

SG UK/EU Defensive Step Down Plan 3 (Global Four)

November 2017

UK Trustees and Corporate Investors Application form

Key Dates:

ISA transfer application deadline: 11 October 2017

Cheque application deadline: 25 October 2017

Application deadline: 27 October 2017

Start Level Date: 3 November 2017

Application Checklist

Please follow the instructions below when completing and submitting your application. Please note these are guidelines only and when the application is received more information may be requested for successful account setup.

Requirements for all applications:

- Before any business can be accepted a Mariana Terms of Business form must be completed by the financial adviser and submitted to Mariana for approval. (This only needs to be completed the first time a financial adviser submits an application form).
- Application form must be completed in full, filling in all required fields.
- Section titled "Financial Adviser Section" must be completed in full by the financial adviser.
- Funds must be submitted from an account in the client's own name. Funds received from third party accounts cannot be accepted.
- Funds must be sent to the Administrator and Custodian within the respective deadlines set forth above. The amount sent must match the amount in the application.

Additional Requirements for UK Trustees and Corporate Investors applications only:

Corporate Investors

- Certificate of Incorporation.
- Authorised Signatory list (If there is no signatory list available please complete section 7).
- FATCA Entity self-certification form to be completed in full (this only needs to be completed the first time the Corporate Investor invests in a Mariana Plan).

UK Trustees

- Trust Deed
- Authorised Signatory list (If there is no signatory list available please complete section 7).
- FATCA Trustee self-certification form to be completed in full (this only needs to be completed the first time the trustee invests in a Mariana Plan).

Can we help you?

If you or your financial adviser needs help completing the form, please contact our Administrator and Custodian, telephone calls may be recorded.

T 01253 831 165

E JBrearley.Outsourced.Admin@jbrearley.co.uk.

Please send completed applications including the required supporting documentation to:
Outsourced Administration Services, James Brearley & Sons Limited, PO Box 34, Unit 2 Burton Road, Blackpool, Lancashire, FY4 4WX

Please note that we cannot accept your application unless you have received financial advice from an FCA regulated financial adviser.

Please complete this form using BLOCK CAPITALS and black ink.

Please fill in the name of your financial adviser and firm here:

Financial adviser name:

Financial adviser firm:

Payment information

If you are paying by bank transfer tick here:

Please send the investment amount to the following account:

Account name:

Bank:

Bank sort code:

Account number:

Please quote your name in the reference.

If you are paying by cheque please make it payable to: **James Brearley & Sons Limited.**

Please note that your payment should be made from an account held in your name. Your application will be rejected if payment is not made from an account held in your name.

Important: If you do not quote the reference you use when transferring your payment in support of your application it may not be possible to connect your Application Form with your payment and this may lead to your application being rejected. No liability will be accepted where this occurs if you have not quoted a reference number on your payment transfer and on this Application Form.

Section 1 – Your Details

Name of Trust/Company:	<input type="text"/>
Date of Trust/Company registration number:	<input type="text"/>
Permanent address	<input type="text"/>
Building name/number:	<input type="text"/>
Street name:	<input type="text"/>
District:	<input type="text"/>
City/Town:	<input type="text"/>
County:	<input type="text"/>
Postcode:	<input type="text"/>
Country:	<input type="text"/>
Registered address:	<input type="text"/>
Postcode:	<input type="text"/>
Country of incorporation/ establishment:	<input type="text"/>

Section 1 – Your Details continued

Contact name:	<input type="text"/>
Contact telephone number:	<input type="text"/>
Ownership: Beneficiary of Trust/Shareholder of company:	<input type="text"/>
Name (in full):	<input type="text"/>
Address:	<input type="text"/>
Postcode:	<input type="text"/>
Date of birth:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Country of residence:	<input type="text"/>
Nationality:	<input type="text"/>

Please provide details of all interests in excess of 25%; if more than one please provide details of each on a separate list or on a photocopy of this page).

For Trusts only: Settlor details

Name (in full):	<input type="text"/>
Address:	<input type="text"/>
Postcode:	<input type="text"/>
Country of residence:	<input type="text"/>
Date of birth:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

Section 2 – Your email address

Please provide a valid email address below. If you do not provide a valid email address, you will not be able to access your account through the James Brearley & Sons web portal.

