

Third Party Donor Form

Columbia Threadneedle Savings Plans

Please use this form to make contributions into, or pay regular account fees for, an account held in someone else's name.

You can use this form:

- To accompany a completed application form for a new account.
- To accompany a completed top-up form to add a lump sum or Direct Debit to existing account

In order to comply with UK money laundering legislation, we are required to verify the identities of any persons that make contributions where applicable. We will attempt to do this electronically. If the electronic check is unsuccessful we will need to return the payment together with a request for documentary evidence of identity.

Please complete this form in block capitals and black ink.

Please email our Investor Services Team at investor.enquiries@columbiathreadneedle.com or call 0345 600 3030 if you have any queries.

Please return this form, with the relevant application/top up-form, to:

Columbia Threadneedle Investments
PO Box 11114
Chelmsford
CM99 2DG

21DLU/1
07/22

Part 1 Details of account holder

Please ensure you supply all information requested below. Without the full information the account may be restricted – all fields marked with an * are required.

Title (Mr/Mrs/Miss/Ms/Other)* First name(s) in full* Surname*

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Permanent residential address (including postcode)*

<input type="text"/>
<input type="text"/>

Country Date of birth* National Insurance number*

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Telephone Email address Nationality*

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Providing your telephone number will help us contact you quickly if there are any queries with this form.

Part 2 Details of person making contribution

Please ensure you supply all information requested below – all fields marked with an * are required.

Title (Mr/Mrs/Miss/Ms/Other)* First name(s) in full* Surname*

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Permanent residential address (including postcode)*

<input type="text"/>
<input type="text"/>

Country Date of birth* National Insurance number*

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Telephone Email address Nationality*

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Providing your telephone number will help us contact you quickly if there are any queries with this form.

Data Protection

All personal information submitted with this application form will be treated in accordance with Columbia Threadneedle Management Limited's Privacy Policy, which is available at: ctinvest.co.uk/privacy. This privacy policy includes full details about the type of information we collect, what we use this information for, and your related rights.

In addition, the Key Features and Terms & Conditions document for the selected account contains a summary of the key information about how we process your personal information. Should you have any questions regarding how we process your personal information key contact information can be found both in the Privacy Policy and the Terms & Conditions document.

Marketing

We would like to provide you with details of financial services and products that we offer which we think you might find interesting. **If you would NOT like to receive such information, please tick this box** . If at any time you change your mind, please let us know by emailing us at preferences@columbiathreadneedle.com.

Part 3 Details of account holder receiving contribution

I wish to make contribution(s) on behalf of

Relationship of donor to account holder

Account number (if existing account holder)

Part 4 Declaration and signature

I understand that this payment belongs to the account holder and I have no future claim over the investment. I understand that routine correspondence regarding this plan will be sent to the account holder and only the account holder(s) can make changes to the account. I cannot receive information regarding this investment without the written authority of the account holder.

Signature of person making contribution

Date



Columbia Threadneedle Management Limited

0345 600 3030, 9.00am - 5.00pm, weekdays, calls may be recorded or monitored for training and quality purposes.