

Casterbridge

Trust Application Form

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

Client Name:

Account Reference No:

Investment Manager Name:

Investment Manager Comments:

Adviser Name:

Trust Details

Legal Name of Trust:

Registered Charity No:
(if applicable)

Country of Incorporation:

Legal Entity Identifier (LEI):

Registered Address:

Address line 1:

Address line 2:

Address line 3:

Town:

County:

Postcode:

Country:

Telephone No:

Email address:

Mobile No:

How long have you
lived at this address?

Year(s)

Month(s)*

Occupied from:

Correspondence address, if different from above:

House No/name:

Street name:

Town:

County:

Postcode:

Country:

Country of tax residency:

Tax residency identifier no:

Pension Scheme Reference:
(if applicable)

Nature and Purpose of Trust:

Trustee Details - 1

Title:	How long have you lived at this address?	Year(s)	Month(s)*
First name:	Occupied from:		
Middle name:	Previous address:		
Surname:	House No/name:		
Date of birth:	Street name:		
National Insurance No:	Town:		
Nationality:	County:		
<i>If you hold dual nationality, please give both countries.</i>	Postcode:		
Country of birth:	Country:		
Town of birth:	Occupied from:		
Are you a US person?	Correspondence address, if different from above:		
Yes	House No/name:		
No	Street name:		
Telephone No:	Town:		
Email address:	County:		
Mobile No:	Postcode:		
Primary Residential address:	Country:		
House No/name:			
Street name:			
Town:			
County:			
Postcode:			
Country:			

Country of tax residency:

Tax residency identifier no:

Are you a US person? Yes No

Country of Citizenship:

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:*

Trustee Details - 2

Title:	How long have you lived at this address?	Year(s)	Month(s)*
First name:	Occupied from:		
Middle name:	Previous address:		
Surname:	House No/name:		
Date of birth:	Street name:		
National Insurance No:	Town:		
Nationality:	County:		
<i>If you hold dual nationality, please give both countries.</i>	Postcode:		
Country of birth:	Country:		
Town of birth:	Occupied from:		
Are you a US person?	Correspondence address, if different from above:		
Yes	House No/name:		
No	Street name:		
Telephone No:	Town:		
Email address:	County:		
Mobile No:	Postcode:		
Primary Residential address:	Country:		
House No/name:			
Street name:			
Town:			
County:			
Postcode:			
Country:			

Country of tax residency:

Tax residency identifier no:

Are you a US person? Yes No

Country of Citizenship:

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:*

Trustee Details - 3

Title:	How long have you lived at this address?	Year(s)	Month(s)*
First name:	Occupied from:		
Middle name:	Previous address:		
Surname:	House No/name:		
Date of birth:	Street name:		
National Insurance No:	Town:		
Nationality:	County:		
<i>If you hold dual nationality, please give both countries.</i>	Postcode:		
Country of birth:	Country:		
Town of birth:	Occupied from:		
Are you a US person?	Correspondence address, if different from above:		
Yes	House No/name:		
No	Street name:		
Telephone No:	Town:		
Email address:	County:		
Mobile No:	Postcode:		
Primary Residential address:	Country:		
House No/name:			
Street name:			
Town:			
County:			
Postcode:			
Country:			

Country of tax residency:

Tax residency identifier no:

Are you a US person? Yes No

Country of Citizenship:

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:*

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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:*

Trustee Details - 4

Title:	How long have you lived at this address?	Year(s)	Month(s)*
First name:	Occupied from:		
Middle name:	Previous address:		
Surname:	House No/name:		
Date of birth:	Street name:		
National Insurance No:	Town:		
Nationality:	County:		
<i>If you hold dual nationality, please give both countries.</i>	Postcode:		
Country of birth:	Country:		
Town of birth:	Occupied from:		
Are you a US person?	Correspondence address, if different from above:		
Yes	House No/name:		
No	Street name:		
Telephone No:	Town:		
Email address:	County:		
Mobile No:	Postcode:		
Primary Residential address:	Country:		
House No/name:			
Street name:			
Town:			
County:			
Postcode:			
Country:			

Country of tax residency:

Tax residency identifier no:

Are you a US person? Yes No

Country of Citizenship:

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:*

Beneficiary Details - 1

Beneficiary Type	Settlor	Protector	Beneficiary	Controlling Person
Personal details the same as Trustee:	1	2	3	4
Title:			Postcode:	
First name:			Country:	
Middle name:			How long have you lived at this address?	Year(s) Month(s)*
Surname:			Occupied from:	
Date of birth:			Previous address:	
Gender:			House No/name:	
National Insurance No:			Street name:	
Nationality:			Town:	
<i>If you hold dual nationality, please give both countries.</i>			County:	
Country of birth:			Postcode:	
Town of birth:			Country:	
Telephone No:			Occupied from:	
Email address:			Correspondence address, if different from above:	
Mobile No:			House No/name:	
Primary Residential address:			Street name:	
House No/name:			Town:	
Street name:			County:	
Town:			Postcode:	
County:			Country:	

