

Regular Savings Plan Form

Company, Charity and Pension Trust accounts

How to fill in this form:

- Please use black ink and write clearly inside the boxes provided using capital letters.
- Mark your answers with a cross in the appropriate box like this:
- If you make a mistake, please correct it but don't use correction fluid.
- You must complete all sections of this form, except those marked 'if applicable'. Not doing so could delay your application.
- Allow up to 12 days for confirmation of the set up, amendment or cancellation of your plan

Who can make payments:

We can accept payments from

- Pension scheme for a pension trust
- Company bank account for a company
- Charity bank account for a charity

We will verify the payer; there may be circumstances where additional information is required, at which point we will contact you

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

th if the share

2 Details of your Regular Savings Plan (RSP)

Diameter (III)	· Cillian Carana Rana Ingland		_		
Please select one of the	e following options below			Please note we will always check whether you	
I wish to set up a	I wish to set up a new Regular Savings Plan hold an existing plan and, if we fit overwrite it with the new instruction				
I wish to cancel a	an existing Regular Saving	gs Plan		give us on this form.	
•	ncel, please tick here and t				
complete sections	4 (if you're an adviser) and	d 5			
I wish to amend a	an existing Regular Saving	gs Plan			
Total amount for yo	ur Regular Savings Pl	an (the amount you wi	sh to invest	on a regular basis)	
£					
Frequency (how ofte	n do you wish to make	e Regular Contributions	s) -		
		an X in the relevant box ill be made in the month		receipt of your instruction.	
MONTHLY	QUARTERLY	SEMI-ANNUAL	ANNUAL		
CONTRIBUTION	CONTRIBUTION	CONTRIBUTION	CONTRIB	JTION	
Collection date -					
The date we will collec	t the Regular Savings an	nount from your bank acc	:ount		
1 st	10 th	17 th	25 th		
Any set up, amendm change may come irAny income paying f	nent or cancellation requi nto force in the following funds will follow your curr	collection. rent account settings; if yo	ce; dependin	selection ag on when your collections are due, the ange these, please fill in the Income Form that is left over from the deal will be	

- For Exchange Traded Instruments (ETIs) we will only purchase full shares, any cash that is left over from the deal will be
 placed into the cash holding within your account. In some instances, the monthly amount may be left in cash if the share
 price is too high to buy one share.
- If you wish to purchase ETIs, please ensure you have provided the relevant details to us, for example an LEI or nationality identifiers
- There are specific charges relating on dealing on an ETI; please refer to the Fidelity website or our Client Terms for more information

2 Details of your Regular Savings Plan (continued)

- Please detail the investment choices for the Regular Savings Plan below.
- Note that we will use the Fund Code/ISIN code for your selection, not the fund name.
- Please ensure that the total of your Regular Savings Plan is 100%
- The minimum investment for the Regular Savings plan is £25

FUND CODE / ISIN / SEDOL	INVESTMENT NAME	Regular Savings (%)
PCA	Cash	

90/

SPCCTintP

3 Bank account details

- Any bank account details given in this section will override existing bank details that we may hold for you.
- Please make sure that you sign and date the instruction below.

F Fid	elity Instru	oction to	,			_			DIF	RECT
Please fill in the whole form using a be Fidelity, PO Box 391, Tadworth, KT20 3	FÚ.	Sarvica	Jser Num	hor						
To: The Manager	Bank/building society	4	4	6	1	3	8			
Address Name(s) of account holder(s)	Postcode	Referenc	e							
Bank/building society account numb	per	Please po detailed Guarante	ay Financi in this inst ee. I under	al Adminis ruction sub stand that	oject to the	ervices Ltd e safegua uction may	rds assure remain v	ed by the vith Financ	the account Direct Debit cial Administr	ration
		society. Signature(s		so, detail	s will be p	oussea ele	ctronican	y to my bo	ank/builaing	
Branch sort code		Date								
E	Banks and building societies may not ac	ccept Direct D	ebit instru	ctions for	some type	es of acco	unt			DDI2

4 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.
Unique Adviser Number	Intermediary signature
FCA number I confirm that I am registered with the FCA to conduct business and my authorisation number is:	Date signed (DDMMYYYY)

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PSPCCTintp

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	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

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