



VT Johnston Financial Funds ICVC

Application Form for the Purchase of Shares

THIS FORM DULY COMPLETED SHOULD BE SENT TO:

Valu-Trac Administration Services, Orton, Fochabers, Moray IV32 7QE
Tel: 01343 880344, Fax: 01343 880267, Email: johnstonfinancial@valu-trac.com

If sent by email or fax please confirm to Valu-Trac Administration Services by telephone immediately and forward the original application form to the address above

PURCHASE APPLICATION

I/We, the undersigned, having received and read a copy of the Prospectus for the VT Johnston Financial Funds ICVC ("the Company") dated 8 June 2020 (together with any addendums or supplements thereto) and the Key Investor Information Document, hereby apply for such number of Shares in the Company as may be purchased with the amounts indicated below at the subscription price determined in accordance with the Prospectus:

INVESTMENT DETAILS

Lump Sum Payment

£

Regular Payments – Direct Debit Mandate required (final page)

£

total per month

Split across the VT Johnston Financial Funds:

VT JOHNSTON MULTI-ASSET CAUTIOUS FUND

A Income %

A Accumulation %

VT JOHNSTON MULTI-ASSET BALANCED FUND

A Income %

A Accumulation %



DETAILS OF APPLICANT(S)

FIRST HOLDER

Company/Nominee Name	<input type="text"/>
or Title	<input type="text"/>
Surname	<input type="text"/>
Forenames	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>

JOINT HOLDER(S)

Title & Full Name	<input type="text"/>
Title & Full Name	<input type="text"/>
Title & Full Name	<input type="text"/>

Mailing Address (if different from the address of the First Holder)

Title & Full Name	<input type="text"/>
Address	<input type="text"/>
Address	<input type="text"/>

BANK DETAILS OF APPLICANT

Name of Bank	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Account Name	<input type="text"/>
Account Number	<input type="text"/>
Bank Sort Code	<input type="text"/>
or Bank Swift Address	<input type="text"/>
or Bank ABA Number	<input type="text"/>

Distributions (if applicable) will be paid to the bank account above

PAYMENT METHOD

Payment can be made by bank transfer or cheque. Please tick the box below.

☐

Bank transfer

A bank transfer should be made on the settlement date of this transaction which will have been agreed in advance with Valu-Trac Administration Services and which will be stated on the Contract Note issued to you by Valu-Trac Administration Services. If funds are received on any date other than this agreed settlement date they may be returned by the Bank.

☐

Cheque

Payment by cheque should be made from a bank account in the investors own name and made payable to 'Valu-Trac Investment Management Limited'. The order for purchase of shares is accepted following receipt of cleared funds.



FATCA DECLARATION OF U.S. CITIZENSHIP OR U.S. RESIDENCE FOR TAX PURPOSES

Please tick either (a) **or** (b) and complete as appropriate.

- ☐ a) I confirm that **I am not** a U.S. citizen and/or resident in the U.S. for tax purposes.
- ☐ b) I confirm that **I am** a U.S. citizen and/or resident in the U.S. for tax purposes and my U.S. federal taxpayer identifying number (U.S. TIN) is as follows:

CRS DECLARATION OF TAX RESIDENCY

Please indicate all countries in which you are resident for tax purposes and the associated Taxpayer Identification Number(s) in the below. Please see the CRS Portal for more information on Tax Residency.

Country of Tax Residency	Tax ID Number (UK Individuals should use their UK National Insurance Number)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

DATA PROTECTION

For full information on how VT processes personal information and what your rights are, please see our Privacy Policy online at www.valu-trac.com.

REGULAR INCOME (if applicable)

Please complete the following section only if you have selected Income shares and wish to receive payment / wish to take a regular income

INCOME REQUIRED £ WITH EFFECT FROM FREQUENCY
monthly ☐ quarterly ☐ yearly ☐

Bank Name	Sort Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Name	Account Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FINANCIAL PLANNER RENUMERATION (if applicable)

Please specify your chosen charge option.

INITIAL ADVISER CHARGE

Either Fixed £
or Payment-related (applies to all initial/additional subscriptions and transfers-in)
 %

ONGOING ADVISER CHARGES

Either Fixed £
or Fund-related % p.a.
Payment frequency
☐ monthly ☐ quarterly ☐ yearly



AUTHORISED SIGNATORIES

This application is authorised by the following who is/are person(s) authorised to give all instructions and to take all actions on my/our behalf in connection with any Shares held by me/us in the VT Johnston Financial Funds ICVC funds indicated on this application.

Copies of all correspondence will be shared with the Financial Planner, email valu-trac@johnstonfinancial.co.uk.

By signing this application I can confirm that I am in agreement with the Financial Planner instructing the following actions on my/our behalf:

- Facilitate Bed & ISA's (if applicable)
- Action interspousal gifts
- Switch between share classes and OEICS in the VT Johnston Financial Fund range
- Provide a withdrawal instruction
- Facilitate; starting/stopping/amending regular contributions/withdrawals/dividends
- Facilitate additional investments
- Facilitate ISA Transfers/Re-Registrations
- Amend ongoing Adviser Remuneration and facilitate ad hoc payments
- Update contact details

Financial Planner Remuneration (if applicable)

By signing this application I can confirm that I am in agreement with the adviser charge being deducted as indicated in the Purchase Application above and paid to my Financial Planner.

