



Brewin
Dolphin

Intermediary Account Opening Form:

Pensions

(12 or more Pension Scheme Members)

HELPING US DELIVER OUR SERVICES

Before providing this service for your 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, as the Intermediary you should undertake an assessment of the suitability of RBC Brewin Dolphin's services for the Pension Investor.

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 or Investment Manager will be pleased to help.

If you would prefer to complete the form in large print please ask your usual RBC Brewin Dolphin contact for a copy.

Name of Investment Manager

Name of Business Development Manager

SECTION 1: PENSION SCHEME PROVIDER AND INTERMEDIARY REGISTRATION DETAILS

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

Type of Pension

Defined Benefit Scheme Defined Contribution Scheme Group Personal Pension Other (Please state below)

**Pension Policy Number/
Reference Number****Pension Scheme Name****Pension Scheme Provider/Administrator/Professional Trustee Details**

Company Name

Address

City

County

Postcode

Country

Regulatory Reference Number

VAT Registration Number

Email

Intermediary Details

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)

We will automatically send the Original Valuations, Original Statements and Original Consolidation Tax Vouchers to the Pension Scheme.

How many Trustees/Administrators are there?**Are all Trustees/Administrators also Scheme Members?**

Yes

No

How many Scheme Members are there?

SECTION 2: WHO WILL DIRECT THE INVESTMENTS UNDER THIS ACCOUNT?**First Trustee or Designated Investor**

Mr Mrs Miss Ms Mx Other (Please state below)

Other

First Name(s)

Surname

Date of Birth

What is the First Trustee or Designated Investor's Residential Address?

Address

City

County

Country

Postcode

What is the First Trustee or Designated Investor's Previous Residential Address *(if less than 3 years at the current address)*

Address

City

County

Country

Postcode

First Trustee or Designated Investor's Additional Details

Nationality

Country of Birth

Place of Birth

Residency for Tax Purposes

Domicile

National Insurance Number

Tax Reference

Second Trustee or Designated Investor

Mr Mrs Miss Ms Mx Other (Please state below)

Other

First Name(s)

Surname

Date of Birth

SECTION 2: WHO WILL DIRECT THE INVESTMENTS UNDER THIS ACCOUNT? (CONTINUED)**What is the Second Trustee or Designated Investor's Residential Address?**

Address

City

County

Country

Postcode

What is the Second Trustee or Designated Investor's Previous Residential Address *(if less than 3 years at the current address)*

Address

City

County

Country

Postcode

Second Trustee or Designated Investor's Additional Details

Nationality

Country of Birth

Place of Birth

Residency for Tax Purposes

Domicile

National Insurance Number

Tax Reference

Third Trustee or Designated Investor

Mr Mrs Miss Ms Mx Other (Please state below)

Other

First Name(s)

Surname

Date of Birth

What is the Third Trustee or Designated Investor's Residential Address?

Address

City

County

Country

Postcode

SECTION 2: WHO WILL DIRECT THE INVESTMENTS UNDER THIS ACCOUNT? (CONTINUED)

What is the Third Trustee or Designated Investor's Previous Residential Address *(if less than 3 years at the current address)*

Address

City

County

Country

Postcode

Third Trustee or Designated Investor's Additional Details

Nationality

Country of Birth

Place of Birth

Residency for Tax Purposes

Domicile

National Insurance Number

Tax Reference

Fourth Trustee or Designated Investor

Mr Mrs Miss Ms Mx Other (Please state below)

Other

First Name(s)

Surname

Date of Birth

What is the Fourth Trustee or Designated Investor's Residential Address?

Address

City

County

Country

Postcode

What is the Fourth Trustee or Designated Investor's Previous Residential Address *(if less than 3 years at the current address)*

Address

City

County

Country

Postcode

SECTION 2: WHO WILL DIRECT THE INVESTMENTS UNDER THIS ACCOUNT? (CONTINUED)**Fourth Trustee or Designated Investor's Additional Details**

Nationality

Country of Birth

Place of Birth

Residency for Tax Purposes

Domicile

National Insurance Number

Tax Reference

Fifth Trustee or Designated Investor

Mr

Mrs

Miss

Ms

Mx

Other

(Please state below)

Other

First Name(s)

Surname

Date of Birth

What is the Fifth Trustee or Designated Investor's Residential Address?

