

INDIVIDUAL SAVINGS ACCOUNT (ISA)

APPLICATION FORM

FOR OFFICE USE ONLY

Agency Number

Vantive Lead ID

Campaign Code

Branch Sort Code

Referral Type

Introducer Code (if different from above)

SB Code

Share class

Individual Savings Account

Account No.

(internal use only)

If you wish to transfer an existing ISA with another ISA manager into a Scottish Widows Stocks and Shares ISA in the form of cash, please complete this form and a Scottish Widows ISA Transfer Form.

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

A. PERSONAL DETAILS

1. Title Mr Mrs Miss Ms Other (please specify)
2. First name(s) (see note 1)
3. Last name (see note 1)
4. Permanent residential address (see note 1)

Postcode

5. Country*

*If your address is outside England/Scotland/Wales and Northern Ireland, please note that we cannot accept your application.

6. Daytime Tel. No.
7. Evening Tel. No.
8. Date of birth (DD MM YYYY)
(see note 2)
9. Occupation
10. Nationality

(e.g. British, French, Irish)

11. Do you have a National Insurance Number? Yes No
(see note 2)

If 'Yes' please enter

(You should be able to find your NI number on a payslip or P60, a letter from HM Revenue & Customs, DWP or pension order book.)

**Tax year of subscription – this must be completed or the form will be returned to you
(current tax year)**

20 /20

Single payments

I apply to subscribe for a Scottish Widows Stocks and Shares ISA for the above tax year. (see note 3)

Monthly payments

I apply to subscribe for a Scottish Widows Stocks and Shares ISA for the above tax year and for each subsequent tax year until further notice. (see note 4)

B. INVESTMENT DETAILS

Your investment is subject to the minimum and maximum levels – please see section C ‘Notes’ for more details.

Please read these carefully before completing the section below.

You can only choose to have income paid out to you if you invest a single payment.

Name of Fund(s) (see note 5)	Income or Accumulation Shares (INC/ACC) (see note 6)	Single Payment Amount (see notes 7 & 8)	Monthly Payment Amount (see notes 7 & 8)
		£	£
		£	£
		£	£
		£	£
		£	£

Please refer to the relevant Key Investor Information Document(s) (KIID) and Supplementary Investor Information Document (SIID) relating to this investment for details of funds that pay out income. These are available on request from Scottish Widows. These documents replaced the Key Features/Simplified Prospectus and provide details about your investment and the fund(s) you have chosen. If you see references to the Key Features in any of the material we send you, please refer to the KIID and SIID instead.

If you are investing a single payment and have selected Income Shares please remember to complete the ‘Request for direct payment of income distributions to your bank/building society’ section below. (see note 6)

Request for direct payment of income distributions to your bank/building society

To enable us to pay your income distributions directly into your Bank or Building Society account, please complete the section below.

To Scottish Widows Unit Trust Managers Limited, PO Box 28015, 15 Dalkeith Road, Edinburgh EH16 5WL.

Please forward all income distributions that may become due on any shares standing, or which may hereafter stand in my name, until further notice.

Name of bank or building society

Address

Postcode

Account in name of

Bank sort/swift code

Bank account number/ building society roll number

The details you supply may be held and made available to our employees and agents who are managing your affairs.

C. NOTES

1. Give your full name and permanent residential address. Customers are requested to advise Scottish Widows of any change of address.
2. Your National Insurance Number (if you have one) and date of birth are legal requirements and your application cannot be processed without them.
3. Please note that any single payment detailed on this application form and made to this ISA shall be for the tax year shown on page 1. If you wish to invest in the subsequent tax year, under the same terms, you will need to send a cheque for the new tax year and complete a new application, as this one is for the tax year stated on page 1 where only a single payment is being made.
4. Please note that any monthly payments will be for the tax year in which the application is made and will resume at the start of each financial year from then on unless Scottish Widows is otherwise advised.
5. We can change the range of funds we make available.
6. With Accumulation Shares, any net income will be added to the value of the shares and reflected in the price of Accumulation Shares. If you opt for Income Shares any income is paid out to you. This will be paid directly into your Bank or Building Society account, please also complete the 'Request for direct payment of income distributions to your bank/building society' section. It's not possible to opt for Income Shares if you invest monthly. If you don't specify Income or Accumulation Shares, Accumulation Shares will be issued.
7. Investment limits
 - a) The minimum investment levels can vary between share classes and funds. Details of minimum investment levels for all the available share classes and funds can be found in the relevant SIID.
 - b) The maximum investment limit for ISAs can be found at www.gov.uk/individual-savings-accounts
8. If an entry (initial) charge applies to your chosen fund, we will take this from your investment amount.

D. DECLARATION

- I understand that any monthly payments made to this ISA shall be for the tax year stated on page 1 and each subsequent tax year until further notice.
- I understand that any single payments detailed on this application and made to this ISA shall be for the tax year stated on page 1. If I wish to invest in the subsequent tax year, under the same terms, I understand that I will need to send a cheque for the new tax year and make a new application.

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 XXXYYZZ'. Remember to draw a line through unused space on the cheque so extra numbers or names cannot be added.

Please note that the Terms and Conditions of this ISA may be changed.

