



James Brearley

Investment Managers & Stockbrokers

Established 1919

Private Client Investment Management Service

Application & Agreement Form

PRIVATE CLIENT INVESTMENT MANAGEMENT SERVICE

Application and Agreement

James Brearley provides a range of services that you will find described in the Services, Terms & Conditions enclosed with this form.

This application form is for our Discretionary Management Service. Under this service we will manage your portfolio of investments and will make changes to the portfolio, buying and selling investments at our discretion, without prior reference to you. It is our responsibility to undertake a suitability assessment, as such, before we commence managing your portfolio under our Discretionary Management Service, to ensure we act in your best interest we will make a detailed suitability analysis of your personal circumstances, investment aims and attitude to risk and agree a portfolio management mandate with you. We will monitor your portfolio on an ongoing basis and we will be responsible for making sure that the investments held and the composition of the portfolio (the asset allocation) is suitable for the mandate you have given us. Post the completion of the application form, you should advise us if your circumstances change. If necessary we will assess any advised changes to ensure the agreed portfolio management mandate remains suitable or whether any changes are proposed.

Before completing this form please ensure that you have read the Services, Terms and Conditions, Investment Risk & How it is Managed Guide and considered our Client Charge Card. It is important that you complete the form fully and in as much detail as possible. Incomplete or inaccurate information will result in us being unable to provide you with this service.

How much do you wish to invest? £

Please indicate the origin of the initial funding for your account (tick all that apply):

- | | |
|--|--|
| 1 <input type="checkbox"/> Transfer of assets | 5 <input type="checkbox"/> Trust assets |
| 2 <input type="checkbox"/> Personal savings | 6 <input type="checkbox"/> Assets of estate of a deceased person |
| 3 <input type="checkbox"/> Sale of property/stock market investments | 7 <input type="checkbox"/> Pension Fund |
| 4 <input type="checkbox"/> Bequest (gift or inheritance) | |

Do you intend to add additional funds to this arrangement each year? YES ☐ NO ☐

If Yes, please indicate the anticipated amount: £

Please indicate the expected withdrawals from the account:

- | |
|--|
| 1 <input type="checkbox"/> All surplus cash to be withdrawn |
| 2 <input type="checkbox"/> Occasional cash withdrawals |
| 3 <input type="checkbox"/> Regular amounts each month, each quarter or half yearly |
| 4 <input type="checkbox"/> No expected withdrawals |

Does the account form part of a group of accounts to be managed as a single portfolio? YES ☐ NO ☐

If yes, please complete and enclose our Managed Group Portfolio Agreement.

Does the account require an ISA? YES ☐ NO ☐

If yes, please complete and enclose our ISA application form.

Do you wish to receive a confirmation note for any transaction(s) when executed on the account? YES ☐ NO ☐

Do you wish to receive a notification detailing the reasoning for the transaction(s) when executed on the account? YES ☐ NO ☐

Please outline the reason for opening an account.

APPLICATION FORM

Please complete this form using BLOCK CAPITALS and tick boxes where applicable.

If you wish to open a joint account, both parties should complete and sign the relevant section(s).
In Joint Accounts all stocks and cash will be recorded in joint names.

Primary Account Holder	Joint Account Holder
Title: Mr/Mrs/Miss/Ms/Other <input type="text"/>	Title: Mr/Mrs/Miss/Ms/Other <input type="text"/>
Surname <input type="text"/>	Surname <input type="text"/>
Forename(s) <input type="text"/>	Forename(s) <input type="text"/>
Address <input type="text"/> <input type="text"/>	Address <input type="text"/> <input type="text"/>
Postcode <input type="text"/>	Postcode <input type="text"/>
Tel. (Home) <input type="text"/>	Tel. (Home) <input type="text"/>
Tel. (Mobile) <input type="text"/>	Tel. (Mobile) <input type="text"/>
Tel. (Work) <input type="text"/>	Tel. (Work) <input type="text"/>
e-mail address <input type="text"/>	e-mail address <input type="text"/>
Date of Birth <input type="text"/>	Date of Birth <input type="text"/>
NI Number <input type="text"/>	NI Number <input type="text"/>
Residency <input type="text"/> Nationality <input type="text"/>	Residency <input type="text"/> Nationality <input type="text"/>
Mother's Maiden name (for security purposes) <input type="text"/>	Mother's Maiden name (for security purposes) <input type="text"/>
Do you have any connection with a listed company? If so please describe this below:	Do you have any connection with a listed company? If so please describe this below:
Company Name(s) <input type="text"/> <input type="text"/>	Company Name(s) <input type="text"/> <input type="text"/>
Description of Connection <input type="text"/> <input type="text"/>	Description of Connection <input type="text"/> <input type="text"/>

