

# Personal Assets Trust Zero Charge Investment Plan

## For lump sum and regular monthly investment

### INSTRUCTIONS FOR COMPLETING THIS FORM:

Please complete using BLOCK CAPITALS.

1. Section 4 should only be completed if you wish to invest on behalf of a child, another adult, or for a special purpose.
2. All documentation will be sent to the First Applicant's address.
3. Please remember to sign and date the application. All joint applicants must sign.
4. Monthly Investors - please complete the attached Direct Debit Instruction and return it with your application along with your personal cheque, drawn on your own bank account and made payable to **PERSONAL ASSETS INVESTMENT PLAN**, for the first month's investment.
5. Lump Sum Investments - If you are a new customer to Personal Assets, please remember to enclose your personal cheque, drawn on your own bank account, made payable to **PERSONAL ASSETS INVESTMENT PLAN**. Existing investors may pay by debit card or cheque.

### SECTION 1

#### First Applicant

Title: \_\_\_\_\_ Forename(s) \_\_\_\_\_ Surname \_\_\_\_\_

UK Residential Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Daytime Telephone Number (inc Area Code) \_\_\_\_\_

Email address: \_\_\_\_\_

Time at Current Address \_\_\_\_ years \_\_\_\_ months If less than 3 years, please give details of your previous address.

\_\_\_\_\_ Postcode \_\_\_\_\_

Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_ Occupation \_\_\_\_\_

Reference Number if existing PAT Investor \_\_\_\_\_

Security Questions:

Mother's Maiden Name \_\_\_\_\_ Father's Initials \_\_\_\_\_

First Job/Employer \_\_\_\_\_

#### Second Applicant (if applicable)

Title: \_\_\_\_\_ Forename(s) \_\_\_\_\_ Surname \_\_\_\_\_

UK Residential Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Daytime Telephone Number (inc Area Code) \_\_\_\_\_

Email address: \_\_\_\_\_

Time at Current Address \_\_\_\_ years \_\_\_\_ months If less than 3 years, please give details of your previous address.

\_\_\_\_\_ Postcode \_\_\_\_\_

Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_ Occupation \_\_\_\_\_

Reference Number if existing PAT Investor \_\_\_\_\_

Security Questions:

Mother's Maiden Name \_\_\_\_\_ Father's Initials \_\_\_\_\_

First Job/Employer \_\_\_\_\_

## SECTION 2

### Investment

#### Monthly

To allow time for your Direct Debit Instruction to be processed, **your initial investment must be made by cheque.**

I/We have completed the Direct Debit showing my/our monthly payment of: £ \_\_\_\_\_ (minimum £500)

and I/We enclose a cheque made payable to Personal Assets Investment Plan for: £ \_\_\_\_\_ (minimum £500)

**Your Direct Debit will be collected on, or shortly after, the 1st of each month.**

#### Lump Sum

I/We enclose a cheque made payable to Personal Assets Investment Plan for: £ \_\_\_\_\_ (minimum £5,000)

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## SECTION 3

### Cash Income Option

**The Cash Income Option allows investors to specify one of three annual percentages of the starting value of their investment to be paid to them quarterly as a cash income from the sale of shares held by them in the Plan. Please only complete this section if this is what you require.**

The levels are based on percentages of your holding in the Plan. Please select which percentage you require.

4% per annum (minimum investment £100,000)

7% per annum (minimum investment £60,000)

10% per annum (minimum investment £40,000)

Name of Bank or Building Society: \_\_\_\_\_

Branch: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Sort Code: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

**Please note that should you wish to invest by Direct Debit, the bank account which you nominate to receive payments from this Cash Income Option must be the same bank account you have stated on your Direct Debit instruction.**

## SECTION 4

### Designation

Please note if you designate the holding, all documentation (including any initial acknowledgement) will be issued to the first named applicant.

This applies to saving for another person, either adult or child.

If you wish to invest for **another person** and would like the holding registered in your name and designated on their behalf, please insert the name and date of birth of the person on whose behalf you are investing.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## SECTION 5

### Your Declaration to us

To: Halifax Share Dealing Limited

This declaration records the terms of the declaration made by the applicants named below. Any amendments/deletions to the declaration will invalidate the verification.

We may search credit reference agency files for credit information in assessing your application. The agency also gives us other details and information from the Electoral Register to verify your identity. The agency will keep a record of the search type (credit or identification), whether or not your application proceeds.

We may use credit scoring methods to assess your application and verify your identity. Members of our group and other companies may use credit searches and other information supplied to us and/or the credit reference agencies about you and someone linked financially with you including previous and subsequent names of parties to an account, to make credit decisions about you or other members of your household. Any of this information may also be used for identification purposes, debt tracing, preventing money laundering and managing your account.

We may give details of your account, including previous and subsequent names of parties to an account, and how you conduct it to credit reference agencies.

Information held about you by the credit reference agencies may already be linked to records relating to one or more of your partners, including records held in previous or subsequent names. During this application you may be treated as financially linked and your application may be assessed with reference to any "associated" records.

Any information you provide will be held by HSDL and will not be passed on to any other product or service companies. We'll use it mainly to look after your account or to provide services for you. Your details may be used by Personal Assets Trust to send you information on other products and services they offer. If you would prefer not to receive such information, please contact Personal Asset Trust directly.

By signing your application, you agree that we can use your information in the ways described.

I/We direct you to invest my/our payment in the purchase of ordinary shares in Personal Assets Trust and undertake that if any subscription is made by cheque, the cheque will be met on first presentation and hereby declare that this subscription is made using my/our own funds.

