

Joint Holder Supplement Form

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
- Any applications received that are not completed correctly may incur delays or could be returned to you
- If you have any queries about this form please ask your adviser, or ring ServiceLine on **0800 358 4060**.

What's next?

Please send your completed application form to:

FundsNetwork
PO Box 80
Tonbridge TN11 9YA

All fields are mandatory and all joint holders MUST complete this form and sign the relevant application form.

1 Primary holder details (for reference purposes only)

Title

Mr Mrs Ms Other:

Surname

First and other names in full

Account number or Customer Reference Number (existing customers only)

Postcode

2 Second applicant details

Title

Mr Mrs Ms Other:

Surname

First and other names in full

Gender

Male Female

Date of birth

National Insurance Number

(This can be found on a payslip or a letter from HMRC)

No National Insurance Number?

If you have never been issued with a National Insurance Number please mark an X in the box.

Your address - 'Care of' and PO Box are not acceptable. Only UK addresses are eligible unless you are a Crown Employee or the spouse/civil partner of a Crown Employee.

House number/name

Street, city, county and country

Postcode

Are you a resident in the UK for tax purposes? If yes please mark this box

Are you also a resident in any other country(s) for tax purposes? If so please complete the following fields

First country

First country tax identifier

Additional country

Additional country tax identifier

Your signature

Signature

Date signed

4 Fourth applicant details

Title

Mr Mrs Ms Other:

Surname

First and other names in full

Gender

Male Female

Date of birth

National Insurance Number

(This can be found on a payslip or a letter from HMRC)

No National Insurance Number?

If you have never been issued with a National Insurance Number please mark an X in the box.

Your address - 'Care of' and PO Box are not acceptable. Only UK addresses are eligible unless you are a Crown Employee or the spouse/civil partner of a Crown Employee.

House number/name

Street, city, county and country

Postcode

Are you a resident in the UK for tax purposes? If yes please mark this box

Are you also a resident in any other country(s) for tax purposes? If so please complete the following fields

First country

First country tax identifier

Additional country

Additional country tax identifier

Your signature

Signature

Date signed

5 Joint holders special renunciation - Declaration and signature

Please complete this section if you wish to authorise FundsNetwork to act upon instructions given by any one of the joint holders linked to your account. **Joint Holders Special Renunciation is not available for Corporate, Scheme or Trust Accounts.** This instruction will only apply to the account number detailed in Section 1. If this is a new FundsNetwork account, this instruction will be applied to the application supplied with this form.

This declaration and signature section only applies to the Joint Holder Special Renunciation. All joint holders MUST sign here for the Joint Holders Special Renunciation Authority to apply.

I/We understand that the information I/we provide on this application form will be processed in accordance with Fidelity's data protection statement contained in the FundsNetwork Client Terms.

I/We declare that:

- My adviser has provided me with the following documents either as an electronic version, which I/we have saved or printed, or as a paper copy and I/we have read:
 - Key Features Document (Doing Business with FundsNetwork)
 - the Key Investor Information Document and/or Fund Specific Information
 - and accept the FundsNetwork Client Terms. For your own benefit and protection you should read the FundsNetwork Client Terms carefully before signing them. If you do not understand any point or have not received one or all of the documents above please contact your adviser.

I/We the undersigned, as Joint Holders of Shares/Units, hereby jointly and severally:

- Authorise FundsNetwork to act upon an instruction given with regard to the Shares/Units and any matter in connection with them or any of them provided such instructions are given by any one of the undersigned including instructions given via FundsNetwork's Electronic Services. FundsNetwork does not accept liability in respect of any payment or other act made or done or omitted to be done in accordance with such instructions.
- Agree that FundsNetwork may refuse to accept any instructions given pursuant to this form of authority which are unclear or which it does not believe to be genuine and that FundsNetwork will have no responsibility for any delay incurred seeking clarification of instructions or confirming that the instructions are genuine.
- Confirm that, upon the death of any of the undersigned, this authorisation will continue in force and FundsNetwork may, without liability as aforesaid, act on instructions with regard to the Shares/Units and monies standing to our credit with FundsNetwork or any matter in connection therewith including the disposition of Shares/Units or monies standing to our credit, signed by the survivor(s) as provided above.
- Confirm that this authorisation shall apply to any further Shares/Units purchased or otherwise held jointly in all of the names of the undersigned (or the survivor(s)) on the death of any of the undersigned.
- Agree that this authorisation shall remain in force until notice in writing of its termination or replacement is received by FundsNetwork and any such notice shall be without prejudice to the completion of transactions already initiated pursuant to the above terms.

Signing on behalf of others

If you are an attorney signing on behalf of the applicant, you must attach:

- an original sealed Court of Protection/Enduring Power of Attorney stamped by the Office of the Public Guardian (where the client is mentally or physically incapacitated), or
- Power of Attorney with a signed letter confirming that the client is prevented from signing the application as a result of their physical incapacity (in cases of physical incapacity only).

Copies of the Power of Attorney must, on every page, be certified as true copies with:

- the words 'I certify this to be a true copy of the original', and
- the certifier's signature and printed name, date, official stamp or professional capacity.

Documents can be certified by a solicitor, justice of the peace, notary public, commissioner of oaths or stockbroker.


Signatures of all applicants

By signing here you confirm that you've read and completed all relevant sections as per the instructions on this form.

Primary account signature



Second account signature



Third account signature



Fourth account signature



Date signed

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