## RATHBONES SINGLE STRATEGY FUNDS APPLICATION FORM (I-CLASS) FOR CORPORATE INVESTORS

Please complete A, B, C and D in this form.
Type of investment (please indicate which you are making):
New application (use part 1 of this form)
Top-up (addition to current holding; use part 1 of this form)
Switches between funds or unit/share types (Income or Accumulation; use part 2 of this form)
For investments into I-Class units/shares for which the minimum lump sum investment is £1,000 and which have no initial charge.
If a top-up or a fund to switch, please tell us your current Rathbones Asset Management account number:

For your own benefit and protection, you must make sure that you have read the appropriate **Key Investor Information Document (KIID)** and the **Supplementary Information Document (SID)** for the fund(s) into which you are investing, topping-up or switching, before signing this application form. If you do not understand any part of the documents, please ask for further information or where appropriate, please consult your investment adviser.

#### A: ABOUT THE ORGANISATION

#### (This section must be completed)

(This section must be completed)			
Type of organisation			
opportunity, helping to prevent delays in the compl	etion of your application. <b>R</b>	ppropriate information to open your account is provice egistered holders mush have a legal personality. If y the trustees, partners or other representatives of th	our organisation is an
Please indicate which organisation type is investing	below.		
The following organisations will be registered in the name of the organisation.	Section to complete		Section to complete
Listed public company	Section one	Parochial church councils	Section six
UK/EU/EEA regulated company	Section one	Public sector bodies/Local authority	Section seven
Non UK/EU/EEA regulated company	Section two	Independent school/College/University	Section seven
UK/EU/EEA distributor	Section one	Sovereign wealth fund	Section seven
Non UK/EU/EEA distributor	Section one	The following organisations will be registered	
Nominee (owned by regulated parent)	Section one	in the name of the trustees/legal owners.	
Nominee (owned by an unregulated parent)	Section one	Registered personal pension scheme	Section four
Platform	Section one	Registered occupational pension scheme	Section four
Lawyers/Accountants	Section one	SSAS	Section four
Subject to statutory licencing	Section one	Unregistered pension scheme	Section one
Private company (including limited		Trust	Section five
liability partnership)	Section three	Unincorporated registered charity	Section five
Incorporated registered charity	Section three	Unregistered charity	Section five
Local authority pension scheme	Section seven	Partnership	Section six
UK churches and place of worship	Section six	Club/Society	Section six
Tax self-certification			
certification from you) we will have to share inform information with any or all participating tax jurisdic <b>Tax residency</b>	ation about your account(s) tions <sup>4</sup> . ent for tax purposes and the	dency <sup>3</sup> . In certain circumstances (including if we do not be with His Majesty's Revenue & Customs (HMRC) who associated tax reference numbers in the table below. If it is the table below.  Tax reference number <sup>5</sup>	may in turn share this

### Tax self-certification notes

- <sup>1</sup> The term "tax regulations" refers to regulations created to enable automatic exchange of information and include FATCA<sup>2</sup>, various Agreements to Improve International Tax Compliance entered into between the UK and its Crown Dependencies and its Overseas Territories and the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information (CRS).
- <sup>2</sup> The term "FATCA" refers to The Foreign Account Tax Compliance provisions contained in the US Hire Act 2010.
- <sup>3</sup> In general, you are tax resident where you are liable to taxes, based on where you live and work permanently although different jurisdictions have different rules in relation to tax residency. If in doubt, please contact your tax adviser.
- ${\bf 4} \, \text{Those countries that have agreed to exchange information under FATCA and the CRS$^{\scriptsize 1}$}.$

If you are not resident in any country for tax purposes, please tick this box

<sup>5</sup> If you are a UK tax resident and not a tax resident anywhere else and also not a US citizen, you are not required to provide details of your "Tax reference number" or 'date of birth', or if you are not resident in a jurisdiction that is reportable under CRS or FATCA and also not a US citizen, you are not required to provide your 'tax reference number' or 'date of birth'.

