Trust Account Opening Form



Account Opening Form (Self Invest)

PLEASE PRINT CLEARLY IN BLOCK CAPITALS AND COMPLETE ALL APPLICABLE SECTIONS OF THIS FORM.

For Trusts only

Section 01 Entity Details					
Please select an account type:					
Trust Bare Trust RATS QROPS SSAS Other (Please specify):					
Name of Account:					
Legal Entity Identifier (LEI) Number (not required for Bare Trusts):					
Country where trust or scheme was created:					
Tax Residency of Trust or Scheme					
Country / Countries of Tax Residence Tax Identification Number (TIN)					
If a TIN is not available please select one of the following reasons:					
The country where you are liable to pay tax does not issue TINs to its residents.					
No TIN is required. (Note only select this reason if the authorities of your country of tax residence do not require the TIN to be disclosed).					
You are otherwise unable to obtain a TIN or equivalent number. Please explain why you are unable to obtain a TIN in the box below:					
UK legislation requires us to collect information about your tax residency. In certain circumstances we may be obliged to share information on your account with HMRC who may in turn share this information with tax authorities of other jurisdictions. If you have any questions about your tax residency or Entity Classification, please contact your tax adviser. You may also refer to the Frequently Asked Questions which are available on our website www.7im.co.uk					
HMRC Trust Registration Service ("HMRC TRS")					
Please tick to confirm you have included a copy of the trust registration certificate. This is to evidence that the trust is registered with HMRC TRS.					
If the trust is not registered with HMRC TRS please provide details of the reason for exemption.					

Section 02 Classification of Trust or Scheme

Please complete either $\bf Section~\bf A~or~\bf Section~\bf B$

Section A – F	inancial Institution (FI)				
(i) Classificat	ion - Please tick ONE of the following options belo	w:			
	Investment Entity - An investment entity located in a non-participating jurisdiction and managed by another financial institution				
	Investment Entity - Other Investment Entity	Investment Entity - Other Investment Entity			
	Depository Institution, Custodial Institution or Specified Insurance Company				
(ii) Global Inte	ermediary Identification Number (GIIN)				
Please provid	de the entity's GIIN				
If the entity is	s unable to provide a GIIN, please tick ONE of the b	elow	reasons:		
	The entity has not yet obtained a GIIN but is spo Please provide the sponsor's name and sponso				
	Sponsor's name		Sponsor's GIIN		
	Exempt Beneficial Owner				
	Certified Deemed Compliant Foreign Financial Institution				
	Non-Participating Foreign Financial Institution				
	Excepted Foreign Financial Institution				
Section B – N	Ion-Financial Entity (NFE)				
Please tick 0	NE of the following options below:				
	Active NFE - a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation. Please provide the name of the established securities market and, where appropriate, the name of the regularly traded corporation.				
	Active NFE – a Government Entity				
	Active NFE – an International Organisation				
	Active NFE – other (for example a start-up NFE or a non-profit NFE)				
	Passive NFE				

Section 03 Main Contact - Enter the details of the main contact on this account				
Title:	First Name(s):	Surr	name:	
Position / Role:				
Date of Birth (DD/MM/YYYY):				
Nationality:				
National Insurance Number:				
	ress (please note we cannot acc	ept a PO Box number	or a care of (C/O) address):	
		City:		
County (or country if not UK)			Postcode:	
	· Laddress if different from Peri	 manent Residential Ac		
		City:		
County (on country if not IIIV)		City.	Doctordo:	
County (or country if not UK)	:		Postcode:	
Email:				
Telephone:				
Section 04 Corporate	Trustee / Scheme Adminis	trator / Provider (if	applicable)	
Name:		Country of Registrat	ion:	
Company Registration Numb	ier:	Regulator (if applica	ıble):	
Address:		City:		
Country (on country if and IIIV)		City.	Double of the control	
County (or country if not UK): Are operations carried out in any other countries? Yes No				
If yes, please list country(ies		es No		
,				
Full name of employer (SSA	S only):			

Section 05 **Individual Details**

Please provide details of all individuals in relation to the trust. If the trust classification is Passive NFE, we will require details of all individuals who exercise ultimate effective control over the trust.

