



Hedley
& Company

STOCKBROKERS LTD

Trust Accounts

Retail Client Information & Agreement Form

Please complete each section of this form as the information we gather will be used when tailoring your portfolio to suit your investment objectives. It is also important that you inform us if any of the information changes as this may impact the investment approach.

Please return the completed forms, along with any account or ISA transfer request forms if needed, to your prospective Hedley & Co adviser.

Authorised and Regulated by the Financial Conduct Authority
Member of the London Stock Exchange
Member of the Wealth Managers Association

19 Trident Park, Blackburn, Lancashire, BB1 3NU Tel: 01254 699 333
And at 13b Winckley Square, Preston. Lancashire. PR1 3JJ Tel: 01772 887880

1. Client Details

For the purpose of setting up this type of account we will **require a certified copy of the Trust Deed.**

Trust Details

Trust Name:

Trustees

Trustee (1)		Trustee (2)	
National Insurance Number	DOB	National Insurance Number	DOB
Address		Address	
Postcode		Postcode	
Telephone		Telephone	
E-Mail		E-Mail	
Trustee (3)		Trustee (4)	
National Insurance Number	DOB	National Insurance Number	DOB
Address		Address	
Postcode		Postcode	
Telephone		Telephone	
E-Mail		E-Mail	

If there are more than 4 Trustees please give the details requested for each trustee on a separate sheet.

Trust Details (Cont.)

Settlor details Please provide full details of the settlor, including name, age, tax status etc. If deceased please provide evidence of death.

Full Name

DOB

Address

Address

Postcode

Telephone

Client account No (if applicable)S

Source of Wealth of Settlor (eg Business, Inheritance)

Charity status needed to exempt from certain taxes.

Is the trust a registered charity?

Yes

No

If yes could please give the Charity Number

Does the HMRC recognise the trust as a charitable?

Yes

No

If yes please confirm that you have enclosed proof from HMRC with your reference on it

Yes

2 Service Category

Please tick one box representing your choice from this section. Guidance on our services is on the accompanying Rate Card & Service Description. Your prospective adviser will also explain our services and will answer any questions you might have.

Investment Management

Discretionary Portfolio Service

☐

Managed Advisory Service

☐

Valuation Frequency

Half yearly valuations will be sent to the Trustee (1)

Tax year end (April each year and then also October)

☐

Quarterly

☐

3 Trust Bank Details

Principal UK bank account details are required even if no income is to be taken. PLEASE CHECK YOUR BANK DETAILS ARE CORRECT AS MISTAKES IN PAYMENTS SOMETIMES CANNOT BE RECTIFIED. If you have a foreign bank account please supply full details separately.

Bank or Building Society Name								
Account Name								
Sort Code								
Account Number								
Building Society Ref (if using a Building Society Account)								

4 Beneficiary Bank Details

If income is to be paid to a beneficiary then please provide details, if more than one please supply on a separate sheet.

PLEASE CHECK YOUR BANK DETAILS ARE CORRECT AS MISTAKES IN PAYMENTS SOMETIMES CANNOT BE RECTIFIED. If you have a foreign bank account please supply full details separately.

Bank or Building Society Name								
Account Name								
Sort Code								
Account Number								
Building Society Ref (if using a Building Society Account)								

5a Custody of Your Investments

For our dealing services you may choose either of;

Nominee Service (your investments will be held to your order with you as beneficial owner, making settlement quicker and more efficient)

☐

Registration in your own name (you will be sent certificates and have to deliver to settle sales, this will incur cost see Charges)

☐

5b Cleared Funds (for dealing services)

Retained on Account for future investment (you can request monies be sent to you at anytime) ☐

Paid electronically to your Trust Account as detailed above ☐

Cheque to the address in Section 1, Applicant 1. (Please note there is a charge for this, see our charges) ☐

6 Income Instructions (for clients using nominee service)

Payments will be made of income received in the first seven days of each selected month to the Trust or Beneficiary bank account on the previous page.

