SVS Brooks Macdonald Funds

PLEASE READ THE ENCLOSED KEY INVESTOR INFORMATION DOCUMENT PRIOR TO COMPLETING THIS APPLICATION FORM

A COPY OF THE FULL PROSPECTUS IS AVAILABLE FREE OF CHARGE ON REQUEST

IF YOU HAVE ANY QUERIES, PLEASE CONTACT EVELYN PARTNERS FUND SOLUTIONS LIMITED ON 0141 222 1151

FOR INSTITUTIONAL INVESTORS THE APPLICATION CAN BE FAXED TO 020 7131 8261 WITH THE ORIGINAL TO FOLLOW IN THE POST

Pages 1-3 should be completed by individual investors only. For Institutional investors please turn to page 4

Please note that the fields marked with an asterisk () are mandatory*

First Applicant (block capitals)

Title*	
Forename(s) (in full)*	
Surname*	
Address – Permanent Residence Address*	
Including postcode	
Address - Mailing / Correspondence Address if different from above	
Including postcode	
Daytime telephone number*	
Email address	
Date of Birth*	
Place of Birth (Town or City)*	
Country of Birth*	
National Insurance No*	

It is essential we know about any foreign tax aspect of your affairs and we may require further information.

If you do not possess a UK National Insurance Number, are non-UK domiciled, or have multiple nationalities, citizenships or residencies, please detail all information per country below:

Country	Nationality or Citizenship	Residency for Tax	Tax ID Number (National Identifier)	I do not have a Tax ID Number

why below.	
PESIGNATION (Maximum of 15 characters)	
	olding may not be registered in the name of a minor (under 18 years of age) but should our of the minor using the child's initials e.g. John Brown a/c RB.
PENERICIAL OWNER OF TRUCTER PETALLO	
BENEFICIAL OWNER OR TRUSTEE DETAILS	
the beneficial owner or trustees, are non UK domiciled, or historration below.	nave multiple nationalities, citizenships or residencies, please detail all
Title*	
Forename(s) (in full)*	
Surname*	
Address – Permanent Residence Address*	
Including postcode	
Address - Mailing / Correspondence Address if different from above Including postcode	
Daytime telephone number*	
Email address	
Date of Birth*	
Place of Birth (Town or City)*	
Country of Birth*	
National Insurance No*	

If you are a Tax Resident of a country and you do not possess the relevant National Identifier please provide a reason as to

It is essential we know about any foreign tax aspect of your affairs and we may require further information.

If you do not possess a UK National Insurance Number, are non-UK domiciled, or have multiple nationalities, citizenships or residencies, please detail all information per country below:

Country	Nationality or Citizenship	Residency for Tax	Tax ID Number (National Identifier)	I do not have a Tax ID Number

If you are a Tax Resident of a country and you do not possess the relevant National Identifier please provide a reason as to
why below:

For more than one applicant please also complete the Joint Applicant section

VERIFICATION

Accountant Solicitor/Barrister

In order to comply with our obligations under anti-money laundering legislation we are required to verify the identity of all new applicants. To enable us to comply with the legislation please produce one document from List A **OR** one document from List B and one document from List C below. Please provide us with current copies certified by one of the following:

Magistrate/Judge
Embassy/Consular Official
Doctor/Dentist
Director/Officer/Senior Manager of a regulated financial institution (low risk country)
Bank officer
FCA approved person
Police Officer/Customs Officer
Post Office (document certification service)

The certification should include the certifier's name, profession, place of work or company stamp, date of certification and confirmation that the original has been seen. For security reasons please do not send original documents.

List A	List B	List C
Full UK or other national passport	Valid old-style UK Driving Licence	Instrument of court appointment (liquidator or grant of probate
UK or other national photo card driving licence	Recent evidence of entitlement to state or local government funded	Utility bill (but not printed off the internet)
National ID Card (Non-UK Nationals)	benefit, tax credit, personal education or other grant	Current Council tax demand, letter or statement
Firearms certificate or shotgun licence		Current bank, building society, credit/debit card statement issued by a regulated firm in the UK, EU or similar jurisdiction (but not printed from the internet).

FUND DETAILS

Please see the prospectus for an indication of the target market of the Fund as required under MiFID II regulations. The target market is fully detailed in the European MIFID II Template (EMT) which is available to you for review on our website at the following address https://www.evelyn.com/services/fund-solutions/funds/kiid-website/brooks-macdonald-asset-management-limited/.

