

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 Subscription (APS) ISA allowance with Fundsmith* available on our website.

- If the Deceased's ISA is with Fundsmith, just complete the form and sign. If the Deceased's ISA or ISA's are held with other managers, please complete the form and in addition fill out the Transfer Authority Section for each of those managers.
- 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 Document and the Supplementary Information Document contain important information about the Fundsmith Equity Fund and all investors should read these prior to completing this form. These documents are provided via our website www.fundsmith.co.uk.
- If you are unsure of the suitability of this fund, please consult your 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)	

Permanent residential address in full	
<input type="text"/>	
<input type="text"/>	
Postcode	Email
Telephone	Mobile

National insurance number	
Please enter 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 do not have one, please tick this box	<input type="checkbox"/>

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Details of the Deceased

Title Forename(s)

Surname

Date of birth / / Date of death / /

Date of marriage or civil partnership between the investor and the Deceased / /

Permanent residential address of the Deceased at their date of death

Postcode

National Insurance Number (if known)

Existing Fundsmith account number (if known)

Where 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 income distributions (where applicable) and redemptions

Bank or building society

Branch Account holder

Sort code Account number

This section of the form creates the standing instructions to pay into the above account the redemption settlement proceeds on any future sale of your investment by bank transfer for value within four business days after the valuation point following the dealing instruction(s).

If you would like us to pay your income distribution payments to the same bank account then please tick this box.

If you wish to use different account details for your income payments please tick this box and supply a covering letter with these details.

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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 ISAs referred to there to another ISA provider.
- I am aged 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 latest available Fundsmith Equity Fund Key Investor Information Document and Supplementary Information Document and have kept them for my records. I consent to Fundsmith providing the Key Investor Information Document via the Fundsmith website at www.fundsmith.co.uk.
- 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 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.

Data Protection

- Fundsmith will hold any personal information provided by me in confidence and in accordance with data protection law. I have read the data protection section of the Supplementary Information Document. 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 European Economic Area.
- 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 be used if the Deceased held an ISA at the date of their death with another ISA manager and you want to include this in the APS allowance available to 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
Name of Deceased
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.

If the Deceased held ISA's at more than one other ISA provider please complete one authority for each ISA manager where you want to include that in the Fundsmith APS ISA.