

Third Platform Services Limited - ISA Account Manager (Z1888)

Application form for individual investors

Investor section for the ISA manager

For your own benefit and protection you should read the Terms and Conditions of Third Platform Services Limited (the "Terms and Conditions") which will form part of your agreement with us.

Third Platform Services Limited take the privacy and security of your personal information very seriously. The information you provide us with will be processed in accordance with their [Privacy Notice](#).

1a. Investor details

Title

First name(s)

Surname

Date of birth
(DD/MM/YYYY)

Country of birth

Are you eligible for an NI number? If Yes, you must apply for a NI number and provide it before you complete your ISA application.

Y N

National insurance number

You must provide a National Insurance number to apply for an ISA unless you are not eligible for one. You can check if you're eligible and apply online at www.gov.uk/apply-national-insurance-number

Permanent residential address

City

Postcode

County

Country

Contact number

Email address

You can find your NI number: online through your personal tax account, in the HMRC app, in any documents you already have, for example, a payslip, P45 or P60.

1b. Signature and declaration

I apply to subscribe for a Stocks & Shares ISA for tax year 2026/2027 and any subsequent year until further notice.

I declare that:

- all subscriptions made, and to be made, belong to me;
- I am 18 years of age or over;
- I have not subscribed, and will not subscribe, more than the overall subscription limit total in the same tax year;
- I am resident in the United Kingdom for tax purposes: or if not resident, either perform duties which, by virtue of Section 28 of Income Tax (Earnings & Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the UK, or I am married to, or in a civil partnership with, a person who performs such duties. I will inform Third Platform Services Limited if I cease to be resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties;
- for my own benefit and protection I have been given the opportunity to read the Terms and Conditions carefully and have had any questions I had concerning them answered to my satisfaction;
- I agree to the Terms and Conditions; and
- I consent to my personal data being used in accordance with the Terms and Conditions.

I authorise Third Platform Services Limited:

- to hold my cash subscription and ISA investments, in respect of the interest, dividends and any other rights or proceeds and to claim any relief from tax on my behalf;
- to give effect to my instructions in accordance with the Terms and Conditions.

I appoint Downing LLP as Investment Adviser to my ISA portfolio.

I declare that this application form has been completed to the best of my knowledge and belief. I will notify Third Platform Services without delay of changes to these particulars.

Sign here

Full name

Date
(DD/MM/YYYY)

Adviser/intermediary section for the ISA manager

2. Investment Adviser's declaration

I confirm that

- I have verified the identity of all relevant parties referred to in this application;
- the information in this form was obtained by me in respect of the relevant parties;
- the evidence that I have obtained to verify the identity of the relevant parties can be produced on demand and meets the standard of evidence set out within the guidance for the UK financial sector issued by the Joint Money Laundering Steering Group;
- if any individual referred to in this application has changed address within the last three months, I can provide evidence on demand; and
- I have not verified the identity of the following parties referred to in this application because they are exempt from verification under applicable UK money laundering regulations.

This section is signed below by the person who has seen documentary evidence (which may include an electronic identity check).

Investment Adviser's signature

Print name

Position

Date (DD/MM/YYYY)

Financial Services number

Contact number

Full name of regulated firm

Please also complete the investor and advisers sections overleaf

Investor section part 2

This is for Downing to be able to invest your funds.

3a. Power of attorney

Is a person with a power of attorney making this application? Yes No

If Yes, please provide their name and address:

Title

First name

Surname

Date of birth
(DD/MM/YYYY)

Permanent residential address

City

Postcode

County

Country

Contact number

Email address

In making this investment which delegates discretionary investment management to Downing LLP, I confirm that it is my understanding that this investment is within my authority as attorney under the Lasting Power of Attorney that is in place and is in line with the wishes of the donor. I understand that it is my responsibility to make this determination and Downing LLP is not able to advise me on this issue.

Please tick to confirm

3b. Investment amount

Please complete both sections below as appropriate.

Are you transferring existing ISA(s)? Yes No

How many ISAs are you transferring?

Please complete one ISA transfer form (found at the back of this form) for each ISA you're transferring.

What is the estimated value of your transfer?

£

Are you investing a lump sum? Yes No

How much are you investing?