Address

City

County

Country

Postcode

What is the Fifth Trustee or Designated Investor's Previous Residential Address (if less than 3 years at the current address)

Address

City

County

Country

Postcode

Fifth Trustee and Pension Scheme Member's Additional Details

Nationality

Country of Birth

Place of Birth

Residency for Tax Purposes

Domicile

National Insurance Number

Tax Reference

SECTION 2: WHO WILL DIRECT THE INVESTMENTS UNDER THIS ACCOUNT? (CONTINUED)**Sixth Trustee or Designated Investor**

Mr Mrs Miss Ms Mx Other (Please state below)

Other

First Name(s)

Surname

Date of Birth

What is the Sixth Trustee or Designated Investor's Residential Address?

Address

City

County

Country

Postcode

What is the Sixth Trustee or Designated Investor's Previous Residential Address *(if less than 3 years at the current address)*

Address

City

County

Country

Postcode

Sixth Trustee or Designated Investor's Additional Details

Nationality

Country of Birth

Place of Birth

Residency for Tax Purposes

Domicile

National Insurance Number

Tax Reference

Seventh Trustee or Designated Investor

Mr Mrs Miss Ms Mx Other (Please state below)

Other

First Name(s)

Surname

Date of Birth

SECTION 2: WHO WILL DIRECT THE INVESTMENTS UNDER THIS ACCOUNT? (CONTINUED)**What is the Seventh Trustee or Designated Investor's Residential Address?**

Address

City

County

Country

Postcode

What is the Seventh Trustee or Designated Investor's Previous Residential Address *(if less than 3 years at the current address)*

Address

City

County

Country

Postcode

Seventh Trustee or Designated Investor's Additional Details

Nationality

Country of Birth

Place of Birth

Residency for Tax Purposes

Domicile

National Insurance Number

Tax Reference

Eighth Trustee or Designated Investor

Mr

Mrs

Miss

Ms

Mx

Other

(Please state below)

Other

First Name(s)

Surname

Date of Birth

What is the Eighth Trustee or Designated Investor's Residential Address?

Address

City

County

Country

Postcode

SECTION 2: WHO WILL DIRECT THE INVESTMENTS UNDER THIS ACCOUNT? (CONTINUED)**What is the Eighth Trustee or Designated Investor's Previous Residential Address** *(if less than 3 years at the current address)*

Address

City

County

Country

Postcode

Eighth Trustee or Designated Investor's Additional Details

Nationality

Country of Birth

Place of Birth

Residency for Tax Purposes

Domicile

National Insurance Number

Tax Reference

Ninth Trustee or Designated Investor

Mr Mrs Miss Ms Mx Other (Please state below)

Other

First Name(s)

Surname

Date of Birth

What is the Ninth Trustee or Designated Investor's Residential Address?

Address

City

County

Country

Postcode

What is the Ninth Trustee or Designated Investor's Previous Residential Address *(if less than 3 years at the current address)*

Address

City

County

Country

Postcode

SECTION 2: WHO WILL DIRECT THE INVESTMENTS UNDER THIS ACCOUNT? (CONTINUED)**Ninth Trustee or Designated Investor's Additional Details**

Nationality

Country of Birth

Place of Birth

Residency for Tax Purposes

Domicile

National Insurance Number

Tax Reference

Tenth Trustee or Designated Investor

Mr

Mrs

Miss

Ms

Mx

Other

(Please state below)

Other

First Name(s)

Surname

Date of Birth

What is the Tenth Trustee or Designated Investor's Residential Address?

Address

City

County

Country

Postcode

What is the Tenth Trustee or Designated Investor's Previous Residential Address *(if less than 3 years at the current address)*

Address

City

County

Country

Postcode

Tenth Trustee or Designated Investor's Additional Details

Nationality

Country of Birth

Place of Birth

Residency for Tax Purposes

Domicile

National Insurance Number

Tax Reference

SECTION 2: WHO WILL DIRECT THE INVESTMENTS UNDER THIS ACCOUNT? (CONTINUED)**Eleventh Trustee or Designated Investor**

Mr Mrs Miss Ms Mx Other (Please state below)

Other

First Name(s)

Surname

Date of Birth

What is the Eleventh Trustee or Designated Investor's Residential Address?

