

Application Form

PUMA HERITAGE
ESTATE PLANNING
SERVICE



**PUMA
INVESTMENTS**

Completing your application in three simple steps

Please note that the words and expressions used in this form have the same meanings given to them in the document titled Puma Heritage Estate Planning Service Investor Agreement.

1 Before completing the Application Form

Suitability

You can only invest in the Puma Heritage Estate Planning Service (the “Service”) through a Financial Adviser who has assessed that an investment in the Service is suitable for you, that you have the expertise, experience and knowledge to understand the risks, and that you are able to bear the associated risks involved in such an investment.

Documents you must read

Before you can apply for the Puma Heritage Estate Planning Service you must read the following documents:

- Investor Agreement, including the section entitled Custodian Terms; and
- Investment Overview.

Applications under a Power of Attorney (POA)

Representatives such as those with POA, should complete the Application Form with details of the Applicant.

If you are acting as Attorney, you have:

- Enclosed either the original, a wet-ink certified copy or a scanned certified copy.

Certification requirements:

1. a statement that this is a true copy of the original;

2. the certifier’s details (such as name, address, occupation and professional body membership number); and

3. the certifier’s signature and the signature date.

- Signed Section 1(l) on behalf of the Applicant.

Verification of identity

In all cases, we will endeavour to confirm the identity of Applicants using an electronic verification system. Therefore, you do not need to send us identity documentation with your application. If the electronic verification checks are not successful, we will ask you to provide two pieces of identity documentation:

1. Certified copy of one government-issued, photo ID document to evidence your identity – such as driving licence or passport (documents must be valid and in date); and
2. Certified evidence of your address such as a utility bill or bank statement (documents must be dated within the last three months).

The name and address detailed on the verification documents must be the same as the name and address provided on your Application Form. They will need to be certified as true copies of the originals by a doctor, accountant, solicitor or Financial Adviser.



We are here to help

We recommend you speak to a Financial Adviser in the first instance, as we cannot offer investment or tax advice.

If you have any questions regarding completing the Application Form, please

call us on **020 7408 4077**

email **clientonboarding@pumainvestments.co.uk**
or visit **www.pumainvestments.co.uk**

2 Complete the form

Section 1

PERSONAL DETAILS, APPLICANT'S INVESTMENT AND APPLICANT'S DECLARATION

All Applicants should complete Section 1 in full.

Section 2

OPTIONAL LIFE PROTECTION

All Applicants who wish to have the benefit of Life Protection should complete Section 2 in full.

For more information please read pages 34-35 of the Investment Overview, and the entire Investor Agreement.

Section 3

FINANCIAL ADVISER SECTION

Your Financial Adviser should complete Section 3 in full.

3 Return the form and arrange payment

You or your Financial Adviser should return the completed Application Form:

By email

clientonboarding@pumainvestments.co.uk

By post

Puma Investments
Attn: Client Onboarding
Cassini House
57 St James's Street
London SW1A 1LD

You will receive an acknowledgment of receipt of your application from Puma Investments.

You can pay the amount to be invested as follows:

By cheque

You should send a cheque(s) or duly endorsed banker's draft(s) drawn on a UK clearing bank made payable to "**Pershing Securities Ltd. Client Hub Account**".

By bank transfer

Account details are available from Puma Investments following acceptance of your application. You will be provided with a unique reference number, which should be quoted when instructing the payment.

SECTION 1 (A) – APPLICANT'S PERSONAL DETAILS

Applicant 1

Title (Mr/Mrs/Miss/Ms/Other)	
First name(s)	
Middle name(s)	
Last name	
Date of birth	
Country of birth	
Nationality	
National Insurance Number	
Permanent address	
	Postcode
Mailing address (if different from above)	
	Postcode
Email	
Telephone (home)	Telephone (mobile)

Applicant 2 (if applicable)

Title (Mr/Mrs/Miss/Ms/Other)	
First name(s)	
Middle name(s)	
Last name	
Date of birth	
Country of birth	
Nationality	
National Insurance Number	
Permanent address	
	Postcode
Mailing address (if different from above)	
	Postcode
Email	
Telephone (home)	Telephone (mobile)

Communication preferences

To reduce waste and help cut costs, we recommend investors receive communications by email. If you do not actively select electronic or hard copy post communications, we will send you hard copies of documents by post. If you have selected electronic communication, please ensure an email address is included under Applicant Personal Details.