### SECTION ONE: LISTED, REGULATED AND NOMINEE COMPANIES

A) About the organisation	
Account number (existing investors only)	Account designation if applicable
Organisation name (the account will be registered in this name)	
Registered address (including postcode)	The applicant/organisation is investing its own funds
	The applicant/organisation is investing on behalf of another
	individual(s) or organisation/entities, e.g. by acting as a nominee, distributor or custodian
Business or correspondence address (including postcode)	Please confirm the nature of the relationship
(if different from above)	-
	Name of regulated parent company (non-regulated nominees only)
	Regulatory authority and regulatory reference number
Telephone	
B) Beneficial owners and senior management	
Listed companies or subsidiaries of listed companies	
	ed subsidiary of a listed company you do not need to complete the beneficial owner
section (B, page 10). If this applies, please provide the name of the exchan	ge and security identifier/code for the listed company below.
Individuals holding 25% or more of the share capital or voting rights  Any other people exercising control over the company (if applicable)  Board of Directors or equivalent	
C) Supporting documentation	
You'll also need to provide the following information. Please tick to confir	rm that it has been included with your application.
Completed Wolfsberg questionnaire (anti-money laundering)	
Completed beneficial owners and senior management details (B, pag	ge 10, if applicable)
Authorised signatory list	
Group structure chart (if applicable)	

