

# Foresight Accelerated Inheritance Tax Solution

Application Form

In connection with the Investor Guide dated 26 July 2024



# Important

Before completing this Application Form, please carefully read the Investor Guide and Customer Agreement dated 26 July 2024 in relation to the Foresight Accelerated Inheritance Tax Solution (Foresight Accelerated ITS) and seek independent advice. Definitions used in the Investor Guide and Customer Agreement apply herein.

## Who should use this Application Form?

This Application Form is only to be used in connection with an application to invest in the Foresight Accelerated ITS pursuant to the Investor Guide and Customer Agreement dated 26 July 2024.

This Application Form is only suitable for, and should only be distributed to, the same category of investors as those for which the Investor Guide and Customer Agreement is suitable.

## Who can apply?

You should only apply if you meet the eligibility criteria for the Foresight Accelerated ITS and the relevant Insurance Cover and where your authorised financial adviser has certified that:

- participation in the Foresight Accelerated ITS meets your objectives;
- you have the expertise, experience and knowledge to understand the risks; and
- you are able to bear the associated risk involved in participating in the Foresight Accelerated ITS.

## Financial advice, assessment and customer due diligence procedures

You must arrange for an authorised financial adviser authorised by the FCA to carry out:

- a suitability assessment in accordance with COBS 9 to ensure that you have the requisite knowledge and experience to participate in the Foresight Accelerated ITS, and that it meets, and is suitable for, your needs in light of your financial situation and investment objectives; and
- the customer due diligence procedures required by the Money Laundering Regulations. Your authorised financial adviser must complete the Adviser Certificate in Section 9 in confirmation of the above points.

## Applications not accepted

If any application is not accepted, application monies will be returned to the applicant(s), without interest, and less any charges incurred prior to, or in connection with, returning such monies.

## Share allotment period

In the event that, owing to any delay in the application process, shares are not acquired **within two months of the date on the Application Form**, we may require you to re-sign and date the Application Form accordingly.

Please note that the number of shares acquired in investee companies from your subscription monies (net of initial fees) will be rounded down to the nearest whole number of shares. This may mean that there is a nominal excess which will not be reflected in the value of your investment and which will not be refunded. The actual price paid for the number of shares capable of being acquired will be your 'Net Investment Amount'. The insurance cover will apply to your Net Investment Amount.

# Important continued

## Applications Checklist

The below sections are mandatory.  
Any incomplete applications may cause delays to your investment.

### Section 1

All fields marked with an asterisk must be completed.

### Section 2

Correspondence preference must be selected.

### Section 3

Your total subscription amount and source of wealth.

Confirmation that you have transferred funds from a bank account or enclosed a cheque.

Please do not post your cheque until funds are available on account.

### Section 4

Each applicant must select which Insurance Category applies to them.

### Section 5

All relevant boxes within the declaration to be ticked.

### Section 6

Details for at least one Beneficiary must be provided and declaration boxes must be ticked.

### Section 7

Only to be completed if you have agreed an upfront or ongoing fee with your financial adviser for any advice they have given.

### Section 8

Signed and dated by the applicant(s) in person and not by an attorney on their behalf.

### Section 9

To be completed and signed by your authorised financial adviser.

You will find these useful icons throughout the document to help you complete the form:



Declaration



Useful information



Please note



All fields marked with \* are mandatory and must be completed (for applicant 2 only where applicants are joint investors). We regret that we will not be able to accept applications missing these details.

Please note that the Application Form and application monies should be sent to Woodside Corporate Services Limited, being the appointed receiving agent in respect of applications pursuant to the Foresight Accelerated ITS Investor Guide and Customer Agreement dated 26 July 2024.

## Section 1: Applicants

## Applicant 1:

\*Title: \_\_\_\_\_

\*Forename(s): \_\_\_\_\_

\*Surname: \_\_\_\_\_

\*Residential address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Postcode: \_\_\_\_\_

\*Previous address *(if moved in the last three years)*: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Previous postcode: \_\_\_\_\_

Occupation (or previous occupation, if retired): \_\_\_\_\_  
 \_\_\_\_\_

☐ I am an existing investor with Foresight Group

\*Date of birth (DD-MM-YY): \_\_\_\_\_

\*National Insurance no: \_\_\_\_\_

Email: \_\_\_\_\_

Tel no: \_\_\_\_\_

\*Nationality: \_\_\_\_\_

\*Country of birth: \_\_\_\_\_

Correspondence address  
*(if different from residential address)*: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postcode: \_\_\_\_\_

☐ Please tick this box if you are a US citizen

Where applicable, please provide confirmation of any non-UK jurisdictions in which you are resident for tax purposes, along with your corresponding tax payer identification number (TIN) or equivalent:

Country: \_\_\_\_\_

TIN/Equivalent: \_\_\_\_\_

Country: \_\_\_\_\_

TIN/Equivalent: \_\_\_\_\_

Please note that we cannot accept joint applications for Single Life Cover. Joint applications will only be accepted for Joint Life Second Death Cover.

