HILBERT
Investment Solutions

Deposit Series:

Allegro Super Defensive Annual Autocall Deposit Plan Issue 12

December 2026
Direct, New ISA and ISA Transfers

This form is to be completed if you are intending to invest in the Deposit Series:
Allegro Super Defensive Annual Autocall Deposit Plan - Issue 12.

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, 51 Lime Street, 6th Floor, London EC3M 7DQ.

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: Allegro Super Defensive Annual Autocall Deposit Plan - Issue 12 - December 2026 £

B: Please indicate the method of payment:

Electronic payment ☐

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

Bank transfers should be sent to:
Hilbert Investment Solutions Ltd — Client Deposit Trust Account
Bank: Allica Bank
Sort Code: 04-13-76, Account Number: 00695262
You must quote your name in the reference.

Date: D D M M Y Y Y Y

Re-investment from a matured Hilbert product ☐

Please ensure you enclose your completed maturity options form with this application.

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:		
Marital status:	☐ Married ☐ Civil union ☐ Single ☐ Divorced ☐ Separate ☐ Widower	☐ Married ☐ Civil union ☐ Single ☐ Divorced ☐ Separate ☐ Widower
	Permanent Address	**Permanent Address**
Building name/number:		
Street:		
City/Town:		
County:		
Postcode:		
Country:		
Date of birth:	D D M M Y Y Y Y	D D M M Y Y Y Y
Home telephone:		
Mobile telephone:		
Email:		
Nationality:		
National Insurance number:		
Passport number:		
Passport issue date:		
Passport valid to:		

TAX RESIDENCY

Please provide details of your Tax Residency below.

Are you a US person?	☐ Yes ☐ No	☐ Yes ☐ No
	If yes, please note that this Plan is not offered to US Persons. Please speak to your financial adviser for advice on any alternative options available to you.	
Are you resident in the UK for tax purposes?	☐ Yes ☐ No	☐ Yes ☐ No
Are you a resident for tax purposes in any other country?	☐ Yes ☐ No	☐ Yes ☐ No
	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/number:		
Street:		

City/Town:		
County:		
Postcode:		
Country:		
TIN:		

DIRECT INVESTMENT ON BEHALF OF A CHILD (Under 18)

Please provide the child's name and date of birth below.

Full name:	
Date of birth:	

PROFESSIONAL STATUS

	First Investor	Second Investor (If Applicable)
Occupation:		
Employer:		
Are you a politically exposed person (PEP)?	☐ Yes ☐ No	☐ Yes ☐ No

If yes, please provide more information below.

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.)

☐ Company profits
☐ Dividends / Director's token
☐ Divorce settlement
☐ Encashment claim / Maturing investments
☐ Gift
☐ Inheritance
☐ Loan
☐ Other
☐ Pensions
☐ Property Sale
☐ Rent
☐ Salary
☐ Savings
☐ Share / Asset sale

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

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

	Allegro Super Defensive Annual Autocall Deposit - Issue 12
Amount you are sending as a Direct investment:	£
I apply to subscribe the following amount to a Cash ISA for the tax year (2026/27):	£
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.*

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

Adviser Charge: £ or %

Total amount to be transferred to a Hilbert Investment Solutions i.e. Total to be invested + Adviser Charge (where applicable) £

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 3 — SOURCE OF FUNDS

The source(s) which originally created the funds which you are using to open this plan.

☐ Company profits
☐ Dividends / Director's token
☐ Divorce settlement
☐ Encashment claim / Maturing investments
☐ Gift
☐ Inheritance
☐ Loan
☐ Other
☐ Pensions
☐ Property sale
☐ Rent
☐ Salary
☐ Savings
☐ Share / Asset sale

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 Ltd — Client Deposit Trust Account**, being **Allica Bank (Sort Code: 04-13-76 Account Number: 00695262)** a cheque made payable to HILBERT INVESTMENT SOLUTIONS and to send the proceeds to: Hilbert Investment Solutions, 51 Lime Street, 6th Floor, London EC3M 7DQ. 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:	D D M M Y Y Y Y

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 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.

☐ Please tick this box if you want to receive future promotion, offers and communication from us.

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, direct 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 Deposit Taker risk and understand that should the Deposit Taker 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. We have read and understood the Plan brochure and the Key Information Document (KID). We accept the associated risks and the full Terms and Conditions under which the Plan will be managed. We confirm that the Plan is acceptable to us 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 a Cash ISA for the tax year 2026/27 and each subsequent tax year). I have not and will not subscribe more than the overall subscription limit in total to any combination of permitted ISAs in the same tax year. 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:		2nd Investor: (If applicable)	
Print name:		Print name:	
Date:	D D M M Y Y Y Y	Date:	D D M M Y Y Y Y

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 APPOINTED 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 that copies of documentary evidence of this are available on request. 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 conducted due diligence on the client and verified the legitimacy of their declared source of wealth and source of funds.
2. You have no reason to suspect that the source of wealth and/or funds is linked to any fraudulent or criminal activity, including money laundering.
3. You have ensured that all necessary checks comply with the Financial Conduct Authority (FCA) Money Laundering Regulations and adhere to the Joint Money Laundering Steering Group (JMLSG) Guidance.
4. You acknowledge that Hilbert may request supporting documents at any time, which must be provided within 2 business days, and that Hilbert may rely on this documentation to meet its regulatory compliance obligations.

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: D D M M Y Y Y Y

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.