Joint Holder Supplement Form

FUNDSNETWORK®

All fields are mandatory and all joint holders MUST complete this form and sign the relevant application form. This form must be submitted with the relevant application form. Please complete in BLOCK CAPITALS using BLACK INK. **PLEASE NOTE: Any applications received that are not completed correctly may incur delays or may have to be returned to you.** FundsNetwork™ and the FundsNetwork® logo are trademarks of FIL Limited.

1 Primary Holder Details (for reference purposes only)

TITLE **SURNAME**

FIRST NAME(S) IN FULL

POSTCODE

EXISTING CLIENTS ONLY ACCOUNT NUMBER OR CLIENT NUMBER

2 Second Applicant Details

TITLE **SURNAME** **MALE** ☐ **OR** **FEMALE** ☐

FIRST NAME(S) IN FULL

ADDRESS ("Care of" and PO Box not acceptable. Only UK mainland and Northern Ireland addresses are eligible)
HOUSE NUMBER AND/OR HOUSE NAME

STREET, CITY, COUNTY AND COUNTRY DETAILS

DATE OF BIRTH

POSTCODE

SIGNATURE (YOU MUST SIGN HERE. You must also sign the relevant application form.)

✗ ✗

If you have a third applicant, please continue to Section 3 below, otherwise go straight to Section 5 (if applicable).

3 Third Applicant Details

TITLE **SURNAME** **MALE** ☐ **OR** **FEMALE** ☐

FIRST NAME(S) IN FULL

ADDRESS ("Care of" and PO Box not acceptable. Only UK mainland and Northern Ireland addresses are eligible)
HOUSE NUMBER AND/OR HOUSE NAME

STREET, CITY, COUNTY AND COUNTRY DETAILS

DATE OF BIRTH

POSTCODE

SIGNATURE (YOU MUST SIGN HERE. You must also sign the relevant application form.)

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If you have a fourth applicant, please continue to Section 4 below, otherwise go straight to Section 5 (if applicable).

PLEASE TURN OVER

4 Fourth Applicant Details

TITLE **SURNAME** **MALE OR FEMALE**

FIRST NAME(S) IN FULL

ADDRESS ("Care of" and PO Box not acceptable. Only UK mainland and Northern Ireland addresses are eligible)
HOUSE NUMBER AND/OR HOUSE NAME

STREET, CITY, COUNTY AND COUNTRY DETAILS **DATE OF BIRTH**

POSTCODE **SIGNATURE (YOU MUST SIGN HERE. You must also sign the relevant application form.)**

5 Joint Holders Special Renunciation

Please complete this section if you wish to authorise Fidelity to act upon instructions given by any one of the joint holders linked to your account. Joint Holders Special Renunciation is not available for Corporate, Scheme or Trust Accounts.
This instruction will only apply to the account number detailed in Section 1. If this is a new Fidelity account, this instruction will be applied to the application supplied with this form.

Declaration & Signature

This declaration and signature section only applies to the Joint Holder Special Renunciation.
All joint holders MUST sign here for the Joint Holders Special Renunciation Authority to apply.

I/we understand that the information I/we provide on this application form will be processed in accordance with Fidelity's data protection statement contained in the Fidelity Client Terms. By signing below, I/we confirm that I/we have received the relevant Doing Business with Fidelity or Doing Business with Fidelity FundsNetwork documents incorporating the Key Features/Simplified Prospectus, Fund Specific Information and/or Key Investor Information Documents relating to my/our investment, as well as the Fidelity Client Terms which I/we accept.
I/we confirm that I/we have regular access to the internet to the use the website **www.fidelity.co.uk** to obtain the documents mentioned above and agree to the provision of this information via this medium or have otherwise been provided with paper versions of these documents.
I/We the undersigned, as Joint Holders of Shares/Units, hereby jointly and severally:

- Authorise Fidelity to act upon an instruction given with regard to the Shares/Units and any matter in connection with them or any of them provided such instructions are given by any one of the undersigned including instructions given via Fidelity's Electronic Services.
  Fidelity does not accept liability in respect of any payment or other act made or done or omitted to be done in accordance with such instructions.
- Agree that Fidelity may refuse to accept any instructions given pursuant to this form of authority which are unclear or which it does not believe to be genuine and that Fidelity will have no responsibility for any delay incurred seeking clarification of instructions or confirming that the instructions are genuine.
- Confirm that, upon the death of any of the undersigned, this authorisation will continue in force and Fidelity may, without liability as aforesaid, act on instructions with regard to the Shares/Units and monies standing to our credit with Fidelity or any matter in connection therewith including the disposition of Shares/Units or monies standing to our credit, signed by the survivor(s) as provided above.
- Confirm that this authorisation shall apply to any further Shares/Units purchased or otherwise held jointly in all of the names of the undersigned (or the survivor(s) on the death of any of the undersigned.
- Agree that this authorisation shall remain in force until notice in writing of its termination or replacement is received by Fidelity and any such notice shall be without prejudice to the completion of transactions already initiated pursuant to the above terms.

SIGNATURE(S) OF ALL APPLICANTS AND DATE
If you are signing the application form by Power of Attorney, please call Fidelity for the details of documentation that is required for this to be acceptable.

PRIMARY ACCOUNT SIGNATURE

SECOND ACCOUNT SIGNATURE

THIRD ACCOUNT SIGNATURE

FOURTH ACCOUNT SIGNATURE 2 0

Please send your completed form, and relevant application form to your Intermediary or to Fidelity International (IMS), PO Box 80, Tonbridge, TN11 9YA. Issued jointly by FIL Investments International, Financial Administration Services Limited and FIL Investment Services (UK) Limited. All companies are authorised and regulated by the Financial Services Authority.

Fidelity™ INTERNATIONAL

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