E-mail address:	<input type="text"/>
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Section 3 – Investment Amount

The minimum investment amount is £10,000 (Advised Applications and Non-Advised Applications).

How much money are you sending with this application? £

Section 4 – Adviser Fees

You may incur fees for the service provided by your financial adviser. We can facilitate the adviser fees from the money you are sending. If you would like us to do this, please tick the box and fill in the amount below.

Would you like us to facilitate your adviser fees? Yes No

Adviser Charge: £ or %

Section 5 – Your Bank Account Details for Payments

Bank/Building Society:

Account name:

Reference or Roll number:

Sort code: – –

Account number:

Important: Please note that for any remittance of monies to be made to you, the bank account details you have provided need to have been verified as yours. If you have sent a cheque in support of this application and the account the cheque has been drawn on is the same as the account above, then your cheque can provide the evidence needed for verification. If you send your Payment in support of this application electronically, you may need to provide additional documentation that verifies the account details above as yours.

Documentation that is acceptable as verification evidence include an original bank statement for the account detailed above showing your name and address or an original cheque (which can be crossed as "void" for security purposes).

Section 6 – Additional anti-money laundering information

Under the rules and guidance of the Financial Conduct Authority, James Brearley & Sons has a regulatory obligation to manage the risk that its business may be used to further financial crime. In order to meet these regulatory obligations certain information is needed from you.

(Please tick as applicable)

Source of funds

***What is the source of the funds being used to support this application?**

Trust assets	<input type="checkbox"/>	Personal savings	<input type="checkbox"/>
Estate assets	<input type="checkbox"/>	Property sale	<input type="checkbox"/>
Pension fund	<input type="checkbox"/>	Bequest	<input type="checkbox"/>
other <i>(please state)</i>	<input type="text"/>		

Section 7 – Trustees/Authorised Signatories

The instruction to invest in the Plan and the exercise of any options under the Terms and Conditions of the Plan must be authorised by the trustees or authorised signatories as set out in the Trust Deed or corporate mandate authorised by a corporate resolution. Please provide a list (or a certified true copy if a copy of the list) of the names and sample signatures of all the Trustees, or authorised signatories and provide details of their signing authority if applicable. If no list is available, please complete the section below.

If there are more than four authorised signatories, please continue on a separate sheet of paper. Where there is a change of the Trustees or the authorised signatories, please notify James Brearley & Sons Limited in writing giving the date of the change. Notice should be sent to Outsourced Administration Services, James Brearley & Sons Limited, PO Box 34, Unit 2 Burton Road, Blackpool, Lancashire, FY4 4WX. James Brearley & Sons Limited will be entitled to rely on any previous list until receipt of notice of a change or a replacement list.

	First Trustee/Authorised Signatory	Second Trustee/Authorised Signatory
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Address:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Postcode:	<input type="text"/>	<input type="text"/>
Contact telephone number:	<input type="text"/>	<input type="text"/>
Capacity:	<input type="text"/>	<input type="text"/>
Signature:	<input type="text"/>	<input type="text"/>
Date:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
	Third Trustee/Authorised Signatory	Fourth Trustee/Authorised Signatory
Name:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Address:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Postcode:	<input type="text"/>	<input type="text"/>
Contact telephone number:	<input type="text"/>	<input type="text"/>
Capacity:	<input type="text"/>	<input type="text"/>
Signature:	<input type="text"/>	<input type="text"/>
Date:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

Section 8 – Data Protection

You authorise us to hold and process the information supplied on the application form as a data controller for the purposes of the Data Protection Act 1998. We will hold and process information for the administration of this and any future application, for the operation of your investment, for statistical analysis and for marketing goods and services. You also authorise us to transfer information you provide on your application form (or subsequently) to Mariana. They will only use such data for purposes ancillary to their role as Plan Manager, including but not limited to hedge management, dealing with queries, fulfilling their regulatory obligations, statistical analysis and marketing on the Plan's maturity. Your data will be used for no other purposes.

