

Private Investors

Application Forms – Additional Permitted Subscription (APS)

The Application Forms contained in this application pack are designed for UK domiciled private investors wishing to use an APS Allowance following the death of an ISA investor.

This form is for anyone who:

1. wishes to subscribe to an Additional Permitted Subscription (“APS”); or
2. transfer their existing APS to Threadneedle Investment Services Limited from another ISA manager.

Additional Permitted Subscription Allowance

Your APS Allowance is the value of the ISA as at the date of death of the ISA investor and is over and above the personal annual ISA allowance that you have.

If you are transferring your APS Allowance from another ISA manager, please be aware that only the APS Allowance is capable of being transferred. The underlying assets held within the deceased’s ISA cannot be transferred.

Please note that transferring the APS Allowance is irreversible. We recommend that you speak with a financial adviser if you are unsure about your investment.

Once an APS Allowance has been transferred and a subscription has been made, any future subscriptions under that APS Allowance must be made to Threadneedle Investment Services Limited.

Which section is applicable to you?

All investors should complete the following:

- Section 1 (Investor details)
- Section 2
 - Part A: New subscriptions only
 - Part B: APS Allowance transfer
 - Part C: Your investment
- Section 3 (Your investment income)
- Section 6 (Declarations)

If you do not have a financial adviser, you must provide the information requested in section 4 (Client identification)

If you have a financial adviser, the financial adviser should complete section 5 (Financial advisers to complete)

Completing this form

Before completing this Application Form, please make sure you have read the current Key Investor Information Document (KIID) and/or non-UCITS retail scheme Key Investor Information Document (NURS-KII) for the Columbia Threadneedle Fund you are thinking of investing into.

Please note that you will need to complete a new Application Form if you are an existing investor but wish to invest in a different Columbia Threadneedle Fund to the Columbia Threadneedle Fund you are already invested in. However, if you are already a client of Columbia Threadneedle and you only wish to top-up your investment, you do not need to complete this Application Form, and you can invest further by contacting the Client Services Team, details of which are set out overleaf. In order to ensure that we have up-to-date information about you, you may be asked to reconfirm some of the information you have already provided to us.

Anti-money laundering and client identification

We have a legal obligation to help prevent money laundering and terrorist financing by conducting client identification and verification checks upon the creation of a new account for you and to ensure that the information we hold on file for you is up-to-date.

If you have a financial adviser, your verification checks can be conducted by them and they should then complete section 5 of this form before it is provided to us.

If you are applying directly without a financial adviser you will need to complete section 4 (Client identification) for yourself so we can complete the necessary checks.

Please note that if we do not have the correct documentation to identify you when you sell your shares or units, future withdrawals will not be released until you provide the appropriate information to us.

How to contact us

Our Client Services Team will assist you with the purchase, switch/conversion or sale of shares or units in Columbia Threadneedle Funds and general administrative queries about dealing.

Notices, letters or other documents you want to send to the Client Services Team must be sent to:

Postal address: Threadneedle Investment Services Limited, PO Box 10033, Chelmsford, Essex, CM99 2AL

Telephone (dealing & customer queries): 0800 953 0134

Email (enquiries): questions@service.columbiathreadneedle.com

Please note that calls may be recorded.

Please send your signed and completed APS Subscription Form and Eligibility Declaration together with client identification documents to us to the postal address set out above.

What to do if you have any questions

If you have any questions about the suitability of your investment, please speak to your financial adviser. Threadneedle Investment Services Limited does not give financial advice, but if you have any general queries about this Application Form, please call our Client Services Team on the free phone number: 0800 953 0134.

SECTION 1

INVESTOR DETAILS	
Please complete in BLOCK LETTERS in INK	
Personal details	
Title (Mr, Mrs, Miss, Other)*	
First name*	
Surname*	
Permanent residential address*	_____
Postcode*	
Telephone*	
Mobile	
Email address	
Date of birth*	dd / mm / yyyy
National Insurance Number*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Existing client reference	

*Please note that without this information we cannot process your application

DETAILS OF THE DECEASED	
Title (Mr, Mrs, Miss, Other)*	
First name*	
Surname*	
Last permanent residential address*	_____
Postcode*	
Date of birth*	dd / mm / yyyy
Date of death*	dd / mm / yyyy
National Insurance Number*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of your marriage/civil partnership with the deceased (civil partnership as defined by the Civil Partnership Act 2014)	dd / mm / yyyy
Deceased's existing ISA account number(s) with Threadneedle Investment Services Limited (if applicable)	

SECTION 2

Part A – New subscriptions only

I am applying to subscribe the following amount from my APS Allowance in respect of the deceased	
How much do you wish to invest in total?	£
How to invest	
Electronic payment You should make your payment to the following account: Client Money Receipts A/c: 16-50-50 – 53918127 Sort Codes: 30-16-35 (BACS and Cheque – Lloyds) 16-50-50 (TT/CHAPs – Natwest)	
Cheque You should make your cheque payable to Threadneedle Investment Services Limited. It must be drawn on your own (or a joint) personal bank account. We cannot accept cheques from any other person's bank account. If you wish to pay by banker's draft or building society cheque, please ask them to print your name on the back of the cheque.	