Address

City

County

Country

Postcode

What is the Eleventh Trustee or Designated Investor's Previous Residential Address *(if less than 3 years at the current address)*

Address

City

County

Country

Postcode

Eleventh Trustee or Designated Investor's Additional Details

Nationality

Country of Birth

Place of Birth

Residency for Tax Purposes

Domicile

National Insurance Number

Tax Reference

Twelfth Trustee or Designated Investor

Mr Mrs Miss Ms Mx Other (Please state below)

Other

First Name(s)

Surname

Date of Birth

SECTION 2: WHO WILL DIRECT THE INVESTMENTS UNDER THIS ACCOUNT? (CONTINUED)**What is the Twelfth Trustee or Designated Investor's Residential Address?**

Address

City

County

Country

Postcode

What is the Twelfth Trustee or Designated Investor's Previous Residential Address *(if less than 3 years at the current address)*

Address

City

County

Country

Postcode

Twelfth Trustee or Designated Investor's Additional Details

Nationality

Country of Birth

Place of Birth

Residency for Tax Purposes

Domicile

National Insurance Number

Tax Reference

Please use a separate piece of paper for any additional Trustee or Designated Investor's details

SECTION 3: HOW CAN WE HELP THE PENSION SCHEME?

3.1 How much does the Pension Scheme have available for investment?

£

3.2 Type of Service

This is a Discretionary Service.

3.3 Please provide an indication of the amount of annual contributions we should expect to receive.

(Not applicable to individuals not domiciled in the UK)

3.4 What is your investment time horizon?

1-3 years

3-5 years

5-10 years

10+ years

3.5 Please provide a schedule of Pension Scheme Members' retirement dates on a separate piece of paper.

3.6 Do the Trustees/Administrators have any restrictions on where the Pension Scheme money is invested? Yes No

Please choose from the industries shown:

Armaments

Alcohol

Gambling

Tobacco

Any investment restriction that the Trustees/Administrators 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 Trustees/Administrators further understand that any such restriction set by the Trustees/Administrators may affect the performance of the portfolio.

If there are any other restricted sectors, please provide details below.

3.7 Please detail any other restrictions below. *(eg: maximum holding size, instruments that are excluded from investments etc.)*

Please provide details here.

3.8 Please indicate below which Risk Category the Trustees/Administrators have agreed for this 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.

SECTION 3: HOW CAN WE HELP THE PENSION SCHEME? (CONTINUED)**3.9 Reasons for your choice of Level of Risk. Please give an indication of Pension cash flows e.g. Pension payments, fees and charges.**

Please briefly describe the primary aims of the investment portfolio and why you have chosen the Level of Risk.

3.10 Benchmarks

Please refer to our Risk Guide for Intermediaries for further information on the default benchmark that corresponds with the selection in section 3.8.

3.11 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/cs>

SECTION 4: CORRESPONDENCE AND ADMINISTRATION**4.1 Information for Intermediaries, Professional Advisers and Third Parties**

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

4.2 Do you want us to provide information on the portfolio to third parties? Yes No

If yes, please indicate below:

	Adviser	Investor	Tax Adviser/ Accountant	Solicitor	Other
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General Correspondence

.....

Valuation*

.....

Invoices

.....

Contract Notes

.....

MiFID reporting

.....

* maximum of 4

Please provide contact details (if applicable)

Contact Name

Role

Name of Firm

Address

Postcode

Email

Telephone Number

SECTION 4: CORRESPONDENCE AND ADMINISTRATION (CONTINUED)**Additional third party details:**

If the Trustees/Administrators 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.

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

Yes

No

Please note that anti-money laundering legislation requires 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. We will not accept instructions from professional advisers or other third parties unless you instruct us below or separately in writing. We will only accept instructions from ONE third party.

