

Income Form for Companies, Charities and Pension Trusts

How to fill in this form:

- Please use black ink and write clearly inside the boxes providd using capital letters
- Mark your answers with a cross in the appropriate box like this:
- Any applications received that are not completed correctly may incur delays

Who we can make the payment to:

- For pension trust, the bank account must be held for the pension scheme.
- For companies and charities, the name of the bank account must be the same as the account name.
- For trusts, the bank account can be in the name of the trust itself, one or more of the trustees or specified beneficiaries. (Please remember that we can only make payments to trustees and beneficiaries if we have verified their identities).

What's next?

Please send your completed application form to:

Fidelity PO Box 391, Tadworth, KT20 9FU

1 About the account
Name of the company / charity or pension trustee
Account number
Details for a pension trustee/liaison for the account in case of any queries
Title
Mr Mrs Ms Other:
Surname
First name
Telephone number
Email address

2 Income Choices				
Please choose how the income payments should be processed by	selecting one option from below:			
All income from income paying investments is to be held as cash within the account.				
All income from income paying investments is to be re-invested. Where a re-investment cannot be made, or a full share purchased for an Exchange Traded Instrument (ETI), the residual cash will be paid to the cash within the account. There is a charge for an ETI reinvestment; please refer to our Client Terms for more information.				
All income from income paying investments is to be paid to by bank/building society account provided on this section.				
I have detailed when I wish to receive my income payments below. if no selection is made, payments will be made monthly from the next available date				
Frequency when I wish to receive payments				
MONTHLY QUARTERLY BI-ANNUALLY	ANNUAL			
Date when I wish to receive payments; the payments will be made on or around your selected date				
1st 10 th 17 th	25 th			
Bank name				
Account holder name				
Account number Sort code				
Building society collection account number				
With some building society accounts, we need your roll numb If you are in any doubt as to which numbers to give us, pleas				
	,			
3 Intermediary details (if applicable)				
Company stamp	Any existing Adviser Ongoing Fee or Discretionary Fund Manager Ongoing Fee on the account will be applied to			
	these assets. If you wish to set up or amend the Adviser Ongoing Fees or Discretionary Fund Manager Ongoing Fees you can do this online. An initial fee cannot be set using this application form.			
	Intermediary signature			
Unique Adviser Number				
FCA number I confirm that I am registered with the FCA to conduct				
business and my authorisation number is:	Date signed			
	(DDMMYYYY)			

By signing this form, I/We declare that:

- I/We understand that the information I/we provide on this application form will be processed in accordance with Fidelity's privacy statement, a link to which is contained in the Fidelity Client Terms or the "Your personal information" section of the Fidelity Adviser Solutions Client Terms (as applicable). I/We understand that such information will be held in confidence and not passed to any company other than as outlined without my/our permission or unless required by law
- The information I/we have given is correct to the best of my knowledge, and I/We will tell Fidelity immediately if any of it changes.
- I/We have read and agree the latest Fidelity Client Terms or the Fidelity Adviser Solutions Client Terms (as applicable)
- I/We I have read and agree the latest Key Features Document, either Doing Business with Fidelity or Doing Business with Fidelity Adviser Solutions (as applicable)
- I/We have read the latest key information document
- I/We have read the illustration document

We need the signatures of two authorised signatories, unless the signatory list states that one is enough. Please provide an up-to-date signatory list with this form.

FIRST CORPORATE BODY SIGNATURE		FIRST CORPORATE BODY PRINT NAME
X	X	
SECOND CORPORATE BODY SIGNATURE		SECOND CORPORATE BODY PRINT NAME
×	X	
SIGNATURE OF FIRST TRUSTEE		PRINT NAME
X	X	
SIGNATURE OF SECOND TRUSTEE		PRINT NAME
X	X	
SIGNATURE OF THIRD TRUSTEE		PRINT NAME
X	X	
SIGNATURE OF FOURTH TRUSTEE		PRINT NAME
X	X	
		Date signed
		(DDMMYYYY)

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