£

Please specify which tax year this investment applies to (e.g. 2026/2027) /

What is the source of your subscription? (e.g. savings, earnings, proceeds from a capital gain etc.)

Please indicate how you will pay for your investment

By bank transfer

Please transfer your funds to the following account:

Sort code: 12-22-07

Account number: 10015467

Account name: TPS Re Downing Client Money Account

Payment ref.: Will be confirmed in acknowledgement of application

Please note that the payment must come from an investor's personal bank or building society account. We cannot accept payments from third parties (including your spouse). Please refrain from making payment until your application has been acknowledged. If payment is made in advance then the funds may be returned to you in line with CASS rules.

OR

By cheque

Please enclose a cheque from your personal account made payable to:

"TPS Re Downing Client Money Account re [investor's name]"

Please note that we cannot accept cheques from business accounts.

Cheques may slow down the allotment process.

3c. Investor bank account details

Please enter your bank details below. This section is mandatory for us to process your application.

Account name

Sort code

Account number

Bank or building society name

Downing LLP cannot accept responsibility if any incorrect details have been entered.

3d. Charges and commission

You may want to fill in this section with the help of your financial adviser or intermediary. All our fees and charges are outlined in the product literature.

Please choose one of the three options below.

Advised investment

I have agreed a charge with my advisers and requests that this is deducted from the investment amount in section 3.

Please indicate the initial and/or ongoing adviser charge agreed. If you would like us to facilitate the ongoing adviser charge on a percentage basis, this will be calculated as a percentage of the value of your investment at the relevant time and will fluctuate in line with its value. If you are unsure of what this means, please ask your adviser.

Initial adviser charge £

Ongoing adviser charge %

OR

Execution-only

I have not been advised on this application but have been introduced by an intermediary that meets the enhanced quality criteria (as set out in COBS 2.3A).

Please note: commission may be payable to your intermediary.

OR

Direct

I do not have an adviser and have not been introduced by any intermediary.

If you are applying directly or execution-only you will be required to fill in a suitability questionnaire. Please contact us at customer@downing.co.uk or call 020 7416 7780.

3e. Life Cover option

You can choose to include Life Cover at an additional cost. The Life Cover option covers up to 40% of your net subscription, which may be equivalent to the inheritance tax liability for the first two years of your investment (prior to the investment receiving IHT relief, subject to conditions). **Please read the relevant product literature and terms and conditions to ensure the appropriateness of this option for you.**

Do you wish to opt for the Life Cover policy? Yes No

Do you wish to cover the entirety of your subscription (up to £750,000)

Yes No

If no, please enter the portion of your investment you wish to be covered. Please note the Life Cover will cover 40% of the amount populated below

£

Please confirm the following by ticking the relevant boxes:

3e.1 I am over 18 years and under 85 years old at the investment date*.

3e.2 I have not been diagnosed with a terminal illness*.

TICK either box 3e.3a or box 3e.3b (not both)

3e.3a I have not been suffering with a life limiting illness* nor, within the last five years, have I suffered with any form of cancer, heart disease or chronic lung condition. I have also not received any medical advice, nor am I awaiting any medical investigations or hospitalisation or surgery relating to a life-limiting illness*.

OR

3e.3b I have a life limiting illness* and my life expectancy is expected to exceed 24 months. Alternatively, within the last five years, I have been suffering from or have suffered from any form of cancer, heart disease or chronic lung condition. Alternatively, I have received medical advice, or I am awaiting any medical investigations or hospitalisation or surgery relating to a life-limiting illness*.

If you have ticked boxes 3e.1, 3e.2 and 3e.3a you will be automatically accepted for Life Cover.

If you have ticked boxes 3e.1, 3e.2 and 3e.3b, your medical professional (e.g. your GP/doctor) is required to complete and return the Life Cover Questionnaire together with this application form to provide details of your medical history and confirm your life expectancy is expected to exceed 24 months.

The questionnaire will be reviewed by the insurer who will confirm your suitability for Life Cover.

Please also note that on death, the insurer has the right to obtain a written opinion from your medical professional and/or any medical records to validate any claim.