## Section 1: Applicants continued

## Applicant 2 (Joint Life Second Death Cover only):

\*Title:

\*Forename(s):

\*Surname:

\*Residential address:

\*Postcode:

\*Previous address (if moved in the last three years):

\*Previous postcode:

Occupation (or previous occupation, if retired):

☐ I am an existing investor with Foresight Group

\*Date of birth (DD-MM-YY):

\*National Insurance no:

Email:

Tel no:

\*Nationality:

\*Country of birth:

☐ Please tick this box if you are a US citizen

Where applicable, please provide confirmation of any non-UK jurisdictions in which you are resident for tax purposes, along with your corresponding tax payer identification number (TIN) or equivalent:

Country:

TIN/Equivalent:

Country:

TIN/Equivalent:



The Foresight Accelerated ITS is only suitable for individuals and, in respect of joint applications, joint investors who will benefit from Interspousal Transfer Relief. Joint applications must be for Joint Life Second Death Cover and are restricted to two individuals. Foresight, the Promoter and the Receiving Agent may (if necessary) disclose information to HMRC or other tax authorities in order to satisfy its FATCA and/or CRS obligations. Foresight and the Receiving Agent will also undertake any electronic searches necessary for the purpose of verifying an applicant's identity and/or any personal information supplied.

## Section 2: Correspondence (please tick one only)

☐ **Email\***

(I would like to receive paperless copies)

or

☐ **Post**

(I would like to receive paper copies)

or

☐ **Adviser only**

(Copies will be sent to your adviser via email and they will be responsible for updating you)

\* If selecting email please ensure that your email address is included in Section 1.



**Please note:** Regardless of your selection above, electronic copies of all correspondence relating to your investment will be automatically sent to your authorised financial adviser, typically 48 hours prior to being issued.



If a preference is not selected we will automatically send correspondence via email.

**Designated Contact**

If you would like to add a Designated Contact to your account who can obtain information about your holding on your behalf (other than your authorised financial adviser), please complete their details below:

Full name:

Relationship:

Residential address:

Postcode:

Date of birth (DD-MM-YY):

Email:

Tel no:

Designated Contact Signature:



**Please note:** Completion of this section allows a Designated Contact to obtain information only about your shareholding on request. Regular reports and communications will not be automatically sent to this contact. No changes can be made to the account nor monies withdrawn by the Designated Contact.

**Additional Customer Support**

Ensuring a positive experience for retail customers, including those whose personal circumstances might require additional support is of the upmost importance to Foresight. Our overall goal is to ensure good customer outcomes at all stages in the customer journey.

Foresight has, therefore, established processes in a way that supports and enables retail customers with additional needs related to their health, age, disability or other circumstances to disclose their needs.

Our people have been provided with training on identifying, understanding and supporting our retail customers where additional support might be required.

**Speak to us**

Please contact the Investor Relations Team if you have additional support needs, such as requesting documentation in a larger font or a preferred communication method or any other support need. Alternatively, please detail any additional support needs below:

## Section 3: Your investment


\*I/We would like to invest £ \_\_\_\_\_

(including any adviser charges detailed in Section 7)



The minimum investment (individual or joint) you can make is £25,000 and the maximum investment is £1 million under Single Life Cover (individual investors) and £2 million under Joint Life Second Death Cover (joint investors). The number of shares acquired from your subscription monies (net of initial fees) will be rounded down to the nearest whole number. Your 'Net Investment Amount' will be the actual price paid for the number of shares based on the price per share on acquisition.

\*How would you like to make your investment?

 Bank transfers should be paid to:

Sort code: 80 – 20 – 00

A/c no: 10393164

A/c name: WCSL FORESIGHT AITS CLIENT ACC

Bank: Bank of Scotland

SWIFT: BOFSGB21

IBAN: GB42 BOFS 8020 0010 3931 64

Reference: Your surname, initials and postcode

Please note that the named account holder is Woodside Corporate Services Limited

☐ I/We have transferred funds from a bank account in my/our name into the above bank account

☐ I/We enclose a cheque or banker's draft drawn on a UK clearing bank or building society in my/our own name(s), made payable to "WCSL FORESIGHT AITS CLIENT ACC"

Please do not post your cheque until funds are available on account.

