

**SCOTTISH WIDOWS**

*official pensions and investment provider*



# Application Form

for the Capital Protected Fund – OEIC

**FOR COMPLETION BY  
FINANCIAL ADVISER**

Agency Number

Capital Protected Fund Issue Number

Account Number. (Internal use only)

Please read the notes before proceeding, complete in BLOCK capitals and tick boxes where appropriate.

## A. Personal details

### First applicant/trustee

### Second applicant/trustee

1. Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>
	Ms <input type="checkbox"/>	Other <input type="text"/>		Ms <input type="checkbox"/>	Other <input type="text"/>	
2. First name(s)	<input type="text"/>			<input type="text"/>		
3. Last name	<input type="text"/>			<input type="text"/>		
4. Permanent residential address	<input type="text"/>			<input type="text"/>		
	<input type="text"/>			<input type="text"/>		
	<input type="text"/>			<input type="text"/>		
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Country*	<input type="text"/>			<input type="text"/>		

\*Please ensure you complete the above if your address is outside England/Scotland/Wales or Northern Ireland.  
Please note that we cannot accept business from U.S. residents.

Payments and correspondence will be sent to the first address unless you specify otherwise.

Customers are requested to advise Scottish Widows of any change of address.

6. Daytime tel. no.	<input type="text"/>	<input type="text"/>
7. Evening tel. no.	<input type="text"/>	<input type="text"/>
8. Date of birth (DD MM YYYY)	<input type="text"/>	<input type="text"/>
9. Nationality	<input type="text"/>	<input type="text"/>

(for example British, French, Irish)

(for example British, French, Irish)

10. Do you already invest in a Scottish Widows OEIC?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Employment Status:	Employed <input type="checkbox"/>	Self employed <input type="checkbox"/>	Employed <input type="checkbox"/>	Self employed <input type="checkbox"/>
	Retired <input type="checkbox"/>	Other (please specify) <input type="text"/>	Retired <input type="checkbox"/>	Other (please specify) <input type="text"/>

12. If you are employed what is your:

Occupation	<input type="text"/>	<input type="text"/>
Employer's name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Annual income	£ <input type="text"/>	£ <input type="text"/>

13. Please tell us where the money for this investment has come from? (please tick)

Income from Employment	<input type="checkbox"/>	Income from Employment	<input type="checkbox"/>
House Sale <input type="checkbox"/>	Company Sale <input type="checkbox"/>	House Sale <input type="checkbox"/>	Company Sale <input type="checkbox"/>
Inheritance <input type="checkbox"/>	Gift <input type="checkbox"/>	Inheritance <input type="checkbox"/>	Gift <input type="checkbox"/>
Divorce Settlement	<input type="checkbox"/>	Divorce Settlement	<input type="checkbox"/>
Other (please specify)	<input type="text"/>	Other (please specify)	<input type="text"/>

Scottish Widows reserves the right to request further documentary evidence of source of wealth should it be considered necessary.

Please note that missing information may delay the processing of the application or settlement monies.

## A. Personal details (cont'd)

### For Trustee applications only (see note 7)

14. The existing trust is known as

If there are more than four trustees, please give their details on a separate sheet of paper.

Please ensure that **all** trustees sign the declaration in Section D.

15. If you are applying in your capacity as a Trustee please enclose a  Copy Trust document enclosed  
 copy of the current Trust document with this application (see note 1)  Copy Trust document to follow

#### Third applicant/trustee

#### Fourth applicant/trustee

1. Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>
	Ms <input type="checkbox"/> Other <input type="text"/>	Ms <input type="checkbox"/> Other <input type="text"/>
2. First name(s)	<input type="text"/>	<input type="text"/>
3. Last name	<input type="text"/>	<input type="text"/>
4. Permanent residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<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"/>
5. Country*	<input type="text"/>	<input type="text"/>

\*Please ensure you complete the above if your address is outside England/Scotland/Wales or Northern Ireland.  
 Please note that we cannot accept business from U.S. residents.

Payments and correspondence will be sent to the first address unless you specify otherwise.

Customers are requested to advise Scottish Widows of any change of address.

6. Daytime tel. no.	<input type="text"/>	<input type="text"/>
7. Evening tel. no.	<input type="text"/>	<input type="text"/>
8. Date of birth (DD MM YYYY)	<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"/>
9. Nationality (for example British, French, Irish)	<input type="text"/>	<input type="text"/>

10. Do you already invest in a Scottish Widows OEIC?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Employment Status:	Employed <input type="checkbox"/> Self employed <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify) <input type="text"/>	Employed <input type="checkbox"/> Self employed <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify) <input type="text"/>

12. If you are employed what is your:	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Employer's name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Postcode	<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"/>
Annual income	£ <input type="text"/>	£ <input type="text"/>

13. Please tell us where the money for this investment has come from? (please tick)		
Income from Employment	<input type="checkbox"/>	Income from Employment <input type="checkbox"/>
House Sale <input type="checkbox"/> Company Sale <input type="checkbox"/>		House Sale <input type="checkbox"/> Company Sale <input type="checkbox"/>
Inheritance <input type="checkbox"/> Gift <input type="checkbox"/>		Inheritance <input type="checkbox"/> Gift <input type="checkbox"/>
Divorce Settlement <input type="checkbox"/>		Divorce Settlement <input type="checkbox"/>
Other (please specify) <input type="text"/>		<input type="text"/>

Scottish Widows reserves the right to request further documentary evidence of source of wealth should it be considered necessary.

