



Mariana 10:10 Plan

FTSE CSDI Version
September 2025

Application form Direct and ISA Transfer

Key Dates:

ISA transfer deadline: 19 August 2025

Application deadline: 05 September 2025

Start Date: 12 September 2025

Application Checklist

Please follow the instructions below when completing and submitting your application. Please note these are guidelines only and when the application is received more information may be requested for successful account setup.

Requirements for all applications:

- ☐ Before any business can be accepted a Mariana Terms of Business form must be completed by the financial adviser and submitted to Mariana for approval. (This only needs to be completed the first time a financial adviser submits an application form).
- ☐ Application form must be completed in full, filling in all required fields.
- ☐ Section titled "Financial Adviser Section" must be completed in full by the financial adviser.
- ☐ Funds must be submitted from an account in the client's own name. Funds received from third party accounts cannot be accepted.
- ☐ Funds must be sent to the administrator and custodian within the respective deadlines set forth above. The amount sent must match the amount in the application.

Please be aware that all applicants must be either a UK citizen or resident in the UK or a crown dependency.

Can we help you?

If you or your financial adviser needs help completing the form, please contact our Administrator and Custodian, telephone calls may be recorded.

T 01253 831 165

E Mariana.Applications@jbrearley.co.uk.

Please send completed applications including the required supporting documentation to:

James Brearley, Walpole House, Unit 2, Burton Road,
Blackpool, Lancashire, FY4 4NW

Please note that 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.

Please complete this form using BLOCK CAPITALS and black ink.

Please fill in the name of your financial adviser and firm here:

Financial adviser name:

Financial adviser firm:

Payment information

If you are paying by bank transfer tick here: ☐

Please send the investment amount to the following account:

Account name:

JAMES BREARLEY & SONS LIMITED

Bank:

Royal Bank of Scotland

Bank sort code:

1

6

–

1

4

–

1

2

Account number:

1

0

5

0

4

6

0

8

Please quote your name in the reference.

If you are paying by cheque please make it payable to: **James Brearley & Sons Limited.**

Please note that your payment should be made from an account held in your name. Your application will be rejected if payment is not made from an account held in your name.

Important: If you do not quote the reference you use when transferring your payment in support of your application it may not be possible to connect your Application Form with your payment and this may lead to your application being rejected. No liability will be accepted where this occurs if you have not quoted a reference number on your payment transfer and on this Application Form.

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/Other):		
Surname:		
Full first name(s):		
Permanent address		
Building name/number:		
Street name:		
District:		
City/Town:		
County:		
Postcode:		
Country:		
Date of birth:	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
Nationality:		
Country of birth:		
Telephone (day):		
Telephone (evening):		

2

Section 1 – Personal Details continued

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

	First investor	Second investor (if applicable)
Are you resident in the UK for tax purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please provide your National Insurance (NI) number.	
National Insurance (NI) number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Are you a US citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a resident for tax purposes in any other country?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If no, move to next question	
	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.	
Building Name/No:	<input type="text"/>	<input type="text"/>
Street:	<input type="text"/>	<input type="text"/>
District:	<input type="text"/>	<input type="text"/>
City/Town:	<input type="text"/>	<input type="text"/>
County:	<input type="text"/>	<input type="text"/>
Postcode:	<input type="text"/>	<input type="text"/>
Country:	<input type="text"/>	<input type="text"/>
TIN:	<input type="text"/>	<input type="text"/>

DIRECT INVESTMENT on behalf of a child (under 18)

Please complete the child's name here:

Full name:	<input type="text"/>
Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Section 2 – 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 James Brearley & Sons web portal.

E-mail address:	<input type="text"/>
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*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.

Bank/Building Society:	<input type="text"/>
Account name:	<input type="text"/>
Reference or Roll number:	<input type="text"/>
Sort code:	<input type="text"/> <input type="text"/> <input type="text"/> – <input type="text"/> <input type="text"/> <input type="text"/> – <input type="text"/> <input type="text"/> <input type="text"/>
Account number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Important: Any payments or withdrawals from the plan will be made electronically by BACS. In order to ensure this is possible, please provide your bank account details. Your application may be rejected if you do not provide your bank account details.

