

RATHBONES SINGLE STRATEGY FUNDS APPLICATION FORM (I-CLASS) FOR CORPORATE INVESTORS

Please complete A, B, C and D in this form.

Type of investment (please indicate which you are making):

- New application (use part 1 of this form)
- Top-up (addition to current holding; use part 1 of this form)
- Switches between funds or unit/share types (Income or Accumulation; use part 2 of this form)

For investments into I-Class units/shares for which the minimum lump sum investment is £1,000 and which have no initial charge.

If a top-up or a fund to switch, please tell us your current Rathbones Asset Management account number:

For your own benefit and protection, you must make sure that you have read the appropriate **Key Investor Information Document (KIID) and the Supplementary Information Document (SID)** for the fund(s) into which you are investing, topping-up or switching, before signing this application form. If you do not understand any part of the documents, please ask for further information or where appropriate, please consult your investment adviser.

I-CLASS UNITS/SHARES

Contact us 020 7399 0399 ram@rathbones.com

 **RATHBONES**

A: ABOUT THE ORGANISATION

(This section must be completed)

Type of organisation

Understanding the legal form of your organisation will assist in ensuring that appropriate information to open your account is provided at the earliest opportunity, helping to prevent delays in the completion of your application. **Registered holders must have a legal personality. If your organisation is an unincorporated organisation, the account will be registered in the names of the trustees, partners or other representatives of the organisation.**

Please indicate which organisation type is investing below.

The following organisations will be registered in the name of the organisation.	<u>Section to complete</u>	<u>Section to complete</u>
<input type="checkbox"/> Listed public company	Section one	<input type="checkbox"/> Parochial church councils Section six
<input type="checkbox"/> UK/EU/EEA regulated company	Section one	<input type="checkbox"/> Public sector bodies/Local authority Section seven
<input type="checkbox"/> Non UK/EU/EEA regulated company	Section two	<input type="checkbox"/> Independent school/College/University Section seven
<input type="checkbox"/> UK/EU/EEA distributor	Section one	<input type="checkbox"/> Sovereign wealth fund Section seven
<input type="checkbox"/> Non UK/EU/EEA distributor	Section one	
<input type="checkbox"/> Nominee (owned by regulated parent)	Section one	The following organisations will be registered in the name of the trustees/legal owners.
<input type="checkbox"/> Nominee (owned by an unregulated parent)	Section one	<input type="checkbox"/> Registered personal pension scheme Section four
<input type="checkbox"/> Platform	Section one	<input type="checkbox"/> Registered occupational pension scheme Section four
<input type="checkbox"/> Lawyers/Accountants	Section one	<input type="checkbox"/> SSAS Section four
<input type="checkbox"/> Subject to statutory licencing	Section one	<input type="checkbox"/> Unregistered pension scheme Section one
<input type="checkbox"/> Private company (including limited liability partnership)	Section three	<input type="checkbox"/> Trust Section five
<input type="checkbox"/> Incorporated registered charity	Section three	<input type="checkbox"/> Unincorporated registered charity Section five
<input type="checkbox"/> Local authority pension scheme	Section seven	<input type="checkbox"/> Unregistered charity Section five
<input type="checkbox"/> UK churches and place of worship	Section six	<input type="checkbox"/> Partnership Section six
		<input type="checkbox"/> Club/Society Section six

Tax self-certification

Tax regulations¹ require us to collect information about each investor's tax residency³. In certain circumstances (including if we do not receive a valid self-certification from you) we will have to share information about your account(s) with His Majesty's Revenue & Customs (HMRC) who may in turn share this information with any or all participating tax jurisdictions⁴.

Tax residency

Please indicate all countries in which you are resident for tax purposes and the associated tax reference numbers in the table below. If you are a US citizen or resident, please include United States in this table along with your US tax identification number.

Country/countries of tax residency	Tax reference number⁵
_____	_____
_____	_____
_____	_____
_____	_____

If you are not resident in any country for tax purposes, please tick this box

Tax self-certification notes

¹ The term "tax regulations" refers to regulations created to enable automatic exchange of information and include FATCA², various Agreements to Improve International Tax Compliance entered into between the UK and its Crown Dependencies and its Overseas Territories and the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information (CRS).

² The term "FATCA" refers to The Foreign Account Tax Compliance provisions contained in the US Hire Act 2010.

