

# Bond or pension policyholder supplementary agreement – for intermediated business

**This agreement is in addition to your client application pack for intermediated business in order to open a bond or pension policyholder account and confirm details with your provider.**

**Please read, complete and sign this form on page 6 before you (the policyholder(s)) return it to your financial adviser.**

**This form is for use by an individual or joint policyholders.**

**The Investment Manager is acting on behalf of the policy provider and policyholder and retains the absolute discretion to select the actual investments to underpin the policy, but will take into account your circumstances when selecting the investments. The Investment Manager will not accept any instructions from you or a financial adviser acting on your behalf to purchase, sell or retain a particular investment.**

**For information on how this policy is covered by any financial compensation scheme, please contact your policy provider.**

**If you need to update any pre-filled information on this form, please amend it and initial any changes.**

**If there is anything you do not understand, or you have any questions, please contact your financial adviser.**

**Your reporting preferences and Connected Persons recorded in your client application pack will be applied to this Portfolio. If you wish to make different arrangements for this Portfolio please record them in the additional information section of your client application pack.**

Policyholder 1 name

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Policyholder 2 name

---

Provider name

---

Policy/Fund name

---

Completed by (if other than the above and in what capacity)

Name

---

Capacity

---

Date

□□ □□ □□□□

For the attention of

---

at Rathbones



## 2 Your personal details

Please provide/confirm the following personal information for each policyholder.

Policyholder 1

Personal information

Title

Mr

Mrs

Ms

Miss

Other (please specify)

Forename(s)

---

Middle name(s)

---

Surname

---

Suffix(es)

---

Date of birth

--	--	--	--	--	--	--	--	--	--

Permanent residential address

---

---

---

---

Country

---

Postcode

--	--	--	--	--	--	--	--	--	--

Policyholder 2

Personal information

Title

Mr

Mrs

Ms

Miss

Other (please specify)

Forename(s)

---

Middle name(s)

---

Surname

---

Suffix(es)

---

Date of birth

--	--	--	--	--	--	--	--	--	--

Permanent residential address

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---

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Country

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Postcode

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## 4 Declarations and signature(s) for bond or pension policyholder information form and agreement

### To be completed by the policyholder(s).

By signing page 6, I/we confirm the following:

#### 4.1 Acceptance

I/We have received the documents as listed on the front page of the Client application pack for intermediated business, making up the Rathbone Investment Management Limited (herein referred to as "Rathbones") Agreement, as defined within the Terms of Business and I/we accept and agree that this agreement forms part of that client application pack.

4.2 I/We accept and agree to be bound by the terms of the Agreement including the Terms of Business and other documents as referred to in the Terms of Business which make up the Agreement.

4.3 I/We understand and acknowledge that Rathbones is bound by the contractual requirements of the provider and those requirements will take precedence over this agreement and the Rathbones Terms of Business. The provider or its agent(s) may instruct Rathbones without reference to me/us as a policyholder.

4.4 I/We consent to Rathbones dealing and best execution arrangements and acknowledge that on some occasions when Rathbones passes an order to another party for execution, the counterparty may execute the trade outside a Trading Venue.

4.5 I/We acknowledge that Rathbones is not my/our general financial adviser or pensions adviser, and any tax information provided is in the context of the investment advice and services offered. Rathbones is the principal trading company and a subsidiary of Rathbone Brothers Plc, and is a bank.

4.6 I/We have read all of this Agreement and I/we confirm that I/we have provided full and accurate information on my/our identity and personal and financial circumstances in order that you may manage or advise on my/our investments accordingly. I/We understand the service that is being provided and that Rathbones may decline to open the Funds or to act or continue to act on my/our behalf in the event that the information provided is inaccurate, incomplete or manifestly out of date.

4.7 I/We confirm I am/we are aware of the cancellation or withdrawal rights referred to in the Terms of Business (Our Agreement and our services, under the sub headings, Cancellation rights and Withdrawal rights) under which my/our Funds are to be managed by Rathbones.

4.8 I/We confirm that by signing this Agreement,

a I/We confirm my/our consent for Rathbones to invest the cash and assets in accordance with the investment mandate(s) recommended by my/our financial adviser, details of which are contained within this Agreement.

b I/We acknowledge that the investment mandate(s) proposed is based upon the information provided in accordance with section 4.6.

c I/We acknowledge that as I/we provide updated or additional information to my/our financial adviser, who will notify Rathbones, changes to the investment mandate(s) may be necessary.

d I/We understand that Rathbones service level is limited to the investment management of the assets held within the policy and Rathbones cannot advise whether my/our overall policy arrangements are appropriate.

e I/We agree to let my/our financial adviser know if any of the information I/we have provided changes and that my/our financial adviser will provide Rathbones with such updated or additional information as is required by my/our Investment Manager from time to time. I am/We are aware that Rathbones will rely on the information I/we provide when assessing the suitability of investment decisions and advice for me/us which may include making suggestions to change my/our investment mandate(s). I am/We are aware that the reason Rathbones assesses suitability is so that Rathbones can act in my/our best interests.

I/We acknowledge that the information I/we have provided is complete, accurate and up-to-date and that if it is not, Rathbones may not be able to act in my/our best interests.

#### 4.9 Data protection

I acknowledge that Rathbones will process my Personal Data (as defined in the Terms of Business):

- a to manage and/or advise on my investment Portfolio and provide related services, as detailed in the Terms of Business in order to perform obligations under any contract between Rathbones and me;
- b as set out in Rathbones' privacy notice which can be found at [rathbones.com/privacy](http://rathbones.com/privacy);
- c in order to comply with any court order, request from or referral to an appropriate authority, or legal, regulatory or good practice requirement. Rathbones will never share your data with any external organisations for any other purpose not detailed within our Terms of Business or Rathbones' privacy notice which can be found at [rathbones.com/privacy](http://rathbones.com/privacy); and
- d where you provide Personal Data relating to others (e.g. your family members), you confirm that you are authorised to provide this information to us and for us to use in accordance with the Agreement.

# 4 Declarations and signature(s) for bond or pension policyholder information form and agreement – continued

**To be completed by the policyholder(s) .**

**If there is anything you do not understand, please contact your Investment Manager before you sign and return this Agreement and associated forms.**

**Policyholder 1**

Signed

Print name

Date  
| | | | | | | |

**Policyholder 2**

Signed

Print name

Date  
| | | | | | | |

**Once this form has been completed and signed by you, please forward it to your Investment Manager. If your provider requires this form to be approved by them your Investment Manager will arrange for this.**

**To be completed by the policy provider.**

**Provider confirmation of policy details**

Product name

Policy reference  
| | | | | | | | | | | | | | | | | | | | | |

Policy anniversary date  
| | | | | | | |

**Provider contact details**

Name

Telephone  
| | | | | | | | | | | | | | | | | | | | | |

Email

**Company stamp**

**For office use.**

CRM contact code for policyholder 1  
\_\_\_\_\_

CRM contact code for policyholder 2  
\_\_\_\_\_

Rathbone Investment Management Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.  
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**Rathbones**  
Look forward