

## YFS Argonaut Funds - Application Form

Key Investor Information Documents can be requested free of charge by calling 0345 850 0255 or can be found at [www.yealand.com/funds](http://www.yealand.com/funds). Please ensure you have read these documents before completing this form. Completed application forms along with the required identification documents should be returned to Yealand Fund Services Limited, Fountain Suite B, Lynch Wood Park, Peterborough, PE2 6FZ. We require the original form before your account can be opened. Accounts must be opened before placing your initial investment. Failure to correctly complete all relevant sections of this form may delay your application. This application form is for private investors and corporate entities. If your investment is a trust then please contact us for a Trust Application Form.

### 1: APPLICANT DETAILS If you have an existing account please provide your account number:

Please complete all details in full. Joint accounts can have up to a maximum of 4 applicants. Please enter the details below for applicants 1 and 2, if more than 2 applicants are required please tick here ☐ and provide full details on a separate sheet of paper. All applicants must be aged 18 or over. Please note all correspondence will be sent to the address of the first applicant.

#### Private Investor – First Applicant

Title:

Date of birth (DD MM YYYY):

Address:

Full forename(s):

Surname:

Postcode:

Email address:

Country of residence:

Tax reference number:

Place of birth:

Country/countries of tax residency:

Contact phone number:

Password, max 8 characters (For security):

#### Private Investor – Second Applicant (Joint Account)

Relationship to first applicant:

Title:

Date of birth (DD MM YYYY):

Address:

Full forename(s):

Surname:

Postcode:

Email address:

Country of residence:

Tax reference number:

Place of birth:

Country/countries of tax residency:

Contact phone number:

Password, max 8 characters (For security):

## Corporate Entity

Registered Entity (Please note must be a legal entity & supply corresponding AML documents):

Company number:

FCA number:

Registered Address:

Correspondence Address (if different):

Postcode:

Postcode:

Tax Residency (please also complete section 8):

Contact details:

Phone number

Email address

Main contact:



Dealing contact:



Settlements contact:



Statements contact:



## 2: IDENTITY DOCUMENTS

We have certain responsibilities to verify the identity of all applicants under the UK regulations including the UK anti money laundering legislation and therefore require copies of the following documents. We will also undertake an electronic verification check of your details via a reputable referencing agency, who will return a record of the check. This information provided will be used for fraud prevention purposes. Where the results of the electronic check are not satisfactory, further information and documentation may be required. We reserve the right to refrain from investing your money and/or to withhold any capital and/or income until adequate evidence of identity has been provided. Please indicate which documents you have enclosed. Please ensure all copies are of a good, clear standard to prevent any delays in your application. If you are unable to provide the listed documentation, please contact us on 0345 850 0255.

Private Applicants:

Corporate Applicants:

☐

Copy of valid Passport and/or Driving Licence

☐

Current authorised signatory list / full details of Directors

☐

Copy Bank Statement, dated within 3 months

☐

Signed AML declaration (if FCA regulated)

☐

Other, please specify:

☐

Other, please specify:

Please note that in some circumstances we may be required to ask you for more information on your source of wealth.

## 3: BENEFICIAL OWNER DETAILS

If the beneficial owner of the investment is different to the named applicant(s), please disclose the following details for the individual/organisation that own or control this investment. Where there is more than one beneficial owner please tick here ☐ and provide full details on a separate sheet of paper. For more information regarding beneficial owner details, please contact us.

☐

I confirm that I/We as the above-named applicant(s) are the beneficial owner(s) for this investment.

Or the beneficial owner details are:

Full Name:

Permanent Address:

Country/countries of tax residency:

Date of birth (DD MM YYYY):

Postcode:

#### 4: DESIGNATION

If you wish for a designation to be added to the account, please enter the details below, limited to 18 characters. If you are investing on behalf of a minor, please insert their name or initials.

Designation:

Designation, full name if above is abbreviated:

#### 5: FUND SELECTION & INVESTMENT

Please indicate if you are opening the account for a new investment or transfer and which share/unit classes you wish to add to your account. Please also state the cash value or number of shares. Please note the funds have minimum investment levels and may be subject to charges. Your account with us must be opened prior to accepting investment money.

