

EMERGING MARKETS KICK-OUT PLAN 2

TRUSTEE INVESTMENT APPLICATION FOR PENSION SCHEMES



PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS IN BLUE OR BLACK INK

1

SCHEME DETAILS

Proposers:
(The Trustee(s))

Scheme Name:

Scheme Reference No:

Name of administrators:

Address for correspondence:

Postcode:

Contact name:

Contact tel no:

Type of pension scheme: (please tick one box below)

An occupational scheme which is not a small self-administered scheme:

A small self-administered scheme (SSAS):

A self-invested personal pension scheme (SIPP):

HMRC scheme reference number:

Please add any other relevant information below:

Email:

2

INVESTMENT DETAILS

Please indicate the Plan(s) required and the amount you wish to invest. Please ensure the exact Plan name and any investment option is entered below.

Name of Meteor Plan	Amount to be invested
Emerging Markets Kick-Out Plan 2	£
Total investment	£

Cheques should be made payable to **Meteor Asset Management Limited Client Account**. If you send money by telegraphic transfer, the details you require are: **Meteor Asset Management Limited Client Account, HSBC Bank plc, P.O. Box 105, 33 Park Row, Leeds LS1 1LD. Sort code: 40-27-15. Account number: 93666182.**

3

PROVISION OF INFORMATION

For security purposes, please provide us with a password so we can give you information over the phone:

Please indicate if you would like access to our web-based services (if so, please make sure you have provided your e-mail address in 1. above)

Yes

No

4

HAVE YOU RECEIVED FINANCIAL ADVICE?

We recommend that all customers seek financial advice to help establish whether this investment fits with their circumstances and financial objectives.

Have you received financial advice relating to this investment?

Yes, I/We have received advice from (name of firm)

No, I/We haven't received financial advice.

If you have received advice, please proceed to Section 5.

If you have not taken financial advice please answer the following questions so that we can assess whether the plan is appropriate for you.

1. Please indicate if you have ever held

Any investment where the capital and investment returns are variable and are based on the performance the underlying securities, such as equities, commodities, indices, corporate bonds

A structured product (a fixed term investment such as the one you are applying for)

2. Do you understand that that the amount of any investment return and the return of capital at maturity will depend on the performance of your investment and you may get back less than your original investment at maturity?

Yes No

3. Do you understand that the plan is designed to be held for the full investment term and if you were to cash in early the amount you receive would depend on the value of the investment at the date of sale and that this value could be less than the amount you invested?

Yes No

4. Have you re-read the 'Is this product right for me' page of the brochure to make sure that you are happy that all of the 'yes' statements relating to the nature of the investment are appropriate to you?

Yes No

Please read and complete the declaration overleaf...

5

AUTHORISED SIGNATURES

The exercise of any options under the Terms and Conditions of the Plan must be authorised by the requisite number of authorised signatories or, where a number is not stipulated, by at least one authorised signature. Please provide the names and sample signatures of all those who will be Authorised Signatories. If you require more than five, please continue on a separate sheet of paper. Where there is any change to the Authorised Signatories, please notify Meteor Asset Management Limited in writing giving the date of the change (Meteor Asset Management Limited will be entitled to rely on the previous list until it is informed to the contrary).

Signed:	<input type="text"/>	Name:	<input type="text"/>	Date:	<input type="text"/>
Signed:	<input type="text"/>	Name:	<input type="text"/>	Date:	<input type="text"/>
Signed:	<input type="text"/>	Name:	<input type="text"/>	Date:	<input type="text"/>
Signed:	<input type="text"/>	Name:	<input type="text"/>	Date:	<input type="text"/>
Signed:	<input type="text"/>	Name:	<input type="text"/>	Date:	<input type="text"/>

6

DECLARATION

- I/we apply as Trustees/Authorised Parties for the Plan(s) indicated in Part 2 above to be issued on Meteor Asset Management Limited standard Terms and Conditions or special Terms and Conditions appropriate to my/our investment. If any amendment to the standard Terms and Conditions shall apply to my/our investment, Meteor Asset Management Limited will notify me/us of any such Terms and Conditions before proceeding with the acceptance of the application.
- I/we confirm that
 - my/our powers of investment, and delegation of those powers, permit me/us to invest the assets of the Scheme, or part of them not less than the part which I/we propose to invest, in the Plan(s) now applied for;
 - the investing scheme is a registered pension scheme under Part 4 of the Finance Act 2004 (or an application for its registration has been made).
 - I/we undertake to advise Meteor Asset Management Limited immediately if it ceases to be a registered pension scheme or if its application for registration is withdrawn or refused;
- I/we understand and agree that any investments in the Plan(s) will be allocated in accordance with my/our instructions to Meteor Asset Management Limited (which includes any set out in the 'Investment Details' section of this application).
- This application and the Terms and Conditions referred to in 6.1 shall form the basis of the contract between me/us and Meteor Asset Management Limited. I/we acknowledge receipt of the Terms and Conditions, further copies of which are available on request.
- I/we confirm that the information given in the application, whether in handwriting or not, is true and complete.

I/we have read the relevant Product Literature and Terms & Conditions and accept the terms under which my/our investment(s) will be managed.

I/we declare that this application form has been completed to the best of my/our knowledge and belief.

I/we understand that Meteor Asset Management Limited does not provide investment advice and confirm that I/we either do not require such advice or have received advice on this investment from an independent Financial Adviser.

For and on behalf of the Trustees of the Scheme:

Signed:	<input type="text"/>
Name:	<input type="text"/>
Signed:	<input type="text"/>
Name:	<input type="text"/>
Date:	<input type="text"/>

FOR FINANCIAL ADVISER'S USE ONLY

Financial Adviser:

FSA number:

Name of adviser:

Special instructions re investment:

Prevention of money laundering

I can confirm that I have carried out the appropriate identity checks and attached the "Verification of Identity Certificate". I have enclosed signed copies of the documentary evidence with this certificate. I have seen the original documents and any that needed a signature were already signed.

Signed on behalf of the above:

* It is necessary to verify the identity of the provider of funds, i.e. the settler, those who have control over the funds, i.e. the Trustees and any controllers who have the power to remove the trustees. For discretionary and offshore trusts, the nature and purpose of the trust and original source of funding should be ascertained.

Note: When this application form is completed and signed, please return it to your Financial Adviser or to:

Meteor Asset Management Limited, 55 King William Street, London EC4R 9AD.

Tel: +44 (0)20 7904 1010 Fax: +44 (0)20 7283 1355 Web: www.meteoram.com

Authorised and regulated by the Financial Services Authority. 25 The North Colonnade, Canary Wharf, London E14 5HS. FSA No: 459325.