

# FIRST MUTUAL

## WEALTH

Go Beyond

### Unit Trusts Application Form | Individual Clients

Please complete this form using block letters and tick where appropriate.

#### APPLICATION TO BUY UNITS

I hereby apply for the number of units that can be purchased by the investment amount referred to below. All transactions are subject to conditions of the relevant Trust Deed(s).

Are you an existing First Mutual Wealth client? No ☐ Yes ☐ If Yes, please provide your Unit trust Account number

#### 1. INVESTOR DETAILS

I am investing for: Myself ☐ Other ☐ Specify: \_\_\_\_\_

Please ensure all the required supporting documentation is provided for every person listed on the form. (ID and Proof of Residence are mandatory)

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ Specify: \_\_\_\_\_

Marital Status Married ☐ Single ☐ Other ☐ Specify: \_\_\_\_\_

Date of Birth

ID/ Passport number

Names & Surname

Physical address

Postal address

Mobile Phone

Telephone  Email: \_\_\_\_\_

Employer

#### 2. PARTNERSHIP DETAILS

Is this a joint account? Yes ☐ No ☐ (If yes, please record second person's details below)

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ Specify: \_\_\_\_\_

Relationship Spouse ☐ Business Partner ☐ Other ☐ Specify: \_\_\_\_\_

Names

Physical address

Postal address

Mobile Phone

Telephone  Email: \_\_\_\_\_

#### 3. INCOME VERIFICATION

Source of Income

Source of funds for this transaction

#### 4. BANK DETAILS

Bank/Building Society	
Account Name	
Branch	
Account Number	
Branch Code	
Account Type	Current <input type="checkbox"/> Savings <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____

Please supply proof of bank account e.g. Bank statement or Confirmation letter from the bank.

#### 5. INVESTMENT SELECTION

Unit Trust Name	Lump sum	Monthly Stop order / Debit Order	Distributions (Tick to action)	
			Pay out	Reinvest
Money Market Fund				
First Mutual Wealth growth fund				
General Equity Fund				

(For debit order) I/We authorise First Mutual Wealth to debit my/our account with the monthly or lump sum amount indicated above. Debit order will be on or nearest to the 1st /23rd of the month and First Mutual Wealth will not be liable for losses arising from non-collection of debit order.

Debit order date 

D	D	M	M	Y	Y	Y	Y
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Signature of investor \_\_\_\_\_

#### 6. DECLARATION

I/We..... would like to invest in First Mutual Wealth. I/We are fully aware of the volatility of the stock, property bond and money markets and accept that our units may decrease or increase in value over the life of the investment and that the daily interest rates and unit prices quoted in the press are indicative. I/We agree not to hold First Mutual Wealth responsible for any loss in value of our investment. I/We acknowledge that it may take up to 14 working days to withdraw my/our funds depending on the prevailing market conditions.

I/We agree to the number of units sold to me by virtue of this application and I/We warrant that I/We have full power and authority to enter into and conclude this transaction, with the necessary assistance where such assistance is a legal requirement. I/We know that the cost of buying units includes an initial charge, an annual management fee and tax on certain components and that there are no guarantees on my/our capital. I/We have read and fully understood this application form.

Date 

D	D	M	M	Y	Y	Y	Y
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Signature of investor \_\_\_\_\_  
Capacity \_\_\_\_\_

Signature of investor \_\_\_\_\_  
Capacity \_\_\_\_\_

Are there any other authorised signatories? Yes ☐ No ☐

If yes, please complete multiple signatories form available on request.

#### INTRODUCER'S DETAILS (OFFICE USE ONLY)

Full Names	
Agency Code	
Work contact number	Mobile Phone
Email address	