Please ask for an additional s	neet if necessary.			
Person One (tick all that appl	y)			
Individual Trustee	Settlor	Named Beneficiary	Other (pleas	se specify):
Same as Main Contact?	Yes No			
Title:	First Name(s):		Surname:	
Date of Birth (DD/MM/YYYY):				
Nationality:				
Permanent Residential Addres	ss (please note we c	annot accept a PO Box nur	mber or a care of (C/	O) address):
		Cit	y:	
County (or country if not UK):			Postcode:	
Tax Residency (please only co	omplete if Classifica	ation of Trust or Scheme	is Passive NFE)	
Please list all countries in whi Number (TIN) for that jurisdict Unique Taxpayer Reference (U	tion. A UK tax reside			
Country / Countries of Tax Res	sidence	Tax Identifica	ation Number (TIN)	
If a TIN is not available please	select one of the fo	llowing reasons:		
The country where you	ı are liable to pay ta	x does not issue TINs to it	s residents.	
No TIN is required. (No the TIN to be disclosed		eason if the authorities of	your country of tax r	residence do not require
You are otherwise una TIN in the box below:	ble to obtain a TIN o	r equivalent number. Plea	ase explain why you	are unable to obtain a

Person Two (tick all that apply) Individual Trustee Settlor Named	Beneficiary Other (please specify):
Title: First Name(s):	Surname:
Date of Birth (DD/MM/YYYY):	
Nationality:	
Permanent Residential Address (please note we cannot acce	ept a PO Box number or a care of (C/O) address):
	City:
County (or country if not UK):	Postcode:
Tax Residency (please only complete if Classification of True Are you a US Citizen? Yes No Please list all countries in which you are currently resident for Number (TIN) for that jurisdiction. A UK tax resident for examunique Taxpayer Reference (UTR). Country / Countries of Tax Residence	for tax purposes and the associated Tax Identification
If a TIN is not available please select one of the following real	
The country where you are liable to pay tax does not	
No TIN is required. (Note only select this reason if the require the TIN to be disclosed).	e authorities of your country of tax residence do not
You are otherwise unable to obtain a TIN or equivaler TIN in the box below:	nt number. Please explain why you are unable to obtain a

Person Three (tick all that a	pply)				
Individual Trustee	Settlor	Named Beneficiary	у	Other (plea	ase specify):
Title:	First Name(s):		Surnar	ne:	
Date of Birth (DD/MM/YYYY):					
Nationality:					
Permanent Residential Addre	ess (please note we can	not accept a PO Box	number o	r a care of (C	/0) address):
			City:		
County (or country if not UK):				Postcode:	
Tax Residency (please only complete if Classification of Trust or Scheme is Passive NFE) Are you a US Citizen? Yes No					
Please list all countries in which you are currently resident for tax purposes and the associated Tax Identification Number (TIN) for that jurisdiction. A UK tax resident for example, should provide a UK National Insurance Number or Unique Taxpayer Reference (UTR).					
Country / Countries of Tax Re	esidence	Tax Ident	ification N	lumber (TIN)	
If a TIN is not available please select one of the following reasons:					
The country where yo	ou are liable to pay tax d	oes not issue TINs	to its resid	dents.	
No TIN is required. (Note only select this reason if the authorities of your country of tax residence do not require the TIN to be disclosed).					
You are otherwise unable to obtain a TIN or equivalent number. Please explain why you are unable to obtain a TIN in the box below:					

Person Four (tick all that apply)				
Individual Trustee Settlor Named	d Beneficiary	Other (plea	ase specify):	
Title: First Name(s):	Surn	name:		
Date of Birth (DD/MM/YYYY):				
Nationality:				
Permanent Residential Address (please note we cannot acce	ept a PO Box numb	er or a care of (C	/O) address):	
	City:			
County (or country if not UK):		Postcode:		
Tax Residency (please only complete if Classification of Tr	rust or Scheme is	Passive NFE)		
Are you a US Citizen? Yes No				
Please list all countries in which you are currently resident for tax purposes and the associated Tax Identification Number (TIN) for that jurisdiction. A UK tax resident for example, should provide a UK National Insurance Number or Unique Taxpayer Reference (UTR).				
Country / Countries of Tax Residence	Tax Identification	Number (TIN)		
If a TIN is not available please select one of the following reasons:				
The country where you are liable to pay tax does not	t issue TINs to its r	esidents.		
No TIN is required. (Note only select this reason if th require the TIN to be disclosed).	e authorities of yo	ur country of tax	residence do not	
You are otherwise unable to obtain a TIN or equivalent number. Please explain why you are unable to obtain a TIN in the box below:				

