

Trustworthy 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:			Your Existing Plan Number:										
First Names:													
Current Address:	1												
			Did you receive advice from a financial adviser for this investment? (Please tick a box)										
			Yes No										
Post Code:			Fin	ancial /		er De	tails						
Telephone Number: Day/Work: Evening/Home:				arrolari	10110	, o , D o	rano	-					
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	э.											
SUBSCRIPTION AND INVESTMENT REQUIRE													
	Single Contribution (Minimum £250) Please send cheque		(Mini	nal Regi mum £2				- , -					
I wish to make an additional investment of:	£	£			1	-11		┚					
Janus Henderson Institutional UK Index	Invested as follows:		Invested as follow					-	This Additional Investment Form should be read in				
Opportunities Trust A Acc		%					9	41	con Trus	twortl	on with ny Mor	your tgage	
State Street Europe		%	%						Plan Key Features				
State Street North America		%	%						and Terms & Conditions				
State Street Japan		%					9	41	-				
The City of London Investment Trust Plc	9	6	%						Further copies are available from:				
Foreign & Colonial Investment Trust Plc	9	%					9	6			Finan		
Murray Income Trust Plc	9/	%					9	6		oddol	.o Ellilli	ou	
Scottish Mortgage InvestmentTrust Plc	%	6	%					6	PO Box 1010 St Albans				
Total Contribution must equal	100%	100%					6	AL1 9NB					
INSTRUCTION TO YOUR BANK OR BUILDING SO	OCIETY TO PAY DIREC	T DE	EBIT										
nstruction to your Bank/Building Society to pay D	Direct Debits											IRECT ebit	
Please complete parts 1 to 5 to instruct your Bank or Building	Originators Ider	ntifica	ation N	Viimhe	r	8	I	4	0	4	3	3	
Society to make payments directly from your account to;	_		erence (leave blank)			Ť	<u> </u>						
Synergy Financial Products Limited, PO Box 1010, St Albans, AL1	20.40.1		Г			 	_						
1. Full name and postal address of your Bank/Building Soc	ciety: 3. Sort Code] -				_			
The Manager	4. Account No	ı											
	5. Instruction of Please pay Synerg this instruction, sub-understand that this so, details will be p	y Fina oject to is instri	ancial Foothers	Products afeguards may rem	Limite s assu ain wi	d Directory ared by tith Syne	ct Deb the Dergy F	oits fi Direc Finan	rom the t Debit ncial Pro	accour Guarar	nt detai ntee. I		
Postcode 2. Name(a) of Associat Holder(a)		Signature Date											
2. Name(s) of Account Holder(s)	^ L												
	Signate	Signature Date											

DIRECT DEBIT PAYMENT DATE (applicable to Additional Regular	Contributions 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 Invest date the next direct debit will be made. This will be on your preferred direct dedirect debit will not be submitted until at least one month has elapsed since the then the collection day will be on the monthly anniversary of the receipt of this	ebit collection day please note. However, the second ne receipt of this application. If a date is not specified							
AUTHORISATION (Please read this section carefully before signing a	and dating the Declaration)							
I wish to make a Single Contribution and/or Additional Regular Contributions this Additional Investment Form. I understand that this application is in conjurt Trustworthy Mortgage Plan.								
I have not subscribed and will not subscribe more than the overall subscription	on limit in total to a NISA in the same tax year.							
Please note: for any/all investments, you will be allocated a new plan number	r.							
IMPORTANT: - by signing below, you will be agreeing to enter into a contract with Synergy Financial Products Limited, The Prudential Assurance Company Limited and Aviva Insurance Limited (if applicable) on the terms set out in the Key Features, Plan Guide and Terms and Conditions. You should have read these carefully to enable you to understand them.								
I declare that this Additional Investment Form has been completed to the best	t of my knowledge 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

support@sfpl.co.uk - 0330123 9938

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