

Joint Holder Supplement Form

How to fill in this form:

- Please use black ink and write clearly inside the boxes provided using capital letters
- Mark your answers with a cross in the appropriate box like this:
- If you make a mistake, please correct it but don't use correction fluid
- **You must complete all sections of this form, except those marked 'if applicable'. Not doing so could delay your application.**
- If you have any queries about this form please call our customer services team on **0800 41 41 61**.
- **Please note** if you are not the beneficial owner of this investment you will need to complete a separate

form available from www.fidelity.co.uk/forms. Further information is available in the 'About you' section.

- If you are adding a new joint holder to an existing sole account you will also need to complete the stock transfer form.

What's next?

Please send your completed application form to:

Fidelity
PO Box 391
Tadworth KT20 9FU

All fields are mandatory and all joint holders MUST complete this form and sign the relevant application form.

1 Primary holder details (for reference purposes only)

Title

Mr Mrs Ms Other:

Surname

First and other names in full

Account number

(existing customers only)

Postcode

2 Second applicant details

To help us protect you from fraud we need to check your identity (this is also part of our anti-money laundering obligations). We can usually do this using an electronic verification system with the information you've already given us. This will create a record on your credit report, which will only be visible to you and will not affect your credit score.

Account Number or Customer Reference Number (if applicable)

Title

Mr Mrs Ms Other:

Surname

First and other names in full

Gender

Male Female

2 Second applicant details (continued)

Source of this investment

<input type="checkbox"/> Savings from income	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Income from salary
<input type="checkbox"/> Divorce Settlement	<input type="checkbox"/> Gift	
<input type="checkbox"/> Sale of Property	<input type="checkbox"/> Sale of Investments/transfer	
<input type="checkbox"/> Other (Please specify)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Are you a resident in the UK for tax purposes? If yes please mark this box

Are you also a resident in any other country(s) for tax purposes? If so please complete the following fields

First country

First country tax identifier

I do not hold a tax identifier for this residency If correct please mark an X in this box

Additional country

Additional country tax identifier

I do not hold a tax identifier for this residency If correct please mark an X in this box

Additional country

Additional country tax identifier

I do not hold a tax identifier for this residency If correct please mark an X in this box

Confirmation of Beneficial Owner

Please review the appropriate option that indicates your beneficial ownership relationship and proceed as directed:

- a) I am personally entitled to the assets (cash and investments) in this account and hold them for my own benefit.
Please mark an X in the box and proceed to Section 3.
- b) I hold the assets in this account exclusively for someone else and will take no personal benefit from the account. This form is not suitable for you, please complete one of our Trust forms (available on our website)

Your signature

Signature



Date signed

3 Third applicant details

To help us protect you from fraud we need to check your identity (this is also part of our anti-money laundering obligations). We can usually do this using an electronic verification system with the information you've already given us. This will create a record on your credit report, which will only be visible to you and will not affect your credit score.

Account Number or Customer Reference Number (if applicable)

Title

Mr Mrs Ms Other:

Surname

First and other names in full

Gender

Male Female

Your address - 'Care of' and PO Box are not acceptable. Only UK addresses are eligible unless you are a Crown Employee or British Forces Posted Overseas (BFPO) or the spouse/civil partner of a Crown Employee or British Forces Posted Overseas (BFPO).

House number/name

Street, city, county and country

 Postcode

Crown employee?

If your address is outside of the UK and you are a Crown Employee or the spouse/civil partner of a Crown Employee, please mark an X in this box.

Telephone number

Alternate telephone number

Email address

Date of birth (DDMMYYYY)

Town of Birth

Country of Birth

National Insurance Number

(this can be found on a payslip or a letter from HMRC)

No National Insurance Number?

If you have never been issued with a National Insurance Number please mark an X in the box.

3 Third applicant details (continued)

Are you a UK National only? (Please mark an X in the box)

Are you a UK National and National of one or more other countries? (tick box and list all other countries below)

Are you a National of Non-UK countries only? (tick box and list all other countries below)

Nationality 1

Nationality 2

Nationality 3

Nationality 4

Driving Licence number (If applicable - 18 characters as shown on your photocard)

Employment Status

Employed Self-Employed Full-Time education Unemployed Pensioner

Source of this investment

Income from salary Inheritance Savings from income

Divorce Settlement Gift

Sale of Property Sale of Investments/transfer

Other (Please specify)

Are you a resident in the UK for tax purposes? If yes please mark this box

Are you also a resident in any other country(s) for tax purposes? If so please complete the following fields

First country

First country tax identifier

I do not hold a tax identifier for this residency If correct please mark an X in this box

Additional country

Additional country tax identifier

I do not hold a tax identifier for this residency If correct please mark an X in this box

Additional country

Additional country tax identifier

I do not hold a tax identifier for this residency If correct please mark an X in this box

4 Fourth applicant details (continued)

Email address

Date of birth (DDMMYYYY)

Town of Birth

Country of Birth

National Insurance Number

(this can be found on a payslip or a letter from HMRC)

No National Insurance Number?

If you have never been issued with a National Insurance Number please mark an X in the box.