Please detail your Bank / Building Society details below in order that we can pay out funds if required.

Name of account holder:	<input type="text"/>
Branch Sort Code:	<input type="text"/>
Account Number:	<input type="text"/>

Any payments or withdrawals from the account will be made electronically by BACS. In order to ensure this is possible, please provide your bank account details.
Before any payments can be made, we will attempt to verify that the bank account you have provided details for belongs to you. We will carry out our electronic checks to verify the bank details provided and may contact you to provide further evidence of the details if our checks have been unsuccessful.

Primary Account Holder

Marital Status

(Delete as appropriate)

Married/Single/Divorced/Other

Number of Dependants/Children

Occupation

If retired, please state

Name of Employer

Annual Gross Income

Up to £20,000

£20,001 – £30,000

£30,001 – £40,000

£40,001 – £50,000

£50,001 – £100,000

More than £100,000

Tax Rate

Nil

Basic

Higher

Additional

Joint Account Holder

Marital Status

(Delete as appropriate)

Married/Single/Divorced/Other

Number of Dependants/Children

Occupation

If retired, please state

Name of Employer

Annual Gross Income

Up to £20,000

£20,001 – £30,000

£30,001 – £40,000

£40,001 – £50,000

£50,001 – £100,000

More than £100,000

Tax Rate

Nil

Basic

Higher

Additional

Investments (to include your investments held in our records)

For the following section, in the case of a joint account, please state the total amount.

Main Residence / Other Property(ies)

a) Total Value of Property(ies)

£

b) Total of Outstanding Mortgage(s)

£

c) Total Net Value

£

(a-b)

Liquid Assets (excluding pension funds)

d) Value of Cash Deposits

£

e) Value of National Savings

£

f) Value of Securities (excluding ISAs)
not held in JB Investment Portfolio

£

g) Value of Securities (excluding ISAs)
held in JB Investment Portfolio

£

h) Total Value of Securities (excluding ISAs)

£

(f+g)

i) Value of ISAs not held
in JB Investment Portfolio

£

j) Value of ISAs held
in JB Investment Portfolio

£

k) Total Value of ISAs

£

(i+j)

Pension Assets

l) Total Value of non accessible Pension Funds

£

m) Total Value of accessible Pension Funds

£

n) Total Value of Liquid Assets
including accessible Pension Funds

£

(d+e+h+k+m)

Liabilities

o) Total amount of secured debt (excluding
any outstanding mortgage detailed above)

£

p) Total amount of unsecured debt

£

q) Total Net Worth

£

(c+l+n-o-p)

Total Value of JB Investment Portfolio

£

Value of your JB Investment Portfolio as a % of
Total Value of Liquid Assets (excluding Property
and including any accessible Pension Funds)

less than 10%

10%-25%

26%-50%

51%-75%

Greater than 75%

We shall manage your investments in accordance with the degree of risk that you indicate. The categories of individual 'lower', 'medium', and 'higher' risk investments are detailed in the Services, Terms & Conditions. Having read our Investment Risk & How it is Managed Guide, please indicate the overall portfolio risk acceptable to you.

(Please tick one box only)

- Lower Risk ☐ A lower risk portfolio contains at least 40% lower risk investments and no more than 15% of higher risk investments.
- Medium Risk ☐ A medium risk portfolio may contain lower and medium risk investments and no more than 15% of higher risk investments.
- Higher Risk ☐ A higher risk portfolio may contain higher, medium and lower risk investments.