Section 0	6 Bank Details
	ts will be made directly to this account. • we are not able to open an account without the entity bank details.
Bank:	
Account Nar	me:
Sort Code:	Account Number:
Account Ref	erence / Roll Number (if applicable):
Section 0	7 Dividends and Income
Payments w	vill normally be made on the first working day of the month.
What would	you like us to do with the income from your investments?
Retain	n in account
Pay ou	ut all income
Pay ou	ut a fixed amount of £
Please	e specify frequency: Monthly / Quarterly / Half Yearly / Annually
Section ()	8 Foos and Charges

7IM fees

Please refer to the Fees and Charges information made available to you.

Collection of 7IM fees

Please note that 7IM will take fees from the account. If there is not enough cash held, we will sell investments held in the account to recover fees and charges due as set out in the 7IM Terms and Conditions.

Section 09 Declarations

This application form, if accepted by us, forms part of a legally binding agreement between you and us relating to the 7IM account(s) opened for you. The other parts of the agreement are contained in the applicable 7IM Terms and Conditions for the chosen 7IM investment service and the Fees and Charges provided to you.

You should read these documents and this section carefully before completing and signing this form. If there is anything you do not understand, please ask for further information.

By signing this form, you make the following declarations:

- a. you:
 - i. apply to open the 7IM account(s) specified in this form;
 - ii. appoint 7IM to provide the chosen 7IM investment service for the purpose of your 7IM account(s); and
 - iii. instruct 7IM to appoint a custodian to hold the money and investments relating to your 7IM account(s), in accordance with the 7IM Terms and Conditions for your chosen investment service;
- b. you understand and agree that when we notify you that we have accepted your application and opened your 7IM account(s), you will be bound by the terms of our agreement with you, as amended from time to time;
- c. you acknowledge that your personal data will be processed in accordance with our Privacy Policy, which is available on our website www.7im.co.uk;
- d. you confirm that, to the best of your knowledge and belief, the information, declarations and confirmations given by you in this form are true, accurate and complete;
- e. you will notify 7IM immediately in writing of any changes to the information provided and any other relevant information; and
- f. the signatory(ies) has/have the necessary authorisation to make these declarations and sign this form on behalf of the applicant.

Your signature(s) is required for the completion of this form	Your signature(s) is required for the completion of this form
Authorised Signatory:	Authorised Signatory:
Signed by (please PRINT name):	Signed by (please PRINT name):
Date:	Date:

By opening this account and signing here, the account owner:

- a. represents and warrants that he/she/it is not a U.S. Person, meaning a person who is in either of the following two categories: (a) a person included in the definition of "U.S. person" under Rule 902 of Regulation S under the U.S. Securities Act of 1933, as amended, or (b) a person excluded from the definition of a "Non-United States person" as used in CFTC Rule 4.7; and
- b. agrees to inform us if there are any changes in circumstances which would mean that this representation is no longer accurate, including if the account owner becomes a resident of the U.S.

Section 10 Identity Verification

Regulations require us to identify our clients. The information listed here are our minimum requirements, we may request further documentation.

- · Certified copy of the document evidencing formation of the trust / scheme e.g. Trust Deed or Will
- Extract from the trust registration Service (if applicable)
- Certified copies of any subsequent deeds of amendment which shows appointment of current trustees, removal of previous trustees (if applicable)
- · If there is a corporate trustee, an original / certified copy of list of authorised signatories
- Recent bank statement for the trust bank account (if available)

We will carry out an electronic check of the personal data you have provided for any individuals named on the application form including trustees, beneficiaries. Where we are unable to verify individuals electronically (e.g. non UK individuals), we will request one form of identification from each list below. We can only accept originals or certified copies. If you are unable to provide the standard documentation please contact us for further guidance.

List A:

Valid Personal Identification which incorporates your full name

Passport / national identity card

Photocard driving licence (full or provisional)

Firearms certificate / licence

Other government issued document

List B:

Address Verification (*issued within the last three months)

Old style full UK driving licence

Local authority issued letter / statement / bill*

Solicitor's letter*

Tax bill

Utility bill*

Bank / credit card statement*

State pension or other government issued document*