Monthly payments of income received ☐

Monthly transfer to dealing account for re-investment ☐

Quarterly payments of income (Jan/Apr/Jul/Oct) ☐

Half yearly payments of income (Apr/Oct) ☐

Monthly standing order ☐

Amount of standing order (if applicable)	£
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Quarterly standing order (Jan/Apr/Jul/Oct) ☐

Half yearly standing order (Apr/Oct) ☐

7 Contract Notes

Contract notes will normally be sent to you at the first email address in Section 1. However, should you wish contracts to be sent elsewhere or require copies to be sent elsewhere please indicate here. (Should you wish further copies, please request on an additional sheet). Please note there is a charge for paper contract notes (see charges)

Contract / Copy indicate which required
Email
Mail if required

8 Third Party Instructions

Capacity to Give Instructions	
We will accept instructions from the Trustees, jointly or severally unless instructed otherwise. Please insert below the full names & addresses of any person whom you authorise to give instructions on your behalf. Please note that this instruction does not extend to transferring stock or paying money to third parties, nor to the administration of the account.	
Full Name	Full Name
DOB	DOB
Capacity	Capacity
Home Address	Home Address
Postcode	Postcode
Country of residence for tax purposes	Country of residence for tax purposes
Signature of nominated person	Signature of nominated person

9 Suitability

It is a rule of our Regulator that we must obtain financial information from clients before we can make any recommendation or use discretion. This information is confidential and will not be passed to any other company for marketing purposes.

In the case of an onshore trust the Investment policy statement for the trust is the most crucial document on the aims and objectives of the trust.

Please confirm that the policy statement is attached to or enclosed with this form?

☐

If you have any difficulty with this document then your Hedley & Co Adviser will be able to assist you to draw one up.

10 Assent and Signature

IF THERE IS ANYTHING OF WHICH YOU ARE UNSURE OR DO NOT UNDERSTAND PLEASE CONTACT HEDLEY & CO BEFORE YOU SIGN THIS FORM.

If this form has been completed by someone else please take the time to read through, check its accuracy and make sure that you understand the full agreement before signing.

To Hedley & Company Stockbrokers Limited

By opening this account and signing below, the account owner represents and warrants that he/she/it is not a U.S. person for the purposes of U.S. Federal Income Tax and that he/she/it is not acting for, or on behalf of, a U.S. person. A false statement or misrepresentation of tax status by a U.S. person could lead to penalties under U.S. law. If your tax status changes or you become a U.S. citizen or a resident, you must notify us within 30 days.

I/We acknowledge receipt of the Terms of Business and the Rate Card and Services Description which together with this Retail Client Agreement forms the agreement between us. I/We confirm acceptance of the agreement.

Signed 1st Trustee		Signed 2nd Trustee	
Print Name		Print Name	
Date		Date	
Signed 3rd Trustee		Signed 4th Trustee	
Print Name		Print Name	
Date		Date	

We advise you to retain a copy of this form. Would you like Hedley to send you a copy?

☐

Yes

☐

No

Copy sent _____ date signed _____

For Office Use Only

Verification of Identity Checklist - Individual Trustees, Settlers and Beneficiaries Identity A or B and C need completing for each.

A) Face-to-face business - verification

One box needs completing

Where possible, the account executive should photocopy the evidence used to verify the applicant's name and certify that it is a true copy of the original document. In circumstances where this is not practicable, the account executive must sight the document and record the unique reference (i.e. the passport or driving license number) on the checklist.

Name		
Documentation	Unique reference e.g. 9 digit passport number (if no copy)	Certified Photocopy
Current signed passport		Tick
UK photo-card driving licence		Tick
National Identity Card		Tick
Shotgun or firearm certificate		Tick

B) Non face-to-face business - verification

One box needs completing

A photocopy of one of the following documents should be provided by the applicant to evidence his/her name. This document must be certified by a "responsible person" who must state that it is a true copy of an original document. Hedley & Co would consider a "responsible person" to be a solicitor, accountant, doctor, a director of a financial services business, a notary public, a member of the clergy or judiciary, a senior civil servant or a police officer etc. The certifier should print his/her name and position on the document.

Name	
Documentation	Certified
Current signed passport	Tick
Photo-card driving licence (address or date of birth on)	Tick
National Identity Card	Tick

C)Verification of address

One box needs completing

A photocopy of one of the following documents should be provided by the applicant to evidence his/her name. This document must be certified by a "responsible person" who must state that it is a true copy of an original document. Hedley & Co would consider a "responsible person" to be a solicitor, accountant, doctor, a director of a financial services business, a notary public, a member of the clergy or judiciary, a senior civil servant or a police officer etc. The certifier should print his/her name and position on the document

Address	
Evidence of Address	Certified
Utility bill/statement (mobile phone bills not acceptable)	Tick
Bank, credit card or mortgage statement	Tick
Council tax bill	Tick
Driving licence (only if not used to verify name)	Tick
EEA member state ID card (only if not used to verify name)	Tick
Local council rent card or tenancy agreement	Tick

Signed _____adviser/investment manager

Date_____

Approved _____director Date_____

Dealing Scale_____ **Knowledge and Experience**