If you do not believe you fit the criteria of the target market of this Fund please seek advice from your professional adviser

Registration Details for institutional investors – Individual investors please turn to page 5

	Entity Name		
	Registered Address		
	Postcode		
	Country of Incorporation or Organisation		
	-0.014-1014		
וט	ESIGNATION (Maximum of 15 characters)		
Ρl	ease state the designation in the box below.		
	Ü		
			\neg
L			
В	ENEFICIAL OWNER		
ult	imately own or control the investment. There are addition	named applicant(s) please disclose the full name(s) of individual(s) or organisations onal requirements for partnerships, trusts and executors and personal represental Transfer Agency Team on 0141 222 1151 for further details.	that tives
	· · · · · · · · · · · · · · · · · · ·		
_			

VERIFICATION

Please provide an authorised signatory list for the institution for which the investment will be registered. This must be certified by at least one of the authorised signatories included in that list and accompanied by adequate identification documentation. If you have any queries at to what information to provide for verification purposes, please call the Transfer Agency Team on 0141 222 1151.

INVESTMENT

Please indicate the amount you wish to invest in the UT/OEIC(s). (Please note the minimum initial investment for each UT/OEIC:

SVS Brooks Macdonald Blueprint Balanced Fund

Fund Name	AMOUNT TO INVEST	MINIMUM INITIAL INVESTMENT	SHARES TO BUY	MONTHLY SUBSCRIPTION (Please complete Direct Debit Mandate)
SVS Brooks Macdonald Blueprint Balanced A Acc (GB00B054QF32)	£	£1,000		£
SVS Brooks Macdonald Blueprint Balanced B Acc (GB00B054QG49)	£	£1,000		£

SVS Brooks Macdonald Blueprint Cautious Growth Fund

Fund Name	AMOUNT TO INVEST	MINIMUM INITIAL INVESTMENT	SHARES TO BUY	MONTHLY SUBSCRIPTION (Please complete Direct Debit Mandate)
SVS Brooks Macdonald Blueprint Cautious Growth A Inc (GB00B054QH55)	£	£1,000		£
SVS Brooks Macdonald Blueprint Cautious Growth A Acc (GB00B5T81S44)	£	£1,000		£
SVS Brooks Macdonald Blueprint Cautious Growth B Acc (GB00B5W8NJ69)	£	£1,000		£
SVS Brooks Macdonald Blueprint Cautious Growth B Inc (GB00B054QK84)	£	£1,000		NA

SVS Brooks Macdonald Blueprint Defensive Income Fund

Fund Name	AMOUNT TO INVEST	MINIMUM INITIAL INVESTMENT	SHARES TO BUY	MONTHLY SUBSCRIPTION (Please complete Direct Debit Mandate)
SVS Brooks Macdonald Blueprint Defensive Income A Inc (GB00B054QL91)	£	£1,000		£

SVS Brooks Macdonald Blueprint Defensive Income B Inc (GB00B054QN16)	£	£1,000		£	
SVS Brooks Macdonald Blueprint Defensive Income B Acc (GB00BVCX4H81)	£	£1,000		£	

SVS Brooks Macdonald Blueprint Strategic Growth Fund

Fund Name	AMOUNT TO INVEST	MINIMUM INITIAL INVESTMENT	SHARES TO BUY	MONTHLY SUBSCRIPTION (Please complete Direct Debit Mandate)
SVS Brooks Macdonald Blueprint Strategic Growth A Acc (GB00BDX8Y871)	£	£1,000		£
SVS Brooks Macdonald Blueprint Strategic Growth B Acc (GB00BDX8Y988)	£	£1,000		£

Payment can be made by telegraphic tran	nsfer to the following bank details:
<u>GBP</u>	
Branch: Sort Code 15-10-00 Royal Banl	c of Scotland – City Office
Account number: 17487062 Account na	me: Evelyn Partners Fund Solutions Limited Client Money Account
REDEMPTION PROCEEDS	
Please provide bank details for where you	u wish redemption proceeds to be paid:
Bank or Building Society	
Branch Title	
Account Name	
Account Number	
Sort Code	
INCOME PAYMENTS Please indicate how you wish to have the	income applied from one of the two options below:
DIRECT TO BANK/BUILDING	SOCIETY
If payment details are the same as for red	demption proceeds, please tick this box:
If payment details are different from those	e for redemption proceeds, please enter here:
Bank or Building Society	
Branch Title	
Account Name	
Account Number	
Sort Code	
Or	

PAYMENT

RE-INVESTED IN THE FUND

Please note that the fields marked with an asterisk () are mandatory*

Joint Applicants

Second Applicant (block capitals) (if applicable)

Title*	
Forename(s) (in full)*	
Surname*	
Address – Permanent Residence Address*	
Including postcode	
Address - Mailing / Correspondence Address if	
different from above Including postcode	
including posicode	
Daytime telephone number*	
Email address	
Date of Birth*	
Place of Birth (Town or City)*	
Country of Birth*	
National Insurance No*	
s essential we know about any foreign tax aspect of your af	airs and we may require further information.