³ In general, you are tax resident where you are liable to taxes, based on where you live and work permanently although different jurisdictions have different rules in relation to tax residency. If in doubt, please contact your tax adviser.

⁴ Those countries that have agreed to exchange information under FATCA and the CRS¹.

⁵ If you are a UK tax resident and not a tax resident anywhere else and also not a US citizen, you are not required to provide details of your 'Tax reference number' or 'date of birth', or if you are not resident in a jurisdiction that is reportable under CRS or FATCA and also not a US citizen, you are not required to provide your 'tax reference number' or 'date of birth'.

SECTION ONE: LISTED, REGULATED AND NOMINEE COMPANIES

A) About the organisation

Account number (existing investors only) _____	Account designation if applicable _____
Organisation name (the account will be registered in this name) _____ _____	_____
Registered address (including postcode) _____ _____ _____	<input type="checkbox"/> The applicant/organisation is investing its own funds
	<input type="checkbox"/> The applicant/organisation is investing on behalf of another individual(s) or organisation/entities, e.g. by acting as a nominee, distributor or custodian
Business or correspondence address (including postcode) _____ (if different from above) _____ _____ _____	Please confirm the nature of the relationship _____
	Name of regulated parent company (non-regulated nominees only) _____
	Regulatory authority and regulatory reference number _____
Telephone _____	_____

B) Beneficial owners and senior management

Listed companies or subsidiaries of listed companies

If your company is a listed company or a majority-owned and consolidated subsidiary of a listed company you do not need to complete the beneficial owner section (B, page 10). If this applies, please provide the name of the exchange and security identifier/code for the listed company below.

Any other companies

If your organisation is any other type of company (i.e. not a listed company or a subsidiary of a listed company), please complete the beneficial owner section (B, page 10) with details of the following individuals and tick the boxes to confirm that the information has been provided.

- Individuals holding 25% or more of the share capital or voting rights (directly or indirectly, e.g. via a holding company)
- Any other people exercising control over the company (if applicable)
- Board of Directors or equivalent

C) Supporting documentation

You'll also need to provide the following information. Please tick to confirm that it has been included with your application.

- Completed Wolfsberg questionnaire (anti-money laundering)
- Completed beneficial owners and senior management details (B, page 10, if applicable)
- Authorised signatory list
- Group structure chart (if applicable)

SECTION TWO: NON EU OR EEA REGULATED FIRMS

A) About the organisation

Account number (existing investors only) _____	Business or correspondence address (including postcode) _____
Organisation name (the account will be registered in this name) _____	(if different from above) _____
Registered address (including postcode) _____	_____
_____	_____
_____	Telephone _____
_____	Account designation if applicable _____

B) Beneficial owners and senior management

Listed companies or subsidiaries of listed companies

If your company is a listed company or a majority-owned and consolidated subsidiary of a listed company you do not need to complete the beneficial owner section (B, page 10). If this applies, please provide the name of the exchange and security identifier/code for the listed company below.

Any other companies

If your organisation is any other type of company (i.e. not a listed company or a subsidiary of a listed company), please complete the beneficial owner section (B, page 10) with details of the following individuals and tick the boxes to confirm that the information has been provided.

- Individuals holding 25% or more of the share capital or voting rights (directly or indirectly, e.g. via a holding company)
- Any other people exercising control over the company (if applicable)
- Board of Directors or equivalent

C) Supporting documentation

If the applicant or the parent company of a nominee company is not regulated in the UK, EU or EEA, please provide the following additional information.

- Proof of regulation
- Certificate of incorporation or equivalent
- Constitutional document, e.g. memorandum and articles of association, bye-laws, articles of incorporation or equivalent

You'll also need to provide the following information. Please tick to confirm that it has been included with your application.

- Completed Wolfsberg questionnaire (anti-money laundering)
- Authorised signatory list
- Completed beneficial owners and senior management details (B, page 10, if applicable)
- Regulated parent comfort letter/letter of assurance (non-regulated nominees only)
- Group structure chart (if applicable)

SECTION THREE: PRIVATE COMPANIES (INCLUDING LIMITED LIABILITY PARTNERSHIPS, UNLISTED PUBLIC COMPANIES AND INCORPORATED CHARITIES)

A) About the organisation

Account number (existing investors only) _____	Company registration number _____
Organisation name (the account will be registered in this name) _____	Please describe the nature and industry of your business _____
Registered address (including postcode) _____ _____	_____
_____	If your organisation has charitable aims please provide the following information
Business or correspondence address (including postcode) (if different from above) _____	Charity registration number _____
_____	Description of aims and activities _____
_____	Countries of operation _____
_____	_____
Telephone _____	_____
Account designation if applicable _____	_____
_____	_____

B) Beneficial owners and senior management

Please complete the beneficial owner section (B, page 10) with details of the following individuals and tick the boxes to confirm that the information has been provided.