☐ Lump sum – Cash or Units

☐ Transfer In – Units

- ☐ YFS Argonaut Absolute Return Fund Class A CHF Accumulation - GB00BQV37F33
- ☐ YFS Argonaut Absolute Return Fund Class A EUR Accumulation – GB00B7K37282
- ☐ YFS Argonaut Absolute Return Fund Class A GBP Accumulation – GB00B7MC0R90
- ☐ YFS Argonaut Absolute Return Fund Class A USD Accumulation - GB00BN722818
- ☐ YFS Argonaut Absolute Return Fund Class I CHF Accumulation - GB00BQV37G40
- ☐ YFS Argonaut Absolute Return Fund Class I EUR Accumulation - GB00B779CH97
- ☐ YFS Argonaut Absolute Return Fund Class I GBP Accumulation - GB00B79NKW03
- ☐ YFS Argonaut Absolute Return Fund Class I USD Accumulation - GB00BH36TH37
- ☐ YFS Argonaut Absolute Return Fund Class O EUR Accumulation - GB00BN722B48
- ☐ YFS Argonaut Absolute Return Fund Class O GBP Accumulation - GB00BN722925
- ☐ YFS Argonaut Absolute Return Fund Class O USD Accumulation - GB00BN722C54
- ☐ YFS Argonaut Absolute Return Fund Class R GBP Accumulation - GB00B7FT1K78
- ☐ YFS Argonaut Absolute Return Fund Class OP EUR Accumulation - GB00BN6S0426
- ☐ YFS Argonaut Absolute Return Fund Class OP GBP Accumulation - GB00BN6S0319
- ☐ YFS Argonaut Absolute Return Fund Class OP USD Accumulation - GB00BN6S0533

This page begins below.

#### 6: INCOME DISTRIBUTION BANK DETAILS

This section is only required for income paying unit/share classes. Please note that if this section is not completed for Income paying unit/share classes, we will be unable to accept the form and will reject it back to you. For Accumulation unit/share class, the income is rolled up into the capital value of your holding. Please refer to the prospectus for more information. Please note that some types of banks and building societies accounts may not accept direct credits.

☐

Paid – Direct credit

☐

Reinvested

Name of Bank or  
Building Society:

Name of account holder(s):

Address of Bank or Building Society:

Account number:

Sort Code:

Building Society Roll no. (if applicable):

Postcode:

#### 7: AGENT DETAILS

If you wish to give a third party authority to talk to us about your holding and place deals on your behalf, then please enter their details below. Please note all proceeds are paid to the registered holder only. All investments must be direct from the registered holder. If you wish to withdraw any authority, you must do so in writing. Please note, that if neither of the tick boxes below are selected, both will apply to your account.

☐

Obtain Information

☐

Place Dealing Instructions

Name / Company:

Address:

Email address:

Phone number:

Postcode:

## 8: COPORATE TAX CERTIFICATE

Tax regulations require us to collect certain information about each investors tax residency and classifications. In certain circumstances, including if we do not receive the full details from you, we may be obligated to share information about your account with the HMRC. Please complete the section below as directed. For further guidance, please refer to the HMRC or IRS. If your organisation has more than one country of tax residency, please tick here ☐ and complete this section of the form for each country.

Organisation's Classification under the Foreign Account Tax Compliance Act (FATCA) Please tick one box below only, with reference to the tax residency stated.

Please state the country in which your organisation if a resident for tax purposes:

Please provide us with your organisation's Tax Identification Number:

Please provide us with your organisation's Global Intermediary Identifier Number (GIIN):

If your organisation is a Financial Institution, please specify which type below:

- ☐ UK Financial Institution or a Partner Jurisdiction Financial Institution
- ☐ Participating Foreign Financial Institution (in a non-IGA Jurisdiction)
- ☐ Non-Participating Foreign Financial Institutional (in a non-IGA Jurisdiction)
- ☐ Financial Institution resident in the USA or in a US Territory
- ☐ Exempt Beneficial Owner
- ☐ Deemed Compliant Foreign Financial Institution (besides those listed above)

If your organisation is not a Financial Institution, please specify your FATCA status below:

- ☐ Active Non-Financial Foreign Entity
- ☐ Passive Non-Financial Foreign Entity (if you tick this box you must supply details for each controlling person)

Organisation's Classification under the Common Reporting Standard (CRS) Please tick one box below only, with reference to the tax residency stated.

