

Thank you for your interest in Liberum Wealth

This form gathers the information we need to set up an account for a trust so that we can provide dealing and custody services. We take a proactive stance to combating financial crime and the financing of terrorism and so, in addition to this completed form, we may require further information or documentation

In order to process your application we will need the following documents (please tick to confirm):

- This completed and signed application form**
- An organisation chart which includes the trust structure and full names of all trustees, settlors, protectors and beneficial owners.**

We will be in touch regarding any further information or documentation that we may require.

Trust details

Trust name:

Nature / purpose of the trust:

Date of establishment: / /

Registered address:

Postcode:

Principal place of business (if different to the registered address):

Postcode:

Official identification number:

Country(s) of tax residence:

Tax ID number(s):

US IRS global intermediary identification number (GIIN) (if applicable):

Legal Entity Identifier (LEI) number:

Contact details *(Please provide details of the person(s) who will receive correspondence)*

Name of trust company / fiduciary (if applicable):

Primary contact

Secondary contact

Full name:

Position / role:
(e.g. Trustee)

Telephone (work):
(mobile):

Email address:

Controlling person(s) information

For a trust, the term "controlling person(s)" means the settlor(s), the trustee(s), the protector(s), the beneficiaries and any other natural person(s) exercising ultimate effective control over the trust.

How many Trustees? _____ (Appendix A) How many Settlers? _____ (Appendix B)

How many Protectors? _____ (Appendix C) How many Beneficiaries? _____ (Appendix D)

How many people are authorised to operate / instruct on this account? _____ (Appendix E)

Please complete the relevant appendix forms for each of the above individuals. Appendix forms are at the end of this application form.

Is the trust administered by a licensed fiduciary: Yes:

No:

If YES, you do NOT need to provide details on the trustees (Appendix A) or person(s) authorised to operate the account (Appendix E), but we will require a signatory list for authorised persons.

Bank details *(contact us if you require more than one designated bank account to be set up)*

Account name (the bank account should reflect the name(s) of the Liberum Wealth account holder(s)):

Account number:

Sort code:

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Currency:

Reference (if applicable):

Bank name:

Branch address:

For non-sterling accounts please provide the following details:

SWIFT code (for non-sterling accounts):

IBAN number (for non-sterling accounts):

Correspondent bank:

Correspondent bank SWIFT code:

Currency, reporting and portfolio income

Please select a base currency of the portfolio

GBP

USD

EUR

Other (please specify): _____

Initial value of the account in the portfolio base currency:

Would you like income / dividends to remain in the currency of origin or converted to the portfolio base currency?

Currency of origin

Portfolio base currency

Please note: we provide multi currency cash accounts as standard, as well as foreign exchange services

Account classification *(Please select one of the categories below)*

Retail

Elective Professional (see below)

If you have ticked Elective Professional, please specify the name(s) of the individual(s) who will act in an Elective Professional capacity regarding this account:

Note - In order to qualify as an elective professional, the individual should satisfy at least 2 of the following 3 criteria (tick at least two):

- You have carried out transactions, in significant size, on the relevant market at an average frequency of 10 per quarter over the previous 4 quarters.
- The size of your financial instrument portfolio, defined as including cash deposits and financial instruments, exceeds EUR 500,000 or equivalent.
- You work or have worked in the financial sector for at least one year in a professional position, which requires knowledge of the transaction or services envisaged.

Anti Money Laundering Information

This section covers all account holders and is a regulatory requirement. Please tick one or more of the boxes for **both** Source of Funds **and** Source of Wealth and provide additional detail on the sources of funds and wealth.

Source of Funds ("SOF") refers to the activity that generated the cash / investments to be held on account

Source of Wealth ("SOW") refers to the activity that generated the worldwide wealth of the account holder

SOF SOW

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Accumulated earnings:
<i>Name of employer(s):</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Dividend / Sale proceeds from asset(s)
<i>Details of asset(s):</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Inheritance / Bequest / Gift
<i>Details of where funds have been received from:</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Divorce settlement
<i>Name of ex-spouse:</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Company pension or Employee incentive / Company share options programme
<i>Provide details:</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Transfer in of certificated shares or securities from another broker / custodian account
<i>Please specify (include Broker and account code):</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Other
<i>Please specify:</i> |

If further space is required for details of Sources of Funds and Wealth, please include on a separate page.

Expected account activity per annum:

1-9 trades 10-29 trades 30+ trades

Expected duration of relationship:

1 year 1-3 years 3+ years

By completing and signing this application form you confirm that you and any monies and/or assets to be sent to Liberum Wealth Limited have no connection with, or exposure to, bribery, corruption or any other criminal activity.

Declaration

I/we confirm that the information provided in this application form is true and accurate

Signed:

Date:

Full name:

Signing capacity:

Signed:

Date:

Full name:

Signing capacity

Please scan and email the completed form and your certified proofs of identity and address to us at operations@liberumwealth.com so we can expedite your application.

“ We have the experience, we take responsibility, we are flexible and we always put the client first. ”

We make the process of buying, holding and selling shares straightforward and cost effective for you. We take a common sense and “extra mile” approach - our services are tailored to your requirements and deliver value for money.

Whether you invest in equities, fixed income, foreign exchange, derivatives, funds or private investments, our experienced and expert team always ensure your instructions are executed diligently, efficiently and at institutional prices. With our comprehensive nominee and custody service, your investments are held securely in one place.

You are always in control. Liberum Wealth will only ever act under your instructions – we do not provide advice or discretionary portfolio management services.

Common Reporting Standards

Self-certification form



This form is required for all entities opening a Liberum Wealth account.

