

VT Tatton Oak Cautious Growth Fund

SIPP Application Form for the Purchase of Shares

This form duly completed should be sent to:

Valu-Trac Administration Services, Orton, Fochabers, Moray IV32 7QE
Tel: 01343 880344, Fax: 01343 880267

If sent by fax, please confirm to Valu-Trac Administration Services by telephone immediately and forward the original application form to the address above

Purchase Application

I/We, the undersigned, having received and read a copy of the Prospectus for the VT Tatton Oak ICVC ("the Company") dated 31 October 2018 (together with any addendums or supplements thereto) and the Key Investor Information Document, hereby apply for such number of Shares in the Company as may be purchased with the amounts indicated below at the subscription price determined in accordance with the Prospectus:

Fund: VT Tatton Oak Cautious Growth Fund

Share Class:

A Class (Retail)

B Class (Retail)

Amount:

- i. Total amount being sent: **GBP / shares**
(please delete as appropriate)
- ii. Adviser charge deducted (if any):
- iii. I/We apply to subscribe the following net investment amount:
- iv. Ongoing charge deducted (if any): %
Paid quarterly

Details of SIPP Provider

Company/Nominee Name

or Title

Surname

Forenames

Address

Postcode

Country

Telephone

Email

Bank Details of SIPP Provider

Name of Bank	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Account Name	<input type="text"/>
Account Number	<input type="text"/>
Bank Sort Code	<input type="text"/>
or Bank Swift Address	<input type="text"/>
or Bank ABA Number	<input type="text"/>

Distributions (if applicable) will be paid to the bank account above

Authorised Signatories

This application is authorised by the following who is/are person(s) authorised to give all instructions and to take all actions on my/our behalf in connection with any Shares held by me/us in the VT Tatton Oak Cautious Growth Fund.

Adviser charges

By signing this application I can confirm that I am in agreement with the adviser charge being deducted as indicated in the Purchase Application above and paid to the financial adviser.

Name of Authorised Person(s)	Signature of Authorised Person(s)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Any One to sign Any Two to sign Separate list attached

Note: If the authorised signatory listing is a separate document forwarded with the original application, this listing needs to be accompanied by an original or certified copy of the company's mandate which approves the signatory listing.

Financial Advice and Adviser Charging

Firm name Adviser name

Have you paid the adviser charges?

- Yes, I/we have paid the adviser charges separately.
- No, I/we have not paid the adviser charges and would like you to pay the amount detailed in the Purchase Application to my/our financial adviser.

Payment Method – Payment is by wire transfer only

Funds should be wired for value on the settlement date of this transaction which will have been agreed in advance with Valu-Trac Administration Services and which will be stated on the Contract Note issued to you by Valu-Trac Administration Services. If funds are received on any date other than this agreed settlement date they may be returned by the Bank.

Applications must be submitted via a financial adviser

Financial Adviser Declaration (THIS SECTION MUST BE COMPLETED IN FULL)

I acknowledge that it is my sole responsibility to evaluate all of the product information provided to me and, where I have provided advice and made a personal recommendation to the investor(s) in accordance with the FCA Handbook, I confirm that I have the requisite knowledge and experience as to be deemed competent and capable of assessing the suitability of this product in relation to my client's circumstances and investment objectives.

I confirm that I have assessed the capability of my client to understand and evaluate the risks and merits of this product and have determined that the product is a suitable investment for my client.

I declare that this Application Form has been completed to the best of my knowledge and belief and I have fully disclosed any adviser charge, if applicable, to the investor(s). I understand that any adviser charge being facilitated will be paid after the start date of the Plan subject to a fully completed Terms of Business agreement being in place.

I confirm that I have retained documentary evidence for all parties relevant to this application that meets or exceeds the standards set out in the JMLSG guidance. I have seen all original documents and those requiring a signature have been signed. I acknowledge that Valu-Trac Administration Services will rely upon this confirmation for the purposes of Regulation 17 of The Money Laundering Regulations 2007 and that an Identity Verification Certificate (IDVC) and relevant supporting documents will be provided on request.

I confirm that I have determined that my client has satisfied all the relevant requirements to be accepted as an investor into this product.

Company name	<input type="text"/>
Adviser name	<input type="text"/>
Address or adviser company stamp	<input type="text"/>
Postcode	<input type="text"/>
Adviser signature	<input type="text"/>
Contact number	<input type="text"/>
Email	<input type="text"/>
FCA number	<input type="text"/>

Bank Details of Financial Adviser

Name of Bank	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Account Name	<input type="text"/>
Account Number	<input type="text"/>
Bank Sort Code	<input type="text"/>
or Bank Swift Address	<input type="text"/>
or Bank ABA Number	<input type="text"/>

Distributions (if applicable) will be paid to the bank account above

Anti-Money Laundering Requirements

Please provide the following information to Valu-Trac Administration Services

Designated body within a Financial Action Task Force jurisdiction

Written confirmation on your headed paper that you are a designated body;
The name of the relevant regulatory authority by which you are regulated.