If yes, please authorise ONE third party here:

Tax Adviser/
AccountantCorporate
Trustee

Other

Please provide contact details (if applicable)

Contact Name

Date of Birth

Relationship

Name of Firm

Address Line 1

Address Line 2

Address Line 3

City

County

Country

Post Code

E-mail

Telephone number

Signed (by the third-party,
for the purpose of verification)
(upload your electronic
signature here

Alternatively type in your name
to confirm your signature

Date

Print Name

4.4 Periodic Statements**RBC Brewin Dolphin will provide a quarterly valuation report.**

If you wish to change currency, please contact your RBC Brewin Dolphin Investment Manager.

For non-UK tax payers, please provide your Tax Year End Date

4.5 Would the Trustees/Administrators like to access the account online via our MyBrewin web portal?

Yes

No

Each Trustee/Administrator can view up-to-date information about their investments through our MyBrewin portal at www.brewin.co.uk/mybrewin. To enjoy the benefits of MyBrewin, we will simply need to confirm each Investor's mobile telephone number and the email address that they would like to use for their MyBrewin account. 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. For joint investors who would each like their own MyBrewin access, please provide two mobile telephone numbers and corresponding email addresses below

Trustee/Administrator Mobile

Number for MyBrewin Account

Trustee/Administrator E-mail

Address for MyBrewin Account

**Please use separate piece of paper for any additional Trustee/Administrator e-mail addresses and mobile numbers for MyBrewin accounts*

SECTION 5: BANK DETAILS AND ASSETS TRANSFERS

If funds are being transferred to us when this account is being opened, please provide the following information on the source of these funds.

5.1 Pension Scheme Provider Bank Details *(where applicable)*

Please provide Pension Scheme Provider's bank details here only

Account Holder Name

Name of Bank
or Building Society

Branch

Building Society Roll No.

Bank Account Number

Sort Code

For Bank Accounts outside the UK please provide:

IBAN number

City

Country

5.2 Pension Scheme/Trustee Bank Details *(where applicable)*

Please provide Pension Scheme Provider's bank details here only

Account Holder Name

Name of Bank
or Building Society

Branch

Building Society Roll No.

Bank Account Number

Sort Code

For Bank Accounts outside the UK please provide:

IBAN number

City

Country

5.3 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 Brewin Dolphin will be coming from e.g. which financial institution.

Source of Funds

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

Source of Wealth

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

SECTION 5: BANK DETAILS AND ASSETS TRANSFERS (CONTINUED)**5.4 Pension Income Instructions**

Please complete this section on how you would like us to handle Pension payments.

Pension Payments:

If you would like a fixed sum paid to the Pension Scheme Provider or the Pension Scheme Trustees' bank account (details provided above) please indicate:

Please indicate which account (Provider or Trustee)

Amount

£

Frequency

Monthly

Quarterly

Annually

Date for first payment

5.5 Settlement Instructions

For Discretionary Service accounts all settlement proceeds will be held on account for reinvestment.

5.6 Custody of Assets

Investments will be registered in one or more of our nominee companies.

SECTION 6: 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 reporting obligations over this Account:

(a) The Intermediary will report under FATCA with respect to this account:
By checking this box we confirm that we as Intermediary (and not RBC Brewin Dolphin) will satisfy any FATCA reporting obligations over this account.
Please confirm the Intermediaries GIIN Number: _ _ _ _ _ / _ _ _ _ _ / _ _ / _ _ _

(b) The Intermediary will NOT report under FATCA 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 status.
Please complete Part B below to confirm the tax residency and status of the pension provider.

Part B - Self-Certification of Account Holder Tax Residency and Status

If the Intermediary will not be reporting under FATCA, please complete the declaration(s) below with respect to the pension provider to confirm their tax residency and FATCA status.

Pension Provider Self-Certification:

Please complete the following to confirm the status of the Pension Provider under 'FATCA' tax authority exchange regulations: Section 1 to confirm the Pension Provider's country of residence for tax purposes, and Either;

- Section 2(a) if the Pension Provider is an 'Exempt Beneficial Owner', or
- Section 2(b) if the Pension Provider is a compliant financial Institution, or
- Section 2(c) if the Pension Provider is a non-compliant financial Institution

Section 1. Pension Provider Tax Residency:

Please indicate the country in which the Pension Provider is incorporated/organised for the purposes of that country's income tax. (If you do not have a Tax Identification Number in your country of residence, please state the reason why)

Country of Residency for Tax Purposes Tax Identification Number

SECTION 6: SELF-CERTIFICATION OF STATUS UNDER 'FATCA' TAX EXCHANGE AGREEMENTS (CONTINUED)

Section 2. Pension Provider FATCA Entity classification:

(a) We confirm that the Pension Provider is a retirement fund that meets the definition of an 'Exempt Beneficial Owner' for FATCA purposes.