- Individuals holding 25% or more of the share capital or voting rights (directly or indirectly, e.g. via a holding company)
- Any other people exercising control over the company (if applicable)
- Board of Directors or equivalent
- The signatories to this application form (if not already listed)
- Trustees (charities only)

C) Supporting documentation

You'll also need to provide the following information. Please tick to confirm you've enclosed them with your application.

- Certificate of incorporation or equivalent document
- Constitutional document, e.g. memorandum and articles of association, partnership agreement, bye-laws or equivalent
- Completed beneficial owners and senior management details (B, page 10)
- Authorised signatory list
- Group organisation structure chart (if the organisation is a subsidiary of another company)

SECTION FOUR: REGISTERED PENSION SCHEMES (INCLUDING OCCUPATIONAL PENSION SCHEME, PERSONAL PENSION SCHEME AND SSAS)

A) About the organisation

Account number (existing investors only) _____

Account designation if applicable

Pension Scheme (account will be registered in the name of the Trustees detailed in B, page 10)

Registered address (including postcode) _____

Please also confirm your PSTR number (if applicable)

If investing on behalf of an occupational pension scheme, please confirm the name of the employer or company which the scheme is linked to

Business or correspondence address (including postcode)

(if different from above) _____

Please confirm if the following statements apply to your scheme

Contributions are made by an employer or by deduction from an employee's wages

The scheme rules do not permit the assignment of a member's interest under the scheme

Telephone _____

B) Beneficial owners and senior management

Please complete the beneficial owner section (B, page 10) with details of the following individuals and tick the boxes to confirm.

Trustees or equivalent (including corporate trustees) (B, page 10)

Scheme beneficiaries

Board of Directors or equivalent

C) Supporting documentation

You'll also need to provide the following information. Please tick to confirm you've enclosed them with your application.

Letter proving HMRC or pensions regulator scheme approval, for example an HMRC approval letter, scheme submission receipt or scheme certificate

Details of individual trustees or trust company in whose name the account will be registered

Authorised signatory list

Completed beneficial owners and senior management details (B, page 10)

Group organisation structure chart for any corporate trustees (if the trust company is a subsidiary of another company)

SECTION FIVE: TRUSTS OR UNINCORPORATED REGISTERED CHARITIES AND UNREGISTERED CHARITIES

A) About the organisation

Account number (existing investors only) _____	Account designation if applicable _____
Name of Trust/Charity (account will be registered in the name of the Trustees (B, page 10) _____ _____	_____
Registered address (including postcode) _____ _____ _____	If your organisation has charitable aims please provide the following information Charity registration references, if applicable _____ _____
Business or correspondence address (including postcode) _____ (if different from above) _____ _____ _____	Description of aims and activities _____ _____ Countries of operation _____ _____
Telephone _____	If not, please complete the below. The type of trust (will trust, discretionary trust, etc.) _____ _____ The nature and purpose of the trust _____ _____ Country of establishment _____

B) Beneficial owners and senior management

Please complete the beneficial owner section (B, page 10) with details of the following individuals and tick the boxes to confirm.

Trustees or equivalent (including corporate trustees)

Beneficiaries (including a class of beneficiary)

For Trusts only.

Protector(s) or any other individuals who have control over the trust

Settlor(s)

If a corporate trustee has been appointed, please also include.

Individuals holding 25% or more of the corporate trustee's share capital or voting rights (directly or indirectly, e.g. via a holding company)

Any other people exercising control over the corporate trustee (if applicable)

C) Supporting documentation

You'll also need to provide the following information. Please tick to confirm you've enclosed them with your application.

