

Platform Account Agreement Form

Please complete ALL sections and send to admin@ariacm.com.

SECTION 1 - Personal Details (Please complete in BLOCK CAPITALS)

PRIMARY ACCOUNT HOLDER (For single applications)

Title (eg. Mr. Mrs. Dr.)	<input type="text"/>
Surname	<input type="text"/>
First Names (in full)	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Email	<input type="text"/>
Tel No. (Day)	<input type="text"/>
Tel No. (Evening)	<input type="text"/>
Tel No. (Mobile)	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Occupation	<input type="text"/>
Annual Salary	<input type="text"/>
Employer	<input type="text"/>
Employer Address	<input type="text"/>
Normal Retirement Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Nationality	<input type="text"/>
Country of Residence	<input type="text"/>
Country of Tax Residence	<input type="text"/>
Passport Number	<input type="text"/>
Passport Issuer	<input type="text"/>

SECONDARY ACCOUNT HOLDER (For joint applications)

Title (eg. Mr. Mrs. Dr.)	<input type="text"/>
Surname	<input type="text"/>
First Names (in full)	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Email	<input type="text"/>
Tel No. (Day)	<input type="text"/>
Tel No. (Evening)	<input type="text"/>
Tel No. (Mobile)	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Occupation	<input type="text"/>
Annual Salary	<input type="text"/>
Employer	<input type="text"/>
Employer Address	<input type="text"/>
Normal Retirement Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Nationality	<input type="text"/>
Country of Residence	<input type="text"/>
Country of Tax Residence	<input type="text"/>
Passport Number	<input type="text"/>
Passport Issuer	<input type="text"/>

In accordance with its legal obligations, ARIA IP must identify the beneficial owner(s) of the assets of the account. The beneficial owner(s) is/are the effective ultimate beneficiary(ies) of the assets held on the account. For multiple beneficial owners, please submit information on a separate form.

I/we declare, that I/we am/are the sole beneficial owner(s) of all current and future assets held on the account. I/we undertake to use only the account registered in my/our own name(s).

Yes: No:

Should the Personal Details detailed above be different from those of the Ultimate Beneficial owner please provide these details below:

Beneficial Owner First Name:	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>		
Postal Code:	<input type="text"/>	Country:	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Occupation:	<input type="text"/>
Employer:	<input type="text"/>	Annual Salary:	<input type="text"/>
Nationality:	<input type="text"/>	Country of Residence:	<input type="text"/>
Passport Number:	<input type="text"/>	Passport Issuer:	<input type="text"/>

SECTION 2 - Payment Details For Any Transfers To You (Please complete)

Name of Bank/Building Society*:	<input type="text"/>		
Address:	<input type="text"/>		
Account Holder's Name:	<input type="text"/>		
Sort Code:	<input type="text"/>	Bank Account Number:	<input type="text"/>
IBAN:	<input type="text"/>	BIC:	<input type="text"/>



SECTION 3 - Third Party Wrapper Details

For Corporate Accounts, or accounts opened with a tax wrapper such as a pension, SIPP, QROPS or Offshore Bond, please fill in the details below:

Name of Trust/Company/Offshore Bond/Pension Provider:

Name of Account with that Provider:

Correspondence Address:

SECTION 4 - Payment Details For Cash Transfers To Your Platform Account

Amount to be transferred to ARIA IP (Please send in any valuations of assets you wish to transfer to us.):

Cash: Assets:

Source of Funds - Please specify the underlying source of your wealth e.g. savings, sale of property/assets, gift. We reserve the right to request further information for all clients to support the details provided and evidence is always required for transfers over £500,000 and for non-sterling transfers over the currency equivalent of £150,000:

EUR Cash Payment Details

Account Name: SEI Investments (Europe) Ltd.
 Re: SEI Global Nominees Ltd
 Sort Code: 40-05-15
 Account Number: 71323643
 BIC/Swift Code: MIDLGB22
 IBAN: GB19MIDL40051571323643
 Reference: Your Account Number

GBP Cash Payment Details

Account Name: SEI Investments (Europe) Ltd.
 Re: SEI Global Nominees Ltd
 Sort Code: 40-05-20
 Account Number: 31763512
 BIC/Swift Code: MIDLGB22
 IBAN: GB31MIDL40052031763512
 Reference: Your Account Number

US\$ Cash Payment Details

Account Name: SEI Investments (Europe) Ltd.
 Re: SEI Global Nominees Ltd
 Sort Code: 40-05-15
 Account Number: 71323651
 BIC/Swift Code: MIDLGB22
 IBAN: GB94MIDL40051571323651
 Reference: Your Account Number

