

## **DBS Mortgage Plan Additional Investment Form**

Please complete in block capitals and return to the address shown overleaf. **Additional investments will receive a new plan number.** 

| PERSONAL DETAILS  |   |  |                                  |  |                          |                                 |                         |                                |  |                                       |                           |                |  |
|---|---|--|----------------------------------|--|--------------------------|---------------------------------|-------------------------|--------------------------------|--|---------------------------------------|---------------------------|----------------|--|
| Surname: Title:   |   |  | Yo                               | our Exis   | ting                     | Plan                            | Nur                     | mber:                          |  |                                       |                           |                |  |
| First Names:  |   |  |                                  |  |                          |                                 |                         |                                |  |                                       |                           |                |  |
| Current Address:  |   |  |                                  |  |                          |                                 |                         |                                |  |                                       |                           |                |  |
|   |   |  |                                  | Did you receive advice from a financial adv for this investment? (Please tick a box) |                          |                                 |                         |                                |  | advise                                | r                         |                |  |
|   |   |  |                                  | Yes  |                          |                                 | `                       | No                             |  | П <sup>′</sup>                        |                           |                |  |
| Post Code:  |   |  | Fir                              | nancial  | Adv                      | iser D                          | eta                     | ils:                           |  |                                       |                           |                |  |
| Telephone Number: Day/Work: Evening/Home:                                 |   |  |                                  |  |                          |                                 |                         |                                |  |                                       |                           |                |  |
| Date of birth   |   |  |                                  |  |                          |                                 |                         |                                |  |                                       |                           |                |  |
| National Insurance Number   |   |  |                                  |  |                          |                                 |                         |                                |  |                                       |                           |                |  |
| This can be found on your payslip, your tax return, your notice of coding | ng or obtained from your tax                                  | office.                                    |                                  |  |                          |                                 |                         |                                |  |                                       |                           |                |  |
| SUBSCRIPTION AND INVESTMENT REQUIRE                                       |   |  |                                  |  |                          |                                 |                         |                                |  |                                       |                           |                |  |
|   | Single Contribution<br>(Minimum £250)<br>Please send cheque   | e  | (Mir                             | onal Reg<br>nimum £2   |                          |                                 |                         | on                             |  |                                       |                           |                |  |
| I wish to make an additional investment of:                               | £   |  | £                                |  | -1                       | £ = 11 =                        |                         |                                | T1.1.  | A 1 P.C.                              |                           |                |  |
| Janus Henderson Institutional UK Index                                    | Invested as follows   |  | Invested as follows:             |  |                          |                                 |                         |                                | This Additional Investmen Form should be read in |                                       |                           |                |  |
| Opportunities Trust A Acc   |   | %  |                                  |  |                          |                                 |                         | %                              | DB   | S Mor                                 | on with<br><b>tgage</b> l | Plan           |  |
| State Street Europe   |   | %  |                                  |  |                          |                                 |                         | %                              |  | a                                     | eature:<br>nd             |                |  |
| State Street North America  |   | %  |                                  |  |                          |                                 |                         | %                              | Tei  | ms &                                  | Condit                    | ions           |  |
| State Street Japan  |   | %  |                                  |  |                          |                                 |                         | %                              |  |                                       | opies                     |                |  |
| The City of London Investment Trust Plc                                   |   | %  |                                  | % available from   |                          |                                 |                         |                                |  |                                       |                           |                |  |
| Foreign & Colonial Investment Trust Plc                                   |   | %  |                                  |  |                          |                                 |                         |                                |  | Synergy Financial<br>Products Limited |                           |                |  |
| Murray Income Trust Plc   |   | %  |                                  | %  |                          |                                 |                         |                                | PO Box 1010                                      |                                       |                           |                |  |
| Scottish Mortgage Investment Trust Plc                                    |   | %  | %                                |  |                          |                                 |                         | St Albans<br>AL1 9NB           |  |                                       |                           |                |  |
| Total Contribution must equal   | ,   | 100%                                       |                                  |  |                          |                                 | 10                      | 0%                             |  |                                       |                           |                |  |
| INSTRUCTION TO YOUR BANK OR BUILDING SO                                   | OCIETY TO PAY DIR   | RECT                                       | EBI                              | Γ  |                          |                                 |                         |                                |  |                                       |                           |                |  |
| nstruction to your Bank/Building Society to pa                            | y Direct Debits   |  |                                  |  |                          |                                 |                         |                                |  |                                       |                           | IRECT<br>Debit |  |
| Please complete parts 1 to 5 to instruct your Bank or Building            | Originators   | s Identific                                | tification Numbe                 |  |                          |                                 | 3                       | 4                              | 0  | 4                                     | 3                         | 3              |  |
| Society to make payments directly from your account to;                   | ŭ   |  | rence (leave blank)              |  | _                        | İ                               |                         |                                |  |                                       |                           |                |  |
| Synergy Financial Products Limited, PO Box 1010, St Albans, AL1           | 2 Cart Ca   | ndo.                                       |                                  |  |                          | <u> </u>                        |                         |                                |  |                                       |                           |                |  |
| 1. Full name and postal address of your Bank/Building Soc                 | ciety: 3. 3011 Co   | Jue  |                                  |  |                          |                                 |                         |                                |  |                                       |                           | <u></u>        |  |
| The Manager   | 4. Accoun   | nt No                                      |                                  |  |                          |                                 |                         |                                |  |                                       |                           |                |  |
|   | 5. Instruction Please pay Somethis instruction understand the | Synergy Fi<br>on, subject<br>that this ins | nancial<br>to the s<br>struction | Products<br>safeguard<br>may ren   | Limit<br>s ass<br>nain v | ted Dire<br>sured b<br>with Syr | ect [<br>by the<br>nerg | Debits f<br>e Dired<br>y Final | rom the<br>t Debit<br>ncial Pr                   | accour<br>Guaran                      | nt detai<br>itee. I       |                |  |
| Postcode  | so, details wi  | ill be passe                               | ed elect                         | ronically  | to my                    | Bank/E                          | Build                   | ding So                        | ciety  |                                       |                           |                |  |
| 2. Name(s) of Account Holder(s)   | Sig   | gnature Date                               |                                  |  |                          |                                 |                         |                                |  |                                       |                           |                |  |
|   | <b>X</b> Sig  | _ Signature Date                           |                                  |  |                          |                                 |                         |                                |  |                                       |                           |                |  |