You authorise the disclosure of your information concerning your investment to a financial adviser acting on your behalf. You are entitled to request details of any of your personal data we may hold upon payment of a fee and to require us to correct any inaccuracies.

Declaration and Authority

We, the trustees/authorised signatories, request James Brearley & Sons Limited to arrange for the purchase of the Plan(s) on our behalf.

I declare that:

1. We have full power to invest in the Plan and have taken all necessary action to authorise the making of this application. The person(s) signing this application are authorised to do so.
2. We authorise James Brearley & Sons Limited to hold the cash subscription, investments, interest, dividends and other rights or proceeds in respect of those investments and any cash or other proceeds.
3. We have read and understood the information contained within the brochure which refers to Counterparty Risk and understand that should the Counterparty fail to meet its obligations to pay us the amount due from our investment, we may not receive back our investment and may not be entitled to any compensation.
4. We have read and understood "Is this investment suitable for you?" and "Risks" and confirm that the terms set out within the brochure are acceptable to us as the investor.
5. We understand that market prices can go down as well as up and we may get back less than our original investment. Past performance is not a guide to future performance.
6. We understand that the levels and bases of taxation may change.
7. We understand that in compliance with the FCA rules, telephone calls will be recorded.
8. We understand that early encashment is likely to lead to some loss of capital.
9. We are not acting on behalf of a resident of the United States or a U.S. Person (as defined under the Internal Revenue Code of 1986, as amended) and we will not assist any person who is resident in the United States or a U.S. Person to acquire an interest in the Trust/Bond. We agree to inform you immediately should we believe anyone connected with the trust becomes a resident of the United States or a U.S. Person.
10. We are not acting on behalf of a person who is in the United States or who is a U.S. Person (as defined in Regulation S under the U.S. Securities Act of 1933, as amended).
11. We undertake to advise James Brearley & Sons Limited immediately in writing of any changes in the information contained in this application form including any changes to the trustees/authorised signatories.

We have read and understood the relevant Plan brochure and Terms & Conditions and accept the terms under which the Investment will be managed. We are not prohibited under the terms of the trust deed or the company's constitution from investing in this Plan. We declare that this application form has been completed to the best of our knowledge and belief. We understand that the producers of this brochure have not provided investment advice and confirm that we are making this application through a financial adviser (and have taken taxation advice if appropriate) and we wish to make this investment.

Signed by the Trustees/the authorised signatories:

	First signature:	Second signature:
Signature:	<input type="text"/>	<input type="text"/>
Capacity:	<input type="text"/>	<input type="text"/>
Print name:	<input type="text"/>	<input type="text"/>
Date:	<input type="text" value="D D M M Y Y Y Y"/>	<input type="text" value="D D M M Y Y Y Y"/>

Section 9 – Financial Adviser Section (Financial Adviser use only)

Please ensure you have completed, signed and returned a Mariana Terms of Business.

A copy can be downloaded from our website at www.marianainvestments.com.

If a Mariana Terms of Business Form has not been completed and approved, we will be unable to process any applications.

Name of adviser:

Name of company:

Address:

Telephone number:

Email address:

Are you a member of a network or directly authorised?

Please tick as appropriate.

Network Directly authorised

If you have selected network, please state which network:

Your FCA (or equivalent) registration number:

Suitability (For Advised applications only)

Please confirm that you have provided a copy of this Plan's brochure and disclosed the associated risks of this Investment and that you have conducted the required suitability assessment and that you consider this product to be suitable for your client.

Yes No

Appropriateness (For Execution Only applications)

Applications on an Execution Only basis are not permitted for this Plan.

Verification of Identity

Please confirm that you have carried out the appropriate identity and anti-money laundering checks (including but not limited to obtaining certified copies of bank statements, passport/driving licence) and that copies of documentary evidence of this are available on request. You confirm that you have seen the original documents where required and any that require a signature have been signed. You also confirm that you will retain copies of the data and documents referred to above for at least five years, beginning on the date on which the application is accepted by the Administrator and Custodian.

Yes No

Signature:

Date:

Mariana UFP LLP
100 Cannon Street
London EC4N 6EU

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