\*What is the source of your funds?

Please tell us how you acquired the money that you plan to invest, select all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Earned income**                                 | <input type="checkbox"/> Investment proceeds   |
| <input type="checkbox"/> Inheritance                                     | <input type="checkbox"/> Sale of property      |
| <input type="checkbox"/> Gifts***  | <input type="checkbox"/> Pension tax free cash |
| <input type="checkbox"/> Exit proceeds from another Foresight investment |  |
| <input type="checkbox"/> Other - please specify _____                    |  |

\*\* Where you have ticked this box, please provide details of your occupation/industry in the designated space below.

\*\*\* Where you have ticked this box, please provide an explanation of who has provided the gift, and why, in the designated space below.

Occupation/industry: \_\_\_\_\_



Details of gift: \_\_\_\_\_



## Section 4: Insurance

Please carefully read the Investor Guide and Customer Agreement dated 26 July 2024 (in particular the eligibility criteria and exclusions in respect of the Insurance Cover and Insurance Categories set out on pages 15 to 20 of the Investor Guide and clause 20 of the Customer Agreement) before completing the following section.

Each applicant should tick only one box.

	*Applicant 1	*Applicant 2 (Joint Life Second Death Cover Only)
 <b>Category A</b> <b>Aged between 62 and 85 (inclusive):</b> <ul style="list-style-type: none"> <li>• <b>Single Life Cover:</b> provides protection resulting from death by any cause after 90 days and Accidental Death during the first 90 days.</li> <li>• <b>Joint Life Second Death Cover:</b> provides immediate protection resulting from death by any cause.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
 <b>Category B</b> <b>Aged between 86 and 89 (inclusive):</b> <ul style="list-style-type: none"> <li>• <b>Single Life Cover:</b> provides protection resulting from death by any cause after 180 days and Accidental Death during the first 180 days.</li> <li>• <b>Joint Life Second Death Cover:</b> provides protection resulting from death by any cause after 100 days and Accidental Death during the first 100 days.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>



#### Joint Life Second Death Cover only

If one or both of you is a Category B investor and, in the event such Category B Investor is the first to die and dies within the first 100 days, would you (as joint investors) like the surviving investor to automatically benefit from Single Life Cover (see page 20 of the Investor Guide and clause 6.4 of the Customer Agreement)?

☐ Yes

☐ No



## Section 5: Insurance – Eligibility

Please carefully read the Investor Guide and Customer Agreement (in particular the eligibility criteria and exclusions set out on pages 15 to 20 of the Investor Guide and clause 20 of the Customer Agreement, and the declaration set out on page 19 of the Investor Guide and clause 20.3.2 of the Customer Agreement) before completing the following declarations.

All boxes in this section must be ticked by you for the application to be accepted.



I confirm that, as at the date this Application Form is completed and signed in Section 8 below:

	*Applicant 1	*Applicant 2 (Joint Life Second Death Cover Only)
I am an individual aged within the relevant age criteria for the Insurance Category applicable to me (see page 16 of the Investor Guide and clause 20.3.1 of the Customer Agreement for full details).	<input type="checkbox"/>	<input type="checkbox"/>
To the best of my knowledge I am not suffering from a Terminal Illness (see page 19 of the Investor Guide and clause 20.3.2 of the Customer Agreement for full details). If you are unsure about having a diagnosed Terminal Illness, it is advised that you engage with your attending consultant prior to providing this declaration.	<input type="checkbox"/>	<input type="checkbox"/>
By signing this declaration I hereby give consent upon my death to the release of my medical records, including any post-mortem examination as may be necessary to enable the Insurer and its reinsurers to adjudicate any claim thereunder as is required.	<input type="checkbox"/>	<input type="checkbox"/>

## Section 6: Insurance – Declaration of trust

Please tick the following box(es) to confirm your agreement to the below declarations and confirm your beneficiaries below:

\*Applicant 1

☐

\*Applicant 2 (*Joint Life Second Death Cover only*)

☐


### Declaration of trust

By signing this Application Form, I, with effect from the date upon which an investment is acquired for my Portfolio, hereby automatically assign my beneficial interest in the Insurance Policy to Foresight as trustee according to the terms of the settlement detailed in Schedule 2 of the Customer Agreement and acknowledge that Foresight accepts the role of trustee of that settlement on the terms and conditions detailed in Schedule 2 of the Customer Agreement.



### Expression of wishes

In this expression of wishes, I desire to make known to Foresight (as trustee of the Settlement) my wishes about whom I would like Foresight to consider should benefit from the Settlement. I understand that this expression of wishes is not binding on Foresight and Foresight will still have the freedom to decide who amongst the class of my Beneficiaries is to benefit from the Settlement.