My adviser has fully explained their charges to me and I understand that, should I exercise my cancellation rights after the adviser charge has been paid, Valu-Trac Administration Services will not return any adviser charges to me. I will need to contact my financial adviser regarding any refund.

I understand that Valu-Trac Administration Services is simply facilitating adviser charges and any queries regarding these payments will need to be discussed with my Financial Planner.

Name of Authorised Person(s)

Signature of Authorised Person(s)

Date

Any one to sign

☐

Any two to sign

☐



FINANCIAL PLANNER DECLARATION (if applicable)

I acknowledge that it is my sole responsibility to evaluate all of the product information provided to me and, where I have provided advice and made a personal recommendation to the investor(s) in accordance with the FCA Handbook, I confirm that I have the requisite knowledge and experience as to be deemed competent and capable of assessing the suitability of this product in relation to my client's circumstances and investment objectives.

I confirm that I have assessed the capability of my client to understand and evaluate the risks and merits of this product and have determined that the product is a suitable investment for my client.

I declare that this Application Form has been completed to the best of my knowledge and belief and I have fully disclosed any adviser charge, if applicable, to the investor(s). I understand that any adviser charge being facilitated will be paid after the start date of the Plan subject to a fully completed Terms of Business agreement being in place.

I confirm that I have retained documentary evidence for all parties relevant to this application that meets or exceeds the standards set out in the JMLSG guidance. I have seen all original documents and those requiring a signature have been signed. I acknowledge that Valu-Trac Administration Services will rely upon this confirmation for the purposes of Regulation 17 of The Money Laundering Regulations 2017 and that an Identity Verification Certificate (IDVC) and relevant supporting documents will be provided on request.

I confirm that I have determined that my client has satisfied all the relevant requirements to be accepted as an investor into this product.

Name	<input type="text"/>
Company	<input type="text"/>
Email	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>



ANTI-MONEY LAUNDERING REQUIREMENTS

PLEASE PROVIDE THE FOLLOWING INFORMATION TO VALU-TRAC ADMINISTRATION SERVICES

CORPORATE ENTITY

Original or certified copy of certificate of incorporation showing existence and legality of company;
Certified copy of Memorandum and Articles of Association;
List of directors names, occupations, residential and business addresses and dates of birth;
Certified copy of authorised signatory list, including specimen signatures;
Certified minutes (resolution) or other properly authorised mandate authorising the investment to be made;

AND For a private company, please also provide:

For at least two directors: (unless the company has only one director)
Certified* copy of passport including a clear reproduction of the photograph of the individual concerned; AND
Two of the following:
Original utility bill (not older than 3 months)
Original bank statement (not older than 3 months)
Original of any other documentation issued by a government agency, showing the residential address

AND

List of the names and addresses of shareholders holding more than 10% or more of the issued share capital of the company.

TRUSTS

Relevant extract of the Trust Deed which shows the power to invest;
Certified copy of authorised signatory list of the Trustee, including specimen signatures;
Certified minute (resolution) or other properly authorised mandate authorising the investment to be made;

AND For a private trust, please also provide:

Confirmation from the Trustee of the identity of the settlor and the beneficiaries, by satisfying for each party the requirements as set out under 'Individuals' below.

INDIVIDUALS

Certified* copy of passport or drivers' licence;
Two original/certified* true copies of utility bills (not older than 3 months and with the same address as that on the application form).

Please note that for joint applicants, documentation in respect of each applicant is required.

DESIGNATED BODY WITHIN A FINANCIAL ACTION TASK FORCE JURISDICTION

Written confirmation on your headed paper that you are a designated body;
The name of the relevant regulatory authority by which you are regulated.

***Only a Commissioner of Oaths, a notary public, a lawyer / solicitor, an accountant, or a police official, acting in their official capacity as a representative of the applicant may certify identity.**

**DIRECT DEBIT MANDATE – FOR REGULAR PAYMENTS**

If a regular payment is to be set up, please indicate this on the application form and complete this page

DIRECT DEBIT INSTRUCTIONS

- Please use the Direct Debit form below to set up regular payments from the same bank account.
- Please note that any subsequent changes must be received by Valu-Trac at least eight working days before the next collection date.
- Your branch sort code can be found on the top right hand corner of your cheque book or bottom left hand corner of your debit card.
- Most account numbers are eight characters in length.
- Cut off and keep the Direct Debit Guarantee and return the rest of the form to us at the address shown.

Adviser's Stamp and Agent Code (if known)**Return to:**

Valu-Trac Investment Management Limited
Orton
Fochabers
Moray
IV32 7QE

Instruction to your Bank or Building Society to pay by Direct Debit**APPLICANT**

Name(s) of Account Holders		Instructions to your Bank or Building Society Please pay Valu-Trac Investment Management Limited Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Valu-Trac Investment Management Limited and, if so, details will be passed electronically to my Bank/Building Society.											
Bank or Building Society Account 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>													
Branch Sort Code		<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>											
Name and full postal address of your Bank or Building Society		Signatures											
		Date											
		Service User Number											
		2 6 1 3 1 6											
		Reference (for office use only)											
Postcode													

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the payer

**THE DIRECT DEBIT GUARANTEE**

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Valu-Trac Investment Management Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Valu-Trac Investment Management Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Valu-Trac Investment Management Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when Valu-Trac Investment Management Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.