Country of tax residency:

Tax residency identifier no:

Are you a US person? Yes No

Country of Citizenship:

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:*

Beneficiary Details - 2

Beneficiary Type	Settlor	Protector	Beneficiary	Controlling Person
Personal details the same as Trustee:	1	2	3	4
Title:			Postcode:	
First name:			Country:	
Middle name:			How long have you lived at this address?	Year(s) Month(s)*
Surname:			Occupied from:	
Date of birth:			Previous address:	
Gender:			House No/name:	
National Insurance No:			Street name:	
Nationality:			Town:	
<i>If you hold dual nationality, please give both countries.</i>			County:	
Country of birth:			Postcode:	
Town of birth:			Country:	
Telephone No:			Occupied from:	
Email address:			Correspondence address, if different from above:	
Mobile No:			House No/name:	
Primary Residential address:			Street name:	
House No/name:			Town:	
Street name:			County:	
Town:			Postcode:	
County:			Country:	

Country of tax residency:

Tax residency identifier no:

Are you a US person? Yes No

Country of Citizenship:

Occupation:

Full time

Part time

Self employed

Temp

Retired (*Please state last occupation*)

Occupation:

Name of current employer:

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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:*

Beneficiary Details - 3

Beneficiary Type	Settlor	Protector	Beneficiary	Controlling Person
Personal details the same as Trustee:	1	2	3	4
Title:			Postcode:	
First name:			Country:	
Middle name:			How long have you lived at this address?	Year(s) Month(s)*
Surname:			Occupied from:	
Date of birth:			Previous address:	
Gender:			House No/name:	
National Insurance No:			Street name:	
Nationality:			Town:	
<i>If you hold dual nationality, please give both countries.</i>			County:	
Country of birth:			Postcode:	
Town of birth:			Country:	
Telephone No:			Occupied from:	
Email address:			Correspondence address, if different from above:	
Mobile No:			House No/name:	
Primary Residential address:			Street name:	
House No/name:			Town:	
Street name:			County:	
Town:			Postcode:	
County:			Country:	

Country of tax residency:

Tax residency identifier no:

Are you a US person? Yes No

Country of Citizenship:

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:*

Beneficiary Details - 4

Beneficiary Type	Settlor	Protector	Beneficiary	Controlling Person
Personal details the same as Trustee:	1	2	3	4
Title:			Postcode:	
First name:			Country:	
Middle name:			How long have you lived at this address?	Year(s) Month(s)*
Surname:			Occupied from:	
Date of birth:			Previous address:	
Gender:			House No/name:	
National Insurance No:			Street name:	
Nationality:			Town:	
<i>If you hold dual nationality, please give both countries.</i>			County:	
Country of birth:			Postcode:	
Town of birth:			Country:	
Telephone No:			Occupied from:	
Email address:			Correspondence address, if different from above:	
Mobile No:			House No/name:	
Primary Residential address:			Street name:	
House No/name:			Town:	
Street name:			County:	
Town:			Postcode:	
County:			Country:	

Country of tax residency:

Tax residency identifier no:

Are you a US person? Yes No

Country of Citizenship:

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:*

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

Bank Account Details

These must be completed for account set up.

Bank name:

Account name:

Bank account no:

Sort code:

SWIFT/IBAN, if
applicable:

Building Society ref,
if applicable:

All payments will be paid in sterling and can take up to 5 working days.

If you are not looking to set up a regular payment instantly but could possibly make a withdrawal in the future, please add your bank details to avoid any future delays in returning funds back to you.

Income Instructions

How would you like us to deal with income generated within your portfolio?

Reinvested into your portfolio

Paid monthly

Paid half yearly

Paid quarterly

Paid yearly

Retained in income account

Would you like a fixed standing order, if so how much?

£

When would you like to receive this into your bank?

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:

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.

Trust Owner Information - Direct Interest Holders

Trust Owner 1:

County:

Trust Owner type:

Postcode:

Title:

Country:

First name:

Correspondence address, if different from above:

Middle name:

House No/name:

Surname:

Street name:

Date of birth:

Town:

Gender:

County:

National Insurance No:

Postcode:

Nationality:

Country:

If you hold dual nationality, please give both countries.