I/We hereby appoint HSDL Nominees Limited to hold Personal Assets Trust shares hereby purchased on my/our behalf and to my/our order. I/We hereby direct HSDL Nominees Limited that in the event that I/we have not given instructions in writing to vote or not vote on my/our behalf any Personal Assets Trust shares held by them on my/our behalf at any meeting of shareholders five days before the time of the relevant meeting, HSDL Nominees Limited may exercise any voting rights attaching to such shares after consultation with Personal Assets Trust as may be appropriate.

For joint holders - We agree that any one of us may give instructions to trade investments on our account, or may accept the signature or other authority of any one of us in relation to investments held or to be held in our account.

I/We agree to obtain the Personal Assets Trust Terms and Conditions (a copy of which can be obtained by visiting [www.patplc.co.uk](http://www.patplc.co.uk) or by calling 0845 850 0181 to the extent that they apply to me/us. These conditions, Key Facts, Order Handling Policy and our summary Conflict of Interest Policy together form the full terms and conditions of our service.

I/We warrant that I/We have subsequently read the Personal Assets Trust Terms and Conditions so that I/We are aware of your service proposition to me/us. I/We agree that investments I/We buy or subscribe for or transfer into my/our account will be held in safe custody in my/our account.

I/We agree to the Personal Assets Investment Plan Terms and Conditions and Key Facts. I/We confirm that the information provided on this form is true and correct. I/We agree to be an execution only client and will not seek investment advice from Halifax Share Dealing Limited (HSDL). I/We understand that I/We will be categorised as a retail client.

I declare that this application has been completed to the best of my knowledge and belief. Please now sign and date in the box below.

#### First applicant

Signature

\_\_\_\_\_ Date \_\_\_\_\_

#### Second applicant

Signature

\_\_\_\_\_ Date \_\_\_\_\_

## Checklist

Have you enclosed:

1. Your completed and signed Application Form
2. Your personal cheque for the lump sum, or the first month's instalment, payable to Personal Assets Investment Plan
3. A Direct Debit Instruction (if applicable)
4. The Income Distribution Request form (if applicable)

All of these items are to be sent to the following address:

**PERSONAL ASSETS INVESTMENT PLAN  
HALIFAX SHARE DEALING LTD  
LOVELL PARK ROAD  
LEEDS  
LS1 1NS**

**Issued by HSDL who are authorised and regulated by the Financial Services Authority**

Halifax Share Dealing Limited is the Administrator and Plan Manager for Personal Assets Trust. Halifax Share Dealing Limited. Registered in England No. 3195646. Registered Office: Trinity Road, Halifax, West Yorkshire, HX1 2RG. Authorised and regulated by the Financial Services Authority, 25 The North Colonnade, Canary Wharf, London, E14 5HS. A Member of the London Stock Exchange and an HM Revenue and Customs approved ISA Manager.

# Personal Assets Trust Income Distribution Request Form

**INCOME WILL NORMALLY BE REINVESTED.** However, if you wish to have your income paid directly into your Bank or Building Society account, please complete the following in BLOCK CAPITALS.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Name of Bank or Building Society: \_\_\_\_\_

Branch: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Sort Code: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note that should you wish to invest by Direct Debit, the bank account which you nominate to receive Income Distributions must be the same bank account you have stated on your Direct Debit instruction (Section 5).**



# Personal Assets Trust Direct Debit Instruction



Please fill in the whole form, excluding the official use box, using a ball point pen and send it to:

**Personal Assets Trust  
Halifax Share Dealing Limited  
Lovell Park Road  
Leeds  
LS1 1NS**

## Instruction to your Bank or Building Society to pay by Direct Debit

Name(s) of Account Holder(s)	_____
Bank/Building Society Account Number	_____
Branch Sort Code	_____

Originators' Identification Number 7 2 8 7 9 8
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<b>For HSDL Official Use Only</b> This is not part of the instruction to your Bank or Building Society
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<b>Name and full postal address of your Bank or Building Society</b>	
To: The Manager	Bank / Building Society
Address	_____
	_____
	_____
Postcode	_____

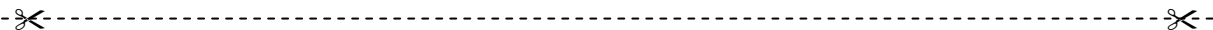
<b>Instruction to your Bank or Building Society</b>
Please pay Halifax Share Dealing Limited Direct Debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee.
I understand that this instruction may remain with Halifax Share Dealing Limited and if so, details may be passed electronically to my Bank/Building Society.

Account Number (if applicable)

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Banks and Building Societies may not accept Direct Debit Instructions for some types of account



**This guarantee should be detached and retained by the Payer.**

<p style="text-align: center;"><b>The Direct Debit Guarantee</b></p> <ul style="list-style-type: none"><li>• This guarantee is offered by all Banks and Building Societies that accept instruction to pay Direct Debits.</li><li>• If there are any changes to the amount, date or frequency of your Direct Debit, Halifax Share Dealing Limited will notify you three working days in advance of your account being debited or as otherwise agreed. If you request Halifax Share Dealing Limited to collect payment, confirmation of the amount and date will be given to you at the time of the request.</li><li>• If an error is made in the payment of your Direct Debit, by Halifax Share Dealing Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when Halifax Share Dealing Limited asks you to.</li><li>• You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.</li></ul>
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