin account with the same email address. If no other party selects to receive this, it will be sent to the Correspondence Contact/Primary Contact.

**SECTION 5 : AUTHORISED SIGNATORY DETAILS (MINIMUM OF TWO REQUIRED) – AS PER CHECKLIST IN SECTION 11****Third Authorised Signatory**

Mr      Mrs      Miss      Ms      Mx      Other      *If Other, please state below*

Other

First Name(s)

Surname

Previous Name(s)

Date of Birth

Place of Birth

Country of Birth

Nationality

National Insurance Number

Country of Taxation

Country of Residence

Please ensure this is the residential address as it is required for Anti-Money Laundering purposes

Address

City

County

Country

Post Code

Home Telephone number

Mobile Telephone number

Other Telephone number

E-mail

Charity Role(s)

Trustee

Chief Executive

Director

Investment Committee Member

Administrator

Chairman

Settlor

Official correspondent

Correspondence Contact

Treasurer

Please indicate if you have authority to give instructions for the Charity

Full

Investment

Admin

Other (please specify below)

**Solely****With one or more other authorised signatory****Other (Please specify)****Please indicate which of the following you wish to receive:**

General Correspondence

Valuation/MiFID Report

Year End Tax Report\*

\* Please note that for data security reasons and to reduce the risk of fraud, we will not create more than one MyBrewin account with the same email address. If no other party selects to receive this, it will be sent to the Correspondence Contact/Primary Contact.



## SECTION 5 : AUTHORISED SIGNATORY DETAILS (MINIMUM OF TWO REQUIRED) – AS PER CHECKLIST IN SECTION 11

### Fourth Authorised Signatory

Mr      Mrs      Miss      Ms      Mx      Other      *If Other, please state below*

Other

First Name(s)

Surname

Previous Name(s)

Date of Birth

Place of Birth

Country of Birth

Nationality

National Insurance Number

Country of Taxation

Country of Residence

Please ensure this is the residential address as it is required for Anti-Money Laundering purposes

Address

City

County

Country

Post Code

Home Telephone number

Mobile Telephone number

Other Telephone number

E-mail

Charity Role(s)

Trustee

Chief Executive

Director

Investment Committee Member

Administrator

Chairman

Settlor

Official correspondent

Correspondence Contact

Treasurer

Please indicate if you have authority to give instructions for the Charity

Full

Investment

Admin

Other (please specify below)

**Solely**

**With one or more other authorised signatory**

**Other (Please specify)**

#### Please indicate which of the following you wish to receive:

General Correspondence

Valuation/MiFID Report

Year End Tax Report\*

\* Please note that for data security reasons and to reduce the risk of fraud, we will not create more than one MyBrewin account with the same email address. If no other party selects to receive this, it will be sent to the Correspondence Contact/Primary Contact.

## SECTION 5 : AUTHORISED SIGNATORY DETAILS (MINIMUM OF TWO REQUIRED) – AS PER CHECKLIST IN SECTION 11

### Fifth Authorised Signatory

Mr Mrs Miss Ms Mx Other *If Other, please state below*

Other

First Name(s)

Surname

Previous Name(s)

Date of Birth

Place of Birth

Country of Birth

Nationality

National Insurance Number

Country of Taxation

Country of Residence

Please ensure this is the residential address as it is required for Anti-Money Laundering purposes

Address

City

County

Country

Post Code

Home Telephone number

Other Telephone number

E-mail

Charity Role(s)

Trustee

Chief Executive

Director

Investment Committee Member

Administrator

Chairman

Settlor

Official correspondent

Correspondence Contact

Treasurer

Please indicate if you have authority to give instructions for the Charity

Full

Investment

Admin

Other (please specify below)

**Solely**

**With one or more other authorised signatory**

**Other (Please specify)**

**Please indicate which of the following you wish to receive:**

General Correspondence

Valuation/MiFID Report

Year End Tax Report\*

\* Please note that for data security reasons and to reduce the risk of fraud, we will not create more than one MyBrewin account with the same email address. If no other party selects to receive this, it will be sent to the Correspondence Contact/Primary Contact.