The organisation's constitutional document (e.g. extract of the trust deed)

Details of individual trustees and/or trust company in whose name the account will be registered

Deeds of appointment and retirement of subsequent trustees (if applicable)

Authorised signatory list (applicable to trust companies only)

Completed beneficial owners and senior management details (B, page 10)

Group organisation structure chart for any corporate trustees (if the trust company is a subsidiary of another company)

SECTION SIX: PARTNERSHIPS, CLUBS, ASSOCIATIONS, CHURCHES OR OTHER ORGANISATIONS

A) About the organisation

Account number (existing investors only) _____	Account designation if applicable _____
Organisation name (account will be registered in the name of the Directors/Members/Partners etc. (B, page 10)) _____ _____	_____ _____
Registered address (including postcode) _____ _____ _____ _____	Provide details of the type and purpose of the organisation _____ _____
Business or correspondence address (including postcode) (if different from above) _____ _____ _____ _____	
Telephone _____	

B) Beneficial owners and senior management

Please complete the beneficial owner section (B, page 10) with details of the following individuals and tick the boxes to confirm.

- Partners, directors, committee members or equivalent
- Any other person who exercises ultimate control over the management of the organisation

C) Supporting documentation

You'll also need to provide the following information. Please tick to confirm you've enclosed them with your application.

- Partnership agreement or constitutional document
- Details of individual directors, partners, members, trustees etc. in whose name(s) the account will be registered
- Completed beneficial owners and senior management details (B, page 10)

SECTION SEVEN: GOVERNMENT DEPARTMENT, SOVEREIGN WEALTH FUND, LOCAL AUTHORITY, PUBLIC SECTOR PENSION SCHEME AND INDEPENDENT SCHOOLS/COLLEGE/UNIVERSITY

A) About the organisation

Account number (existing investors only) _____	Account designation if applicable _____
Organisation name (account will be registered in this name) _____ _____	_____
Registered address (including postcode) _____ _____ _____	Please confirm the country of operation _____ _____
Business or correspondence address (including postcode) _____ (if different from above) _____ _____ _____	Provide details of the type and purpose of the organisation _____ _____
Telephone _____	

B) Beneficial owners and senior management

Please complete the beneficial owner section (B, page 10) with details of the following individuals and tick the boxes to confirm.

- Directors, executive committee members/representatives or equivalent
- The most senior person within the organisation (state the capacity as 'most senior person')
- Any other individuals exercising significant control
- The signatories to this application form (if not already listed)

C) Supporting documentation

You'll also need to provide the following information. Please tick to confirm you've enclosed them with your application.

- Authorised signatory list
- Completed beneficial owners and senior management details

B: DETAILS OF BENEFICIAL OWNERS AND SENIOR MANAGEMENT

(This section must be completed)

Please complete all details using block capitals

Not required if your company is a listed company or a majority-owned and consolidated subsidiary of a listed company.

Non-individual (e.g. Corporate Trustee)

Title (Mr/Mrs/Miss/Ms/Other) _____

Surname _____

Forename(s) in full _____

Business address (including postcode) _____

Capacity and percentage ownership, if applicable _____

Individual

Title (Mr/Mrs/Miss/Ms/Other) _____

Surname _____

Forename(s) in full _____

Permanent residential address (including postcode) _____

Capacity and percentage ownership, if applicable _____

Title (Mr/Mrs/Miss/Ms/Other) _____

Surname _____

Forename(s) in full _____

Permanent residential address (including postcode) _____

Capacity and percentage ownership, if applicable _____

Title (Mr/Mrs/Miss/Ms/Other) _____

Surname _____

Forename(s) in full _____

Permanent residential address (including postcode) _____

Capacity and percentage ownership, if applicable _____

Class of beneficiary

If there are no named beneficiaries, please confirm the class of beneficiary, e.g. grandchildren, the homeless

