

The Synergy 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:
First Names:	
Current Address:	
Post Code:	
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 or obtained from your tax office.

Your Existing Plan Number:
Did you receive advice from a financial adviser for this investment? (Please tick a box) Yes <input type="checkbox"/> No <input type="checkbox"/>
Financial Adviser Details:

SUBSCRIPTION AND INVESTMENT REQUIREMENTS

	Single Contribution (Minimum £250) Please send cheque	Additional Regular Contribution (Minimum £25 per Month)
<i>I wish to make an additional investment of:</i>	£ <input style="width: 100%;" type="text"/>	£ <input style="width: 100%;" type="text"/>
	<i>Invested as follows:</i>	<i>Invested as follows:</i>
BNY Mellon Continental European Fund	<input type="text"/> %	<input type="text"/> %
BNY Mellon UK Income Fund	<input type="text"/> %	<input type="text"/> %
BNY Mellon UK Equity Fund	<input type="text"/> %	<input type="text"/> %
BNY Mellon Multi-Asset Growth Fund	<input type="text"/> %	<input type="text"/> %
Total Contribution must equal	<input type="text"/> 100%	<input type="text"/> 100%

This Additional Investment Form should be read in conjunction with The Synergy Plan Key Features and Terms & Conditions already issued to you.

Further copies

Synergy Financial Products Limited

PO Box 1010
St Albans
AL1 9NB

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY DIRECT DEBIT

Instruction to your Bank/Building Society to pay Direct Debits

DIRECT Debit

Please complete parts 1 to 5 to instruct your Bank or Building Society to make payments directly from your account
Synergy Financial Products Limited, PO Box 1010, St Albans, AL1 9NB

1 Full name and postal address of your Bank/Building Society:

The Manager

Postcode

2 Name(s) of Account Holder(s)

Originators Identification Number 8 4 0 4 3 3

Originators Reference (leave blank)

3 Sort Code - -

4 Account No

5 Instruction to your Bank/Building Society and signature(s)

Please pay Synergy Financial Products Limited Direct Debits from the account detailed on this instruction, subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Synergy Financial Products Limited and, if so, details will be passed electronically to my Bank/Building Society

X Signature	Date
X Signature	Date

Banks and Building Societies may not accept Direct Debit instructions for some types of account.

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 Investment Form and you will be informed in writing of the date the next direct debit will be made. This will be on your preferred direct debit collection day please note. However, the second direct debit will not be submitted until at least one month has elapsed since the receipt of this application. If a date is not specified then the collection day will be on the monthly anniversary of the receipt of this application.

AUTHORISATION (Please read this section carefully before signing and dating the Declaration)

I wish to make a Single Contribution and/or Additional Regular Contributions to the The Synergy Plan as detailed in this Additional Investment Form. I understand that this application is in conjunction with my Normal Regular Subscription to the The Synergy Plan.

I have not subscribed and will not subscribe more than the overall subscription 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.

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 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 – 0330 123 9938

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