## SECTION 6: TRUSTEE/DIRECTOR/SETTLOR DETAILS

**For those without authority to instruct but who fulfil either a Trustee, Director or Settlor (if any) role for the Charity.**

Please complete the following section for all Trustees (for unincorporated charities), Directors (for incorporated charities) or Settlor (if any).

### First Trustee/Director/Settlor

|              |          |         |         |    |    |       |                                     |
|--------------|----------|---------|---------|----|----|-------|-------------------------------------|
| Charity Role | Director | Trustee | Settlor |    |    |       |                                     |
|              | Mr       | Mrs     | Miss    | Ms | Mx | Other | <i>If Other, please state below</i> |

Other

First Name(s)

Surname

Previous Name(s)

Date of Birth

Please ensure this is the residential address as it is required for Anti-Money Laundering purposes

Address

City

County

Country

Post Code

### Second Trustee/Director/Settlor

|              |          |         |         |
|--------------|----------|---------|---------|
| Charity Role | Director | Trustee | Settlor |
|--------------|----------|---------|---------|

Title

First Name(s)

Middle Name(s)

Surname

Previous Name(s)

Date of Birth

Please ensure this is the residential address

Address

City

County

Country

Post Code

**SECTION 6: TRUSTEE/DIRECTOR/SETTLOR DETAILS (CONTINUED)**

**For those without authority to instruct but who fulfill either a Trustee, Director or Settlor (if any) role for the Charity.**

Please complete the following section for all Trustees (for unincorporated charities), Directors (for incorporated charities) or Settlor (if any).

**Third Trustee/Director/Settlor**

|              |          |         |         |    |    |       |                                     |
|--------------|----------|---------|---------|----|----|-------|-------------------------------------|
| Charity Role | Director | Trustee | Settlor |    |    |       |                                     |
|              | Mr       | Mrs     | Miss    | Ms | Mx | Other | <i>If Other, please state below</i> |

Other

First Name(s)

Surname

Previous Name(s)

Date of Birth

Please ensure this is the residential address as it is required for Anti-Money Laundering purposes

Address

City

County

Country

Post Code

**Fourth Trustee/Director/Settlor**

|              |          |         |         |
|--------------|----------|---------|---------|
| Charity Role | Director | Trustee | Settlor |
|--------------|----------|---------|---------|

Title

First Name(s)

Middle Name(s)

Surname

Previous Name(s)

Date of Birth

Please ensure this is the residential address as it is required for Anti-Money Laundering purposes

Address

City

County

Country

Post Code

**SECTION 6: TRUSTEE/DIRECTOR/SETTLOR DETAILS (CONTINUED)**

**For those without authority to instruct but who fulfill either a Trustee, Director or Settlor (if any) role for the Charity.**

Please complete the following section for all Trustees (for unincorporated charities), Directors (for incorporated charities) or Settlor (if any).

**Fifth Trustee/Director/Settlor**

|              |          |         |         |    |    |       |                                     |
|--------------|----------|---------|---------|----|----|-------|-------------------------------------|
| Charity Role | Director | Trustee | Settlor |    |    |       |                                     |
|              | Mr       | Mrs     | Miss    | Ms | Mx | Other | <i>If Other, please state below</i> |

Other

First Name(s)

Surname

Previous Name(s)

Date of Birth

Please ensure this is the residential address as it is required for Anti-Money Laundering purposes

Address

City

County

Country

Post Code

**Sixth Trustee/Director/Settlor**

|              |          |         |         |
|--------------|----------|---------|---------|
| Charity Role | Director | Trustee | Settlor |
|--------------|----------|---------|---------|

Title

First Name(s)

Middle Name(s)

Surname

Previous Name(s)

Date of Birth

Please ensure this is the residential address as it is required for Anti-Money Laundering purposes

Address

City

County

Country

Post Code

## SECTION 7: CORRESPONDENCE AND ADMINISTRATION

If the Charity would like us to send copies of periodic account information to other professional advisers or third parties, please provide the details below and indicate which documents they would like us to send.