- ☐ Financial Institution (this includes Non-Reporting Financial Institutions such as pension scheme, government entity, international organisation and other entities as listed in HMRC guidance notes)
- ☐ A Professionally Managed Investment Entity outside of a CRS Participating Jurisdiction
- ☐ Active Non-Financial Entity which is regularly traded on an established securities market or affiliated thereto. A government entity or an international organisation
- ☐ Active Non-Financial Entity (other than those listed above)
- ☐ Passive Non-Financial Entity (if you tick this box, you must supply details for each controlling person)

### Organisation's Controlling Persons

If there are more than two controlling persons, please tick here ☐ and provide full details on a separate sheet of paper.

Full name of Controlling Person:

Date of Birth (DD/MM/YYYY):

Tax Identification Number:

Country(ies) of Tax Residency:

Permanent Residence:

Postcode:

Full Name of Controlling Person:

Date of Birth (DD/MM/YYYY):

Tax Identification Number:

Country(ies) of Tax Residency:

Permanent Residence

Postcode:

## 9: DECLARATION

Please read this section carefully to ensure you full understand the terms. More information can be found in the Funds' KIID and Prospectus, and our Terms and Conditions. These documents are available from our website [www.yealand.com](http://www.yealand.com) or by calling us on 0345 850 0255. If you are in any doubt or have questions regarding these documents, please consult a financial advisor or call us on 0345 850 0255. Please note we are not authorised to give financial advice.

- I confirm that all applicants are at least 18 years of age and declare that all the information supplied on this form, and any additional pages are correct to the best of my knowledge and acknowledge that it is my/our responsibility to inform Yealand Fund Services Limited of any changes as soon as possible.
- I declare that the supporting identification documents are genuine and current and I understand that you may require additional information from me in accordance with the UK regulations including the UK Money Laundering Regulations and I acknowledge that electronic data sources/agencies may be used to check my identity. These agencies may keep a record of the enquiry.
- I have read and understood this application form, the Key Investor Information Document, Supplementary Information Document, Terms & Conditions and that this application form constitutes an agreement with Yealand Fund Services Limited. Terms and Conditions may be updated from time to time, these will be available on request via our website.
- I confirm that all the above are not US citizens or residents in the US or any of its dependencies and have not been so within the last 3 years and that the above who are not liable to pay US tax. I further confirm that the above named are not making this investment on behalf of any US citizen or any person resident in the US or any of its dependencies or who has been so resident within the last three years. I undertake to advise Yealand Fund Services Limited immediately if any of the previous statements cease to be correct and understand that this investment may have to be sold.
- I understand that this application is subject to acceptance by Yealand Fund Services Limited and that Yealand Fund Services Limited accepts no responsibility for any loss incurred as a result of any delay in the submission of this application form or the data supplied within.
- Data supplied by you will be held by us in connection with your account, we are required to keep and maintain records to comply with UK Regulation & Legislation. Yealand is a registered data controller and will use your information for the administration and servicing of your investments and all other related activities. We may disclose your information to other companies and suppliers we engage to process data on our behalf, in addition we may be required to disclose your information to organisations in order to adhere with regulatory and legal requirements.
- I understand that the information I provide on this application form will be processed in accordance with Yealand's GDPR privacy policy available at [www.yealand.com/policies](http://www.yealand.com/policies)

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|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| <b>1<sup>st</sup><br/>Applicant</b> | Name of Applicant/Authorised Signatory:                                                                                                                                                       | Signature:           |
|                                     | <input type="text"/>                                                                                                                                                                          | <input type="text"/> |
|                                     | Date<br>(DD/MM/YYYY): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                      |
| <b>2<sup>nd</sup><br/>Applicant</b> | Name of Applicant/Authorised Signatory:                                                                                                                                                       | Signature:           |
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| <b>3<sup>rd</sup><br/>Applicant</b> | Name of Applicant/Authorised Signatory:                                                                                                                                                       | Signature:           |
|                                     | <input type="text"/>                                                                                                                                                                          | <input type="text"/> |
|                                     | Date<br>(DD/MM/YYYY): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                      |
| <b>4<sup>th</sup><br/>Applicant</b> | Name of Applicant/Authorised Signatory:                                                                                                                                                       | Signature:           |
|                                     | <input type="text"/>                                                                                                                                                                          | <input type="text"/> |
|                                     | Date<br>(DD/MM/YYYY): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                      |

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