

Casterbridge

Offshore Bond Application Form

Please complete all sections electronically or in **BLOCK** capitals using **blue** or **black** ink.
For Office use only

Offshore Bond Provider Name:

Account Reference No:

Client Name:

Investment Manager Comments:

Investment Manager Name:

Adviser Name:

Offshore Bond Provider details

Details

Offshore Bond
Provider:

Correspondence
Address:

Contact Telephone
Number:

Offshore Bond Account Details

Account Type: Individual Joint Trust Corporate

Offshore Bond
Account Name:

Offshore Bond
Policy Number:

Type of Bond:

If you have a Trust registered with an Irish Provider, you need to register with the
Irish Trust Registration Platform

Bond Owner Details Policy holder 1

Relationship to account:

Owner

Trustee

Title:

Email address:

First name:

Mobile No:

Middle name:

Correspondence address, if different from above:

Surname:

House No/name:

Date of birth:

Street name:

National Insurance No:

Town:

Nationality:

County:

If you hold dual nationality, please give both countries.

Country of birth:

Postcode:

Town of birth:

Country:

Are you a US person?

Yes

No

Occupation:

House No/name:

Full time

Street name:

Part time

Town:

Self employed

County:

Temp

Retired (*Please state last occupation*)

Postcode:

Occupation:

Country:

Name of current
employer:

Telephone No:

Bond Owner Details Policy holder 1

Are you or have you ever been employed in the financial services industry?

Yes

No

If yes, please provide details:

Are you an individual who has held a prominent public function?

Yes

No

If yes, please state the position:

Have you ever been connected to an individual who has held a prominent public function?

Yes

No

If yes, please state the connection:

Assets & Liabilities

Income:

Gross income p/a:

£

Savings and Investments:

£

Other:

£

Please give brief description of other:

Assets:

Property:

£

Investments:

£

Cash:

£

Liabilities:

Mortgage:

£

Loans:

£

Other:

£

Please give brief description of other:

Bond Owner Details Policy holder 2

Relationship to account:

Owner

Trustee

Title:

Email address:

First name:

Mobile No:

Middle name:

Correspondence address, if different from above:

Surname:

House No/name:

Date of birth:

Street name:

National Insurance No:

Town:

Nationality:

County:

If you hold dual nationality, please give both countries.

Country of birth:

Postcode:

Town of birth:

Country:

Are you a US person?

Yes

No

Occupation:

House No/name:

Full time

Street name:

Part time

Town:

Self employed

County:

Temp

Retired (*Please state last occupation*)

Postcode:

Occupation:

Country:

Name of current
employer:

Telephone No:

Bond Owner Details Policy holder 2

Are you or have you ever been employed in the financial services industry?

Yes

No

If yes, please provide details:

Are you an individual who has held a prominent public function?

Yes

No

If yes, please state the position:

Have you ever been connected to an individual who has held a prominent public function?

Yes

No

If yes, please state the connection:

Assets & Liabilities

Income:

Gross income p/a:

£

Savings and Investments:

£

Other:

£

Please give brief description of other:

Assets:

Property:

£

Investments:

£

Cash:

£

Liabilities:

Mortgage:

£

Loans:

£

Other:

£

Please give brief description of other:

Source of Wealth*

*Please note, we require documentary evidence of source of wealth

Employment income	Savings and investments	Business income/Sale of business	Gift
Rental property	Compensation	Inheritance (<i>we will require evidence</i>)	Other

Please provide more information (include type of business, location of rental property, details of relationship and person inheritance received from, type of savings, compensation event):

Future Circumstances

Do you foresee any changes to your circumstances in the future? Yes No

If yes, please provide details:

Personal e.g. house purchase, marriage, birth of child, expenditure on dependants:

Financial e.g. inheritance, bonus, significant capital withdrawal:

Financial dependants:

Name: Age:

Name: Age:

Name: Age:

Name: Age:

Investment Experience & Objective

Tick as appropriate:

Little to no experience

Some experience

Very experienced

Investment Objective:

Capital Growth – the principal objective is to grow the capital value.

Capital Growth and Income – the objective is to grow the capital value of the portfolio, as well as generating some degree of income from the portfolio.

Income – the principal objective is to generate income from the portfolio.

Your willingness to accept risk:

Please select the risk category that most closely matches your tolerance to risk and minimum time period for the investment portfolio we will be managing for you:

I/We have a **LOWER** tolerance for risk, and regardless of market circumstances would only be comfortable with minimal variation or disruption to capital value or current income and I/We are happy with a minimum investment period of 5 years.

I/We have a **LOWER TO MEDIUM** tolerance for risk, and would only be comfortable with moderate variation or disruption to capital value or current income and I/We are happy with a minimum investment period of 5 years.