### 7.1 Do you want us to provide information on the Charity's portfolio to third parties?

Yes

No

If yes, please indicate below:

Adviser

Charity

Tax Adviser/Accountant

Solicitor

Other

General Correspondence

Valuation\*

Invoices

Contract Notes

Year End Tax Report (one copy only)

MiFID reporting

\*maximum of 4

**Additional third party details:** If the Investor(s) would like us to send copies of their account information to additional professional advisers or other third parties, please provide the details on a separate sheet.

#### Please provide contact details (if applicable)

Contact Name

Role

Name of Firm

Address

Postcode

Email

Telephone number

Country if not UK

*If you require additional space, please use Notes section at the back of the form.*

### 7.2 Instructions from third parties

If you or the Charity wish to authorise a third party to provide instructions to us, please provide details below.

#### Do you want us to accept instructions from a third party?

Yes

No

**Please note that UK anti-money laundering regulations require us to obtain proof of identity/address documentation in respect of any third party that exercises control over the account. We may need to contact you for further information.**

If yes, please authorise ONE third party here:

Tax Adviser/Accountant

Solicitor

Other

#### Please provide contact details (if applicable)

Contact Name

Role

Name of Firm

Address

Postcode

Email

Date of Birth

Telephone Number

Nationality

**SECTION 7: CORRESPONDENCE AND ADMINISTRATION (CONTINUED)****7.3 Instructions from third parties (continued)**

Country of Birth

Residency for Tax Purposes

Domicile

Please provide the Charity's VAT number  
(including country prefix if not UK)**7.4 Periodic Statements**

A regular valuation report can be provided quarterly on the following dates

**Quarterly**5<sup>th</sup> January, 5<sup>th</sup> April, 5<sup>th</sup> July, 5<sup>th</sup> October

Portfolios will be valued in sterling. If the Charity would prefer to have their portfolio valued in the currencies below, please indicate and we will try to accommodate this.

Euro            US Dollar

**If the Charity wish to change the frequency, report dates or currency, please contact your Investment Manager.**

What is the Charities year end date?

Please note, valuation reports will be provided in sterling.

For Charity portfolios valued in excess of £1m we are able to produce quarterly Consolidated Tax Vouchers (CTV) to allow more frequent reclamation of tax.

Please tick if you would like this service

VAT registration number (including country prefix if not UK)

VAT invoices will be sent to the main correspondent unless you specify otherwise

**7.5 Contract notes**

Full details of transactions are included in valuation reports. However, if the Charity would like a contract note for every trade, please tick here

**7.6 Would the Charity like to access their account online via our MyBrewin web portal?****Yes****No**The Charity can view up-to-date information about their investments through MyBrewin portal at [www.brewin.co.uk/mybrewin](http://www.brewin.co.uk/mybrewin). To enjoy the benefits of MyBrewin, we will simply need to confirm the Primary Contact's mobile telephone number and the email address they would like to use for their MyBrewin account. Please note for data security reasons and to reduce the risk of fraud, we will not create more than one MyBrewin account with the same email address. If more than one individual requires access to MyBrewin, please provide mobile telephone numbers and corresponding email addresses below.

Primary Contact Telephone Number for MyBrewin Account

Primary Contact E-mail Address for MyBrewin Account

Secondary Contact Telephone Number for MyBrewin Account

Secondary Contact E-mail Address for MyBrewin Account

Third Contact Telephone Number for MyBrewin Account

Third Contact E-mail Address for MyBrewin Account

Fourth Contact Telephone Number for MyBrewin Account

Fourth Contact E-mail Address for MyBrewin Account

Fifth Contact Telephone Number for MyBrewin Account

Fifth Contact E-mail Address for MyBrewin Account

Sixth Contact Telephone Number for MyBrewin Account

Sixth Contact E-mail Address for MyBrewin Account

## SECTION 8: CASH AND ASSET TRANSFERS

8.1 It is our policy to obtain the details of the Charity bank account. Please complete the following section with bank account details even if the Charity is not transferring the initial funds to us from this account.