If you do not possess a UK National Insurance Number, are non-UK domiciled, or have multiple nationalities, citizenships or residencies, please detail all information per country below:

Country	Nationality or Citizenship	Residency for Tax	Tax ID Number (National Identifier)	I do not have a Tax ID Number

If you are a Tax Resident of a country and you do not possess the relevant National Identifier please provide a reason as to why below:)

Please note that the fields marked with an asterisk () are mandatory*

Third Applicant (block capitals) (if applicable)

Title*				
Forename(s) (in full)*				
Surname*				
Address – Permanent Residence Ad Including postcode	dress*			
Address - Mailing / Correspondence different from above Including postcode	Address if			
Daytime telephone number*				
Email address				
Date of Birth*				
Place of Birth (Town or City)*				
Country of Birth*				
National Insurance No*				
It is essential we know about any foreign tax as If you do not possess a UK National Insurance please detail all information per country below:	Number, are no			r residencies,
Country	Nationality or Citizenship	Residency for Tax	Tax ID Number (National Identifier)	I do not have a Tax ID Number
	l			
If you are a Tax Resident of a country an why below:	d you do not p	possess the relevan	t National Identifier please provide	e a reason as to

Please note that the fields marked with an asterisk () are mandatory*

Fourth Applicant (block capitals) (if applicable)

Title*				
Forename(s) (in full)*			_	
Surname*				
Address – Permanent Residence Add Including postcode	ress*			
Address - Mailing / Correspondence Address - Mailin	Address if			
Daytime telephone number*				
Email address				
Date of Birth*				
Place of Birth (Town or City)*				
Country of Birth*				
National Insurance No*				
is essential we know about any foreign tax asp you do not possess a UK National Insurance N ease detail all information per country below:				or residencies,
Country	Nationality or Citizenship	Residency for Tax	Tax ID Number (National Identifier)	I do not have a Tax ID Number
		+		
you are a Tax Resident of a country and hy below:	you do not pos	ssess the relevan	t National Identifier please provid	e a reason as to

This section should be completed by institutional investors. Individual investors please turn to the declaration page

AUTOMATIC EXCHANGE OF FINANCIAL ACCOUNT INFORMATION FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) REQUIREMENTS COMMON REPORTING STANDARDS (CRS) REQUIREMENTS

An Entity may be classified as a Financial Institution (FI) under the FATCA and CRS regulations and must comply with the regulations if they qualify as either:

a) An investment entity conducting investment business on behalf of a customer and these activities contribute to at least 50 per cent of the entity's gross income. Under CRS these entities are defined as Active Investment Entities (AIEs). If this applies please proceed to part I.

or

b) An investment entity conducting investment business on its own account and these activities contribute to at least 50 per cent of the entity's gross income, and the entity is 'professionally managed' by another FI under a discretionary management agreement, or under a 3rd party service agreement. Under CRS these entities are defined as Managed Investment Entities (MIE).

Alternatively if not an FI the company or partnership will be classified under FATCA as a Non-Financial Foreign Entity (NFFE), and under CRS will be classified as a Non-Financial Entity (NFE). If this applies please proceed to part II.

For the rest of this application 'NFFE' will be referred to as 'NFE' the term used in the CRS.

Please note that if the Entity is an FI and is resident in a non-participating jurisdiction under CRS then the entity will be deemed to be a Passive NFE for reporting purposes. If this applies please proceed to part II.

I. Please select one of the follo		otions below detailing your FATCA / CRS status and provide your Global if applicable:
Participating Financial Institution Insert GIIN If you have undertaken your own FATCA registration. OR Sponsored Financial Institution — Insert its GIIN and name	0	GIIN Name
Certified Deemed Compliant Financial Institution (e.g. offshore investment company wholly owned by a Financial Institution)	0	
Exempt Beneficial Owner (e.g. Governmental organisations; International Organisations such as the International Monetary Fund)	0	
Non-Participating Financial Institution (FATCA only)	0	If selected please contact the Transfer Agency Team at Evelyn Partners

		on they will instead be considered to be a Non-Financial Entity (NFE), either sive NFE. Please select one of the following:	
Active NFE	0	The most common example in the case of an entity is one that is conducting trading activities where less than 50% of its gross income is from investments and less than 50% of its assets produce investment income. Active NFEs are out of scope for FATCA / CRS and have no compliance obligations under the regulations but we may be obliged to submit certain information to the relevant local tax authority where the entity is a non-UK resident.	
Passive NFE	0	If the entity is NOT an Active NFE it will be a Passive NFE. Legislation based on FATCA/CRS requires us to identify all controlling persons of Passive NFEs, determine their tax residencies, and determine whether we are obliged to submit certain account information regarding such controlling persons to the relevant local tax authority who will pass it on to tax authorities in the relevant jurisdiction.	
Direct Reporting NFE – Insert GIIN (FATCA Only - if you are being sponsored by another FI please insert its GIIN and name)	0	GIIN Name	