Country of birth:

Country of tax
residency:

Town of birth:

Tax residency
identifier no:

Telephone No:

Are you a US person? Yes No

Email address:

Country of
Citizenship:

Mobile No:

Occupation:

Primary Residential address:

House No/name:

Street name:

Town:

Trust Owner 2:

County:

Trust Owner type:

Postcode:

Title:

Country:

First name:

Correspondence address, if different from above:

Middle name:

House No/name:

Surname:

Street name:

Date of birth:

Town:

Gender:

County:

National Insurance No:

Postcode:

Nationality:

Country:

If you hold dual nationality, please give both countries.

Country of birth:

Country of tax
residency:

Town of birth:

Tax residency
identifier no:

Telephone No:

Are you a US person? Yes No

Email address:

Country of
Citizenship:

Mobile No:

Occupation:

Primary Residential address:

House No/name:

Street name:

Town:

Trust Owner 3:

County:

Trust Owner type:

Postcode:

Title:

Country:

First name:

Correspondence address, if different from above:

Middle name:

House No/name:

Surname:

Street name:

Date of birth:

Town:

Gender:

County:

National Insurance No:

Postcode:

Nationality:

Country:

If you hold dual nationality, please give both countries.

Country of birth:

Country of tax
residency:

Town of birth:

Tax residency
identifier no:

Telephone No:

Are you a US person? Yes No

Email address:

Country of
Citizenship:

Mobile No:

Occupation:

Primary Residential address:

House No/name:

Street name:

Town:

Trust Owner 4:

County:

Trust Owner type:

Postcode:

Title:

Country:

First name:

Correspondence address, if different from above:

Middle name:

House No/name:

Surname:

Street name:

Date of birth:

Town:

Gender:

County:

National Insurance No:

Postcode:

Nationality:

Country:

If you hold dual nationality, please give both countries.

Country of birth:

Country of tax
residency:

Town of birth:

Tax residency
identifier no:

Telephone No:

Are you a US person? Yes No

Email address:

Country of
Citizenship:

Mobile No:

Occupation:

Primary Residential address:

House No/name:

Street name:

Town:

Controlling persons* self declaration

** A controlling Person is a natural person who exercises control over a Trust, where they are entitled to at least 25% of the Trust property and/or any other natural person exercising ultimate control over the Trust.*

For Trusts which have declared themselves as either of the below in the FATCA/CRS Classification section:

A Passive NFE, or

A Managed Entity tax residence in a jurisdiction that is not a Participating Jurisdiction, should provide details of the controlling persons:

Controlling Person 1:

Type of controlling person:

Percentage of legal Trust owned:

%

Title:

First name:

Middle name:

Surname:

Date of birth:

Gender:

Primary Residential address:

Address line 1:

Telephone No:

Address line 2:

Email address:

Address line 3:

Country of tax residency:

Town:

Tax residency identifier no:

County:

Are you a US person? Yes No

Postcode:

Country of Citizenship:

Country:

Occupation:

Controlling Person 2:

Type of controlling person:

Percentage of legal Trust owned: %

Title:

First name:

Middle name:

Surname:

Date of birth:

Gender:

Primary Residential address:

Address line 1: Telephone No:

Address line 2: Email address:

Address line 3: Country of tax residency:

Town: Tax residency identifier no:

County: Are you a US person? Yes No

Postcode: Country of Citizenship:

Country: Occupation:

Controlling Person 3:

Type of controlling person:

Percentage of legal Trust owned: %

Title:

First name:

Middle name:

Surname:

Date of birth:

Gender:

Primary Residential address:

Address line 1: Telephone No:

Address line 2: Email address:

Address line 3: Country of tax residency:

Town: Tax residency identifier no:

County: Are you a US person? Yes No

Postcode: Country of Citizenship:

Country: Occupation:

Controlling Person 4:

Type of controlling person:

Percentage of legal Trust owned: %

Title:

First name:

Middle name:

Surname:

Date of birth:

Gender:

Primary Residential address:

Address line 1: Telephone No:

Address line 2: Email address:

Address line 3: Country of tax residency:

Town: Tax residency identifier no:

County: Are you a US person? Yes No

Postcode: Country of Citizenship:

Country: Occupation:

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.

Trustee 1:

Or state capacity in which you are acting on:

Client name:

Signature:

Date:

Trustee 3:

Or state capacity in which you are acting on:

Client name:

Signature:

Date:

Trustee 2:

Or state capacity in which you are acting on:

Client name:

Signature:

Date:

Trustee 4:

Or state capacity in which you are acting on:

Client name:

Signature:

Date:

Casterbridge

0800 644 4848

admin@casterbridgewealth.co.uk

Suite 4, Brewery House, 36 Milford Street, Salisbury, SP1 2AP