Individual

Title (Mr/Mrs/Miss/Ms/Other) _____

Surname _____

Forename(s) in full _____

Permanent residential address (including postcode) _____

Capacity and percentage ownership, if applicable _____

Title (Mr/Mrs/Miss/Ms/Other) _____

Surname _____

Forename(s) in full _____

Permanent residential address (including postcode) _____

Capacity and percentage ownership, if applicable _____

Title (Mr/Mrs/Miss/Ms/Other) _____

Surname _____

Forename(s) in full _____

Permanent residential address (including postcode) _____

Capacity and percentage ownership, if applicable _____

Individual

Title (Mr/Mrs/Miss/Ms/Other) _____

Surname _____

Forename(s) in full _____

Permanent residential address (including postcode) _____

Capacity and percentage ownership, if applicable _____

Title (Mr/Mrs/Miss/Ms/Other) _____

Surname _____

Forename(s) in full _____

Permanent residential address (including postcode) _____

Capacity and percentage ownership, if applicable _____

Individual

Title (Mr/Mrs/Miss/Ms/Other) _____

Surname _____

Forename(s) in full _____

Permanent residential address (including postcode) _____

Capacity and percentage ownership, if applicable _____

Title (Mr/Mrs/Miss/Ms/Other) _____

Surname _____

Forename(s) in full _____

Permanent residential address (including postcode) _____

Capacity and percentage ownership, if applicable _____

C: INVESTMENT DETAILS

(This section must be completed)

PART 1: (FOR NEW I-CLASS APPLICATIONS AND TOP-UPS)

Please indicate your choice of fund(s), unit/share type and amount to be invested or topped up

Investment details (for fund switches, please see part 2)

	Unit/share type*		Amount/additional amount to be invested		Notes
	Inc	Acc	Lump sum	No. of units/shares*	
Rathbone Ethical Bond Fund	<input type="checkbox"/>	<input type="checkbox"/>	£ _____	OR _____	Minimum investment is £1,000 and top-up is £500. If you require your income paid out (Income units/shares) please complete the dividend mandate below to pay direct to your bank account. *Unit/share types are as follows: Inc = Income units/shares, income paid out; Acc = Accumulation units/shares (see the Supplementary Information Document). * Maximum 2 decimal places.
Rathbone Global Opportunities Fund	<input type="checkbox"/>	<input type="checkbox"/>	£ _____	OR _____	
Rathbone High Quality Bond Fund	<input type="checkbox"/>	<input type="checkbox"/>	£ _____	OR _____	
Rathbone Income Fund	<input type="checkbox"/>	<input type="checkbox"/>	£ _____	OR _____	
Rathbone Strategic Bond Fund	<input type="checkbox"/>	<input type="checkbox"/>	£ _____	OR _____	
Rathbone UK Opportunities Fund	<input type="checkbox"/>	<input type="checkbox"/>	£ _____	OR _____	

I/We wish to invest or top up: £ _____ as a lump sum.

Payment by bank transfer is mandatory. Our bank details are: HSBC Bank plc, City of London and Commercial Office, 2nd Floor, 62/76 Park Street, London SE1 9DZ
Sort code 40-02-50 Account no. 91270362 Account Name: Rathbones Asset Management Limited

PART 2: (FOR SWITCHING BETWEEN I-CLASS UNITS/SHARES, DIFFERENT FUNDS AND/OR BETWEEN UNIT/SHARE TYPES, SAME FUND)

Investment details for fund switches (for new applications and for top-ups, please see part 1)

Please remember that you must switch into units/shares of the same type (i.e. either income or accumulation). Please note that a £1,000 limit applies to I-Class units/shares.

Fund from:	Unit/share type*		Fund to:	Unit/share type*		Amount to be switched	
	Inc	Acc		Inc	Acc	Lump sum	No. of units/shares*
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	£ _____	OR _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	£ _____	OR _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	£ _____	OR _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	£ _____	OR _____

I/We wish to switch: £ _____ as indicated above.

Notes: Please indicate your choice of fund(s), unit/share type and amount to be switched. If you require your income paid out (Income units/shares), and have not completed one before, please complete the dividend mandate to pay direct to your bank account. *Unit/share types are as follows: Inc = Income units/shares, income paid out; Acc = Accumulation units/shares (see the Supplementary Information Document), please tick the boxes as appropriate. Rathbone Global Opportunities Fund, only accumulation units available.

PART 3: (YOUR BANK/BUILDING SOCIETY DETAILS TO RECEIVE SALE PROCEEDS AND/OR INCOME PAYMENTS)

Please complete this section – income payments (income units/shares) or sale proceeds arising from your investments will be paid into your bank or building society account. Please note that income cannot be paid if the investment is in accumulation units/shares.

We will pay the proceeds of a sale to your bank/building society account; please list details of which below. If you prefer to receive a cheque, please tick here

Bank/building society name _____ Bank or building society sort code
 Address _____ Account holder's name(s) _____
 _____ Account number
 _____ Postcode _____ Building society roll number _____

D: DECLARATION AND SIGNATURE(S)

(This section must be completed)

Declaration

All beneficial owners and other associated parties are known to me/us and I/we undertake to make those named above aware that they may be subjected to the same data protection and money laundering verification provisions as outlined in the Supplementary Information Document.

