

# PHILIP J MILTON & COMPANY Plc

## PORTFOLIO MANAGEMENT SERVICE APPLICATION FORM

I/We wish to invest within a Philip J Milton and Company Plc Managed Portfolio. (The minimum initial investment is £10,000 either in new money and/or existing stocks and shares).

**Portfolio Strategy** (Please tick)

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Aggressive Growth | <input type="checkbox"/> Defensive   |
| <input type="checkbox"/> Balanced          | <input type="checkbox"/> High Income |
| <input type="checkbox"/> Capital Growth    | <input type="checkbox"/> AIM         |

**BLOCK CAPITALS PLEASE**

**Personal Details**

Failure to complete these details may delay the opening of your plan.  
Please use a second form if more than two account holders.

Title (Mr/Mrs/Miss/Other)		Forenames	
Surname			
Permanent Home Address			
(For correspondence)			
Post Code	National Insurance No		
Email Address			

Title (Mr/Mrs/Miss/Other)		Forenames	
Surname			
Permanent Home Address			
(If different from above)			
Post Code	National Insurance No		
Email Address			

Are you happy for the statements to be sent to the first noted email address? Yes  No

Are at least one of the account holders UK/EU resident for tax purposes? Yes  No

Account Name

The account will be listed in the above name(s), unless otherwise specified to be for the benefits of others listed later in this form, for instance "A/C Children or A/C Grandchildren". If separate addresses for account holders are supplied, the first address will be used as the correspondence address for the hard copy statements that are issued in relation to the account.

**Income Payments**

Income will be reinvested automatically unless you confirm the required details below (please delete/complete as required):

- Payment frequency:** monthly / quarterly / six monthly / annually
- Payment amount:** variable (consisting of only the dividends and interest accrued) / Fixed amount of £\_\_\_\_\_

Name and full postal address of the Bank or Building Society to be credited with the income payments.

The Manager of	Bank/Building Society
	Post Code <input style="width: 10%;"/>

Account Number

Sort Code  -  -

Name(s) of Account Holder(s)

### **Regular Saving**

Are you looking to subscribe regularly to this account? If so, a direct debit mandate requires completion separately and will be supplied upon request.

Please confirm the monthly amount you initially wish to subscribe: £\_\_\_\_\_

Please note that regular savings are taken from your account on 16<sup>th</sup> of the month or the next working day.

### **Account Designation**

Is this account for the benefit of others than yourself? Yes  No

**If no, please proceed to the Declaration section.**

If yes, please provide details of all those currently intended to benefit from the account including their name, date of birth and relationship to you.

Title	<input type="text"/>	Forenames	<input type="text"/>
Surname	<input type="text"/>		
Date of Birth	<input type="text"/>	Relationship to you	<input type="text"/>

Title	<input type="text"/>	Forenames	<input type="text"/>
Surname	<input type="text"/>		
Date of Birth	<input type="text"/>	Relationship to you	<input type="text"/>

Title	<input type="text"/>	Forenames	<input type="text"/>
Surname	<input type="text"/>		
Date of Birth	<input type="text"/>	Relationship to you	<input type="text"/>

Title	<input type="text"/>	Forenames	<input type="text"/>
Surname	<input type="text"/>		
Date of Birth	<input type="text"/>	Relationship to you	<input type="text"/>

*If further beneficiaries need to be noted, please provide details on a separate page.*

If this application is for the benefit of others than yourself, please tick this box to confirm that in making this application you accept that you are not subsequently beneficially entitled to these funds after investment. (If you do not check this box then it may be deemed ineffective as a gift for Inheritance Tax purposes if that is the intention of the investment):

Please note, accounts for the benefit of others means that they are able to withdraw funds once they reach 18. If we are also required to obtain your signature to authorise any withdrawal instruction they may issue please tick this box:

If you are benefitting a group of people in making this application (e.g. grandchildren) and you want to preserve the account status as a Bare Trust, you may need to add to the account for each additional beneficiary you wish to add in the future. Details can be supplied on request.

### **Declaration**

I confirm that I have read the discretionary client agreement and understand and accept the terms of this investment before proceeding.

Signature	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

The personal information given on this form will be held by Philip J Milton & Company Plc within our computer or manual systems and will assist in providing the service for which you have applied. The use of your personal information is covered by Philip J Milton & Company Plc's registration under the Data Protection Act 1998. Under the terms of the Act you have the right, upon payment of the appropriate fee, to obtain a copy of the information held.