I declare that:

- all subscriptions made, and to be made to the Scottish Widows Stocks and Shares ISA, belong to me;
- I am 18 years of age or over;
- I have not subscribed and will not subscribe more than the overall subscription limit in total to any combination of permitted ISAs in the same tax year;
- I have not subscribed and will not subscribe to another Stocks and Shares ISA in the same tax year that I subscribe to this Stocks and Shares ISA; and
- I am resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of Section 28 of the Income Tax (Earnings and Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or I am married to, or in a civil partnership with, a person who performs such duties. I will inform Scottish Widows Unit Trust Managers Limited if I cease to be so resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties.
- I also confirm that I have received and read the Key Investor Information Document(s) (KIID) and Supplementary Investor Information Document (SIID) incorporating the Scottish Widows ISA Terms and Conditions relating to this investment.
- I also confirm that I have seen the latest version of the Key Investor Information Document (KIID), and I have a printed copy or I have saved an electronic version of the document.

Scottish Widows Unit Trust Managers Limited are the Manager of this ISA.

I authorise Scottish Widows Unit Trust Managers Limited:

- to hold my cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash;
- to make on my behalf any claims to relief from tax in respect of ISA investments; and

I agree that the Individual Savings Account opened by the ISA Manager pursuant to this application shall be governed by the Scottish Widows ISA Terms and Conditions and agree to be bound by them.

I declare that this application form has been fully and correctly completed to the best of my knowledge and belief.

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

- Provided us with your National Insurance Number.
- Received and read the statements included on the 'Important Notes for Applications' document.
- Enclosed a cheque for the full single payment investment amount made payable to **Scottish Widows Unit Trust Managers Ltd**. Building Society cheques should be accompanied by a letter from the issuer confirming details of the account on which the money will be drawn (for single payments only).
- Completed the Direct Debit Instruction (for monthly payments only).
- Completed the Request for Payment of Income Distributions (for Income Shares only). Income Shares are not available if you are making monthly payments only.

This application will be dealt on a forward price basis. This means it will be invested using the next price following receipt by our Administration Department in Edinburgh.

D. DECLARATION (CONTINUED)

If you need help completing this application form, or if you have any questions, please contact Scottish Widows on 0345 300 2244 or speak to your financial adviser. We may record and monitor calls to help us to improve our service.

We would like to keep you up to date on products and offers that may be of interest to you. Please select how you would like to hear from us below. These choices won't affect any necessary information we need to send you such as statements and, don't worry, you can change your mind and update your preferences at any time.

SCOTTISH WIDOWS WEBSITES

You may see relevant messages when you log in to our online services.

If you choose 'no', you may still see messages, but they will not be tailored to you. Yes No

EMAIL Yes No

POST Yes No

DEVICE NOTIFICATIONS

As we develop mobile applications you'll receive relevant notifications to your mobile device Yes No

TEXT MESSAGES Yes No

PHONE Yes No

By saying yes, you are giving consent for Scottish Widows to use your personal information to send you relevant offers and information about our products. Scottish Widows includes the following legal entities: Scottish Widows Ltd, Scottish Widows Unit Trust Managers Limited, Scottish Widows Administration Services Limited, HBOS Investment Fund Managers Limited. Occasionally we will send you selected offers from other companies within Lloyds Banking Group that may be relevant to you.

This application, including the Important Notes for Applications insert and the Key Investor Information Document(s) and Supplementary Investor Information Document(s) (incorporating the Scottish Widows ISA Terms and Conditions) you will receive, form the basis of a client agreement with you for the purpose of Financial Conduct 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 let us know or speak to your financial adviser.

Signature

Date (DD MM YYYY)

Please complete this application form and return it 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 not properly completed.

DIRECT DEBIT INSTRUCTION



INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT

Please complete the whole of this form and send it to:

Scottish Widows Unit Trust Managers Ltd
PO Box 28015
15 Dalkeith Road
Edinburgh EH16 5WL

Name(s) of Account Holder(s)

Bank/Building Society account number

Branch Sort Code

Name and full postal address of your Bank or Building Society:
To the Manager

Address

Postcode

Reference Number

ISA

Originator's Identification Number

8 7 0 6 3 5

FOR SCOTTISH WIDOWS OFFICIAL USE ONLY.
This is not part of the instruction to your bank or building society.

Please collect my monthly payment on the _____ day of each month.

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY

Please pay Scottish Widows Unit Trust Managers Limited Direct Debits from the account detailed on this Instruction, subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Scottish Widows Unit Trust Managers Limited and, if so, details may be passed electronically to my bank/building society.

Signature(s)

Date _____ (DD MM YYYY)

Banks and Building Societies may not accept instructions for some types of account.



This guarantee should be detached and retained by the Payer

THE DIRECT DEBIT GUARANTEE

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, Scottish Widows Limited will notify you 14 working days in advance of your account being debited or as otherwise agreed. If you request Scottish Widows Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Scottish Widows Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when Scottish Widows Limited asks you to.

You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



Scottish Widows Unit Trust Managers Limited. Registered in England and Wales No. 1629925.
Registered Office in the United Kingdom at Charlton Place, Andover, Hampshire SP10 1RE. Tel: 0345 300 2244.
Authorised and regulated by the Financial Conduct Authority. Financial Services Register number 122129.

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