### Charity Bank Account Details

Account Holder Name

Name of Bank  
or Building Society

Branch

City

Country

Building Society Roll No.

Bank Account Number

Sort Code

### For Bank Accounts outside the UK please provide:

IBAN number

### 8.2 Please confirm the origin of funds, source of funds and source of wealth for this account

Origin of Funds

*Detail where the funds coming into RBC Brewin Dolphin will be coming from e.g. charity bank account.*

Source of Funds

*The Source of Funds refers to the activity that generated the cash / investments to be held by RBC Brewin Dolphin.*

Source of Wealth  
(total net worth)

*The Source of Wealth refers to the activity that generated the total worth of the individual or entity.*

### 8.3 Income Instructions

Please complete this section on how you would like us to handle the Charity's dividends, interest and regular income payments.

#### Dividend Income:

- (a) RBC Brewin Dolphin to retain in portfolio
- (b) Pay to the Charity bank account

#### Regular Income:

If the Charity would like a fixed sum paid to their bank account please indicate:

Amount £  Frequency

Preferred Date of First Payment (where possible)

### 8.4 Custody of Assets

All investments will be registered in one or more of our nominee companies. Please refer to Section 3.9 for information on how we hold your assets.



## ADVISER CHARGING AGREEMENT To be completed by the Investor(s)

This form should be completed if you wish your Intermediary to take their adviser charges from your RBC Brewin Dolphin portfolio.

### Initial Charge

Please complete this section if you wish an initial amount of adviser charges to be paid to your Intermediary in respect of establishing your RBC Brewin Dolphin portfolio.

Please confirm below the percentage of portfolio value or monetary amount you wish to authorise.

% or £  (excluding any additional VAT)

### Ongoing Charges

Please complete this section if you wish an ongoing amount of adviser charges to be paid to your Intermediary in respect of services being provided in relation to your RBC Brewin Dolphin portfolio.

Please confirm the percentage of portfolio value or monetary amount you wish to authorise to be paid per annum. This will be paid on a pro-rata basis quarterly in arrears.

% or £  (excluding any additional VAT)

### Investor Declaration

I confirm my agreement to the charges detailed above and hereby authorise and request that RBC Brewin Dolphin undertake the payment of these to my Intermediary on my behalf, from my RBC Brewin Dolphin deposit account, for the provision of professional services provided to me in connection with my RBC Brewin Dolphin investment portfolio. I understand that any future monies added to the portfolio will be subject to this agreement unless I specify otherwise.

These instructions should replace any existing Intermediary remuneration arrangements on my portfolio(s).

#### Individual/First Investor

Title and Surname

First Name(s)

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

#### Joint/Second Investor

Title and Surname

First Name(s)

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

### Intermediary Declaration

I understand that the charges facilitated by RBC Brewin Dolphin will be paid by BACS (unless otherwise agreed) to the bank account information held on record and that it is the responsibility of the Intermediary to determine whether VAT is payable on such charges. RBC Brewin Dolphin cannot accept any responsibility for this or give any advice.

Should VAT be applied to the initial charge Yes No

Should VAT be applied to the ongoing charge Yes No

Intermediary Firm Name

Adviser's Name

Adviser's signature (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

The adviser charge will be facilitated through the account where Brewin Dolphin management fees are applied.