Part B – APS Allowance transfer

I wish to transfer my APS Allowance from another ISA manager	
Please complete the following details of the deceased's ISA Note that if the deceased had more than one ISA with this manager, their values will be combined to form one APS Allowance.	
ISA manager's name	
ISA Manager's address	
Postcode	
ISA account number(s)	
Once my APS Allowance has been transferred, I wish to subscribe the following amount from my APS Allowance:	£

Part C – Your investment

SUBSCRIPTION INFORMATION

Please fill in the table below to show the Columbia Threadneedle Funds you want to invest in and tell us how much you want to invest in each one.

Minimum investments apply to Columbia Threadneedle Funds. Please remember to check the Prospectus for details of minimum investments

Please see the relevant KIID/NURS-KII, Fund Fact Sheet or Prospectus for details, including lump sum minimum investment amounts, share/unit type availability and nominated share/unit classes for Columbia Threadneedle Funds.

If you are unsure about any of the features of the Columbia Threadneedle Funds (including the Share Class or type of Share), please speak to a financial adviser.

Please refer to the relevant Fund Fact Sheet or Prospectus for further details, including lump sum minimum investment amounts and share/unit type availability for Columbia Threadneedle Funds.

Please use another sheet of paper if you need more space to list your choice of funds. If you are unsure about which share classes are available, please contact our Client Services Team.

COLUMBIA THREADNEEDLE FUNDS

Name of Columbia Threadneedle Fund (please use separate sheet if required) (e.g. CT UK Equity Income Fund)*	Lump Sum Amount	Amount in Words**	ISIN (available in the KIID or NURS-KII)*	Type of Share e.g. income or accumulation*

*Mandatory fields for completion.

**Please ensure that you state currency in addition to amount.

SECTION 4

CLIENT IDENTIFICATION

We will require you to provide us with the documents below and send this with your completed form.

We have a legal obligation to help prevent money laundering and terrorist financing by conducting client identification and verification checks.

If you have a financial adviser, your verification checks can be conducted by them and they should then complete section 6 of this form before it is given to us.

If you are applying directly without a financial adviser, you will need to give us the following documents so that we can complete the necessary checks.

Please send your completed form and any relevant client identification documents to our Client Services Team.

ID	Address	Certification of documents
<ul style="list-style-type: none"> – Current signed passport – Current signed UK/EEA photo card driving licence (a counterpart driving licence is NOT an acceptable document for money laundering purposes) – Current full UK driving licence (old version) – State pension documentation, benefits book or original notification letter from the Benefits Agency confirming the right to benefits. (dated within the last 12 months) – EEA Member state identity card – Inland Revenue Notifications/letters (Tax Assessment, Notice of Coding or Statement of Account) – Not P45 or P60 (dated within the last 12 months) – Self-employed registration cards for construction industry (CIS3(partner), CIS4(P), CIS4(T), CIS5, CIS6) – Either Shotgun or Firearm certificate Residence permit issued by the Home Office to EU Nationals 	<ul style="list-style-type: none"> – Recent utility bill (not mobile phone bill). Must be dated within the last 3 months – Local authority tax bill, rent card or tenancy agreement (valid for current year) – Solicitor/Lawyer letter confirming a house purchase or land registry confirmation – Bank or credit card statement showing address within 3 months, not printed from the internet – State pension documentation, benefits book or original notification letter from the Benefits Agency confirming the right to benefits – Within 12 months – Where not used as proof for ID – Inland Revenue Notifications/letters (Tax Assessment, Notice of Coding or Statement of Account) dated within the last tax year – Not P45 or P60. Where not used as proof for ID – Recent mortgage statement 	<p>We can accept certification from the following list, where a non-family member:</p> <ul style="list-style-type: none"> – Bank or building society official – Accountant – Doctor – Local Government official/councillor – Dentist – Police officer – Teacher or lecturer – Solicitor/Barrister – Notary public/Public Officer – Embassy or Consulate official n – Directors of Limited companies n – Justice of the peace – MP – General/Colonel – Post Office Certification Service – Financial adviser or other agent

It is strongly suggested that you do not send the original items of valuable personal identity such as passports, driving licences or benefits books. Instead, please arrange for copy documents to be certified.

All certification must be clear and visible on the document, and wherever possible, should appear on the front page. Certification should clearly state the wording “certified a true copy of the original”.

The certifier must sign and print their name, including their designation and full address preferably with their contact number. The certifier must also add the date of their certification.

We will accept documents that have not been certified on every page, e.g. legal documents, providing it is clear and complete.