Investor Declaration

I declare that all of the information provided in section 3e is correct and that I have not omitted any relevant information. I am aware that if any of the information I have provided is inaccurate then the insurer will have the right to reject any claims and the premium paid will not be refunded.

Investor signature (or power of attorney):

The Application Form, including the above declarations, and additional Life Cover Questionnaire, if required, must be completed and dated no more than five weeks prior to the Investment Date in order for the above declarations to be valid. If the period is any greater, the Insurer may require the declarations to be repeated.

*Definitions

- **Investment date:** each policy will commence on the date of investment, which is the date shares are issued in the portfolio companies.
- **Terminal illness:** an illness that has no known cure or progressed to the point where it cannot be cured and in the opinion of a registered UK doctor the illness is expected to lead to death within two years.
- **Life-limiting illness:** a medical condition for which there is no known cure and it is expected that death will be a direct consequence of the specified illness. A life limiting illness can include but is not limited to:
 - Cancer¹
 - Heart and cardiovascular disease²
 - Chronic lung conditions³, such as Chronic Obstructive Pulmonary Disease (COPD)
 - Neurodegenerative diseases (e.g. dementia)
 - Autoimmune diseases
 - HIV/AIDS
 - Bedridden condition

¹Cancer - any malignant tumours, carcinoma, leukaemia, sarcoma and lymphoma.

²Heart disease – including heart attack (myocardial infarction, cardiac arrest), angina, cardiomyopathy, heart surgery and/or heart failure.

³Chronic lung condition – requiring the need for regular oxygen treatment and/or bronchodilators and/or hospitalisation.

All personal data collected in this form will be treated as strictly private and confidential.

Downing's group life policy administrator, and its authorised employees, will have access to and knowledge of your personal data which may include medical information.

Your personal data including medical information may be shared with the insurer, their underwriter's, claims investigation companies, and to any company or agency appointed for these purposes.

By signing this application form, you consent to share your personal data, including medical information, with the above mentioned third parties.

Please read the Terms & Conditions to ensure you meet the criteria for the Life Cover Policy.

3f. Beneficiaries

Should you need to claim on either insurance policy (Downside Protection Cover and/or Life Cover) you can specify the recipients of any proceeds from this claim. Downing, as trustee, will hold these proceeds for your nominated beneficiaries below.

Please indicate below who you wish to benefit from any claim on the insurance policy(ies).

Full names

Relation

Percentage of benefit %

Full names

Relation

Percentage of benefit %

Please ensure that your given percentages equal 100% in total. If you wish to include more than two beneficiaries, please note this on a separate sheet.

By signing this application you confirm that:

- you wish Downing, as trustee, to pay any lump sum claim under the insurance policy(ies) to the person(s) nominated above at the percentage outlined above;
- you understand that Downing can take your wishes into account but is not legally bound to do so; and
- you irrevocably assign your beneficial interest in the insurance policy to Downing as trustee as outlined in the terms and conditions, with effect from the date shares are issued in the portfolio companies.

Here at Downing, we pride ourselves on the service we provide, and we always strive to go above and beyond for our clients. Should you have any specific service needs which you wish to make us aware of, please detail below.

3g. Tax residency

(i) Do you pay tax in the UK? Yes No

(ii) Do you pay tax in another country? Yes No

If Yes to (ii), please list which countr(ies) below, together with any tax identification number(s) (TIN):

Country

TIN

Country

TIN

3h. Investor declaration (please sign up to the Downing T&Cs)

By signing below you confirm that:

- you are applying on your own behalf;
- you have read and understood the relevant product literature;
- you agree to enter into and be bound by the investor agreement as detailed in the terms and conditions and authorise Downing LLP (Downing) to enter into custodian agreements on your behalf;
- you have provided full and accurate information on your personal and financial circumstances as at the date of the signature below and agree to notify Downing in writing immediately if this changes;
- you agree to Downing verifying your details by undertaking an electronic search against a public or private database and understand that Downing may use your details in future to meet regulatory obligations (please see www.downing.co.uk/privacy-and-cookie-policy for further details);
- you agree and acknowledge that where Downing is required by the FCA rules to provide information to you, such information may be provided by means of Downing's website: www.downing.co.uk;
- where you are advised, you instruct Downing to pay the adviser listed in section 2 any charges entered in section 3d;
- you agree to notify Downing if you become a US person. This includes individuals who are United States of America (US) citizens (including dual citizens) or resident, US passport holders, individuals born in the US who have not renounced their citizenship and permanent residents of the US and those with a "substantive presence" in the US as defined in US tax law;
- you have notified Downing if you are a solicitor, accountant or other professional person who is subject to professional rules preventing you from making investments in particular the portfolio companies (please advise Downing which firm you work for);
- you consent to Downing's dealing and best execution arrangements and acknowledge that on occasions Downing may pass an order to another party for execution and that the counterparty may execute the trade outside a regulated market or exchange; and
- you are making the settlement regarding your beneficial interest in the insurance policy detailed in the product literature and undertake to pay all inheritance tax arising out of such settlement.

I declare that this application form has been completed to the best of my knowledge and belief. I will notify Third Platform Services without delay of changes to these particulars.

Investor signature

(Please print)

First name

Surname

Date
(DD/MM/YYYY)

Power of attorney signature (if applicable)

(Please print)

First name

Surname

Date
(DD/MM/YYYY)

Submitting your application

Please complete the following checklist before submitting your application.

I have checked and completed all the required sections that apply to me.

Investors or their attorneys should complete sections 1 and 3.

I have signed the declaration(s) in sections 1 and 3 (or power of attorney, where applicable).

I have arranged payment as per section 3b. Please remember that the payment must come from an investor's personal bank or building society account. We cannot accept payments from third parties.

My adviser/intermediary has completed sections 2 and 4.

What happens next?

Once you have completed the above checklist, please send your completed application form to customer@downing.co.uk or sent it to the address below:

**Downing LLP
10 Lower Thames Street
London
EC3R 6AF**

We will send you and your adviser (where applicable) an acknowledgement by email within two business days that we have received your application, and notification of the allotment of your shares in due course. You will also receive quarterly valuation statements once your funds have been invested.

Advisers and intermediaries please now complete the section opposite.

Adviser/intermediary section

Advisers and intermediaries should complete sections 2-4, and sign the adviser declaration in section 4.

4a. About the adviser/intermediary

Adviser email address

Adviser Company Address

City

Postcode

County

Country

Contact number

Do you have another email address where you would like ongoing/servicing emails to be sent to? Yes No

If Yes, please enter below

Firm FCA number

Individual FCA number

Are you part of a service or network provider? Yes No

Service or provider name (if applicable)

If applicable, please enter your partner code below.

4b. Adviser charges or commission

Have you advised the investor?

Yes. Please tick all boxes below to confirm that:

the adviser fees stated in section 3d (if not nil) have been agreed with your client and comply with COBS 6.1A of the FCA Handbook;

you have made a personal recommendation and certify that you have undertaken an assessment of the investor's expertise and circumstances and confirm that this investment is appropriate for them complying with COBS 9 suitability; and

you consent to Downing relying on your assessment and understand that we reserve the right to request suitability reports.

OR

No. I have not advised the investor but I am permitted to receive commission as stated in section 3d in compliance with COBS 2.3A of the FCA Handbook (e.g. execution-only with enhanced services provided).

Please provide a reason below.

4c. Payment of charges or commission

If an adviser charge or commission payment is due, please provide details of the bank account to which you would like the payment credited.

Account name

Sort code

Account number

Bank or building society name

Please now sign the adviser/intermediary declaration overleaf.

4d. Adviser/intermediary declaration

By signing below you confirm that:

- the investor is a client of your company and that the information provided on this form is, to the best of your
- you have verified the identity of the applicant in accordance with the Money Laundering Regulations 2017 and confirm that documentary evidence has been obtained and identity checks have been undertaken to confirm that the name and address as shown on this application form are correct;
- you agree to provide to Downing LLP, if requested upon reasonable notice, copies of such documentary evidence you hold on the applicant; and
- you have read and understood Downing's terms of business and agree to be bound to them.

Adviser/intermediary signature

First name

Surname

(Please print)

Date
(DD/MM/YYYY)

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3rd Floor
10 Lower Thames Street
London EC3R 6AF

020 7416 7780
contact@downing.co.uk
www.downing.co.uk

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