### **SECTION TWO: NON EU OR EEA REGULATED FIRMS**

Account number (existing investors only)  Organisation name (the account will be registered in this name)  (if different from above)  Plegistered address (including postcode)  Telephone  Account designation if applicable  Bis Beneficial owners and senior management  Listed companies or subsidiaries of listed companies  Flyour companies or subsidiaries of listed companies  Flyour companies or judicial in the name of the exchange and security identifier/code for the listed company below.  Any other companies  Flyour companies  Flyour companies  Any other companies  Any other companies  Bis	A) About the organisation			
Telephone Account designation if applicable  B) Beneficial owners and senior management  Listed companies or subsidiaries of listed companies  If your companies or subsidiaries of listed companies  If your companies or subsidiaries of listed company or a majority-owned and consolidated subsidiary of a listed company you do not need to complete the beneficial owner section (B, page 10). If this applies, please provide the name of the exchange and security identifier/code for the listed company below.  Any other companies  If your organisation is any other type of company (i.e. not a listed company) or a subsidiary of a listed company), please complete the beneficial owner section (B, page 10) with details of the following individuals and tick the boxes to confirm that the information has been provided.  Individuals holding 25% or more of the share capital or voting rights (directly or indirectly, e.g. via a holding company)  Any other people exercising control over the company (if applicable)  Board of Directors or equivalent  C) Supporting documentation  If the applicant or the parent company of a nominee company is not regulated in the UK, EU or EEA, please provide the following additional information.  Preof of regulation  Certificate of incorporation or equivalent  Constitutional document, e.g. memorandum and articles of association, bye-laws, articles of incorporation or equivalent  You'll also need to provide the following information. Please tick to confirm that it has been included with your application.  Completed Wolfsberg questionnaire (anti-money laundering)  Authorised signatory list  Completed beneficial owners and senior management details (B, page 10, If applicable)  Regulated parent comfort letter/letter of assurance (non-regulated nominees only)				
Account designation if applicable    B) Beneficial owners and senior management    Listed companies or subsidiaries of listed companies				
Listed companies or subsidiaries of listed companies  If your company is a listed company or a majority-owned and consolidated subsidiary of a listed company you do not need to complete the beneficial owner section (B, page 10). If this applies, please provide the name of the exchange and security identifier/code for the listed company below.  Any other companies  If your organisation is any other type of company (i.e. not a listed company or a subsidary of a listed company), please complete the beneficial owner section (B, page 10) with details of the following individuals and tick the boxes to confirm that the information has been provided.  Individuals holding 25% or more of the share capital or voting rights (directly or indirectly, e.g. via a holding company)  Any other people exercising control over the company (if applicable)  Board of Directors or equivalent  C) Supporting documentation  If the applicant or the parent company of a nominee company is not regulated in the UK, EU or EEA, please provide the following additional information.  Proof of regulation  Certificate of incorporation or equivalent  Constitutional document, e.g. memorandum and articles of association, bye-laws, articles of incorporation or equivalent  You'll also need to provide the following information. Please tick to confirm that it has been included with your application.  Completed Wolfsberg questionnaire (anti-money laundering)  Authorised signatory list  Completed beneficial owners and senior management details (B, page 10, if applicable)  Regulated parent comfort letter/letter of assurance (non-regulated nominees only)				
Any other companies  If your organisation is any other type of company (i.e. not a listed company or a subsidary of a listed company), please complete the beneficial owner section (B, page 10) with details of the following individuals and tick the boxes to confirm that the information has been provided.  Individuals holding 25% or more of the share capital or voting rights (directly or indirectly, e.g. via a holding company)  Any other people exercising control over the company (if applicable)  Board of Directors or equivalent  C) Supporting documentation  If the applicant or the parent company of a nominee company is not regulated in the UK, EU or EEA, please provide the following additional information.  Proof of regulation  Certificate of incorporation or equivalent  Constitutional document, e.g. memorandum and articles of association, bye-laws, articles of incorporation or equivalent  You'll also need to provide the following information. Please tick to confirm that it has been included with your application.  Completed Wolfsberg questionnaire (anti-money laundering)  Authorised signatory list  Completed beneficial owners and senior management details (B, page 10, if applicable)  Regulated parent comfort letter/letter of assurance (non-regulated nominees only)	Listed companies or subsidiaries of listed companies			
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If the applicant or the parent company of a nominee company is not regulated in the UK, EU or EEA, please provide the following additional information.  Proof of regulation  Certificate of incorporation or equivalent  Constitutional document, e.g. memorandum and articles of association, bye-laws, articles of incorporation or equivalent  You'll also need to provide the following information. Please tick to confirm that it has been included with your application.  Completed Wolfsberg questionnaire (anti-money laundering)  Authorised signatory list  Completed beneficial owners and senior management details (B, page 10, if applicable)  Regulated parent comfort letter/letter of assurance (non-regulated nominees only)	If your organisation is any other type of company (i.e. not a listed company or a subsidary of a listed company), please complete the beneficial owner section (B, page 10) with details of the following individuals and tick the boxes to confirm that the information has been provided.  Individuals holding 25% or more of the share capital or voting rights (directly or indirectly, e.g. via a holding company)  Any other people exercising control over the company (if applicable)			
Proof of regulation  Certificate of incorporation or equivalent  Constitutional document, e.g. memorandum and articles of association, bye-laws, articles of incorporation or equivalent  You'll also need to provide the following information. Please tick to confirm that it has been included with your application.  Completed Wolfsberg questionnaire (anti-money laundering)  Authorised signatory list  Completed beneficial owners and senior management details (B, page 10, if applicable)  Regulated parent comfort letter/letter of assurance (non-regulated nominees only)	C) Supporting documentation			
Completed beneficial owners and senior management details (B, page 10, if applicable)  Regulated parent comfort letter/letter of assurance (non-regulated nominees only)	Proof of regulation  Certificate of incorporation or equivalent  Constitutional document, e.g. memorandum and articles of association  You'll also need to provide the following information. Please tick to confirm	n, bye-laws, articles of incorporation or equivalent		
	Completed beneficial owners and senior management details (B, page 10, if applicable)			

### SECTION THREE: PRIVATE COMPANIES (INCLUDING LIMITED LIABILITY PARTNERSHIPS, UNLISTED PUBLIC COMPANIES AND INCORPORATED CHARITIES)