#### For Office Use Only:

Client Code  PFC  Intermediary Code

RBC Brewin Dolphin is a trading name of Brewin Dolphin Limited. Brewin Dolphin Limited is authorised and regulated by the Financial Conduct Authority (Financial Services Register reference number 124444) and regulated in Jersey by the Financial Services Commission. Registered Office; 12 Smithfield Street, London, EC1A 9BD. Registered in England and Wales company number: 2135876. VAT number: GB 690 8994 69

**SECTION 9: SELF-CERTIFICATION OF STATUS UNDER 'FATCA' TAX EXCHANGE AGREEMENTS**

**Note: The term 'FATCA' is used below to refer collectively to all Automatic Exchange of Information agreements currently in effect in the UK:**

Automatic Exchange of Information agreements primarily include (but are not limited to) the following regulations:

**The United States 'Foreign Account Tax Compliance Act (FATCA)' Regulations':**

**The 'Common Reporting Standard (CRS)' Regulations:**

These regulations require RBC Brewin Dolphin to obtain a 'self-certification' from all account holders to explicitly confirm their residency for tax purposes. RBC Brewin Dolphin may also be required to disclose accounts to HMRC that are held by, or for the benefit of, a US citizen or a person resident outside the UK.

Further detail of these regulations can be found on the HMRC website here: <https://www.gov.uk/government/collections/automatic-exchange-of-information-agreements>

**Part A – FATCA Reporting Responsibility**

**Please complete either option (a) or (b) below to confirm if the Intermediary will be responsible for any FATCA/CRS reporting obligations over this Account:**

**(a) The Intermediary will report under FATCA/CRS with respect to this account:**

By checking this box we confirm that we as Intermediary (and not RBC Brewin Dolphin) will satisfy any FATCA/CRS reporting obligations over this account.

Please confirm the Intermediary's GIIN Number: \_ \_ \_ \_ \_ / \_ \_ \_ \_ \_ / \_ \_ / \_ \_ \_

**(b) The Intermediary will NOT report under FATCA/CRS for this account:**

By checking this box we confirm that we will provide RBC Brewin Dolphin with any relevant information to allow it to report, and will promptly inform RBC Brewin Dolphin of any future changes in circumstances affecting the account-holder's tax residency and FATCA/CRS status.

Please complete Part B below to confirm the tax residency(s) and status of the Charity.

**Part B - Self-Certification of the Charity Tax Residency and Status**

**If the Intermediary will not be reporting under FATCA/CRS, please complete the declaration(s) on the following page with respect to the Charity to confirm their tax residency and FATCA/CRS status.**

**All Charities must complete sections A, B and C and may also need to complete section D.**

**SECTION 9: SELF-CERTIFICATION OF STATUS UNDER 'FATCA' TAX EXCHANGE AGREEMENTS (CONTINUED)****Section A: Charity Tax Residency**

Please indicate ALL countries (excluding US) in which the Charity is resident for tax purposes and the relevant Tax Identification Number or Functional Equivalent.

| Country of Tax Residency | Tax Identification Number (TIN) | No TIN available |
|--------------------------|---------------------------------|------------------|
|                          |                                 |                  |
|                          |                                 |                  |

\*If you ticked the "no TIN available" box, please explain below why you do not have a TIN:

**Section B: Charity Classification for the purposes of FATCA**

Under FATCA, any non-US Charity will either be a Financial Institution (FI) or a Non-Financial Foreign Entity (NFFE/NFE)\*. If you are an FI please complete Section B1 below and if you are an NFE please complete Section B2 below to determine the status of the Charity. You will also need to complete Section C.

\*For the rest of this form "NFFE" will be referred to as "NFE" (Non-Financial Entity), the term used in the CRS (see Section C below).

**B1 The Charity is a Financial Institution****(a) The Charity is able to provide a Global Intermediary Identification Number (GIIN)**

- i) The Charity has registered as an FI (including 'Sponsored Investment Entity') – please provide the Charities GIIN; or
- ii) The Charity is 'Trustee documented' – please provide the Trustee FI's GIIN; or
- iii) The Charity is a 'Sponsored closely held Investment Vehicle' – please provide the GIIN of the sponsoring FI

Please provide your GIIN Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**(b) If unable to provide a GIIN, please give a reason by ticking one of the boxes below:**

- i) The Charity is an 'Exempt Beneficial Owner' (e.g. UK registered pension scheme)
- ii) The Charity is a 'Certified or otherwise Deemed Compliant FI' (e.g. UK registered Charity)
- iii) The Charity is a Non-Participating FI
- iv) Other reason (Please specify below):

**Please now complete Section C on the next page.**

**B2 The Charity is NOT a Financial Institution**

If the Charity is not an FI, it will be considered to be an NFE. It can be an Active or Passive NFE. Under FATCA, Passive NFEs also have the option of being a Direct Reporting or Sponsored Direct Reporting NFE.