Are you a UK National only? (Please mark an X in the box)

Are you a UK National and National of one or more other countries? (tick box and list all other countries below)

Are you a National of Non-UK countries only? (tick box and list all other countries below)

Nationality 1

Nationality 2

Nationality 3

Nationality 4

Driving Licence number (If applicable - 18 characters as shown on your photocard)

Employment Status

Employed Self-Employed Full-Time education Unemployed Pensioner

Source of this investment

Income from salary Inheritance Savings from income

Divorce Settlement Gift

Sale of Property Sale of Investments/transfer

Other (Please specify)

4 Fourth applicant details (continued)

Are you a resident in the UK for tax purposes? If yes please mark this box

Are you also a resident in any other country(s) for tax purposes? If so please complete the following fields

First country

First country tax identifier

I do not hold a tax identifier for this residency If correct please mark an X in this box

Additional country

Additional country tax identifier

I do not hold a tax identifier for this residency If correct please mark an X in this box

Additional country

Additional country tax identifier

I do not hold a tax identifier for this residency If correct please mark an X in this box

Confirmation of Beneficial Owner

Please review the appropriate option that indicates your beneficial ownership relationship and proceed as directed:


a) I am personally entitled to the assets (cash and investments) in this account and hold them for my own benefit.

Please mark an X in the box and proceed to Section 5.

b) I hold the assets in this account exclusively for someone else and will take no personal benefit from the account. This form is not suitable for you, please complete one of our Trust forms (available on our website)

Your signature

Signature



Date signed

5 Joint holders special renunciation - Declaration and signature

Please complete this section if you wish to authorise Fidelity to act upon instructions given by any one of the joint holders linked to your account. Joint Holders Special Renunciation is not available for Corporate, Scheme or Trust Accounts. This instruction will only apply to the account number detailed in Section 1. If this is a new Fidelity account, this instruction will be applied to the application supplied with this form.

This declaration and signature section only applies to the Joint Holder Special Renunciation. All joint holders MUST sign here for the Joint Holders Special Renunciation Authority to apply.

I/We understand that the information I/we provide on this application form will be processed in accordance with Fidelity's data protection statement contained in the Fidelity Client Terms. I/We declare that:

- I/We have read and saved or printed the latest version of:
 - the Key Features Document - Doing Business with Fidelity incorporating the Fidelity Client Terms
 - the Key Investor Information Document and/or Fund Specific Information

Important Notice: If you have not received one or all of the documents listed above relating to the fund(s) you wish to invest in, please go to [fidelity.co.uk](https://www.fidelity.co.uk) or contact us on 0800 41 41 61 Monday to Friday 8am to 6pm and Saturday 9am to 6pm.

- I/We accept the Fidelity Client Terms
- By signing this form I confirm that I am not a US citizen, that I am not resident in the US, and that I do not have an obligation to pay tax to the US tax authorities on my worldwide income.

I/We the undersigned, as Joint Holders of Shares/Units, hereby jointly and severally:

- Authorise Fidelity to act upon an instruction given with regard to the Shares/Units and any matter in connection with them or any of them provided such instructions are given by any one of the undersigned including instructions given via Fidelity's Electronic Services. Fidelity does not accept liability in respect of any payment or other act made or done or omitted to be done in accordance with such instructions.
- Agree that Fidelity may refuse to accept any instructions given pursuant to this form of authority which are unclear or which it does not believe to be genuine and that Fidelity will have no responsibility for any delay incurred seeking clarification of instructions or confirming that the instructions are genuine.
- Confirm that, upon the death of any of the undersigned, this authorisation will continue in force and Fidelity may, without liability as aforesaid, act on instructions with regard to the Shares/Units and monies standing

to our credit with Fidelity or any matter in connection therewith including the disposition of Shares/Units or monies standing to our credit, signed by the survivor(s) as provided above.

- Confirm that this authorisation shall apply to any further Shares/Units purchased or otherwise held jointly in all of the names of the undersigned (or the survivor(s)) on the death of any of the undersigned.
- Agree that this authorisation shall remain in force until notice in writing of its termination or replacement is received by Fidelity and any such notice shall be without prejudice to the completion of transactions already initiated pursuant to the above terms.
- The information given by me is correct to the best of my knowledge, and I will inform Fidelity immediately of any changes to the information contained therein.

Signing on behalf of others

If you are an attorney signing on behalf of the applicant, please attach the following information. (Please note this is only required if this is an application for a new customer (i.e. Where we have not previously received the documents):

- an original sealed Court of Protection/Enduring Power of Attorney stamped by the Office of the Public Guardian (where the client is mentally or physically incapacitated), or
- Power of Attorney with a signed letter confirming that the client is prevented from signing the application as a result of their physical incapacity (in cases of physical incapacity only).

Copies of the Power of Attorney must, on every page, be certified as true copies with:

- the words 'I certify this to be a true copy of the original', and
- the certifier's signature and printed name, date, official stamp or professional capacity.


Documents can be certified by a solicitor, justice of the peace, notary public, commissioner of oaths or stockbroker.

5 Joint holders special renunciation - Declaration and signature (continued)

Signatures of all applicants


By signing here you confirm that you've read and completed all relevant sections as per the instructions on this form.

Primary account signature



Print name

Second account signature



Print name

Third account signature



Print name

Fourth account signature



Print name

Date signed

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