☐ Electronic communication ☐ Hard copy communication

You can update your communication preference at any time by calling 020 7408 4100 or emailing clientrelations@pumainvestments.co.uk

Data protection

Puma Investments is the data controller and will process your personal data. We will not share your details with any third parties other than for the purposes described in the Investor Agreement. We would like to keep you informed of other similar Puma Investments product offerings and services that we think will be of interest to you. Please indicate if you do not want to receive these offers by any of the below channels.

☐ Opt out of post ☐ Opt out of email ☐ Opt out of phone ☐ Opt out of all

You can update your marketing preferences at any time by calling 020 7408 4100 or emailing clientrelations@pumainvestments.co.uk

Power of Attorney

Is there a registered Power of Attorney (POA) in place for this application?

☐ Yes ☐ No (please proceed to Section 1(B))

If you are acting as Attorney, please include either the original, a wet-ink certified copy or a scanned certified copy of the full POA document. Certification must include a statement that this is a true copy of the original, the certifier's details (such as name, address, occupation and professional body membership number), the certifier's signature, and the signature date. In all cases the Manager will need to verify the identity of all Attorneys and will run electronic searches to do so.

Attorney title (Mr/Mrs/Miss/Ms/Other)		
First name(s)		
Last name		
Date of birth		
Address		
	Postcode	
Email		
Telephone (home)	Telephone (mobile)	

Should investment correspondence be directed to the Attorney? Please note, selecting "Yes" will override the mailing address under Applicant's Personal Details.

☐ Yes ☐ No

SECTION 1 (B) – TAX RESIDENCY

Please indicate all countries in which you are a tax resident.

Country of tax residency	
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If you are solely a UK tax resident, you should leave the following space blank and continue to Section 1(C).
If you are a tax resident of another country, this will be the number assigned to you by that country's tax authority.

Tax Identification Number(s) (TIN)	
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SECTION 1 (C) – APPLICANT'S SUBSCRIPTION

Please indicate the amount you would like to invest.
There is no maximum limit on the size of your subscription.
The minimum investment amount is £25,000.

£

It is our duty to request the following information in relation to your subscription as part of anti-money legislation:

Occupation/industry:

Source of funds: please tell us how you acquired the money that you intend to invest, selecting all that apply:

☐ Salary or wages

☐ Inheritance

☐ Property sale

☐ Investment proceeds

☐ Other asset sale (please specify):

☐ Gift (please specify who provided the gift and why):

☐ Other (please specify):

SECTION 1 (D) – ADVISER CHARGE

Do you wish Puma Investments to facilitate payment to your Financial Adviser of an Adviser Charge, as indicated by your Financial Adviser in Section 3(C)? Tick as appropriate.

☐ Yes

☐ No

SECTION 1 (E) – OPTIONAL LIFE PROTECTION

Do you wish for the benefit of the Life Protection to form part of the Service? Tick as appropriate.
(Please read the Investor Agreement for guidance on eligibility and restrictions).

☐ Yes ☐ No

For Joint Applicants, do you wish for the benefit of the Joint Life Second Death Cover to form part of the Service? Tick as appropriate. (Please read the Investor Agreement for guidance on eligibility and restrictions).

☐ Yes ☐ No

SECTION 1 (F) – REGULAR WITHDRAWALS

Would you like to take a regular withdrawal from your portfolio?

☐ No (please proceed to Section 1(H))

☐ Yes Please specify a fixed amount: £

Reason for regular withdrawals:

Please note, instructions given here will override any existing arrangement you may have.
If you would like your existing arrangement to remain, leave the rest of Section 1(G) blank.

How often would you like the above amount paid?

☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Annual payments are made every April, semi-annual payments are made every April and October,
and quarterly payments are made every January, April, July and October.

SECTION 1 (G) – APPLICANT'S BANK ACCOUNT DETAILS

For receipt of regular withdrawals from the Puma Heritage Estate Planning Service.

Account name			
Account number			Sort code
Bank or Building Society name			

SECTION 1 (H) – APPLICANT'S PERSONAL CIRCUMSTANCES

If relevant, please provide any information regarding your personal circumstances which may enable Puma Investments to better serve you in regard to this investment. Circumstances may include vision or hearing impairment, poor health (both physical and mental), bereavement, neurodiversity, limited digital literacy, low financial resilience or capability. Please notify Puma Investments if your circumstances change.

SECTION 1 (1) – APPLICANT’S DECLARATION

To be completed by the Applicant(s) named in Section 1.

Representative(s) (if applicable) should sign on behalf of the Applicant.

By signing this Application Form, **I HEREBY CONFIRM THAT:**

1. I have received, read and understood the Investor Agreement (including the Custodian Terms and the Puma Heritage Estate Planning Service Investment Overview (in particular the section headed “Risk factors”)).
2. I have read Puma Investments’ Privacy Statement (available at www.pumainvestments.co.uk) and the relevant clause within the Investor Agreement and understand the purposes for which my personal data will be used.
3. I agree to be bound by the Investor Agreement, the Investment Overview, the Custodian Terms and the representations and declarations given by me and my financial adviser in this Application Form.
4. I consent to the Manager entering into the Custodian Agreement with the Custodian, on my behalf, acting as my agent.
5. I acknowledge that my Investments will be registered in the name of the Custodian’s Nominee but will be held on trust by the Nominee and I will remain beneficial owner of the Investments.
6. The information contained in this Application Form relating to me is true and accurate as at the date of signing this Application Form. I agree to notify the Manager promptly of any change in my circumstances which may affect this information.
7. I authorise the Manager and/or the Custodian to carry out their respective roles in providing the Puma Heritage Estate Planning Service to me on the basis set out in the Investor Agreement.
8. I consent to the Manager’s and the Custodian’s execution policies (respectively).
9. I consent to the Manager and the Custodian providing by electronic means information that both are obliged to send.
10. Unless separately agreed with the Manager, distributed income from Investments shall be reinvested in my Portfolio.
11. I have received advice from a Financial Adviser as to the suitability of the Puma Heritage Estate Planning Service and will continue to receive such advice on an ongoing basis until I notify the Manager otherwise.
12. I have not received investment, insurance or tax advice from the Manager or the Custodian and I understand that such advice cannot be provided by the Manager or the Custodian.
13. I am suitably knowledgeable about the risks associated with Non-Readily Realisable Investments.
14. I consent to the Manager facilitating the payment to the financial adviser (named in Section 3(A)) of the Adviser Charge (set out in Section 3(C)).
15. I have read and understood the Life Protection terms and have taken note of the eligibility criteria and restrictions. By signing this Application Form, I hereby irrevocably assign the benefit of the Life Protection to the Manager as trustee pursuant to the terms of the Form of Assignment and Settlement set out in Part D of the Investor Agreement and acknowledge that the Manager agrees to act as trustee on the basis of those terms.

Note: Statement 14 shall only apply where you have indicated in Section 1(D) that the Manager is to facilitate payment to your Financial Adviser of an Adviser Charge. Statement 15 shall only apply where you have indicated in Section 1(E) that you wish for the benefit of the Life Protection to form part of the Service.

Signed by Applicant 1/Representative	Date
Name	
Signed by Applicant 2/Representative (if applicable)	Date
Name	

SECTION 2 (A) – OPTIONAL LIFE PROTECTION

Applicant 1

Please carefully read the Investment Overview and Investor Agreement (in particular the definitions of the Health Conditions in Part F of the Investor Agreement) before completing the following declarations.

All tick boxes in this section must be ticked by you for the application to be accepted. If you are unsure whether you meet the eligibility criteria of this health declaration, please refer to underwriters prior to proceeding further.