Name of entity : _____

Is the entity a financial institution? Please specify the type of financial institution, below:

Reporting financial institution under CRS

OR

Non-reporting financial institution under CRS
Specify the type of non-reporting financial institution, below

- Governmental entity
- International organisation
- Central bank
- Broad participation retirement fund
- Narrow participation retirement fund
- Pension fund of a governmental entity, international organisation or central bank
- Exempt collective investment vehicle
- Trust whose trustee reports all required information with respect to all CRS reportable accounts
- Qualified credit card issuer
- Other entity defined under the domestic law as low risk of being used to evade tax

Specify the type provided in domestic law: _____

OR

Financial institution resident in a non-participating jurisdiction under CRS.
Specify the type of financial institution resident in non-participating jurisdiction, below

- Investment entity and managed by another financial institution
Provide details of the controlling person(s), overleaf
- Other investment entity
- Other financial institution

Is the entity a non financial institution? Please specify the type of non financial institution, below:

Active non-financial entity
Specify the type of active non-financial institution, below

- Corporation that is regularly traded or a related entity of a regularly traded corporation
Provide the name of the stock exchange: _____
Provide the name of the traded corporation if entity is related: _____

- Government entity, international organisation, central bank or entity owned by one of more of these
- Other active non-financial entity

OR

Passive non-financial entity
Provide the details of the controlling person(s), overleaf

Common Reporting Standards

Self-certification form - continued



If you have indicated that the entity is an investment entity which is managed by another financial institution or a passive non-financial entity please provide the details below in respect of any controlling person(s) (whose percentage ownership is 25% or greater).

Please use / print out additional sheets if required.

Controlling person(s)

Full name:

Date of birth (DD/MM/YYYY):

Principal residential address (must not be a PO Box No):

Postcode:

Country(s) of residence for tax purposes:

Tax ID / National Insurance number(s) or equivalent:

Details of beneficial ownership %:

Controlling person(s)

Full name:

Date of birth (DD/MM/YYYY):

Principal residential address (must not be a PO Box No):

Postcode:

Country(s) of residence for tax purposes:

Tax ID / National Insurance number(s) or equivalent:

Details of beneficial ownership %:

Appendix A – Trust Account

Trustee details



Please fill in separate forms with the details of each Trustee of the Trust opening a Liberum Wealth account.

Name of Trust opening account: _____

Personal details

Title:

Surname:

First name(s):

Former name(s):

Date of birth (DD/MM/YYYY):

Telephone

Home:

Work:

Mobile:

Email address:

Principal residential address (must not be a PO Box No):

Postcode:

Nationality:

Country of birth:

Town of birth:

Country(s) of residence for tax purposes:

Tax ID / National Insurance number(s) or equivalent:

Are you or have you ever been a US Citizen, held a US passport, green card, bank account or resided/owned property in the US?

Yes

No

Occupation:

Public company / public service / Government positions held (Including historical, if any):

Appendix B – Trust Account

Settlor details



Please fill in separate forms with the details of each Settlor of the Trust opening a Liberum Wealth account.

Name of Trust opening account: _____

Personal details

Title:

Surname:

First name(s):

Former name(s):

Date of birth (DD/MM/YYYY):

Telephone

Home:

Work:

Mobile:

Email address:

Principal residential address (must not be a PO Box No):

Postcode:

Nationality:

Country of birth:

Town of birth:

Country(s) of residence for tax purposes:

Tax ID / National Insurance number(s) or equivalent:

Are you or have you ever been a US Citizen, held a US passport, green card, bank account or resided/owned property in the US?

Yes

No

Occupation:

Public company / public service / Government positions held (Including historical, if any):

Appendix C – Trust Account

Protector details



Please fill in separate forms with the details of each Protector of the Trust opening a Liberum Wealth account.

Name of Trust opening account: _____

Personal details

Title:

Surname:

First name(s):

Former name(s):

Date of birth (DD/MM/YYYY):

Telephone

Home:

Work:

Mobile:

Email address:

Principal residential address (must not be a PO Box No):

Postcode:

Nationality:

Country of birth:

Town of birth:

Country(s) of residence for tax purposes:

Tax ID / National Insurance number(s) or equivalent:

Are you or have you ever been a US Citizen, held a US passport, green card, bank account or resided/owned property in the US?

Yes

No

Occupation:

Public company / public service / Government positions held (Including historical, if any):

Appendix D – Trust Account

Beneficiary details



Please fill in separate forms with the details of each Beneficiary of the Trust opening a Liberum Wealth account.

Name of Trust opening account: _____

Personal details

Title:

Surname:

First name(s):

Former name(s):

Date of birth (DD/MM/YYYY):

Telephone

Home:

Work:

Mobile:

Email address:

Principal residential address (must not be a PO Box No):

Postcode:

Nationality:

Country of birth:

Town of birth:

Country(s) of residence for tax purposes:

Tax ID / National Insurance number(s) or equivalent:

Are you or have you ever been a US Citizen, held a US passport, green card, bank account or resided/owned property in the US?

Yes

No

Occupation:

Public company / public service / Government positions held (Including historical, if any):

Appendix E – Trust Account

Authorised person details



Please fill in separate forms with the details of each person authorised to operate and give instruction on the Liberum Wealth account.

Name of Trust opening account: _____

Personal details

Title:

Surname:

First name(s):

Former name(s):

Date of birth (DD/MM/YYYY):

Telephone

Home:

Work:

Mobile:

Email address:

Principal residential address (must not be a PO Box No):

Postcode:

Nationality:

Country of birth:

Town of birth:

Country(s) of residence for tax purposes:

Tax ID / National Insurance number(s) or equivalent:

Are you or have you ever been a US Citizen, held a US passport, green card, bank account or resided/owned property in the US?

Yes

No

Occupation:

Public company / public service / Government positions held (Including historical, if any):