| DIRECT DEBIT PAYMENT DATE (applicable to Additional Regular Contribution   | ons only)  |
|--|--|
| Please specify your preferred monthly day for direct debit collection:   | (1-28th day)   |
| The direct debit will be collected 14 days after receipt of this Additional Investment Formal date the next direct debit will be made. This will be on your preferred direct debit collection direct debit will not be submitted until at least one month has elapsed since the receipt of then the collection day will be on the monthly anniversary of the receipt of this application | nday please note. However, the second this application. If a date is not specified |
| AUTHORISATION (Please read this section carefully before signing and dating t  | he Declaration)  |
| I wish to make a Single Contribution and/or Additional Regular Contributions to the DBS Mortg<br>Investment Form. I understand that this application is in conjunction with my Normal Regular S  |  |
| I have not subscribed and will not subscribe more than the overall subscription limit in total   | al to a NISA in the same tax year.   |
| Please note: for any/all investments, you will be allocated a new plan number.   |  |
| <b>IMPORTANT:</b> - by signing below, you will be agreeing to enter into a contract with Synerge Prudential Assurance Company Limited and Aviva Insurance Limited (if applicable) on the Guide and Terms and Conditions. You should have read these carefully to enable you to the conditions.   | e terms set out in the Key Features, Plan  |
| I declare that this Additional Investment Form has been completed to the best of my know   | vledge and belief.   |
| Signature:   | Date:  |
| Please send your completed Application form to:  |  |
| Synergy Financial Products Limited PO Box 1010, St Albans, AL1 9NB   |  |

## THE DIRECT DEBIT GUARANTEE

This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.

If the amounts to be paid or the payment dates change, Synergy Financial Products Limited will notify you at least 14 days in advance of your account being debited or as otherwise agreed.

If an error is made by Synergy Financial Products Limited or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.

You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to Synergy Financial Products Limited.

Synergy Financial Products Limited is registered and incorporated in England and Wales, number 1397169. Authorised and Regulated by the Financial Conduct Authority number 312416 and can be seen at www.fca.org.uk

Registered office: SFPL, Centrium 1, Griffiths Way, St Albans, AL1 2RD

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