If you are completing this declaration as an Attorney, please ensure you are fully appraised of the health of the donor you are representing prior to completing this declaration. If you are unsure if the donor has been diagnosed with one of the conditions below, please seek clarification from the donor's general practitioner prior to completing.

For individuals aged up to 84 years and 10 months

- ☐ I confirm that as at the date this Application Form is completed, signed and dated, I am an individual aged between and including 18 years and 84 years and 10 months.
- ☐ I warrant that I have completed this Application Form to the best of my knowledge and belief, and accept any incorrect disclosure would affect my insurability under the cover provided.
- ☐ During the last five years up to the date of this declaration, I have not been diagnosed with, or received active treatment¹ for, any of the following Health Conditions, as defined in Part F of the Investor Agreement:
 - Cancer
 - Heart Disease
 - Stroke
 - Dementia and/or Alzheimer's
 - Chronic Lung Condition.
- ☐ I have not been diagnosed with a terminal illness where a UK registered doctor deems such illness cannot be cured or has progressed beyond further medical treatment, and is expected to result in death within 24 months from the date of diagnosis.

For individuals aged 84 years and 11 months to 87 years

- ☐ I confirm that as at the date this Application Form is completed, signed and dated, I am an individual aged between and including 84 years and 11 months and 87 years.
- ☐ I warrant that I have completed this Application Form to the best of my knowledge and belief, and accept any incorrect disclosure would affect my insurability under the cover provided.
- ☐ During the last five years up to the date of this declaration, I have not been diagnosed with, or received active treatment¹ for, any of the following Health Conditions, as defined in Part F of the Investor Agreement:
 - Cancer
 - Heart Disease
 - Stroke
 - Dementia and/or Alzheimer's
 - Chronic Lung Condition.
- ☐ I have not been diagnosed with a terminal illness where a UK registered doctor deems such illness cannot be cured or has progressed beyond further medical treatment, and is expected to result in death within 24 months from the date of diagnosis.
- ☐ I do not require assistance with any activities of daily living (ADL), where ADL is defined as bathing/showering, personal hygiene/grooming, dressing, toilet hygiene, functional mobility and self-feeding.

¹ Treatment directed immediately to the cure, or ongoing management, of the disease or injury.

SECTION 2 (B) – CORONAVIRUS CONFIRMATION

By signing this Application Form I acknowledge that the Life Protection policy for Puma Heritage Estate Planning Service does not cover, in addition to anything set out in the Investor Agreement that I have read and signed, any claim in any way caused by or resulting from:

- a) Coronavirus disease (Covid-19);
 - b) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);
 - c) Any mutation or variation of SARS-CoV-2;
 - d) Any fear or threat of a), b) or c) above.
-

SECTION 2 (C) – TRUST OF LIFE PROTECTION

By signing this Application Form I acknowledge that the benefit of the Life Protection and all sums payable thereunder are held by the Manager as trustee on the terms of a declaration of trust (the “Life Protection Trust”) which is flexible in form and which will permit the Manager to distribute any sums received in accordance with the Life Protection at its discretion.

I acknowledge that this is a trust for the benefit of members of my family, my dependants and those who stand to inherit my estate and that I personally may not benefit under the Life Protection Trust in any way. I understand that if necessary I may nominate further persons to be Beneficiaries under the Life Protection Trust by making a written nomination to the Manager during my lifetime.

I would like to make known to the Manager my wishes in respect of the distribution of any proceeds payable in the event of my death.

I understand that this expression of wishes is not binding on the Manager and the Manager will have the freedom to decide who among the class of beneficiaries is to receive the proceeds in accordance with the terms of the Life Protection Trust.

Please provide details of those Beneficiaries whom you would like the Manager to consider as potential recipients of the payments under the Life Protection only. If you hold investments through the Puma Heritage Estate Planning Service at the time of your death they will form part of your estate (albeit they are intended to qualify for IHT relief if held for two years) and will pass in accordance with your Will (if you have one) or the rules relating to intestate estates (if you do not).

