

Casterbridge

SIPP Application Form

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

SIPP Provider Name:

Account Reference No:

Client Name:

Investment Manager Comments:

Investment Manager Name:

Adviser Name:

Member Details

Title:

Email address:

First name:

Mobile No:

Middle name:

How long have you
lived at this address?

Year(s)

Month(s)*

Surname:

Occupied from:

Previous address:

Date of birth:

House No/name:

National Insurance No:

Street name:

Nationality:

Town:

If you hold dual nationality, please give both countries.

Country of birth:

County:

Town of birth:

Postcode:

Are you a US person? Yes No

Country:

House No/name:

Occupied from:

Street name:

Correspondence address, if different from above:

Town:

House No/name:

County:

Street name:

Postcode:

Town:

Country:

County:

Telephone No:

Postcode:

Country:

Occupation:

Full time

Part time

Self employed

Temp

Retired (*Please state last occupation*)

Occupation:

Name of current
employer:

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

Client Access

Do you require access to view your accounts online?

Yes

No

If yes, please ensure your email address has been provided on page 2.

Financial Adviser

Name:

Name of
organisation:

Organisation
address:

Postcode:

Telephone no:

FCA IRN:

FCA FRN:

Adviser email address:

We can accept instructions from your named financial adviser, support and administrative staff or other regulated advisers working for the same organisation, to make a payment to your nominated bank account.

Please tick here if you would like to grant this authority

Other Adviser:

If you would like us to provide information to a professional or individual who is not a financial adviser, i.e., accountant/tax adviser, please provide their details below:

Name:

Name of
organisation:

Organisation
address:

Postcode:

Telephone no:

FCA IRN:

FCA FRN:

Adviser email address:

Please tick if you would like your adviser to receive any of the following reports:

Investment reports and valuations

Annual tax report

Adviser name:

Adviser signature:

Date:

Power Of Attorney/ Third Party Authority

If completing for a Power of Attorney, please provide a certified copy, we also require certified AML documents

Title:

Previous address:

First name:

House No/name:

Middle name:

Street name:

Surname:

Town:

Date of birth:

County:

National Insurance No:

Postcode:

Nationality:

Country:

If you hold dual nationality, please give both countries.

Country of birth:

Occupied from:

Town of birth:

Correspondence address, if different from above:

Are you a US person? Yes No

House No/name:

House No/name:

Street name:

Street name:

Town:

Town:

County:

County:

Postcode:

Postcode:

Country:

Country:

Occupation:

Full time

Part time

Self employed

How long have you lived at this address?

Year(s)

Month(s)*

Temp

Retired

Occupied from:

As the account owner, I authorise

to make investment decisions, payment instructions, receive valuations and tax reports, have client access and take any steps or do anything which they may consider necessary and appropriate in connection with my account.

Fees and Charges

Our Charges: *(Tick as applicable)*

DPS 0.60% + VAT Investment Management and
0.30% No VAT Custody

Hardy 0.45% No VAT Investment Management and
0.30% No VAT Custody

Other % Plus VAT

How we correspond with you

I/We authorise the transfer of personal information, on a confidential basis and in accordance with the Data Protection Act 2018 and the General Data Protection Regulation 2016, between Casterbridge Wealth LTD and any relevant third parties. I/We agree that Casterbridge Wealth LTD or any such third party may contact me in the future by any means of communication considered appropriate at the time.

We may wish to contact you in the future so that we can provide information about other services or events that may be of interest to you. Please let us know by which means you would prefer to hear from us.

Email Telephone

Text Post

Please note that you may withdraw this consent at any time by notifying us in writing at our main business address.

Acceptance & Signature

I hereby declare that I have received and read the Terms & Conditions and agree to the charges as detailed in this form.

Client name:

Signature:

Date:

Account owner

Or state capacity in which you are acting on:

Investment Manager Declaration:

I declare, I have read this form and confirm that the information provided is correct to the best of my knowledge and I may only invest in assets which are permissible under UK HMRC regulations and that are within the chosen SIPP Administrator's current permitted investments list.

Casterbridge name:

Signature:

Date:

Scheme Administrator

Trustee Details & Approval:

SIPP Administrator:

Correspondance
address:

SIPP Account Name:

Member's Policy No:

Bank Name:

Account Name:

Sort Code:

Account Number:

I declare,

- I have: read this form and confirm that the information provided is correct to the best of my knowledge;
- Authorise Casterbridge to accept sale or purchase instructions, and;
- agree to notify Casterbridge immediately of any significant changes.

First Approved Signatory:

Full Name:

Signature:

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Second Approved Signatory:

Full Name:

Signature:

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Casterbridge

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