A) About the organisation	
Account number (existing investors only)	Company registration number
Organisation name (the account will be registered in this name)	Please describe the nature and industry of your business
Registered address (including postcode)	
	If your organisation has charitable aims please provide the following information
D	Charity registration number
Business or correspondence address (including postcode) (if different from above)	Description of aims and activities  Countries of operation
(if different from above)	Countries of operation
TelephoneAccount designation if applicable	
B) Beneficial owners and senior management	
been provided.  Individuals holding 25% or more of the share capital or voting rights (c  Any other people exercising control over the company (if applicable)  Board of Directors or equivalent  The signatories to this application form (if not already listed)  Trustees (charities only)	directly or indirectly, e.g. via a holding company)
C) Supporting documentation	
You'll also need to provide the following information. Please tick to confirm	n you've enclosed them with your application.
Certificate of incorporation or equivalent document	
Constitutional document, e.g. memorandum and articles of association	on, partnership agreement, bye-laws or equivalent
Completed beneficial owners and senior management details (B, page	210)
Authorised signatory list	
Group organisation structure chart (if the organisation is a subsidiary of	of another company)

## SECTION FOUR: REGISTERED PENSION SCHEMES (INCLUDING OCCUPATIONAL PENSION SCHEME, PERSONAL PENSION SCHEME AND SSAS)

Account number (existing investors only)	Account designation if applicable
Pension Scheme (account will be registered in the name of the Trustees detailed in B, page 10)	
Registered address (including postcode)	Please also confirm your PSTR number (if applicable)
	If investing on behalf of an occupational pension scheme, please confirm the name of the employer or company which the scheme is linked to
Business or correspondence address (including postcode)  (if different from above)	Dlease confirm if the following statements apply to your scheme
	Please confirm if the following statements apply to your scheme  Contributions are made by an employer or by deduction from an employee's wages
Telephone	The scheme rules do not permit the assignment of a member's interest under the scheme
B) Beneficial owners and senior management	
	lowing individuals and tight the hoves to confirm
Please complete the beneficial owner section (B, page 10) with details of the fol Trustees or equivalent (including corporate trustees) (B, page 10)	lowing individuals and tick the boxes to confirm.
Scheme beneficiaries	
Board of Directors or equivalent	
C) Supporting documentation	
You'll also need to provide the following information. Please tick to confirm you	I've enclosed them with your application.
Letter proving HMRC or pensions regulator scheme approval, for example	an HMRC approval letter, scheme submission receipt or scheme certificate
Letter proving HMRC or pensions regulator scheme approval, for example  Details of individual trustees or trust company in whose name the account	
Details of individual trustees or trust company in whose name the accoun	
Details of individual trustees or trust company in whose name the accoun  Authorised signatory list	t will be registered

### SECTION FIVE: TRUSTS OR UNINCORPORATED REGISTERED CHARITIES AND UNREGISTERED CHARITIES

Account number (existing investors only)	Account designation if applicable		
Name of Trust/Charity (account will be registered in the name of the Trustees (B, page 10)			
	If your organisation has charitable aims please provide the following information		
Registered address (including postcode)	Charity registration references, if applicable		
	Description of aims and activities		
Business or correspondence address (including postcode)	Countries of operation		
	If not, please complete the below.		
	The type of trust (will trust, discretionary trust, etc.)		
Telephone	The nature and purpose of the trust		
	Country of establishment		
B) Beneficial owners and senior management			
Please complete the beneficial owner section (B, page 10) with details of the	following individuals and tick the boxes to confirm		
Trustees or equivalent (including corporate trustees)			
Beneficiaries (including a class of beneficiary)			
For Trusts only.			
Protector(s) or any other individuals who have control over the trust			
Settlor(s)			
if a corporate trustee has been appointed, please also include.			
Individuals holding 25% or more of the corporate trustee's share capital	or voting rights (directly or indirectly e.g. via a holding company)		
Any other people exercising control over the corporate trustee (if applic			
Any other people exercising control over the corporate trustee (if applied	aule)		
C) Supporting documentation			
You'll also need to provide the following information. Please tick to confirm	you've enclosed them with your application.		
The organisation's constitutional document (e.g. extract of the trust dee	d)		
Details of individual trustees and/or trust company in whose name the account will be registered			
	Deeds of appointment and retirement of subsequent trustees (if applicable)		
	able)		
	able)		
Deeds of appointment and retirement of subsequent trustees (if applica			