**Please note that the concepts of a “Direct Reporting NFE” and a “Sponsored Direct Reporting NFE” are only applicable to FATCA and do not apply to the CRS.**

|                                 |  |                                                        |                           |
|---------------------------------|--|--------------------------------------------------------|---------------------------|
| Active NFFE                     |  | Please complete Sections C                             |                           |
| Passive NFFE                    |  | Please complete Sections C and D                       |                           |
| Direct Reporting NFFE           |  | Please provide the NFE's GIIN                          | ____ / ____ / ____ / ____ |
| Sponsored Direct Reporting NFFE |  | Please provide the GIIN of the NFE's Sponsoring Entity | ____ / ____ / ____ / ____ |

**Section C: Charity classification for the purposes of the Common Reporting Standard (CRS)**

Please tick one of the boxes below:

- (a) The Charity is a Managed Investment Entity  
(More than 50% of the Charities gross income is attributable to investment activities AND the Charity has appointed a Financial Institution to manage its assets (in part or in whole) on a discretionary basis)
- (b) The Charity is a Financial Institution (other than a Managed Investment Entity)
- (c) The Charity is a Non-Reporting Financial Institution (i.e Governmental Entity)
- (d) The Charity is an Active NFE
- (e) The Charity is a Passive NFE – if you tick this box please complete Section D below

If you have ticked (a) or (b) above you may be responsible for reporting any reportable persons to your local tax authority that are tax resident in a Reportable Jurisdiction.

**Section D: ‘Passive NFE’ Controlling Persons Self-Declaration of Tax Residency**

Please complete this section **only** if

- i. you have declared the Charity to be a ‘Passive NFE’ in Sections B or C, **or**
- ii. the Charity is a Managed Investment Entity tax resident in a jurisdiction that is not a Participating Jurisdiction.

Please could you list in the table on Page 18 each Controlling Person, confirming ALL countries of tax residency and ALL Tax Identification Numbers for EACH Controlling Person. If a Controlling Person is a US citizen, US Green Card holder, or US resident, you must include United States in this table along with his/her US Tax Identification Number.

**SECTION D PASSIVE NFE TABLE**

Please could you list in this table each Authorised Person, confirming ALL countries of tax residency and ALL Tax Identification Numbers for EACH Controlling Person.

| Full Name | Type of Controlling Person | Country of Tax Residency | Permanent Residence Address (including postcode and country) | Tax Identification Number Or Functional Equivalent | Country of birth/ incorporation | Place of birth (individuals only) | Date of birth/ incorporation (DD-MM-YY) |
|-----------|----------------------------|--------------------------|--------------------------------------------------------------|----------------------------------------------------|---------------------------------|-----------------------------------|-----------------------------------------|
|           |                            |                          |                                                              |                                                    |                                 |                                   |                                         |
|           |                            |                          |                                                              |                                                    |                                 |                                   |                                         |
|           |                            |                          |                                                              |                                                    |                                 |                                   |                                         |
|           |                            |                          |                                                              |                                                    |                                 |                                   |                                         |
|           |                            |                          |                                                              |                                                    |                                 |                                   |                                         |

## SECTION 10: DECLARATION AND ACCEPTANCE OF TERMS

### 10.1 Data Protection

Your personal data will be handled by RBC Brewin Dolphin in accordance with the provisions of all applicable data protection laws and regulations from time to time in force relating to data protection, privacy and the processing of personal data ("Data Protection Laws"), including the General Data Protection Regulation (Regulation (EU) 2016/679) ("GDPR") and the Data Protection Act 2018. The Data Protection Laws govern how we may use your personal information and give you certain rights in respect of your data. For further details on our data processing, please refer to our Retail Client Terms & Conditions (for the clients of financial advisers) or read our privacy notice, which is available at [www.brewin.co.uk/privacynotice](http://www.brewin.co.uk/privacynotice). Our privacy notice includes information on how to contact us should you wish to exercise your data protection rights.