The Manager will contact those individuals to whom it decides to make a distribution to arrange payment if and when applicable and those individuals will need to provide proof of identity at that time.

If you wish to name more than two individuals, please add the details of each additional individual, in the format set out in the “Additional information” section towards the end of this Application Form.

SECTION 2 (D) – EXPRESSION OF WISHES

It is my primary wish that any sums payable in accordance with the Life Protection should be used to ensure that any Inheritance Tax which might be due as a result of my death within two years of my investment in the Puma Heritage Estate Planning Service can be paid without recourse to my estate.

To that end it is my wish that you distribute the proceeds to those individuals set out below.

Should my wishes change at any time I recognise that it is my responsibility to notify you of those changes in writing.

However, I should like you to make contact with my personal representatives following my death and, if it becomes clear to you that a distribution of the proceeds to those named below would be inconsistent with my primary wish as a result of changes made by me to my Will or my testamentary arrangements after the date of this Application Form, it is my wish that you distribute the sums payable under the Life Protection in such manner as is required to give effect to my primary wish.

This section only requires to be completed if you have opted to add life insurance to your policy.

Beneficiary 1

Title	
First name(s)	
Middle name(s)	
Last name	
Date of birth	
Address	
	Postcode
Share % (if applicable)	

Beneficiary 2

Title	
First name(s)	
Middle name(s)	
Last name	
Date of birth	
Address	
	Postcode
Share % (if applicable)	

SECTION 2 (A) – OPTIONAL LIFE PROTECTION

Applicant 2

Please carefully read the Investment Overview and Investor Agreement (in particular the definitions of the Health Conditions in Part F of the Investor Agreement) before completing the following declarations.

All tick boxes in this section must be ticked by you for the application to be accepted. If you are unsure whether you meet the eligibility criteria of this health declaration, please refer to underwriters prior to proceeding further.

If you are completing this declaration as an Attorney, please ensure you are fully appraised of the health of the donor you are representing prior to completing this declaration. If you are unsure if the donor has been diagnosed with one of the conditions below, please seek clarification from the donor's general practitioner prior to completing.

This section only requires to be completed if you have opted to add life insurance to your policy.

For individuals aged up to 84 years and 10 months

- ☐ I confirm that as at the date this Application Form is completed, signed and dated, I am an individual aged between and including 18 years and 84 years and 10 months.
- ☐ I warrant that I have completed this Application Form to the best of my knowledge and belief, and accept any incorrect disclosure would affect my insurability under the cover provided.
- ☐ During the last five years up to the date of this declaration, I have not been diagnosed with, or received active treatment¹ for, any of the following Health Conditions, as defined in Part F of the Investor Agreement:
- Cancer
 - Heart Disease
 - Stroke
 - Dementia and/or Alzheimer's
 - Chronic Lung Condition.
- ☐ I have not been diagnosed with a terminal illness where a UK registered doctor deems such illness cannot be cured or has progressed beyond further medical treatment, and is expected to result in death within 24 months from the date of diagnosis.

For individuals aged 84 years and 11 months to 87 years

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- ☐ I warrant that I have completed this Application Form to the best of my knowledge and belief, and accept any incorrect disclosure would affect my insurability under the cover provided.
- ☐ During the last five years up to the date of this declaration, I have not been diagnosed with, or received active treatment¹ for, any of the following Health Conditions, as defined in Part F of the Investor Agreement:
- Cancer
 - Heart Disease
 - Stroke
 - Dementia and/or Alzheimer's
 - Chronic Lung Condition.
- ☐ I have not been diagnosed with a terminal illness where a UK registered doctor deems such illness cannot be cured or has progressed beyond further medical treatment, and is expected to result in death within 24 months from the date of diagnosis.
- ☐ I do not require assistance with any activities of daily living (ADL), where ADL is defined as bathing/showering, personal hygiene/grooming, dressing, toilet hygiene, functional mobility and self-feeding.

¹ Treatment directed immediately to the cure, or ongoing management, of the disease or injury.