Before any payments can be made, the Plan Administrator will attempt to verify that the bank account you have provided details of belongs to you. The Plan Administrator will carry out electronic checks to verify the bank details provided and they may contact you to provide further evidence if checks have been unsuccessful

Section 6 – 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

Title (Mr/Mrs/Miss/Ms/Other):

Surname:

Full first name(s):

Date of Birth:

D

D

M

M

Y

Y

Y

Y

National Insurance (NI) number:

Permanent address:

Postcode:

Name and address of existing ISA plan manager:

Postcode:

Plan manager's phone number:

Plan manager's e-mail:

Account number of the ISA:

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

Full☐£If your ISA is held with a Bank the sort code must be provided:Partial☐£(Exact)

Existing ISA plan manager instructions:

1. I instruct the manager of the ISA shown above to give James Brearley & Sons Limited 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 James Brearley & Sons Limited, being Royal Bank of Scotland (Sort Code 16-14-12 Account Number 10491689) or a cheque made payable to **James Brearley & Sons Limited** for the proceeds to: Outsourced Administration Services, James Brearley & Sons Limited, PO Box 34, Unit 2 Burton Road, Blackpool, Lancashire, FY4 4WX. If there is a problem, please contact us on 01253 831 165.
2. All dividends, interest and tax credits arising after the transfer should be made payable directly to me.

Signature:

Date:

D

D

M

M

Y

Y

Y

Y

Section 7 – 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 General Data Protection Regulation (GDPR). 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 Mariana. 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 James Brearley & Sons Limited:

(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 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 / made payments and will not subscribe / make payments, more than the overall subscription / payment limit to a Cash ISA, Stocks and Shares ISA, Innovative Finance ISA or Lifetime ISA in the same 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 James Brearley & Sons Limited promptly of any change in circumstances which causes the information contained herein to become incorrect or incomplete and to provide James Brearley & Sons Limited with an updated declaration within 30 days of such a change in circumstances.

12. I am aware that in certain circumstances James Brearley & Sons Limited will be obliged to share this information with UK tax authorities, who may pass it on to other tax authorities.

I have carefully read and understood the relevant Key Information Document (KID) and the Plan brochure including the 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 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.

	First signature:	Joint signature: (for direct investments only)
Signature:	<div></div>	<div></div>
Print name:	<div></div>	<div></div>
Date:	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>

Section 8 – Financial Adviser Section (Financial Adviser use only)

Please ensure you have completed, signed and returned a Mariana Terms of Business. A copy can be downloaded from our website at www.marianainvestments.com. If a Mariana Terms of Business Form has not been completed and approved, we will be unable to process any applications.

Name of adviser:										
Name of company:										
Address:										
Telephone number:										
Email address:										
Are you a member of a network or directly authorised?	Please tick as appropriate. Network <input type="checkbox"/> Directly authorised <input type="checkbox"/>									
If you have selected network, please state which network:										
Your FCA (or equivalent) registration number:										
Have you identified the investor as a vulnerable client:	Yes <input type="checkbox"/> We have omitted the "no" tick box as we will assume if not ticked the client is not identified as vulnerable.									
Does the investor fall within the target market established in the adviser guide?:	Yes <input type="checkbox"/> No <input type="checkbox"/>									
If no, please outline your rationale for submitting an application on behalf of an investor falling outside the target market:										
	Suitability (For Advised applications only) Please confirm that you have provided a copy of this Plan's Key Information Document (KID) and brochure 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.	Verification of Identity Please be aware that we have obligations under UK Anti Money Laundering (AML) regulations and reserve the right to request further evidence of identity so as to be able to fulfil these requirements. Depending on the circumstances, where we consider we have not been able to fulfil these obligations, we may decide not to proceed with an application.								
	Appropriateness (For Execution Only applications) Please confirm that you have provided a copy of this Plan's Key Information Document (KID) and brochure and confirmed the appropriateness of this investment and that you consider this product to be appropriate for your client.									
	<u>Please advise on what basis this application has been submitted and only tick one of the boxes:</u>	<input type="checkbox"/> Advised <input type="checkbox"/> Execution Only								
Adviser Declaration:	<p>I confirm that all dealings with the investor have been carried out in accordance with the requirements of the FCA Handbook and in accordance with my obligations under Mariana/JBS' current Terms of Business.</p> <p>I Acknowledge my responsibility to evaluate all information on the Plan and confirm that where I have given advice, I have the necessary knowledge and experience to be deemed competent to assess the Plan and its suitability to an applicant's circumstances and investment objectives.</p> <p>I declare that this application has been completed to the best of my knowledge and belief and I have agreed any adviser charge with the applicant.</p> <p>I confirm that I have carried out the appropriate identity checks on all the parties relevant to this application and have retained copies of the completed Verification of Identity Certificates and supporting documents, which I understand JBS may request at any time and may rely on.</p>									
Signature:										
Date:	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			

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