## SECTION SIX: PARTNERSHIPS, CLUBS, ASSOCIATIONS, CHURCHES OR OTHER ORGANISATIONS

A) About the organisation	
Account number (existing investors only)  Organisation name (account will be registered in the name of the	Account designation if applicable
Directors/Members/Partners etc. (B, page 10)	
Registered address (including postcode)	Provide details of the type and purpose of the organisation  ——
Business or correspondence address (including postcode)  (if different from above)	
Talaphana	
Telephone	
B) Beneficial owners and senior management	
Please complete the beneficial owner section (B, page 10) with details of the	ne following individuals and tick the boxes to confirm.
Partners, directors, committee members or equivalent	
Any other person who exercises ultimate control over the manageme	nt of the organisation
C) Supporting documentation	
You'll also need to provide the following information. Please tick to confirm	n you've enclosed them with your application.
Partnership agreement or constitutional document	
Details of individual directors, partners, members, trustees etc. in who	
Completed beneficial owners and senior management details (B, page	e 10)

# SECTION SEVEN: GOVERNMENT DEPARTMENT, SOVEREIGN WEALTH FUND, LOCAL AUTHORITY, PUBLIC SECTOR PENSION SCHEME AND INDEPENDENT SCHOOLS/COLLEGE/UNIVERSITY

A) About the organisation	
Account number (existing investors only)  Organisation name (account will be registered in this name)	Account designation if applicable
Registered address (including postcode)	Please confirm the country of operation
	Provide details of the type and purpose of the organisation
Business or correspondence address (including postcode)	
(if different from above)	
Telephone	
B) Beneficial owners and senior management	
Please complete the beneficial owner section (B, page 10) with details of	f the following individuals and tick the boxes to confirm.
Directors, executive committee members/representatives or equiva-	alent
The most senior person within the organisation (state the capacity	as 'most senior person')
Any other individuals exercising significant control	
The signatories to this application form (if not already listed)	
C) Supporting documentation	
You'll also need to provide the following information. Please tick to confi	firm you've enclosed them with your application.
Authorised signatory list	
Completed beneficial owners and senior management details	

### **B: DETAILS OF BENEFICIAL OWNERS AND SENIOR MANAGEMENT**

(This section must be completed)

Please complete all details using block capitals

Not required If your company is a listed company or a majority-owned a	nd consolidated subsidiary of a listed company.
Non-individual (e.g. Corporate Trustee)	Class of beneficiary
Title (Mr/Mrs/Miss/Ms/Other)	
Surname	e.g. grandchildren, the homeless
Forename(s) in full	
Business address (including postcode)	
	<u> </u>
Capacity and percentage ownership, if applicable	
Individual	Individual
Title (Mr/Mrs/Miss/Ms/Other)	Title (Mr/Mrs/Miss/Ms/Other)
Surname	Surname
Forename(s) in full	Forename(s) in full
Permanent residential address (including postcode)	Permanent residential address (including postcode)
Capacity and percentage ownership, if applicable	Capacity and percentage ownership, if applicable
Title (Mr/Mrs/Miss/Ms/Other)	Title (Mr/Mrs/Miss/Ms/Other)
Surname	Surname
Forename(s) in full	Forename(s) in full
Permanent residential address (including postcode)	Permanent residential address (including postcode)
Capacity and percentage ownership, if applicable	Capacity and percentage ownership, if applicable
Title (Mr/Mrs/Miss/Ms/Other)	Title (Mr/Mrs/Miss/Ms/Other)
Surname	Surname
Forename(s) in full	Forename(s) in full
Permanent residential address (including postcode)	Permanent residential address (including postcode)
Capacity and percentage ownership, if applicable	Capacity and percentage ownership, if applicable