### 10.2 Order Execution and Conflicts Policies

You will have received our Retail Client Terms & Conditions which detail our: – Order Execution Policy  
– Conflicts of Interest Policy

Our Order Execution Policy specifies that we may execute transactions outside regulated markets and multilateral trading facilities and that we may exercise our discretion as to whether or not to publish limit orders.

We strongly believe that it is in your interests that you accept our Order Execution Policy as it enables us to get the best outcome for you and we may be unable to open an account if you do not consent to the Order Execution Policy.

We would ask that you provide express consent to the Order Execution Policy as set out in the Retail Terms & Conditions by signing the declaration below.

### 10.3 Intermediary Declaration and Acceptance

In relation to our Client, the Charity Investor, I/We declare on behalf of the Intermediary firm named in Section 1 ("Intermediary") that:

- The Intermediary has undertaken an assessment of the suitability of RBC Brewin Dolphin's services for the Charity;
- The information provided in this form is correct and complete to the best of the Intermediary's knowledge and the Intermediary will notify RBC Brewin Dolphin promptly of any changes;
- The Intermediary has obtained information from the Charity in relation to their knowledge and experience in investments and confirms that the Charity has the necessary experience and knowledge in order to understand the risks involved in the management of the portfolio;
- The Intermediary has obtained information from the Charity in relation to their financial situation including the source and extent of their regular income, assets (including liquid assets), investments and real property and their regular financial commitments. The Intermediary also confirms that the Charity has the capacity to bear investment risks arising from the management of the portfolio, including the potential of significant loss;
- I/we have read RBC Brewin Dolphin's Risk Guide for Intermediaries and that the Category identified in Section 3 of this Account Opening Form is suitable for the Charity;
- I/we have received RBC Brewin Dolphin's Account Opening Information Pack, and the Intermediary agrees to be bound by the Terms of Business for Intermediaries in relation to the services RBC Brewin Dolphin will provide (via the Intermediary) in relation to this account. I/we shall seek clarification promptly if there is anything in the Account Opening Pack that I/we do not understand;
- I/we have obtained information from the Charity on their investment objectives, including the length of time they wish to hold investments, their preferences regarding risk taking, their risk profile and the purposes of investment;
- I/we confirm that I/we have verified and identified all parties to this agreement in accordance with the Intermediary Terms of Business;
- I/we have discussed and agreed with the Charity the overall charging structure in relation to this service;
- I/we will disclose to the Charity all details of any subsequent fees between us in accordance with all applicable statutory, regulatory and professional requirements; and
- Where the Intermediary supplies RBC Brewin Dolphin with information and personal data in relation to this account (including information classed as "special category personal data" under Data Protection Laws), the Intermediary has obtained the relevant data subject's prior consent to provide this information or personal data to RBC Brewin Dolphin and for RBC Brewin Dolphin to process it in order to provide its services.

#### Intermediary Authorised Signature

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

Print Name

#### Intermediary Authorised Signature (if applicable)

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

Print Name

**SECTION 10: DECLARATION AND ACCEPTANCE OF TERMS (CONTINUED)****10.4 Charity Declaration and Acceptance**

I/We declare that (on the behalf of the Charity named in Section 2 above), the information in this form is correct, complete and up-to-date, and I/we have received a copy of RBC Brewin Dolphin's Retail Terms and Conditions for Clients of Financial Advisers.