(Either under the IRS regulations, or under the legislation issued by the country stated in Section 1)

(b) We confirm that the Pension Provider is a compliant Financial Institution.

Please complete section (i), (ii), (iii) or (iv) to confirm the FI category

Pension Provider Financial Institution (FI) Status

i) If the entity is registered as an FI or as a Sponsored Entity please provide the Global Intermediary Identification Number (GIIN)

ii) If the entity is a Sponsored Closely Held Investment Vehicle please provide the GIIN of the sponsoring FI

Please confirm whether it is the GIIN of the Entity or the Sponsoring FI GIIN:

Own Sponsoring Name of Sponsor

If unable to provide a GIIN, please tick reason why your organisation does not have a GIIN:

iii) The Entity has applied, or is going to apply, for a GIIN (but has not yet received it)

iv) The Entity is a Certified or otherwise Deemed Compliant FI

State reason for Deemed Compliant Status:

(c) We confirm that the Pension Provider is not exempt from FATCA reporting, does not intend to register with the IRS (or otherwise be deemed compliant), and does not intend to report the underlying beneficiary(s) under FATCA Regulations

By checking this box we acknowledge and accept the following:

- RBC Brewin Dolphin will classify this account as being held by a 'non-Participating FFI'
- RBC Brewin Dolphin may be required to disclose certain details of the account to the IRS (via HMRC) under FATCA tax authority exchange agreements
- RBC Brewin Dolphin may be obliged to deduct withholding tax from income paid to this account.

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 7: INTERMEDIARY DECLARATION AND ACCEPTANCE OF TERMS

7.1 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. Our privacy notice includes information on how to contact us should you wish to exercise your data protection rights.

7.2 Intermediary Declaration and Acceptance

I/We declare that:

- I/we have undertaken an assessment of the suitability of RBC Brewin Dolphin's services for the Trustees/Pension Scheme Members.
- The information provided in this form is correct and complete to the best of my/our knowledge and I/we will notify RBC Brewin Dolphin promptly of any changes.
- I/we have obtained information from the Trustees/Pension Scheme Members in relation to their knowledge and experience in investments and confirm that the Trustees/Pension Scheme Members have the necessary experience and knowledge in order to understand the risks involved in the management of the portfolio.
- I/we have obtained information from the Trustees/Pension Scheme Members 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. I/we confirm that the Pension has the capacity to bear investment risks arising from the management of the portfolio, including the potential of significant loss.
- I/we confirm that I/we have read RBC Brewin Dolphin's Risk Guide for Intermediaries and that the Category identified in Section 3.5 is suitable for the Pension.
- I/we have received RBC Brewin Dolphin's Account Opening Information Pack, which includes the Retail Client Terms and Conditions and conditions governing the services to be provided the Trustees/Pension Scheme Members, and I/we shall seek clarification promptly if there is anything that I/we do not understand.
- I/we have obtained information from the Trustees/Pension Scheme Members 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 Intermediaries Terms of Business.
- I/we confirm that where we supply RBC Brewin Dolphin with information we obtained about the Trustees/Pension Scheme Members, we obtained their prior consent to provide this information to RBC Brewin Dolphin and for RBC Brewin Dolphin to process it in order to provide its services.
- The tax residency/FATCA information provided in this form is, to the best of my/our knowledge and belief, accurate and complete.
- I/We undertake to advise RBC Brewin Dolphin promptly of any change in circumstances which causes the tax residency/FATCA information contained herein to become incorrect or incomplete and to provide RBC Brewin Dolphin with an updated declaration within 30 days of such a change in circumstances.
- I/We understand that in certain circumstances RBC Brewin Dolphin will be obliged to share this information with the UK or Jersey tax authorities, who may share this with other tax authorities.