#### Please complete all details using block capitals

Individual	Individual
Title (Mr/Mrs/Miss/Ms/Other)	Title (Mr/Mrs/Miss/Ms/Other)
Surname	Surname
Forename(s) in full	Forename(s) in full
Permanent residential address (including postcode)	Permanent residential address (including postcode)
Capacity and percentage ownership, if applicable	Capacity and percentage ownership, if applicable
Title (Mr/Mrs/Miss/Ms/Other)	Title (Mr/Mrs/Miss/Ms/Other)
Surname	Surname
Forename(s) in full	Forename(s) in full
Permanent residential address (including postcode)	Permanent residential address (including postcode)
Capacity and percentage ownership, if applicable	Capacity and percentage ownership, if applicable

### **C: INVESTMENT DETAILS**

(This section must be completed)

### PART 1: (FOR NEW I-CLASS APPLICATIONS AND TOP-UPS)

Please indicate your choice of fund(s), ur	nit/share type and amount to be	invested or topped up		
Investment details (for fund switch	Investment details (for fund switches, please see part 2)			
Rathbone Ethical Bond Fund Rathbone Global Opportunities Fund Rathbone High Quality Bond Fund Rathbone Income Fund Rathbone Strategic Bond Fund Rathbone UK Opportunities Fund	Unit/share type*  Inc Acc Lui	Amount/additional amount to be invested  mp sum  No. of units/shares+  Or  Or  Or  Or  Or  Or  as a lump sum		
I-Class units/shares.	G BETWEEN I-CLA IN UNIT/SHARE TYPES (for new applications and units/shares of the same type (i.e.	ASS UNITS/SHARES, DIFYPES, SAME FUND)  for top-ups, please see part 1) either income or accumulation). Please note	that a £1,000 limit applies to	
Fund from: Inc	Acc Fund to:	Inc Acc Lump sum	Amount to be switched  No. of units/shares+  Or  Or  Or  Or  Or  Or	
	type and amount to be switched. If you requestive and amount to be switched. If you request "Unit/share types are as follows: Inc = Incom-	ire your income paid out (Income units/shares), and have ne e units/shares, income paid out; Acc = Accumulation units/sha	ot completed one before, please complete	
PART 3: (YOUR BANK/BU SALE PROCEEDS AND/OI				
		or sale proceeds arising from your investm nvestment is in accumulation units/shares.		
We will pay the proceeds of a sale to your base.  Bank/building society name.  Address.				
Postco	de	Account number Building society roll number		

### D: DECLARATION AND SIGNATURE(S)

#### (This section must be completed)

Signature	Date	Signature	Date	
Print name  Permanent residential address (including postcode)		Permanent residential address	Permanent residential address (including postcode)	
(required if this is to be a verifiable role type)		(required if this is to be a verifia	ibie role type)	
Date of birth		Date of birth		
Signature	Date	Signature	Date	
Print name		Print name		
Permanent residential address (including postcod (required if this is to be a verifiable role type)	e)	Permanent residential address (required if this is to be a verifia		
Date of birth  If this application is completed without an adviser's of this application is submitted through an Adviser or application in whole or in part. Orders placed over the	declaration, you wil Agent, the details o	l have no rights to cancel the contract under to be a first to cancel the contract under the completed by the Agent. The	the Financial Services (Cancellation) rules.	
Data protection — Where relevant, Rathbones' priv (as further detailed in the privacy notice) shall be p				
From time to time Rathbones Asset Management L Rathbones Group. However, you should note that v your investments in these products to that adviser.	imited may wish to where you have app	communicate with you with information o	n other products and services offered by the	
If you do not wish to be contacted by Rathbones c Data Protection Officer, Rathbones Asset Manager	ompanies, please	-	SS:	
Data i Totection Onicei, Nathbolies Asset Mallagei	c.ii Liiiileu, 30 C	in Contain of CCt, London ECZV /QIV.		