SECTION 2 (B) – CORONAVIRUS CONFIRMATION

By signing this Application Form I acknowledge that the Life Protection policy for Puma Heritage Estate Planning Service does not cover, in addition to anything set out in the Investor Agreement that I have read and signed, any claim in any way caused by or resulting from:

- a) Coronavirus disease (Covid-19);
 - b) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);
 - c) Any mutation or variation of SARS-CoV-2;
 - d) Any fear or threat of a), b) or c) above.
-

SECTION 2 (C) – TRUST OF LIFE PROTECTION

By signing this Application Form I acknowledge that the benefit of the Life Protection and all sums payable thereunder are held by the Manager as trustee on the terms of a declaration of trust (the “Life Protection Trust”) which is flexible in form and which will permit the Manager to distribute any sums received in accordance with the Life Protection at its discretion.

I acknowledge that this is a trust for the benefit of members of my family, my dependants and those who stand to inherit my estate and that I personally may not benefit under the Life Protection Trust in any way. I understand that if necessary I may nominate further persons to be Beneficiaries under the Life Protection Trust by making a written nomination to the Manager during my lifetime.

I would like to make known to the Manager my wishes in respect of the distribution of any proceeds payable in the event of my death.

I understand that this expression of wishes is not binding on the Manager and the Manager will have the freedom to decide who among the class of beneficiaries is to receive the proceeds in accordance with the terms of the Life Protection Trust.

Please provide details of those Beneficiaries whom you would like the Manager to consider as potential recipients of the payments under the Life Protection only. If you hold investments through the Puma Heritage Estate Planning Service at the time of your death they will form part of your estate (albeit they are intended to qualify for IHT relief if held for two years) and will pass in accordance with your Will (if you have one) or the rules relating to intestate estates (if you do not).

The Manager will contact those individuals to whom it decides to make a distribution to arrange payment if and when applicable and those individuals will need to provide proof of identity at that time.

If you wish to name more than two individuals, please add the details of each additional individual, in the format set out in the “Additional information” section towards the end of this Application Form.

SECTION 2 (D) – EXPRESSION OF WISHES

It is my primary wish that any sums payable in accordance with the Life Protection should be used to ensure that any Inheritance Tax which might be due as a result of my death within two years of my investment in the Puma Heritage Estate Planning Service can be paid without recourse to my estate.

To that end it is my wish that you distribute the proceeds to those individuals set out below.

Should my wishes change at any time I recognise that it is my responsibility to notify you of those changes in writing.

However, I should like you to make contact with my personal representatives following my death and, if it becomes clear to you that a distribution of the proceeds to those named below would be inconsistent with my primary wish as a result of changes made by me to my Will or my testamentary arrangements after the date of this Application Form, it is my wish that you distribute the sums payable under the Life Protection in such manner as is required to give effect to my primary wish.

Beneficiary 1

Title	
First name(s)	
Middle name(s)	
Last name	
Date of birth	
Address	
	Postcode
Share % (if applicable)	

Beneficiary 2

Title	
First name(s)	
Middle name(s)	
Last name	
Date of birth	
Address	
	Postcode
Share % (if applicable)	

SECTIONS 3 (A) TO (E) TO BE COMPLETED BY THE FINANCIAL ADVISER

SECTION 3 (A) – FINANCIAL ADVISER DETAILS

Company

Company stamp (if applicable)

(Please include the name of any network to which you or your firm are connected).

FCA firm reference number			
Network code (if applicable)			
Address		Postcode	
Financial Adviser's details		Administrator's details (if different from financial adviser)	
Name		Name	
Email		Email	
Telephone		Telephone	

SECTION 3 (B) – CLIENT CATEGORISATION

Please confirm the regulatory classification of the Applicant.

☐ Retail Client ☐ Professional Client

SECTION 3 (C) – ADVISER CHARGE

This section should only be completed if the Applicant has ticked “Yes” in Section 1(D).