DECLARATION AND SIGNATURES

- I/We have read the Key Investor Information Document (KIID)
- I/We have read the European MIFID II Template (EMT) and fit the criteria of the target market of this Fund
- I/We understand that Evelyn Partners Fund Solutions Limited may need to use credit reference/information agencies in order to satisfy Evelyn Partner's statutory money laundering obligations. These agencies may keep a record of this enquiry.
- I/We confirm that all applicants are at least 18 years of age.
- I/We understand that where required by the FCA's client money rules, Evelyn Partners will hold money received on my/our behalf in accordance with those rules in a pooled client bank account, with an approved bank (as defined in the FCA Rules) in the UK. No interest will be payable to me/us in respect of such money. Further information is contained within the fund prospectus regarding the way we hold client money and the protections available under the Financial Services Compensation Scheme.
- I/We understand that where over-payments of less than £1.00 are received for investments, it is Evelyn Partner's policy to write these over-payments off.

Signature – APPLICANT 1	Date
Signature – APPLICANT 2	Date
Signature – APPLICANT 3	Date
Signature – AFFLICANT 3	Date
Signature – APPLICANT 4	Date

FINANCIAL ADVISER DETAILS (if applicable) Note that in accordance with FCA rules, commission refers to legacy / non-advised / execution only services

Name		COMMISSION	%
Company			
		DISCOUNT	%
Address			
Postcode	Telephone No		
Posicode	теернопе по		

CONTACT DETAILS

Evelyn Partners Fund Solutions Limited 177 Bothwell Street Glasgow G2 7ER

Telephone Number – 0141 222 1150 Fax Number – 020 7131 8261

DATA PROTECTION

We may collect, record and use information about you or other relevant individuals, in physical and electronic form and will hold, use and otherwise process the data in accordance with the General Data Protection Regulation (EU) 2016/679 ("GDPR") and as set out in our Fair Processing Notice. We shall record any information (including, where appropriate, personal data as defined in the GDPR) which we receive about you and your investments (whether in relation to this Fund or any other) and will organise and process such information as we think appropriate in connection with the administration of your investments.

We may: (i) process or disclose your information where under a legal or regulatory obligation to do so; (ii) use your information for research and statistical analysis purposes; and (iii) disclose your information to third party entities which provide us with administrative support and technological back up services.

We may disclose your information to third party promoters of this Fund only (but not to any other third parties) for research, statistical analysis and administration purposes.

Any person about whom we hold personal data has the right to obtain a copy of that personal data.

For more detail about how we process your data, the legal basis for processing and your rights in relation to this processing, please request a copy of our Fair Processing Notice or obtain a copy online at www.evelyn.com.

Complaints Procedure

We have in place an internal complaints-handling procedure and in the event of dissatisfaction you should address any complaint, in the first instance, to our Head of Legal & Compliance at our registered office as detailed below. A copy of our complaints handling procedure is available on request.

Financial Ombudsman Service

In the event that we are unable to resolve your complaint to your satisfaction, you may have the right to complain directly to the Financial Ombudsman Service, which is an independent service set up by law to resolve disputes between consumers and financial institutions. If you are an individual acting for purposes outside your trade, business, craft or profession, you may have the right to complain directly to the Financial Ombudsman Service, more Information on this scheme is available from us on request. The contact details of the Financial Ombudsman Service are as follows:

Financial Ombudsman Service Exchange Tower London E14 9SR Telephone no. 0800 023 4567

Website: www.financial-ombudsman.org.uk

Evelyn Partners Fund Solutions Limited

Please fill in the whole form in BLOCK CAPITALS using a ball point pen and send it to:	Service User Number
Evelyn Partners Fund Solutions Limited	2 9 0 7 9 9
206 St Vincent Street Glasgow G2 5SG	Reference
Name(s) of Account Holder(s)	Instruction to your Bank or Building Society Please pay Evelyn Partners Fund Solutions Limited Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee.
Bank/Building Society account number	I understand that this instruction may remain with Evelyn Partners Fund Solutions Limited and, if so, details will be passed electronically to my Bank/Building Society.
Byranah Carta Cada	Signature(s):
Branch Sort Code	Date:
To the Manager:	
Bank/Building Society	
Address:	
	Postcode:
	1 5515545.

Banks and Building Societies may not accept Direct Debit Instructions from 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 or building Societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit, Evelyn Partners Fund Solutions Limited will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request Evelyn Partners Fund Solutions 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 Evelyn Partners Fund Solutions 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 Evelyn Partners Fund Solutions Limited asks you to