Authorisation under FSMA 2000 (to be completed by an adviser	only)
My/our authorisation to give investment advice is through being authorised an	d regulated by the Financial Conduct Authority:
My/our FCA reference number	
Section 1 <u>or</u> 2 must be completed and signed	
Adviser's declaration (to be completed by an adviser only)	
I/We confirm that the applicant named in this application is entitled to cancellation rights under the FCA (Conduct of Business) rules  (Tick only if cancellation rights apply).	2. I/We confirm that the applicant named in this application is not entitled to cancellation rights under the FCA (Conduct of Business) rules because (tick whichever explains why cancellation rights do not apply).
	The applicant responded to a direct offer advertisement as defined by the FCA (Conduct of Business) rules.
	The applicant is an execution only customer.
I/We hereby indemnify Rathbones Asset Management Limited for any losses suffered should it subsequently be discovered that the applicant was entitled to cancellation rights and no cancellation notice was sent as	The applicant is subject to a customer agreement waiving such rights.  The application form was completed outside the United Kingdom as
a result of the above.	the result of advice given by me/an advertisement issued outside the United Kingdom.
Signed	Date
Name	Position
When completed, this form should be returned to your adviser or direct to Chelmsford CM99 2AG). For further information please see the Supplement	
	ntary Information Document.
Chelmsford CM99 2AG). For further information please see the Supplemental Adviser/agent stamp (please enter either company stamp or agree and enquiries	eed terms or if part of a network)
Chelmsford CM99 2AG). For further information please see the Supplemental Adviser/agent stamp (please enter either company stamp or agree and enquiries  Please write to our dealing office or telephone us. For details please look at the	eed terms or if part of a network)  Supplementary Information Document.
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Adviser/agent stamp (please enter either company stamp or agree Any enquiries Please write to our dealing office or telephone us. For details please look at the Adviser only:  FCA number  Declaration I/We declare that the information provided on this form is, to the best of my.	eed terms or if part of a network)  Supplementary Information Document.  Stamp:  Vour knowledge and belief, accurate and complete. I/We confirm agreement to Payment exemption provisions (and those relating to commercial settlemen
Adviser/agent stamp (please enter either company stamp or agree Any enquiries Please write to our dealing office or telephone us. For details please look at the Adviser only:  FCA number  Declaration I/We declare that the information provided on this form is, to the best of my, all client money arrangements and procedures including the Delivery Versus	eed terms or if part of a network)  Supplementary Information Document.  Stamp:  Vour knowledge and belief, accurate and complete. I/We confirm agreement to Payment exemption provisions (and those relating to commercial settlemen
Adviser/agent stamp (please enter either company stamp or agree Any enquiries Please write to our dealing office or telephone us. For details please look at the Adviser only:  FCA number  Declaration I/We declare that the information provided on this form is, to the best of my, all client money arrangements and procedures including the Delivery Versus exemption provisions where appropriate) as detailed in the Supplementary	eed terms or if part of a network)  Supplementary Information Document.  Stamp:  Vour knowledge and belief, accurate and complete. I/We confirm agreement to Payment exemption provisions (and those relating to commercial settlemen Information Document (SID).
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Copies of the Prospectus, the latest Key Investor Information Document (KIID), the Supplementary Information Document (SID), and the latest Manager's report and accounts for this fund are available on request from us, free of charge. Rathbones Asset Management Limited is authorised and regulated by the Financial Conduct Authority and a member of The Investment Association. A member of the Rathbones Group Plc. Registered office: 3 O Gresham Street, London EC2V 7QN Registered in England No. O2376568. Rathbones Asset Management 30 Gresham Street London EC2V 7QN +44 (0)20 7399 0000 Information line:

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