

Income payment details

Please complete this section **only** if you want income payments arising from your investments to be paid into your bank or building society account (unit type A). Please note that income cannot be paid if the investment is in accumulation units (unit type B).

Bank/Building Society Name	<input type="text"/>	Bank or Building Society Sort Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	Account Holder's Name(s)	<input type="text"/>		
	<input type="text"/>		<input type="text"/>		
	<input type="text"/>	Account No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Postcode	Building Society Roll No.	<input type="text"/>		

Authorisation under FSMA 2000 (To be completed by an authorised intermediary only)

My/our authorisation to give investment advice is through being regulated by the Financial Services Authority:

My/our FSA reference no.

Adviser's declaration (To be completed by an authorised intermediary only)**Section 1 or 2 must be completed and signed**

1. I/we confirm that the applicant named in this application is entitled to cancellation rights under the Financial Services (Conduct of Business) Rules.

(Tick only if cancellation rights apply).

2. I/we confirm that the applicant named in this application is not entitled to cancellation rights under the Financial Services (Conduct of Business) Rules because (tick whichever explains why cancellation rights do not apply).

- The applicant responded to a direct offer advertisement as defined by the Financial Services (Conduct of Business) Rules
- The applicant is an execution only customer.
- The applicant is subject to a customer agreement waiving such rights.
- The application form was completed outside the United Kingdom as the result of advice given by me/an advertisement issued outside the United Kingdom.

I/we hereby indemnify Rathbone Unit Trust Management Limited for any losses suffered should it subsequently be discovered that the applicant was entitled to cancellation rights and no cancellation notice was sent as a result of the above.

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

When completed, this form should be returned to your authorised intermediary or direct to our dealing office (Rathbone Unit Trust Management Limited, PO Box 9948, Chelmsford CM99 2AG). For further information please see the Simplified Prospectus

Adviser/Agent Stamp (To qualify for commissions, please enter either company stamp or agreed terms or if part of a Network)**Any Enquiries**

Please write to our dealing office or telephone us. For details please refer to the Simplified Prospectus.

Stamp:**Adviser only:**

If you wish to reinvest initial commission, please tick here:

If so, how much? %

ISA Transfer authority

Please also complete the preceding RUTM ISA transfer application form.

This form is for clients wishing to transfer an existing ISA to RUTM.

Important notes: Transfers will only be accepted in cash form.

Only one ISA transfer per application form. If you have an ISA from more than one Manager to transfer, please complete separate form(s).

It is acceptable to complete a photocopy of this form.

It is advisable to check the current value of your ISA with your existing ISA Manager.

To: The existing ISA Manager.	
<input type="text"/>	
Address:	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	Postcode: <input type="text"/>
Telephone (day): <input type="text"/>	(eve): <input type="text"/>
Existing ISA Reference Number: <input type="text"/>	
Client Name: <input type="text"/>	
I wish to (please tick as appropriate):	
A) <input type="checkbox"/> Transfer the current tax year subscriptions only	OR C) <input type="checkbox"/> Transfer all holdings and current tax year subscriptions
OR B) <input type="checkbox"/> Transfer all holdings (excluding current tax year subscriptions)	OR D) <input type="checkbox"/> Transfer cash to the value of: <input type="text"/> £ (excluding current tax year subscriptions)
OR Or state the name of specific unit trust(s) to be sold: <input type="text"/>	
If the amount you are asking to be transferred exceeds the current value, the existing Manager may reject the transfer.	
RUTM ISA Reference (office use only)	
<input type="text"/>	
I hereby authorise and instruct you:	
1) to transfer forthwith my ISA to Rathbone Unit Trust Management Limited, an approved ISA Manager with HM Revenue & Customs; and	
2) to provide Rathbone Unit Trust Management Limited with all relevant information relating to my ISA as it may require.	
Signature <input type="text"/>	Date <input type="text"/>

Please return your completed forms (RUTM ISA application form and ISA transfer authority) to your authorised intermediary or direct to our dealing office (Rathbone Unit Trust Management Limited, PO Box 9948, Chelmsford CM99 2AG).

Rathbone Unit Trust Management Limited

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Facsimile: 020 7399 0057
Email: rutm@rathbones.com
Website: www.rutm.com

Authorised and regulated by the Financial Services Authority
A member of the Investment Management Association
A member of the Rathbone Group
Registered No. 2376568

Copies of the Prospectus, the latest Manager's report and the Instrument of Incorporation in respect of each sub-fund are available on request, free of charge, from the Manager.