First Authorised Intermediary Signature

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

Print Name

Second Authorised Intermediary Signature (if appropriate)

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

Print Name

SECTION 8: TRUSTEE PENSION SCHEME MEMBER DECLARATION AND ACCEPTANCE OF TERMS**8.1 Trustee/Administrator(s) Declaration and Acceptance**

The Trustee/Administrator(s) declare that:

- The information in this form is correct, complete and up-to-date, and they have received a copy of RBC Brewin Dolphin's Retail Client Terms and Conditions. (Which includes the Order Execution Policy and Conflict Policy)
- On the behalf of the Pension Scheme), 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 Trustee/Administrator's Signature

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

Print Name

Second Trustee/Administrator's Signature

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

Print Name

Third Trustee/Administrator(s) Signature

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

Print Name

Fourth Trustee/Administrator's Signature

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

Print Name

SECTION 8: TRUSTEE PENSION SCHEME MEMBER DECLARATION AND ACCEPTANCE OF TERMS (CONTINUED)

Fifth Trustee/Administrator's Signature

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

Print Name

Sixth Trustee/Administrator's Signature

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

Print Name

Seventh Trustee/Administrator's Signature

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

Print Name

Eighth Trustee/Administrator's Signature

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

Print Name

Ninth Trustee/Administrator's Signature

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

Print Name

Tenth Trustee/Administrator's Signature

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

Print Name

SECTION 8: TRUSTEE PENSION SCHEME MEMBER DECLARATION AND ACCEPTANCE OF TERMS (CONTINUED)

Eleventh Trustee/Administrator's Signature

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

Print Name

Twelfth Trustee/Administrator's Signature

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

Print Name

SECTION 9: DECLARATION AND ACCEPTANCE OF TERMS BY THE PENSION PROVIDER

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 for Clients of Financial Advisers by signing the declaration in the section below.

Declaration

On behalf of the Pension Provider, Trustees, Administrator or Member of the Pension Scheme or Fund, we declare that:

- the information provided in this form regarding the Pension Scheme Provider is complete and correct to the best of our knowledge and we shall notify RBC Brewin Dolphin promptly of any changes in the details, status or circumstances of the Pension Scheme Provider;
- we expressly delegate authority to the above-signed (and consent to any Intermediary authorised to act on their behalf in Section 1 of this form) to communicate with, give instructions to, and otherwise deal with RBC Brewin Dolphin in respect of the Pension Account unless or until such authority is withdrawn by the Pension Scheme Provider by notice in writing to RBC Brewin Dolphin.

At least two Authorised Signatories must sign on behalf of the Pension Scheme Provider(s).

First Authorised Signatory

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

Print Name

Second Authorised Signatory

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

Print Name

**SECTION 9: DECLARATION AND ACCEPTANCE OF TERMS BY THE PENSION PROVIDER
(CONTINUED)**

Third Authorised Signatory

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

Print Name

Fourth Authorised Signatory

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

Print Name

Fifth Authorised Signatory

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

Print Name

Sixth Authorised Signatory

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

Print Name

Seventh Authorised Signatory

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

Print Name

Eighth Authorised Signatory

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

Print Name

**SECTION 9: DECLARATION AND ACCEPTANCE OF TERMS BY THE PENSION PROVIDER
(CONTINUED)**

Ninth Authorised Signatory

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

Print Name

Tenth Authorised Signatory

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

Print Name

Eleventh Authorised Signatory

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

Print Name

Twelfth Authorised Signatory

Signed (upload your electronic signature here)

Alternatively type in your name to confirm your signature

Date

Print Name

For Trust based schemes RBC Brewin Dolphin require the Trust deed to be provided if not already done so.

IMPORTANT NOTE

IF THE PENSION SCHEME PROVIDER HAS A GLOBAL AGREEMENT IN PLACE WITH RBC BREWIN DOLPHIN THEIR SIGNATURE IS NOT REQUIRED

FOR RBC BREWIN DOLPHIN USE ONLY

Intermediary Firm Name

Intermediary Code

PRC

Branch Code

A/C Exec Responsible
for account

FCA 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