We declare that:

- The information provided in this form is, to the best of our knowledge and belief, accurate and complete;
- We are aware that in certain circumstances RBC Brewin Dolphin will be obliged to share this information with UK or Jersey tax authorities, who may pass it on to other tax authorities;
- We consent to the Order Execution Policy;
- We will notify our Adviser and RBC Brewin Dolphin promptly in writing, of any changes to the information provided in this form and of any other relevant information;
- I/We may withdraw this consent or change my/our email address at any time, by contacting my/our investment manager. Before signing this form, make sure that you have read carefully and understood the applicable terms and conditions and the above declarations and consent. If there is anything you do not understand or if you have any questions, please discuss it with your Intermediary and Investment Manager and seek clarification before signing. By signing below, you confirm both the declaration and consent.

**First Authorised Signature**

Signed (upload your  
electronic signature here

Alternatively type in your name  
to confirm your signature

Date

Print Name

**Second Authorised Signature**

Signed (upload your  
electronic signature here

Alternatively type in your name  
to confirm your signature

Date

Print Name

**Third Authorised Signature**

Signed (upload your  
electronic signature here

Alternatively type in your name  
to confirm your signature

Date

Print Name

**Fourth Authorised Signature**

Signed (upload your  
electronic signature here

Alternatively type in your name  
to confirm your signature

Date

Print Name

## SECTION 10: DECLARATION AND ACCEPTANCE OF TERMS (CONTINUED)

### Fifth Authorised Signature

Signed (upload your  
electronic signature here

Alternatively type in your name  
to confirm your signature

Date

Print Name

---

### Sixth Authorised Signature

Signed (upload your  
electronic signature here

Alternatively type in your name  
to confirm your signature

Date

Print Name



**SECTION 11: CHECKLIST**

Please ensure you have provided the following with this application:

Investment Policy Statement

Confirmation that we are dealing with the correspondent authorised to act on behalf of the Charity

An Authorised Signatories list or a letter from the Charity on its own letterhead stating the names of the Authorised Signatories

Confirmation of the Charities existence on the Charity Commission register (for England & Wales), Charity Commission for Northern Ireland, or Office of the Scottish Charity Regulator. Alternatively, please provide confirmation of exemption.

Personal verification for all named Authorised Signatories (*at least two Authorised Signatories are required*)

Trust Deed or other governing document (if applicable)

Personal verification for the Correspondent

Completed FATCA Entity Self-Certification form

Confirmed LEI status

Provided existing LEI (where applicable)

Completion of Authorisation to Apply form (where applicable)

One of the following:

- 1 A letter from the Inland Revenue/HMRC confirming that the organisation is a charity and is deemed charitable for tax purposes.  
OR
- 2) Copy of the letter from the applicable Charities Commission (or equivalent body) confirming the organisation is a charity, acceptance to the register and the registered charity number;  
OR
- 3) A letter from the Charity on its own letterhead stating that they are a charity with their charity number. If the Charity is outside England and Wales, the letter also needs to include the date of registration and where the charity is registered.  
*(Please note that a printout from the Charity Commission's website is not sufficient as a means of verification. This requirement is in place to comply with HMRC guidance.)*

**Please ask your Investment Manager for advice on acceptable alternatives should you be unable to provide the specified documents.**

If you would like to provide RBC Brewin Dolphin with authority to request the transfer of assets from an existing investment management service to this account, please request a copy of the **Transfer Authority Form** from your Investment Manager.

**FOR RBC BREWIN DOLPHIN USE ONLY**

Intermediary Firm Name

Intermediary Code

Short Name

PRC

Branch Code:

A/C Exec  
responsible for A/C

Financial Services  
Register reference number

Terms and Conditions  
BD Number:

**B D 1 1 2 1 / /**

*Please record the reference number from the back of the Terms and Conditions document.*

**Set Up**

Rate Card Type

Power of Attorney

Parent Key

Account Title

For office use only

Client Code

PRC Code

CE Contact Code (iCode)

CE Organisation Code (O Code)

Classification

**R E T A I L C L I E N T**