Bank Verification

We are able to pay redemption proceeds direct to your bank account upon receipt of correctly completed forms and satisfactory verification. Proceeds will be released 4 working days after the trade date. If you wish to have the proceeds paid by BACS, we require one of the following documentation:

- A voided cheque
- An original bank statement
- A giro or paying in slip for the bank account
- A letter from your bank confirming the bank details (must be dated within the last 3 months)

The documents must relate to the bank account that you wish to have the proceeds paid into, and must be your own bank account.

SECTION 5

FINANCIAL ADVISERS TO COMPLETE (applicable only if you have a financial adviser)											
Financial adviser details											
Adviser's name (firm name)											
Columbia Threadneedle Agent code (if known)											
FCA Number	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										

Client identification and account verification	
Type of Government-issued document (passport, driver licence):	
Reference/Serial number	
Issued by	
Date of issue	dd / mm / yyyy
Have you met the client in person? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of additional verification document (utility bill, credit card statement, bank statement):	
Reference/Serial number	
Issued by	
Date of issue	dd / mm / yyyy

Disclosure requirement	
Would you like us to provide product disclosure?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the client entitled to cancellation rights?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you like us to send a hard copy of the contract note?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Adviser signature block	
Date	dd / mm / yyyy

Please note that this form must be accompanied by a duly signed Eligibility Declaration and Authorisation

SECTION 6

By signing this Application Form, you will be agreeing to be bound by it, including the Terms and Conditions and the KIID/NURS-KII (as the case may be).

This Form will equally apply to any redemption or switching orders you place later on – please see the Terms and Conditions for more about redemption and switching.

Please check that the whole form is completed and any information we have requested has been provided. If you don't sign below, if the form is incomplete, or if UK money laundering regulations require us to obtain more information, your application may be delayed or rejected.

Key Investor Information Document (KIID)/non-UCITS retail scheme Key Investor Information Document (NURS-KII)

Before signing this form, you must carefully read the current KIID and/or NURS-KII (as the case may be) for the Columbia Threadneedle Funds you are investing in, as well as the Terms and Conditions attached to this form. Please also make sure you keep a copy of those documents and this Application Form (including the Terms and Conditions) for your records. If you don't understand any point please call our Client Services Team for further information.

General Declarations

I declare that:

- I am 18 years of age or over
- I have read the Terms and Conditions attached to this Application Form
- I have read the Target Market for the Columbia Threadneedle Fund I am investing in
- I have read the KIID/NURS-KII relevant to the Columbia Threadneedle Fund I am investing in
- The investments I am making using this Application Form belong to me and I agree to be bound by the terms of this Application Form and the Terms and Conditions
- I understand that Threadneedle Investment Services Limited may use an external agency to satisfy its UK money laundering requirements. The agency may record that an enquiry has been made
- I declare that the information provided on this Application Form is, to the best of my knowledge and belief, accurate and complete

Eligibility Declaration/Authorisation

This section must be completed to confirm that the investor is eligible to make an Additional Permitted Subscription to an ISA in respect of the deceased named on this application.

I declare that:

- I am the surviving spouse/civil partner (as defined in the Civil Partnership Act 2004) of the deceased
- I was living with the deceased within the meaning of Section 1011 of the Income Tax Act 2007 at the date of the deceased's death (we were not separated under a court order, under a deed of separation, or in circumstances where the marriage or civil partnership had broken down)
- The subscription is made under the provisions of regulation 5DDA of the ISA regulations (Additional Permitted Subscription)
- The subscription is being made within 3 years of the date of the deceased's death, or, if later, 180 days of the completion of the administration of the estate
- I am resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of Section 28 of Income Tax (Earnings & Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or the deceased performed such duties

I understand that once a subscription to an APS Allowance has been made, any future subscriptions under that APS Allowance MUST be made to this ISA manager and be accompanied by an APS Eligibility Declaration.

I authorize the existing ISA manager of the deceased as specified on this application to provide Threadneedle Investment Services Limited with any information, written or non-written, concerning the APS Allowance and ISA in respect of myself (the investor) and the deceased and to accept any instruction from Threadneedle Investment Services Limited relating to the APS Allowance being transferred.

Privacy

We are committed to maintaining the personal data that you provide to us in line with data protection and data privacy legislation. The Privacy Statement contained in our Terms and Conditions and our Privacy Notice gives more information about this and sets out the purposes for which your data may be used and your data subject rights.

We and other companies in our group may use your personal information to keep you informed about investment products and services that you be interested in from time to time.

Please select if you would like to receive marketing communications by

Telephone/SMS	YES/NO
Email	YES/NO
Post	YES/NO

You have the right to change your marketing preferences at any time, please refer to the "How to contact us" section of this Form.

Note also that telephone calls from or to us may be recorded for monitoring or training purposes.

Signature

	Signature	Name	Date
Applicant			dd / mm / yyyy