You may specify a fixed amount or a percentage. If you request to facilitate an initial Adviser Charge on a percentage basis, the Adviser Charge will be calculated as a percentage of the monies the Applicant uses to invest into the Puma Heritage Estate Planning Service.

Ongoing Adviser Charges will be calculated as a percentage of the value of the Applicant's Portfolio as at each calendar quarter (31 March, 30 June, 30 September, 31 December). You should make the Applicant aware that the level of ongoing Adviser Charges may increase over time in the event that the value of the Applicant's Portfolio grows. 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.

Initial Adviser Charge	£	%
Ongoing Adviser Charge	£	%

SECTION 3 (D) – ADVISER BANK DETAILS

Please provide the bank details to which any Adviser Charge should be paid. This section must be completed if a charge was indicated under Section 3(C).

Account name	
Account number	Sort code
Bank or Building Society name	

SECTION 3 (E) – FINANCIAL ADVISER DECLARATION

By signing this Application Form, **I HEREBY CONFIRM THAT:**

1. I have read and understood the Puma Heritage Estate Planning Service Investment Overview.
2. I have reviewed a copy of the Puma Heritage Estate Planning Service Terms of Business for Intermediaries (the "Intermediary Terms"), a copy of which is available on the Puma Investments website at www.pumainvestments.co.uk and agree to be bound by its terms.
3. I have verified the identity of the Applicant in accordance with the Money Laundering, Terrorist Financing and Transfer of Funds (Information on the Payer) Regulations 2017 (as amended) and confirm that documentary evidence has been obtained and identity checks have been undertaken to confirm that the Applicant's name and address as shown on this Application Form are correct. I agree to provide to Puma Investments, if requested upon giving reasonable notice, copies of such documentary evidence that I hold for the Applicant.
4. I have categorised the Applicant for the purposes of the FCA Rules as either a Retail Client or a Professional Client, as indicated in Section 3(B) above.
5. I have assessed that an investment in the Puma Heritage Estate Planning Service meets the Applicant's objectives, that he or she has the expertise, experience and knowledge to understand the risks and that he or she is able to bear the associated risks involved in such an investment.
6. I have provided a personal recommendation to the Applicant that the Puma Heritage Estate Planning Service and the Customer Mandate contained in the Investment Overview are suitable.
7. If the Manager accepts the Applicant's application, I will continue to ensure for so long as I act for the Applicant, that at all times the Puma Heritage Estate Planning Service and the Customer Mandate are suitable for the Applicant.
8. If the Manager accepts the Applicant's application, I will (as applicable) provide a suitability report to the Applicant, the contents of which shall comply with the requirements of Chapter 9.4 of COBS.

Where I have completed Section 3(C):

9. I have agreed with the Applicant that the Manager can facilitate the payment to my firm of the Adviser Charge(s) set out in Section 3(C).
10. I agree that the Manager will not be liable to my firm in respect of any Adviser Charges owed to my firm by the Applicant (including, without limitation, where the Applicant asks the Manager not to pay an Adviser Charge to my firm).

Signature of Financial Adviser

Date

Additional information

Additional information

Get in touch

We're here to help

INVESTORS

We recommend you speak to a financial adviser in the first instance, as we cannot offer investment or tax advice.

If you have any other questions about completing this application form, please contact us on **020 7408 4077** or email us at **clientonboarding@pumainvestments.co.uk**

ADVISERS

Our expert national Business Development Team are here to help, and would be happy to discuss any of our Services or offers in more detail with you either by phone or by visiting your offices.

Contact us on **020 7408 4070** or email us at **businessdevelopment@pumainvestments.co.uk**

For further information, please visit
www.pumainvestments.co.uk

The information contained in this form is correct as at January 2024, and is to be read in conjunction with the Investment Overview and Investor Agreement.

Cassini House
57 St James's Street
London SW1A 1LD

Puma Investments is a trading name of Puma Investment Management Limited (FCA No 590919) which is authorised and regulated by the Financial Conduct Authority. Registered office address: Cassini House, 57 St James's Street, London SW1A 1LD. Registered as a private limited company in England and Wales No 08210180.

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