JPY Cash Payment Details

Account Name: SEI Investments (Europe) Ltd.
 Re: SEI Global Nominees Ltd
 Sort Code: 40-05-15
 Account Number: 71325316
 BIC/Swift Code: MIDLGB22
 IBAN: GB50MIDL40051571325316
 Reference: Your Account Number

HK\$ Cash Payment Details

Account Name: SEI Investments (Europe) Ltd.
 Re: SEI Global Nominees Ltd
 Sort Code: 40-05-15
 Account Number: 71323694
 BIC/Swift Code: MIDLGB22
 IBAN: GB97MIDL40051571323694
 Reference: Your Account Number

SECTION 5 - Complex Instruments - please complete for Execution Only/Platform accounts

This form will help us to assess whether you have the necessary knowledge and experience in order to understand the risks involved in dealing in Complex Instruments. Please answer all of the following questions as honestly as possible. Should you not wish to share the necessary information with ARIA IP then this will restrict our ability to assess whether you have the required knowledge and experience to understand the risks involved in investing in complex instruments.

Please complete the following:

- I have received financial advice from an appropriately regulated financial adviser Yes: No:
- If you are investing into structured products, do you understand the following statements:
- i. You must be prepared to invest for the full investment term Yes: No:
- ii. Should you need to close the account early you may get back less than your original amount invested Yes: No:
- iii. You are prepared to accept some risk to your Capital in return for higher potential returns Yes: No:
- iv. You may lose some or all of your money Yes: No:

1. How many times a year do you trade:

- a. Shares, Bonds, Fixed Interest and Funds Never: 5 times or less: 6 or more times:
- b. Structured Products Never: 5 times or less: 6 or more times:
- c. Warrants and Covered Warrants Never: 5 times or less: 6 or more times:
- d. Exchange Traded Commodities Never: 5 times or less: 6 or more times:
- e. Non UK domiciled collective investment schemes Never: 5 times or less: 6 or more times:
- f. Derivatives including Contract for Difference (CFDs), Futures and Options, Spreadbetting etc Never: 5 times or less: 6 or more times:
- g. Other Complex Instruments Never: 5 times or less: 6 or more times:



2. How many years experience do you have trading:

- | | | | |
|---|--------------------------------|------------------------------------|------------------------------------|
| a. Shares, Bonds, Fixed Interest and Funds | None: <input type="checkbox"/> | 1-4 year: <input type="checkbox"/> | 5+ years: <input type="checkbox"/> |
| b. Structured Products | None: <input type="checkbox"/> | 1-4 year: <input type="checkbox"/> | 5+ years: <input type="checkbox"/> |
| c. Warrants and Covered Warrants | None: <input type="checkbox"/> | 1-4 year: <input type="checkbox"/> | 5+ years: <input type="checkbox"/> |
| d. Exchange Traded Commodities | None: <input type="checkbox"/> | 1-4 year: <input type="checkbox"/> | 5+ years: <input type="checkbox"/> |
| e. Non UK domiciled collective investment schemes | None: <input type="checkbox"/> | 1-4 year: <input type="checkbox"/> | 5+ years: <input type="checkbox"/> |
| f. Derivatives including Contract for Difference (CFDs), Futures and Options, Spreadbetting etc | None: <input type="checkbox"/> | 1-4 year: <input type="checkbox"/> | 5+ years: <input type="checkbox"/> |
| g. Other Complex Instruments | None: <input type="checkbox"/> | 1-4 year: <input type="checkbox"/> | 5+ years: <input type="checkbox"/> |

3. Do you understand the nature of the risk involved in the various complex instruments mentioned above?

Yes: No:

4. (a) Are you a non-uk resident?

Yes: No:

(b) If yes please state the country of residence:

SECTION 6 - Transfer of Assets

Please complete this section to transfer your assets into your platform account from another broker(s). If you are transferring assets from more than one existing broker, you will need to complete additional forms for each broker.

Existing Broker Details (Please complete in BLOCK CAPITALS)

Broker Name Contact Name

Address

Postcode Tel No.

Email Reference/Account No.

Please remember to consult with your existing broker with regard to their terms and conditions of transfer.

Transfer Instructions to Existing Broker **Please tick as applicable*

With immediate effect, please arrange the transfer of my investments to ARIA IP in form of: Cash* Stock and Cash*

Please quote my name and ARIA Capital Management account number (detailed on page 2) as a reference when transferring cash and/or stock.

Please acknowledge receipt of these instructions to both ARIA IP and me.

Please supply ARIA IP with any information they require about my assets.

Liaise with ARIA IP's whom I have already informed of my transfer request.

Please send a closing statement for my Nominee holdings to both ARIA IP and me.