Beneficiaries must be aged 18 or over.



Please only provide details of beneficiaries that you would like Foresight to consider should benefit from the proceeds of the Insurance Policy. **Your application will not be accepted** until this section is complete. The investments you hold through the Foresight Accelerated ITS at the time of your death will be subject to separate instructions given to us by the personal representatives of your estate.

### Beneficiary 1

\*Title:  \*Forename(s):

\*Surname:

\*Address:

\*Postcode:

\*Email:

\*Date of birth (DD-MM-YY):

### Beneficiary 2 (*if applicable*)

\*Title:  \*Forename(s):

\*Surname:

\*Address:

\*Postcode:

\*Email:

\*Date of birth (DD-MM-YY):




**If you require more sections please provide these on a copy of this page.**


Foresight will contact the Beneficiaries listed above to arrange payment if and when applicable.

Section 7: Adviser charges (if applicable)


This section is for you to complete the details of any charges that you have agreed with your authorised financial adviser that you wish Foresight to facilitate. The charging of VAT on an adviser charge is the sole responsibility of the authorised financial adviser. Please provide the total amount/ percentage inclusive of VAT below.

 For financial advisers taking a fee, please complete Section 9

Upfront charges	Fixed amount £	or percentage	%
	<hr/>	<hr/>	

 If you request that we facilitate upfront charges on a percentage basis, these will be calculated as a percentage of the amount you would like to invest (as stated at the start of Section 3).

Ongoing charges	Fixed amount £	or percentage	%
	<hr/>	<hr/>	

 If you request that we facilitate ongoing charges on a percentage basis, these will be calculated as a percentage of the value of your Portfolio when calculated. Ongoing adviser charges will be facilitated through partial withdrawals and, unless otherwise requested, will be rounded down to the amount capable of being realised through the disposal of the nearest whole number of shares within your holding. Ongoing charges will commence from the quarter following the date on which your shares are allotted.

## Section 8: Signatures and acknowledgements

Once you have completed the previous sections, read the below carefully and sign as the person(s) listed in Section 1.



By signing and submitting this form, I/we hereby irrevocably declare that I/we:

- (i) wish to subscribe the amount shown in Section 3 in the Foresight Accelerated ITS;
- (ii) have read and understood the Investor Guide and Customer Agreement dated 26 July 2024, in particular, the risk factors set out in it;
- (iii) have read and understood the investment objectives of the Foresight Accelerated ITS;
- (iv) am/are applying on my/our own behalf;
- (v) am/are (if I/we have completed Section 7) declaring and validating to Foresight and the Receiving Agent the amount of the facilitation charge(s) specified therein and am/are agreeing to the making of facilitation payments of that amount;
- (vi) acknowledge that the amount set aside from my/our subscription in connection with initial product and adviser charges will not be invested in the Foresight Accelerated ITS and will not subsequently benefit from Business Relief (BR), and that all indications of possible returns stated in the Investor Guide are based on amounts invested in the Foresight Accelerated ITS after setting aside any such fees;
- (vii) give the declarations set out in Sections 5 and 6; and
- (viii) confirm that the particulars I/we have given are correct.



It is a condition of the insurance policy that each applicant must sign and date the Application Form personally. If the Application Form is signed and/or dated by anyone other than the applicant(s) the Application Form will have to be returned to be resigned and dated which will delay the processing of the Application Form and allotment of shares. Application Forms signed using a Power of Attorney will not be accepted.

\*Signature of Applicant 1

\*Applicant 1's Date: **MUST BE DATED BY APPLICANT 1**

\*Signature of Applicant 2 (Joint life second death cover only)

\*Applicant 2's Date: **MUST BE DATED BY APPLICANT 2**



**Each applicant must date their signature personally.**

Foresight and the Receiving Agent respect your privacy and are committed to protecting your personal information. If you would like to find out more about how Foresight and the Receiving Agent use and look after your personal information, please refer to their respective privacy notices, which can be found at [www.foresight.group/privacy-policy](http://www.foresight.group/privacy-policy) and [www.woodsidecorporateservices.co.uk/WCSL\\_Privacy-Policy.pdf](http://www.woodsidecorporateservices.co.uk/WCSL_Privacy-Policy.pdf)

## Section 9: Adviser details and certificate



This section is to be completed by your authorised financial adviser.

