



This form is to be completed if you are intending to invest in the Kick Out Series: 3 Stock Defensive Autocall 10 – October 2021 and/or Income Series: 3 Stock Conditional Quarterly Autocall 6 - October 2021.

Can we help you?

If your financial adviser needs help completing the form, please contact our Administrator and Custodian on:
 Telephone: 0203 808 7138 or by E-mail: hilbert@hilbert-is.com Telephone calls may be recorded.

Please note, Hilbert is unable to provide investment advice or to assess the suitability of this investment. This is the responsibility of your financial adviser.

Return your completed form and documents to your financial adviser, who will then send it to:

Hilbert Investment Solutions, St Clements House, 27-28 Clements Lane, London, EC4N 7AE.

We cannot accept your application unless you have either received financial advice or had the appropriateness of this investment assessed by an FCA regulated financial adviser and the Financial Adviser Section of this application form has been completed.

Please use BLACK INK and complete the form in BLOCK CAPITALS.

NAME OF YOUR FINANCIAL ADVISER AND FIRM

Financial adviser name: _____
 Financial adviser firm: _____

INVESTMENT DETAILS

Minimum investment is £5,000 and maximum £2,000,000

A: 3 Stock Defensive Autocall Issue 10 - October 2021	Amount	£
B: 3 Stock Conditional Quarterly Autocall Issue 6 - October 2021	Amount	£

C: Please indicate the method of payment:

Enclosed cheque

If you are paying by cheque please make it payable to:
 HILBERT INVESTMENT SOLUTIONS LTD
 Your application will be rejected if payment is not made from an account held in your name. Application Forms with post-dated cheques will not be accepted.

Electronic payment

Please confirm the date that you expect to send the funds to us.

Date: DDMMYYYY

Bank transfers should be sent to:
 HILBERT INVESTMENT SOLUTIONS LTD
 Bank: Clydesdale Bank
 Sort Code: 82-11-07, Account Number: 30069315
 You must quote your name in the reference.

SECTION 1 – PERSONAL DETAILS

ISA investments are NOT available as a joint investment – each applicant must complete a separate application.

First investor	Second investor (if applicable)
Title (Mr/Mrs/Miss/Ms): _____	_____
Full first name(s): _____	_____
Surname: _____	_____
Permanent Address	Permanent Address
Building name/number: _____	_____
Street: _____	_____
District: _____	_____
City/Town: _____	_____
County: _____	_____
Zip/Postcode: _____	_____
Country: _____	_____
Date of birth: _____ DDMMYYYY	_____ DDMMYYYY
Telephone (day): _____	_____
Telephone (evening): _____	_____
Nationality: <input type="checkbox"/> UK <input type="checkbox"/> Non-UK <input type="checkbox"/> Multiple	<input type="checkbox"/> UK <input type="checkbox"/> Non-UK <input type="checkbox"/> Multiple
<i>If non-UK or multiple, please name the country and supply your Passport or National Identity Card number for each nationality.</i>	
Country: _____	_____
Passport/National Identity Card number: _____	_____

DIRECT INVESTMENT ON BEHALF OF A CHILD (UNDER 18)

Please complete the child's name here:

Full name: _____
Date of birth: _____

YOUR EMAIL ADDRESS

Please provide a valid email address below. If you do not provide a valid email address, you will not be able to access your account through the Hilbert Investment Solutions web portal.

E-mail address: _____



TAX RESIDENCY

Please provide details of your Tax Residency below.

	First investor	Second investor (if applicable)
Are you a US person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you resident in the UK for tax purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
National Insurance number (NINO):	<i>If yes, please provide your National Insurance number (NINO).</i>	
Are you a resident for tax purposes in any other country?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Building name/number:	<i>If yes, please indicate addresses and Tax Identification Numbers (TIN) for all countries you are a resident for the purposes of that country's tax.</i>	
Street:		
District:		
City/Town:		
County:		
Zip/Postcode:		
Country:		
TIN:		

SOURCE OF FUNDS

The source which has created / is generating the funds which you are using to open this plan.

- Savings Pension Salary Maturing Investments or Encashment Claim
 Gift Property Sale Company Profits Divorce Settlement
 Loan Inheritance Share/Asset Sale Other _____

SOURCE OF WEALTH

Source(s) which originally created your wealth and significantly contributed to your wealth since. (This may be the same as the source of funds.)