SECTION 7 - Financial Adviser Declaration

Where I have provided advice and made a personal recommendation to the investor(s), it is in accordance with the FCA Handbook, or local regulatory framework and my/our licensing permission, and I confirm that I have assessed the suitability of this product in relation to my client's circumstances and investment objectives.

Where no advice has been given and the investor is undertaking an execution only investment, I confirm that I have assessed the appropriateness of this investment in accordance with the FCA Handbook, or local regulatory framework and my/our licensing permission.

I declare that this application form has been completed to the best of my knowledge and belief and I have fully disclosed any charges as detailed in the Terms and Conditions documents and applicable Fee Schedule, to the investor(s). I understand that any adviser charge will be paid after the account has been opened subject to a fully completed Terms of Business agreement being in place.

Adviser Name:

Signed:

Company:

Date: / /

SECTION 8 - ARIA IP SIPP

You need to complete this section **ONLY IF YOU REQUIRE THE ARIA IP SIPP** to inform us who you want the funds in your SIPP to be paid to in the event of your death.

You are able to change your nominated beneficiaries at any time but you **must** inform us by completing the Nomination of Beneficiaries form with the details of your new beneficiaries, if changed in the future.

I nominate the person(s) shown below to receive the Lump Sum Benefit under the rules of the ARIA IP SIPP in the event of my death.



Beneficiary Details 1

Title: Forename(s): Surname:

Date of birth: / / National Insurance Number:

Address:

Postal Code: Relationship:

Date of birth: / / Percentage: %

Beneficiary Details 2

Title: Forename(s): Surname:

Date of birth: / / National Insurance Number:

Address:

Postal Code: Relationship:

Date of birth: / / Percentage: %

If you have more than two beneficiaries then please attach a separate sheet with their details outlined as above.

Please sign and date the additional sheet and tick the following box to confirm that you attached the sheet.

Charity Nomination

In the event that you have no dependants upon death, a tax free lump sum can be paid to a registered charity of your choice. If you would like to nominate a charity for this purpose, please tick the following box and provide their details below:

Name of Charity: Percentage: %

Name of Charity: Percentage: %

SECTION 9 - Declaration

1. I/We* have read and are familiar with the information contained within the Platform Account Terms and Conditions and have completed the relevant Client declaration and Platform Fee Schedule, which details the fees applicable to the platform account. I confirm advice has been sought and received for any terms which were not understood.
2. I/We* declare that this application form has been completed to the best of my knowledge.
3. I/We* confirm that where an order is submitted to purchase a Structured Product, authorisation is provided to hold monies in the cash account until the note 'strikes' or begins.
4. I/We the accountholder(s) accept that trades in Structured Products may be submitted prior to them being listed. In such cases further transactions related to that product will only be possible once the product has listed or the product does not strike on the Strike Date. In such instances there may therefore be a period of time where no further trades will be possible in relation to the Structured Product in question. ARIA IP shall not be liable for any loss of any kind caused as a result of the failure to trade.
5. I/We* authorise our Financial Adviser named on this page to submit investment instructions on our behalf.
6. I/We the accountholder(s) recognise that investments or products purchased via ARIA IP on an execution only basis, may provide my adviser with fees, or commissions related to the investment. I/We confirm that we have sought and received the relevant disclosure from my adviser.
7. I/We* understand that any delay in providing the completed and correct documents in Section 9 may delay the account opening and ARIA IP shall not be liable for any loss caused as a result of the delay in opening the account for whatever reason.
8. I understand that the nomination of beneficiary request is not legally binding on the Scheme Administrator of the ARIA IP SIPP, however, I request that the Trustee considers making any death benefit payment(s) in accordance with the nominated Beneficiaries on this form, which I may update at any time providing written details.


Primary Account Holder

Please sign here:

Date

 / /
Joint Account Holder (if applicable)

Please sign here:

Date

 / /
SECTION 10 - Additional Information Required

In order to complete the account opening we need the following information to be provided:

AML

1 x identity and 1 x proof of address

Identity

Copy of passport

Proof of Address

Recent utility bill or bank statement dated within the last 3 months (not mobile phone bill) or tenancy agreement.

Client Declaration

Please sign and provide the Individual or Corporate Declaration where applicable to accompany this Platform Account Application Form.

Fee Schedule

Please sign and provide the appropriate Fee Schedule to accompany this Platform Account Application Form.

Please note that where this account is being opened within an Insurance Company wrapper, additional paperwork such as Appointment of Third Party Custodian, and/or Appointment of Investment Adviser may be required by that Insurance Company. Additional paperwork may be required for the ARIA IP DFM SIPP where a member is in drawdown or seeking to make additional contributions.