I/We have a **MEDIUM** tolerance for risk and can accept moderate variation or disruption to capital value or current income in order to meet longer-term objectives and I/We are happy with a minimum investment period of 5 years.

I/We have a **MEDIUM TO HIGHER** tolerance for risk, and can accept significant variation or disruption to capital value or current income in order to meet longer-term objectives and I/We are happy with a minimum investment period of 5 years.

I/We have a **HIGHER** tolerance for risk, and can accept significant variation or disruption to capital value or current income in order to meet longer-term objectives and I/We are happy with a minimum investment period of 5 years.

Your capacity for loss:

Here, we are looking to ascertain your capacity to bear investment losses, in the broader context of your overall current financial situation and standard of living. Please select one of the following which most closely matches your circumstances:

I/We have **NO** capacity to bear investment losses – Any losses to the value of the portfolio would have an unacceptable impact on my/our overall financial position and standard of living.

I/We have a **LOW** capacity to bear investment losses – In extreme circumstances, falls in the value of the portfolio of up to 20% would not have a material impact on my/our overall financial position and standard of living.

I/We have a **MODERATE** capacity to bear investment losses. In extreme circumstances, falls in the value of the portfolio of up to 35% would not have a material impact on my/our overall financial position and standard of living.

I/We have a **SIGNIFICANT** capacity to bear investment losses – in extreme circumstances, falls in the value of the portfolio in excess of 45% would not have a material impact on my/our overall financial position and standard of living.

Environmental, Social & Governance (ESG) Suitability monitoring:

ESG Suitability considerations are incorporated into our investment process and the following questions will help us to manage your investments whilst achieving sustainable outcomes. We can apply specific restrictions to meet your ethical principles or attitude and to avoid certain investments or sectors. Have you completed an ESG questionnaire with your adviser?

Yes No

Are there any investment restrictions you would like us to apply when managing your portfolio?

Yes No

If yes, please provide details on the restrictions you would like to make, i.e., no tobacco or armaments:

Amount to be invested:

Acc type: Value:

Acc type: Value:

Acc type: Value:

Investment Mandate:

Using the mandate guidance overleaf, please tick appropriate mandate.

Mandate:	DPS	MPS
Portfolio 3	29% - 49%	20% - 40%
Portfolio 4	41% - 61%	35% - 55%
Portfolio 4 Income	41% - 61%	35% - 55%
Portfolio 5	53% -73%	50% - 70%
Portfolio 5 Income	53% - 73%	50% - 70%
Portfolio 6	66% - 86%	65% - 85%
Portfolio 6 Income	66% - 86%	N/A
Portfolio 7	78% - 98%	80% - 100%

Investment Mandate Guidance

This guide is used to assist in selecting a suitable investment mandate based on your Objective, Willingness to Accept Risk and Capacity for Loss. Subject to your specific circumstances and requirements, your investment manager may recommend an alternative 'Mandate' to the guide.

Using the guide in two easy steps:

Step 1: from the information given on the previous page, select the appropriate table below depending on your objective,

Step 2: cross reference 'Capacity for Loss' and 'Willingness to Accept Risk' to illustrate a suitable Mandate.

Objective - Income

		Willingness to accept risk				
		Lower	Lower-Medium	Medium	Medium-Higher	Higher
Capacity for loss	Low	Portfolio 3	Portfolio 3	Portfolio 4 Inc.	Portfolio 4 Inc.	Portfolio 4 Inc.
	Moderate	Portfolio 3	Portfolio 4 Inc.	Portfolio 4 Inc.	Portfolio 5 Inc.	Portfolio 5 Inc.
	Significant	Portfolio 4 Inc.	Portfolio 4 Inc.	Portfolio 5 Inc.	Portfolio 5 Inc.	Portfolio 5/6 Inc.

Objective - Capital growth & income

		Willingness to accept risk				
		Lower	Lower-Medium	Medium	Medium-Higher	Higher
Capacity for loss	Low	Portfolio 3	Portfolio 3	Portfolio 4	Portfolio 4	Portfolio 4
	Moderate	Portfolio 3	Portfolio 4	Portfolio 5	Portfolio 5	Portfolio 6
	Significant	Portfolio 4	Portfolio 5	Portfolio 5	Portfolio 6	Portfolio 7

Objective - Capital growth

		Willingness to accept risk				
		Lower	Lower-Medium	Medium	Medium-Higher	Higher
Capacity for loss	Low	Portfolio 3	Portfolio 3	Portfolio 4	Portfolio 4	Portfolio 4
	Moderate	Portfolio 4	Portfolio 5	Portfolio 5	Portfolio 6	Portfolio 6
	Significant	Portfolio 5	Portfolio 5	Portfolio 6	Portfolio 6	Portfolio 7

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