\*Firm name:

Directly authorised by FCA ☐

\*Firm FCA Reference Number (FRN):

Or Authorised by network ☐

Name of network:

\*Adviser email:

#### Bank account details for adviser charges (if applicable)

Please provide details of the bank account you would like us to pay adviser charges (if relevant) into:

Account name:

Bank/building society:

Sort code:

   -    -  

Account number:

Email(s) for confirmation of ongoing adviser charges\*\*:

\*\* Please note that commission statements for initial adviser fees will be emailed to this email address.

#### Adviser details

\*Title:

\*Forename(s):

\*Surname:

\*Individual FCA Reference Number (FRN):

\*Network partner ref. no:

\*Admin/Paraplanner contact name:

\*Firm address for correspondence:

Tel no:

AOR reference (if applicable):

\*Postcode:

Admin/Paraplanner email:



#### Special Instructions/Notes

If you have any special instructions/notes, please provide them in a covering letter with this Application Form.

We certify to FORESIGHT GROUP LLP and WOODSIDE CORPORATE SERVICES LIMITED as follows in relation to the applicant(s) set out in this Application Form:

1. We confirm that we have applied customer due diligence measures on a risk-sensitive basis in respect of the applicant(s) to the standard required by the Money Laundering Regulations and that in the event that Foresight, the Promoter and/or the Receiving Agent require additional information in order to accept the subscription, we will provide it to them within two business days of receiving their request or, if we don't have the information required, arrange for the information to be provided to them as soon as possible thereafter.
2. We further confirm that, where we have provided advice to the applicant(s) in connection with an investment in the Foresight Accelerated ITS, such investment (and the insurance element) is considered to be a suitable investment for the applicant(s) in their current circumstances.
3. We confirm that the investor is making an application under the Foresight Accelerated ITS for the primary purpose of an Investment and/or BR and not primarily as a means of accessing the insurance element.
4. We confirm that we have complied, where applicable, with the FCA's rules pertaining to the communicating and approving of financial promotions for high-risk investments.

## Section 9: Adviser details and certificate continued



By signing and submitting this Application Form:

- (i) we confirm that our details included in this Application Form are true and accurate;
- (ii) we make the above confirmations regarding customer due diligence, suitability of the investment and motive of the applicant(s);
- (iii) we confirm our acceptance of the Foresight Group's Terms and Conditions for Financial Intermediaries (which can be accessed at <https://www.foresight.group/financial-intermediary>);
- (iv) we undertake to notify Foresight and/or the Promoter forthwith if any changes to our details provided above and/or if an applicant ceases to be our client in respect of his or her investment in the Foresight Accelerated ITS; and
- (v) the individual who has signed the form confirms that they have the authority to sign this declaration on behalf of the authorised financial adviser detailed in Section 9.

\*Adviser Signature:

\*Date:

Foresight and the Receiving Agent respect your privacy and are committed to protecting your personal information. If you would like to find out more about how Foresight and the Receiving Agent use and look after your personal information, please refer to their respective privacy notices, which can be found at [www.foresight.group/privacy-policy](http://www.foresight.group/privacy-policy) and [www.woodsidecorporateservices.co.uk/WCSL\\_Privacy-Policy.pdf](http://www.woodsidecorporateservices.co.uk/WCSL_Privacy-Policy.pdf).

# What Happens Next?

Before you submit this application, please make sure:

- You have read the Investor Guide and Customer Agreement dated 26 July 2024 in full
- You have completed all parts of the Application Form
- You have signed and dated the Application Form (Section 8)
- Your authorised financial adviser has completed, signed and dated the Adviser Certificate (Section 9)
- You have arranged electronic payment or you have provided a cheque or banker's draft (attached to this Application Form if sending by post or delivering by hand, or separately if this Application Form is submitted electronically)

Please send completed Application Forms (and/or, as relevant, cheques/banker's drafts) to:

Woodside Corporate Services Limited, First Floor,  
12-14 Mason's Avenue, London EC2V 5BT.

Application Forms may also be submitted electronically to:

[applications@foresightgroup.eu](mailto:applications@foresightgroup.eu)

Please include your surname, initials and postcode on the back of your cheque/banker's draft as a reference.

Once we have received a completed Application Form, funds and all internal checks have been conducted, we will send you an acknowledgment letter and cancellation notice (if applicable).

Your funds will be invested after the two-week cancellation period following acceptance.

You will receive confirmation when your investment has been made.

Reporting for the six-month period to the end of September and the 12-month period to the end of December will be sent to you in December and June, respectively.

## Have a question?

We would always recommend speaking to an authorised financial adviser before making any investment decision. Foresight is not able to provide advice about whether this investment opportunity is suitable for you. However, if you have any questions about the Foresight Accelerated Inheritance Tax Solution, or how to complete this Application Form, we'd be happy to help. Please contact us by phone or email.



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