Signature _____ Date _____ Signature _____ Date _____

Print name _____ Print name _____

Permanent residential address (including postcode)
(required if this is to be a verifiable role type)

Date of birth _____ Date of birth _____

Signature _____ Date _____ Signature _____ Date _____

Print name _____ Print name _____

Permanent residential address (including postcode)
(required if this is to be a verifiable role type)

Date of birth _____ Date of birth _____

If this application is completed without an adviser's declaration, you will have no rights to cancel the contract under the Financial Services (Cancellation) rules. If this application is submitted through an Adviser or Agent, the details overleaf must be completed by the Agent. The Manager reserves the right to reject any application in whole or in part. Orders placed over the telephone are legally binding and enforceable contracts.

Data protection – Where relevant, Rathbones' privacy notice for clients, together with our relevant terms of business, sets out how your personal data (as further detailed in the privacy notice) shall be processed by Rathbones. A copy of the privacy notice is available on request or on Rathbones' website.

From time to time Rathbones Asset Management Limited may wish to communicate with you with information on other products and services offered by the Rathbones Group. However, you should note that where you have applied for a Rathbones fund through an adviser, we may disclose information concerning your investments in these products to that adviser.

**If you do not wish to be contacted by Rathbones companies, please advise us in writing at the following address:
Data Protection Officer, Rathbones Asset Management Limited, 8 Finsbury Circus, London EC2M 7AZ.**

Money laundering – To comply with money laundering regulations, we may require you to supply evidence of identity and address and/or may check these details against any database (public or other) to which we have access. We will obtain a record if such an enquiry is made.

Authorisation under FSMA 2000 (to be completed by an adviser only)

My/our authorisation to give investment advice is through being authorised and regulated by the Financial Conduct Authority:

My/our FCA reference number _____

Section 1 or 2 must be completed and signed

Adviser's declaration (to be completed by an adviser only)

1. I/We confirm that the applicant named in this application is entitled to cancellation rights under the FCA (Conduct of Business) rules

(Tick only if cancellation rights apply).

I/We hereby indemnify Rathbones Asset Management Limited for any losses suffered should it subsequently be discovered that the applicant was entitled to cancellation rights and no cancellation notice was sent as a result of the above.

Signed _____

Name _____

2. I/We confirm that the applicant named in this application is not entitled to cancellation rights under the FCA (Conduct of Business) rules because (tick whichever explains why cancellation rights do not apply).

The applicant responded to a direct offer advertisement as defined by the FCA (Conduct of Business) rules.

The applicant is an execution only customer.

The applicant is subject to a customer agreement waiving such rights.

The application form was completed outside the United Kingdom as the result of advice given by me/an advertisement issued outside the United Kingdom.

Date _____

Position _____

When completed, this form should be returned to your adviser or direct to our dealing office (Rathbones Asset Management Limited, PO Box 9948, Chelmsford CM99 2AG). For further information please see the Supplementary Information Document.

Adviser/agent stamp (please enter either company stamp or agreed terms or if part of a network)

Any enquiries

Please write to our dealing office or telephone us. For details please look at the Supplementary Information Document.

Adviser only:

FCA number _____

Stamp:

Declaration

I/We declare that the information provided on this form is, to the best of my/our knowledge and belief, accurate and complete. I/We confirm agreement to all client money arrangements and procedures including the Delivery Versus Payment exemption provisions (and those relating to commercial settlement exemption provisions where appropriate) as detailed in the Supplementary Information Document (SID).

Applicant's signature

Date

Applicant's signature

Date

Copies of the Prospectus, the latest Key Investor Information Document (KIID), the Supplementary Information Document (SID), and the latest Manager's report and accounts for this fund are available on request from us, free of charge.

Rathbones Asset Management

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Information line:
+44 (0)20 7399 0399
ram@rathbones.com
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Rathbones Asset Management Limited is authorised and regulated by the Financial Conduct Authority and a member of The Investment Association. A member of the Rathbones Group Plc. Registered office: 8 Finsbury Circus, London EC2M 7AZ Registered in England No. 02376568.