What amount of capital could you afford to lose from your JB Investment Portfolio without it having a detrimental effect on your current standard of living?

- Less than £5000 ☐ £5000 - £9999 ☐ £10,000 - £25,000 ☐
- £25,001 - £50,000 ☐ £50,001 - 100,000 ☐ If greater than £100,000, please specify the amount £

What is your investment aim? Capital Growth ☐ Income ☐ Mix of Income and Growth ☐

What is your expected annual total return? %- Per Annum

How do you want portfolio income to be treated?

Wholly Accumulated ☐ Fixed amount to be distributed ☐ (Monthly ☐ Quarterly ☐ Half Yearly ☐)

Your income requirement if any: Amount per annum £

What is your time horizon for investment? Please specify (a) or (b) below.

a) Specific date MM/YY or

b) Rolling time horizon period for investment: 3-5 years ☐ 6-10 years ☐ More than 10 years ☐

Please note, if you elect a rolling time horizon period we will roll this forward until advised by you not to do so.

Have you been diagnosed with any medical condition(s) which may affect your life expectancy? YES ☐ NO ☐

If yes, please provide details of how this will affect your life expectancy below.

What is the average amount of your monthly income? £

What is the average amount of your non-discretionary monthly spend? £

What is the average amount of your discretionary monthly spend? £

Do you intend to use the portfolio to settle any outstanding commitments, e.g. outstanding Mortgage or Loans YES ☐ NO ☐

If YES please detail the amount of any commitment and when it falls due.

Commitment	Amount	Date Due
	£	MM/YY
	£	MM/YY
	£	MM/YY

In the management of your portfolio, do we have your authority to exceed your Capital Gains Tax Annual Allowance? YES ☐ NO ☐ EXEMPT ☐

If yes, please stipulate any limited monetary amount in excess of your Capital Gains Tax Annual Allowance which we can utilise each financial year until further notice. If unlimited, please leave blank. £

If no, please detail the percentage of your Capital Gains Tax Annual Allowance that we can utilise each financial year until further notice. %

Are there any other Tax constraints?

Please detail any restrictions over our management of your portfolio. For example any Environmental, Social and Governance restrictions.

Please indicate the main purpose of the portfolio.

Have you gained any investment knowledge through your occupation(s) or former occupation(s)? YES ☐ NO ☐

Have you ever made your own investment decisions without relying on professional guidance or advice? YES ☐ NO ☐

If YES, please indicate below, what type of investments you have traded in, the average value and on average how frequently e.g daily, weekly, monthly.

Have you previously held an investment portfolio and if so was this managed for you by a firm similar to us? YES ☐ NO ☐

Are there currently any health considerations, permanent or temporary, that you feel we may need to consider in the ongoing operation of your account? For example, illness, physical disability, hearing or visual impairments.

Are there currently any other circumstances in your daily life, permanent or temporary, that you feel we may need to consider in the ongoing operation of your account? For example, caring responsibilities, recent bereavement, poor literacy or numeracy skills.

I/We confirm I/We am/are a UK Tax Resident(s) and hold no other tax residency. I/We have provided my/our correct National Insurance number(s). I/We agree to promptly inform James Brearley of any changes to this within 30 days of this occurring. I/We am/are aware that my/our information will be shared with UK tax authorities who may pass it on to other tax authorities. Tick if applicable ☐

If you are not a UK Tax Resident or hold a dual tax residency then please tick here ☐ and we will provide you with our Foreign Account Tax Compliance Act (FATCA) form for your completion.

I/We consent to receiving marketing information from James Brearley. Tick if applicable ☐

I/We have read and understood the documents relating to Investment Risk & How it is Managed Guide.

I/We confirm that I/we have read and understood the terms and conditions detailed in the Services, Terms and Conditions.

I/We also confirm that information contained in this form is accurate.

Signed Date Signed Date.

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James Brearley is the trading name of James Brearley & Sons Ltd.
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