Please note that missing information may delay the processing of the application or settlement monies.

## B. Investment details

Name of Fund	Payment Amount <small>(see notes 2, 3 &amp; 4)</small>
Capital Protected Fund ( )	£

Please see the Key Features Document for details of the Capital Protected Fund in which you are investing and notes 5 & 6.

## C. Notes

1. Trustee Applications only: Scottish Widows is required to hold details of beneficial owners and beneficiaries to allow us to comply with UK Money Laundering regulations. IMPORTANT: On receipt of the Trust whilst it will be noted on our systems, we will not be checking the document to verify its effectiveness or validity. Additionally, we would like to remind you that it is the trustees' responsibility to keep a copy of the Trust deed for future purposes.
2. You can invest from £3,000 to £250,000 into the Capital Protected Fund OEIC during the Cash Investment Period.
3. We will take the initial charge from your investment amount.
4. You can top up during a Cash Investment Period with a minimum of £250.
5. At least 3 months before the Protection Date, we will write to you with the options available for the proceeds of your investment that are held on the Protection Date. These options may include:
  - investment in another Capital Protected Fund,
  - investment in another fund, or
  - payment of the proceeds.If no instructions are received before the Protection Date, the proceeds will be paid out as soon as reasonably practicable after the Protection Date.
6. If your application is either received after the Cash Investment Period for the fund detailed in section B 'Investment Details', or the fund becomes fully subscribed or the Authorised Corporate Director uses its discretion to stop issuing shares (which may be before the end of the Cash Investment Period of that Fund) we will have to return your application.
7. Trustee applications only: If you are completing this application form as a request for an OEIC investment by trustees of an existing trust, please remember that the trustees must have the power to invest in an OEIC. For the purposes of this application form 'you' and 'yours' refers to the trustees.

## D. Declaration

Before signing the application form, please make sure you have:

- Received the Key Features, incorporating a Simplified Prospectus relating to this investment.
- Read the notes contained within Section C.
- Received and read the statements included on the 'Important Notes for Applications' document.
- Enclosed a cheque for the full investment amount made payable to Scottish Widows Unit Trust Managers. Building Society cheques should be accompanied by a letter from the issuer confirming details of the account on which the money will be drawn. (This is not applicable for Switch transactions).

This application, including the 'Important Notes for Applications' insert and the Key Features Document (incorporating the Simplified Prospectus) you will receive, form the basis of a client agreement with you for the purpose of Financial Services Authority rules. We will rely on the terms in these items of literature and you should therefore read them carefully before you sign this application. If you have not received any of these items or do not understand them, please speak to your financial adviser.

When writing a cheque it will help prevent fraud if you include additional information on the Payee line. For example "Scottish Widows Unit Trust Managers re: your name, your reference customer account number xxyzz". Remember to draw a line through unused space on the cheque so extra numbers or names cannot be added.

All applicants must be at least 18 years of age. In the case of joint applicants all names and addresses must be supplied and all must sign.

I understand that if my application is either received after the Cash Investment Period for the fund detailed in section B, or the fund becomes fully subscribed or the Authorised Corporate Director uses its discretion to stop issuing shares (which may be before the end of the Cash Investment Period of that Fund) you will have to return my application.

If you need any help completing this application form, or if you have any questions, please contact Scottish Widows on 0845 300 2244 or speak to your Financial Adviser.

We may record and monitor calls to help improve our service.

If you would prefer not to receive details of other products and services, please tick this box . Other Lloyds Banking Group companies will not make marketing approaches to you unless you already have a relationship with them.

Applicant/trustee  
signature 1

Date (DD MM YYYY)

Applicant/trustee  
signature 2

Date (DD MM YYYY)

Applicant/trustee  
signature 3

Date (DD MM YYYY)

Applicant/trustee  
signature 4

Date (DD MM YYYY)

Please return this application form to: Scottish Widows Unit Trust Managers Limited, PO Box 28015, 15 Dalkeith Road, Edinburgh, EH16 5WL.

Scottish Widows Unit Trust Managers Limited reserves the right to return this application if it is not properly completed.





As part of the Lloyds Banking Group, Scottish Widows is proud to be an Official Provider of the London 2012 Olympic and Paralympic Games.

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Scottish Widows Unit Trust Managers Limited is authorised and regulated by the Financial Services Authority. Our FSA Register number is 122129.

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