

Additional Permitted Subscription (APS) ISA Application

Fundsmith Equity Fund and Fundsmith Sustainable Equity Fund

Additional Permitted Subscription (APS) ISA Application

This form can be used to open an APS ISA account with Fundsmith. This form will start the process by establishing the level of APS allowance available to you, whether that is held with Fundsmith or elsewhere.

- Please read the General Guidance on Additional Permitted Subscriptions (APS) ISA allowance before completing this form, as it may help you better understand the correct process to follow. Alternatively, please call us on 0330 123 1815 to discuss.
- If the Deceased's ISA is with Fundsmith, please complete just the Application part of the this form. Please ensure you sign the Application. If the Deceased's ISA(s) are held with other managers, please complete both the Application Form and Transfer Authority. Please complete a separate Transfer Authority for each ISA manager of the Deceased's ISA(s).
- Please complete this form in ink using **BLOCK CAPITALS**.
- Return the form to Fundsmith LLP, PO Box 10846, Chelmsford, CM99 2BW.
- The Key Investor Information Documents and the Supplementary Information Document including the Fundsmith ISA Terms and Conditions contain important information about the Fundsmith Equity Fund, Fundsmith Sustainable Equity Fund and the Fundsmith ISA and all investors should read these before making a decision to invest. These documents can be downloaded from our website, www.fundsmith.co.uk.
- If you are unsure if these funds are suitable for you and your financial objectives please consult a financial advisor.

Name of APS applicant	
Title	Surname
Forename(s)	D.O.B. <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Existing Fundsmith account number (if available)	
<input type="checkbox"/> If you hold or have held any political or public function, or if you are an immediate relative, close friend or business associate of a person that holds or has held any political or public function please tick this box.	

Contact details	
Permanent residential address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	Email
Telephone	Mobile

National Insurance Number	
Please provide your National Insurance number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
If you don't have a National Insurance number, please provide rationale	<input type="text"/>

Additional Permitted Subscription (APS) ISA Application

Details of the Deceased

Title	Forename(s)																					
Surname																						
Date of birth	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of death	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of marriage or civil partnership between the investor and the Deceased												<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Permanent residential address of the Deceased at their date of death																						
<input type="text"/>																						
<input type="text"/>																						
<input type="text"/>										Postcode		<input type="text"/>										
National Insurance Number (if known)												<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Existing Fundsmith account number (if known)												<input type="text"/>										

If the deceased held an ISA with someone other than Fundsmith, please fill out the Transfer Authority section at the end of this form.

Your bank details for withdrawals and distributions

Name of bank													
Branch						Name of account holder							
Sort code		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Account number		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

By completing this section you are providing a standing instruction for Fundsmith to pay any future withdrawal or income distribution to the above bank account. Generally payments are made for a value date four business days after the valuation point following the dealing instruction(s).

Additional Permitted Subscription (APS) ISA Application

APS eligibility declaration

I declare that:

- I am the surviving spouse/civil partner of the Deceased named on this application.
- I was living with the Deceased within the meaning of section 1011 of the Income Tax Act 2007 at the date of the Deceased's death (we were not separated under a court order, under a deed of separation, or in circumstances where the marriage or civil partnership had broken down).
- I wish to establish a Fundsmith APS ISA. The subscription is made under the provisions of regulation 5DDA of the ISA regulations (additional permitted subscription).
- Any cash subscription will be made within 3 years of the date of death, or if later, 180 days of the completion of the administration of the estate and/or any non-cash subscription will be made within 180 days of beneficial ownership of the Deceased's ISA passing to me.
- I have not made, and will not make any additional permitted subscription with any existing ISA provider of the Deceased, referred to in the attached Transfer Authority Section(s) nor have I transferred the APS allowance relating to the Deceased's ISA(s) referred to there to another ISA provider.
- I am 18 years of age or over.
- I am not a US Person, i.e. a US citizen or tax resident in the United States of America and I will notify Fundsmith immediately in the event I become a US person.
- All subscriptions made, and to be made, belong to me.
- I have a copy of the Key Investor Information Documents and Supplementary Information Document and have kept them for my records. I consent to Fundsmith LLP providing the Key Investor Information Documents via Fundsmith's websites.
- I agree to be bound by the Fundsmith ISA Terms and Conditions as set out in the Supplementary Information Document, and I accept that these may be varied in accordance with their terms.
- The information given in this application is correct to the best of my knowledge and belief.
- I will notify Fundsmith immediately should any of the information provided, and in particular, any information about my tax residency change.

I authorise Fundsmith:

- To hold my cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of these investments and any other cash.
- To make on my behalf any claims to relief from tax in respect of ISA investments.
- To obtain additional information in order to comply with anti-money laundering requirements and I acknowledge that electronic data sources may be used to check my identity.
- To accept redemption dealing instructions by post, fax, telephone or online via the myAccount section of the Fundsmith website and for payment to be made to the bank account specified above.

Data Protection

- Fundsmith will hold any personal information provided by me in confidence and in accordance with data protection law. By completing this form, consent is given to the processing of personal data in accordance with Fundsmith's data protection policy which is set out in the Supplementary Information Document including the transfer of personal data outside of the United Kingdom.
- I have read the data protection section of the Supplementary Information Document.

Please tick this box if you wish to receive marketing communications via emails and post from Fundsmith.

Signature

Date

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Transfer Authority Section

This section should only be used if the Deceased held an ISA at the date of their death with a different ISA manager (i.e. not Fundsmith) and you want to include those holdings in the APS allowance available via Fundsmith. If the Deceased held multiple ISAs with different ISA managers, please complete one section per ISA manager so that we can contact them separately.

Transfer authority (ies)

Name of Deceased

Permanent residential address of the Deceased at their date of death

Postcode

Date of birth [D][D]/[M][M]/[Y][Y][Y][Y] Date of death [D][D]/[M][M]/[Y][Y][Y][Y]

National Insurance Number (if known)

Name of Deceased's ISA manager

Address of Deceased's ISA manager

Deceased's ISA account number (if known)

I wish to open a Fundsmith APS ISA in respect of the Deceased's ISA held with you. I hereby authorise Fundsmith LLP to establish the level of my APS allowance from the above ISA Manager and instruct the above ISA Manager to provide the relevant information in relation to the Deceased's ISA to Fundsmith.

Transfer authority (ies)

Name of Deceased

Permanent residential address of the Deceased at their date of death

Postcode

Date of birth [D][D]/[M][M]/[Y][Y][Y][Y] Date of death [D][D]/[M][M]/[Y][Y][Y][Y]

National Insurance Number (if known)

Name of Deceased's ISA manager

Address of Deceased's ISA manager

Deceased's ISA account number (if known)

I wish to open a Fundsmith APS ISA in respect of the Deceased's ISA held with you. I hereby authorise Fundsmith LLP to establish the level of my APS allowance from the above ISA Manager and instruct the above ISA Manager to provide the relevant information in relation to the Deceased's ISA to Fundsmith.