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Switch Form for Companies and Trusts



Please complete in BLOCK CAPITALS using BLACK INK. PLEASE NOTE: Any applications received that are not completed correctly may incur delays or may have to be returned to you.

- · This application is for existing company, trust and pension trust accounts that wish to switch funds on the FundsNetwork platform
- If you wish to invest in SICAV (offshore) funds, please contact us for the correct application form

1	Primary Holder Details			
NAME OF PRIMARY HOLDER				
ACCOUNT NUMBER	ACCOUNT DESIGNATION			
ADDRESS FOR CORRESPONDE Ireland addresses are eligible) HOU	ENCE ("Care of" and PO Box are not acceptable. Only UK mainland and Northel JSE NUMBER AND/OR HOUSE NAME	m		
STREET, CITY, COUNTY AND C	OUNTRY DETAILS	POSTCODE		
NAME OF COMPANY OR TRUST	г			
LEGAL ENTITY IDENTIFIER (Ple	ease note your identifier in the boxes provided.)			
	ed to give us a Legal Entity Identifier (LEI) if you are going to buy, sell or sw ge traded funds and company shares. For information in how to apply for an			
	ase include details with this form. We may need to contact you for further info			
the member where it is a pension t	s where the member is an account holder, please provide the nationality infortrust. Copy this page as needed.	miauon ioi an trustees of the bale trust and ioi		
TITLE SU	JRNAME			
FIRST NAME(S) IN FULL				
ARE YOU A UK NATIONAL ONL	Y? (PLEASE MARK AN X IN THE BOX			
ARE YOU A UK NATIONAL AND N	NATIONAL OF ONE OR MORE OTHER COUNTRIES? (TICK BOX AND LIST	ALL OTHER COUNTRIES BELOW)		
ARE YOU A NATIONAL OF NON-	UK COUNTRIES ONLY? (TICK BOX AND LIST ALL OTHER COUNTRIES I	BELOW)		
NATIONALITY 1	NATIONALITY 2			
NATIONALITY 3	NATIONALITY 4			

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Switch Instructions

Please complete your fund choice(s) and investment amount(s) below and refer to the Fund Range document or visit www.fidelity.co.uk/fundrange for the Fund Code and Fund Name. Note: Your fund choice will be derived by the Fund Code that you enter and not the Fund Name. Enter the amount/percentage that you wish to switch. Please indicate the percentage that you wish to place in each fund, ensuring the total adds up to 100%.

The following switch instructions will only be applied to the account number identified in Section 1.

If you are switching from an income paying fund and you previously opted to have distributions paid out to your bank account, this preference will be carried over. If you are switching from accumulation funds or where income has been set to reinvest then income will be set to reinvest on the new fund selection. If you wish to change your income preference please contact FundsNetwork. If you have a Monthly Savings Plan in place for this account collections will continue to be made unless you contact FundsNetwork to cancel the plan.

FROM	FUND CODE	FUND NAME	AMOUNT (£) OF	PERCENTAGE(%)
то	FUND CODE	FUND NAME		PERCENTAGE (%)
				100-00
FROM	FUND CODE	FUND NAME	AMOUNT (£)	R PERCENTAGE(%)
то	FUND CODE	FUND NAME		PERCENTAGE(%)
то	FUND CODE	FUND NAME		PERCENTAGE(%)
то	FUND CODE	FUND NAME		PERCENTAGE(%)
то	FUND CODE	FUND NAME		
то	FUND CODE	FUND NAME		
то	FUND CODE	FUND NAME		PERCENTAGE(%)
то	FUND CODE	FUND NAME		

This section should only be completed by intermedianes. Plea	ise enter the appropriate details here and avoid supplying information on separate sheets.
COMPANY STAMP	UNIQUE ADVISER NUMBER
	FCA NUMBER I confirm that I am registered with the Financial Conduct Authority (FCA) to conduct business and my authorisation number is: OFFICEUSEONLY
REMUNERATION DETAILS	
Have you provided a personal recommendation? (You must complete either the Yes or No box)	
YES – This option would default your remuneration ty	pe to Fee and override any alternate remuneration choice
NO	
Please note these assets will be added to your client's fee acree cannot be applied to this type of instruction.	count and if Adviser Ongoing Fee has previously been setup this will be automatically applied. An Initial
An Adviser Ongoing Fee cannot be applied to this type of invonce the assets have been received.	estment using an application form. If you would like to setup an Adviser Ongoing Fee this must be done onlin
YOUR SIGNATURE	
Intermediary signature	Date signed (DDMMYYYY)
X	X

Intermediary Details

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Important Documents

Before investing please make sure you read and save or print the up-to-date version of:

- The Key Features Document Doing Business with FundsNetwork Client Terms.
- · Key information document applicable to your investment.
- The illustration document

Important Notice: If you have not received one or all of the documents listed above, please contact your adviser.

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Declaration and Signature

I/We understand that the information I/we provide on this application form will be processed in accordance with Fidelity's data protection statement contained in the Fidelity Client Terms. I/We declare that:

- I/We have read the latest Key Features Document Doing Business with FundsNetwork.
- I/We have read the latest key information document.
- · I/We accept the FundsNetwork Client Terms.

PRIMARY ACCOUNT SIGNATURE

• The information given by me/us is correct to the best of my/our knowledge, and I/we will inform FundsNetwork immediately of any changes to the information contained therein.

SIGNATURE(S) OF ALL NAMED APPLICANTS AND DATE (YOU MUST SIGN HERE - Please ensure all relevant sections are completed as per the instructions on this form) If you are signing the application form by Power of Attorney, please call Fidelity for the details of documentation that is required for this to be acceptable.

You must provide a SIGNATURE for EACH ACCOUNT HOLDERS

X	X	
SECOND ACCOUNT SIGNATURE		
X	X	
THIRD ACCOUNT SIGNATURE		
X	X	
FOURTH ACCOUNT SIGNATURE		
×	×	

If you have any queries about this form please ask your Intermediary, or ring our ServiceLine on 0800 358 4060. Please send your completed form to your Intermediary or to Fidelity, PO Box 391, Tadworth, KT20 9FU. Issued by Financial Administration Services Limited, authorised and regulated in the UK by the Financial Conduct Authority. FundsNetwork™ and its logo are trademarks of FIL Limited.