- Savings Pension Salary Maturing Investments or Encashment Claim
 Gift Property Sale Company Profits Divorce Settlement
 Loan Inheritance Share/Asset Sale Other _____



SECTION 2 – INVESTMENT AMOUNT: DIRECT, NEW ISA INVESTMENTS AND ISA TRANSFERS

The minimum investment is £5,000 (Advised Applications). For this year's ISA tax allowances please refer to the HMRC website (www.gov.uk).

	3 Stock Defensive Autocall Issue 10	3 Stock Conditional Quarterly Autocall Issue 6
Amount you are sending as a Direct investment:	£	£
Amount you are sending as an ISA investment (2021/22):	£	£
Approximate value of all ISAs being transferred*:	£	£
Total amount**:	£	£

*The specific amounts being transferred from each provider are completed in the ISA Transfer Request form.

**Total Amount is subject to change as the ISA transfer amount is approximate.

SECTION 3 – ADVISER FEES

You may incur fees for the service provided by your financial adviser. We can facilitate the adviser fees from the money you are sending. If you would like us to do this, please tick the box and fill in the amount below.

Would you like us to facilitate your adviser fees? Yes No

Adviser Charge: £ _____ or _____ %

Please note, if you request us to pay Adviser Fees from the transfer amount, you will permanently lose the ISA entitlement relating to the amount paid to your adviser.

SECTION 4 – ACCOUNT DETAILS FOR INCOME PAYMENTS (IF APPLICABLE)

Bank/Building Society: _____
Account name: _____
Reference or Roll number: _____
Sort code: - -
Account number: _____



SECTION 5 – EXISTING ISA TRANSFER REQUEST

Please complete an existing ISA transfer request for each ISA transfer request you are making into this Plan. If you are transferring more than one ISA, please photocopy this form and sign a separate form for each ISA you are transferring.

You will need to sign each transfer request. Photocopied signatures cannot be accepted. Please note that an ISA for the current tax year can only be transferred in full.

I confirm that I wish to transfer my existing ISA

Your details:

Title (Mr/Mrs/Miss/Ms):

Full first name(s):

Surname:

Date of Birth:

National Insurance Number:

Permanent address:

Postcode:

Existing ISA manager's details:

Name:

Address:

Postcode:

Telephone number:

Account number of the ISA:

Amount to be transferred
(Minimum amount £5,000):

Full Partial

£

Existing ISA plan manager instructions:

1. I instruct the manager of the ISA shown above to give Hilbert Investment Solutions any information they may need to enable the transfer of my Plan, to sell any ISA assets and send either a BACS payment directly to the client account of Hilbert Investment Solutions, being Clydesdale Bank (Sort Code: 82-11-07 Account Number: 30069315) a cheque made payable to HILBERT INVESTMENT SOLUTIONS LTD and to send the proceeds to: Hilbert Investment Solutions, St Clements House, 27-28 Clements Lane, EC4N 7AE. If there is a problem, please contact Hilbert on 0203 808 7138. Telephone calls may be recorded.

2. All dividends, interest and tax credits arising after the transfer should be made payable directly to me.

Signature:

Date:

DDMMYYYY



SECTION 6 – DATA PROTECTION

You authorise us to hold and process the information supplied on the application form as a data controller for the purposes of the The EU General Data Protection Regulation ("GDPR") and the Data Protection Act 2018 (DPA 2018). We will hold and process information for the administration of this and any future application, for the operation of your investment, for statistical analysis and for marketing goods and services. You also authorise us to transfer information you provide on your application form (or subsequently) to Hilbert. They will only use such data for purposes ancillary to their role as Plan Manager, including but not limited to hedge management, dealing with queries, fulfilling their regulatory obligations, statistical analysis and marketing on the Plan's maturity. Your data will be used for no other purposes. You authorise the disclosure of your information concerning your investment to a financial adviser acting on your behalf. You are entitled to request details of any of your personal data we may hold and to require us to correct any inaccuracies.

DECLARATION AND AUTHORITY

I declare that:

- ✦ 1. I am 18 years of age or over and I am neither based nor living in the United States nor a U.S. Person (as defined in Regulation S under the U.S. Securities Act of 1933, as amended, or as defined in the U.S. Internal Revenue Code of 1986, as amended).
- ✦ 2. All subscriptions made belong to me.
- ✦ 3. I authorise Hilbert Investment Solutions: (a) to hold my cash subscription, investments, ISA investments, interest and other rights or proceeds in respect of those investments and any cash or other proceeds; (b) to make on my behalf any claims to relief from tax in respect of ISA investments.
- ✦ 4. I have read and understood the information contained in the brochure which refers to Counterparty Risk and understand that should the Counterparty fail to meet its obligations to pay the amount due from my Investment, I may not receive back my investment and may not be entitled to any compensation.
- ✦ 5. I have read and understood "Is this investment suitable for you?" and "Risks" and confirm that the terms set out within the brochure and Key Information Document (KID) are acceptable to me as the investor.
- ✦ 6. I understand that market prices can go down as well as up and I may get back less than my original investment. Past performance is not a guide to future performance.
- ✦ 7. I understand that the extent and value of any tax advantages or benefits arising from the use of tax-advantaged services such as ISAs and SIPPs will vary according to my circumstances. The levels and bases of taxation may also change.
- ✦ 8. I understand that in compliance with the FCA rules, telephone calls will be recorded.
- ✦ 9. I understand that early encashment is likely to lead to some loss of capital.
- ✦ 10. (Only if you are applying to subscribe for an ISA) I have not subscribed and will not subscribe for another Stocks & Shares ISA in the tax year and 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 I am married to or in a civil partnership with a person who performs such duties. I will inform you if I cease to be so resident or to perform such duties or be married to or in a civil partnership with a person who performs such duties.
- ✦ 11. I undertake to advise Hilbert Investment Solutions promptly of any change in circumstances which causes the information contained herein to become incorrect or incomplete and to provide Hilbert Investment Solutions with an updated declaration within 30 days of such a change in circumstances.
- ✦ 12. I am aware that in certain circumstances Hilbert Investment Solutions will be obliged to share this information with UK tax authorities, who may pass it on to other tax authorities.



SECTION 6: DECLARATION AND AUTHORITY (continued):

I have read and understood the relevant Plan brochure, Key Information Document (KID) and Terms & Conditions and accept the terms under which my Investment will be managed. I declare that this application form has been completed to the best of my knowledge and belief. I understand that the producers of this brochure and Key Information Document (KID) have not provided investment advice and confirm that I am making this application through my financial adviser (and have taken taxation advice if appropriate) and I wish to make this investment.

1st Investor:

Print name: _____
Date: DDMMYYYY

2nd Investor:
(if applicable)

Print name: _____
Date: DDMMYYYY

CHECKLIST:

Before returning this application form to your financial adviser or intermediary, please check that:

- You have completed all relevant sections of the form
- Your payment amount matches the amount documented on the application form
- You have advised us of any fees that you wish us to pay a financial adviser or intermediary on your behalf



SECTION 7: FOR FINANCIAL ADVISER/INTERMEDIARY USE ONLY:

Please ensure you have completed, signed and returned a Hilbert Terms of Business. A copy can be downloaded from our website at www.hilbert-is.com or by contacting our sales team on 0203 808 7138. **If a Hilbert Terms of Business Form has not been completed and approved, we will be unable to process any applications.**

Name of adviser: _____
Company address: _____
Phone number: _____
Email address: _____
Are you a member of a network? YES NO
If No are you: DIRECTLY AUTHORISED OR AN AUTHORISED REPRESENTATIVE
Name of network: _____
FCA number (or equivalent) registration number: _____

You must verify the identity of all investors and are confirming to the following:

Suitability (For Advised applications only):

- ✦ You have provided a copy of this Plan's brochure and Key Information Document (KID) and disclosed the associated risks of this Investment and that you have conducted the required suitability assessment and that you consider this product to be suitable for your client.

YES NO

Verification of Identity (Please enclose supporting documents):

- ✦ Please confirm that you have carried out the appropriate identity and anti-money laundering checks (including but not limited to obtaining certified copies of bank statements, passport/ driving licence) and have enclosed copies of this documentary evidence with this application. You confirm that you have seen the original documents where required and any that require a signature have been signed.

YES NO

Verification of Source of Wealth and Funds:

- ✦ Please confirm that:
 - 1 You have obtained documentary evidence to verify the source of the wealth and funds being invested.
 - 2 You do not suspect that the source of wealth and funds are connected to any criminal activity.
 - 3 Copies of documentary evidence are available immediately on request.
 - 4 You have seen the original documents and any that require a signature had been signed.
 - 5 You will retain copies of the data and documents referred to above for at least five years, beginning on the date on which the application is accepted by the Administrator and Custodian.

YES NO

Appropriateness (For Execution Only applications):

- ✦ You have provided a copy of this Plan's brochure and Key Information Document (KID) and confirmed the appropriateness of this investment and that you consider this product to be appropriate for your client.

YES NO

Financial Adviser/Intermediary signature:

Date:

DDMMYYYY



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Hilbert Investment Solutions is authorised and regulated by the Financial Conduct Authority, No. 698380.
Hilbert Investment Solution do not offer investment advice or make any recommendations regarding this Plan.